

Work History *(cont.)*

Are you currently working? ___Y ___N # of Jobs in the last 5 years _____ Preferred Type of Work: _____

Military Experience:

Are you a veteran? ___Y ___N Branch of Service: _____ Highest Rank: _____

Years of Service: _____ Discharge Date: _____ Discharge Type: _____

Were you ever court Martialed? ___Y ___N

Medical Information:

Excellent Good Fair Poor Declining Height: _____ Weight: _____

List All Major Illnesses & Surgeries:

Any recent changes in Weight? ___Y ___N

Ever tested positive for a venereal disease? ___Y ___N

Last Date Tested for: HIV _____ Hep C _____ TB _____

Are you currently taking any prescriptions or over the counter medications? ___Y ___N

Have you ever suffered depression? ___Y ___N Have you ever considered suicide? ___Y ___N

Have you ever attempted suicide? ___Y ___N Have you ever been treated for any psychiatric illness? ___Y ___N

Alcohol/Drug Use History:

Please list any rehabilitation centers you have attended:

Name: _____ Dates Attended: _____ Completed? _____

What is your drug(s) of choice)? _____

At what age was your first drinking/drugging experience? _____

How has your drinking/drugging pattern changed to now? _____

When did you last drink or get high? _____

What did you drink/use? _____

Is there any other information about your drug or alcohol use that you wish to share?

Criminal History:

Number of times arrested? _____

Please list from the newest to oldest all charges, date of arrest, and time served for each:

Charge: _____ Date of Charge: _____

Time Served: _____

Have you ever been charged with any sexual crime? ___Y ___N Are there any charges pending against you at this time? ___Y ___N

Are you currently on probation/parole? ___Y ___N

Patrol Officer: *(Name and Contact info)*: _____

Spiritual Background:

What is the church affiliation? _____

How often do you read the bible? _____

How often do you pray? _____

Are you saved? ___Y ___N Have you been Baptized? ___Y ___N

Personal References:

Please provide 3 personal character references (at least one from a minister or church staff)

Name: _____ Relationship: _____ Phone: _____

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