**NODAWAY COUNTY SHERIFF’S OFFICE**

APPLICATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions to the Applicant**

The information you provide in the application will be used in the background investigation to assist in determining your suitability for employment with the Nodaway County Sheriff’s Office.

* It is your responsibility to complete this form and provide all required information.
* Following instructions given by the Nodaway County Sheriff’s Office, type or neatly print in blue ink.
* You must respond to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response.
* If you need more space for any response, use the supplemental information page on the last page of this form (page 16) and identify the additional information by the questions number.

**Disqualification**

There are very few automatic bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

**BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.**

**Disclosure of Medically-Related Information**

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the Missouri Human Rights Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

**I have read and I understand the above instructions.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION 1: PERSONAL** | | | |
| 1. YOUR FULL NAME | | | |
| LAST FIRST MIDDLE | | | |
| 2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES) | | | |
|  | | | N/A |
| 3. ADDRESS WHERE YOU LIVE | | | |
| NUMBER/STREET APT/UNIT | | | |
| CITY STATE ZIP | | | |
| 4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX) | | | |
|  | | | |
| 5. CONTACT NUMBERS | | | |
| HOME ( ) WORK ( ) EXT OTHER ( ) CELL FAX | | | |
| 6. CONTACT EMAIL | | | |
|  | | | |
| 7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS) | | | |
|  | | | |
| 8. CITIZENSHIP | | | |
| Are you a U.S. citizen? ................................................................................................................................ Yes No  IF NO, are you a resident alien who is eligible and has applied for U.S. citzenship? …………………. Yes No | | | |
| 9. BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY) | | | |
|  | | | |
| 10. BIRTHDATE (MM/DD/YYYY) | 11. SOCIAL SECURITY NUMBER | 12. DRIVER’S LICENSE | |
|  | \_ \_ | NUMBER: STATE: EXPIRES: | |
| 13. PHYSICAL DESCRIPTION | | | |
| HEIGHT: WEIGHT: HAIR COLOR: EYE COLOR: | | | |

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| **SECTION 2: REFERENCES** | | | | | | | |
| 14. IMMEDIATE FAMILY | | | | | | | |
| * Provide all applicable information in the spaces below. * Mark “N/A” if a category is not applicable * If more spaces are needed, continue on page 16 -reference corresponding numbers. | | | | | | | |
| 14.A. SPOUSE/REGISTERED DOMESTIC PARTNER | | | | DECEASED | | N/A | |
| NAME: | | HOME ADDRESS: | CITY: | | STATE: | | ZIP: |
| HOME PHONE: WORK PHONE: CELL PHONE:  ( ) ( ) ( ) | | | | | | | |
| DATE OF MARRIAGE/RESISTRATION  **/ /** (MM/DD/YYYY) | Is there, or has there ever been, a restraining or stay-away  order in effect involving you and this individual? ……………….. Yes No | | | | | | |

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| 15. LIST OF REFERENCES | | | | | | | | | | | | | | | | | | |
| * List 3-5 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere. | | | | | | | | | | | | | | | | | | |
| 15.1 | NAME OF REFERENCE: | | | HOME ADDRESS: | | | CITY: | | | | | | | | STATE: | | | ZIP: |
| HOME PHONE: WORK PHONE: CELL PHONE:  ( ) ( ) ( ) | | | | | | | | | | | | | | | | | | |
| How do you know this person? | | | | | | | | | | | How long have you known this person? | | | | | | | |
| 15.2 | NAME OF REFERENCE: | HOME ADDRESS: | | | CITY: | | | | | | | | STATE: | | | ZIP: | | |
| HOME PHONE: WORK PHONE: CELL PHONE:  ( ) ( ) ( ) | | | | | | | | | | | | | | | | | | |
| How do you know this person? | | | | | | | | | | How long have you known this person? | | | | | | | | |
| 15.3 | NAME OF REFERENCE: | | HOME ADDRESS: | | | CITY: | | | | | | | | STATE: | | | ZIP | |
| HOME PHONE: WORK PHONE: CELL PHONE:  ( ) ( ) ( ) | | | | | | | | | | | | | | | | | | |
| How do you know this person? | | | | | | | | | | | | How long have you known this person? | | | | | | |
| 15.4 | NAME OF REFERENCE: | | HOME ADDRESS: | | | CITY: | | | | | | | | STATE: | | | ZIP: | |
| HOME PHONE: WORK PHONE: CELL PHONE:  ( ) ( ) ( ) | | | | | | | | | | | | | | | | | | |
| How do you know this person? | | | | | | | | | How long have you known this person? | | | | | | | | | |
| 15.5 | NAME OF REFERENCE: | | HOME ADDRSS: | | | CITY: | | | | | | | | STATE: | | | ZIP: | |
| HOME PHONE: WORK PHONE: CELL PHONE:  ( ) ( ) ( ) | | | | | | | | | | | | | | | | | | |
| How do you know this person? | | | | | | | | How long have you known this person? | | | | | | | | | | |

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| **SECTION 3: EDUCATION** | | | | | | |
| * **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.** * If more space is needed, continue your response on page 16 | | | | | | |
| 16. CHECK APPLICABLE MM/YY | | | MM/YY | | | |
| High School Diploma:  **/** | | | High School Equivalency Test: **/** | | | |
| 17. LIST HIGH SCHOOL(S) ATTENDED | | | | | | |
| 17.1 | NAME OF HIGH SCHOOL: | | | FROM (MM/YYYY)  **/** | TO (MM/YYYY)  **/** | |
| CITY: | | | | STATE: |

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| 17.2 | NAME OF HIGH SCHOOL: | | | | | | | | | | | | | FROM (MM/YYYY):  **/** | | | | | TO (MM/YYYY):  **/** |
| CITY: | | | | | | | | | | | | | | STATE: |
| 18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED | | | | | | | | | | | | | | | | | | | | |
| 18.1 | | NAME OF COLLEGE/UNIVERSITY: | | | | | | FROM (MM/YYYY):  **/** | | | | | TO (MM/YYYY):  **/** | | | | | | TOTAL UNITS COMPLETED  QTR SYSTEM  \_\_\_\_\_\_\_ SEM SYSTEM | |
| ADDRESS (NUMBER/STREET): | | | | | | | | | | | | | | DEGREE EARNED:  YES NO TYPE: | |
| CITY: | | | | STATE: | | | ZIP: | | | | MAJOR/AREA OF STUDY: | | | | |
| 18.2 | | | NAME OF COLLEGE/UNIVERSITY: | | | | | FROM (MM/YYYY):  **/** | | | | | TO (MM/YYYY):  **/** | | | | | | TOTAL UNITS COMPLETED  QTR SYSTEM  \_\_\_\_\_\_\_ SEM SYSTEM | | |
| ADDRESS (NUMBER/STREET): | | | | | | | | | | | | | | DEGREE EARNED:  YES NO TYPE: | | |
| CITY: | | | | | STATE: | | ZIP: | | | | | | MAJOR/AREA OF STUDY: | | | |
| 18.3 | | | NAME OF COLLEGE/UNIVERSITY: | | | | | FROM (MM/YYYY):  **/** | | | | | TO (MM/YYYY):  **/** | | | | | | TOTAL UNITS COMPLETED  QTR SYSTEM  \_\_\_\_\_\_\_ SEM SYSTEM | | |
| ADDRESS (NUMBER/STREET): | | | | | | | | | | | | | | DEGREE EARNED:  YES NO TYPE: | | |
| CITY: | | | | | STATE: | | ZIP: | | | | | | MAJOR/AREA OF STUDY: | | | |
| 19. LIST **ALL** TRADE, VOCATIONAL, AND BUSINESS SCHOOLS/INSTITUTES ATTENDED | | | | | | | | | | | | | | | | | | | | | |
| 19.1 | | | NAME: | | | | | | | FROM(MM/YYYY) | | | | | | TO(MM/YYYY) | | | | DID YOU COMPLETE THE COURSE?  YES NO | |
| CITY: | | | | | | | STATE: | | | | TYPE OF SCHOOL OR TRAINING: | | | | | | |

**Supplemental education information included on page**

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| LIST **ALL** POST BASIC COURSES ATTENDED | | | | | | | | |
| 20. Have you ever taken a Firearms course? …………………..……………………………………………………….. Yes No  IF YES, provide the following information: | | | | | | | | |
| A. COURSE PRESENTER NAME: | | | | Location (city/state): | | |
| B. COURSE COMPLETION:  Did you successfully complete the course? …………..... Yes No | | | | | | COMPLETION DATE (MM/YYYY):  **/** |
| 21. Have you ever attended a POST basic Course/Academy? …………………………………………… Yes No  IF YES, provide the following information: | | | | | | | | |
| 21.1 | NAME OF COURSE PRESENTER/ACADEMY: | | | FROM (MM/YYYY): | TO (MM/YYYY): | | DID YOU PASS/GRADUATE?  YES NO | |
| LOCATION (CITY/STATE): | | NAME OF TRAINING OFFICER/COORDINATOR: | | | | CONTACT NUMBER:  **( )** | |

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| 21.2 | NAME OF COURSE PRESENTER/ACADEMY: | | FROM (MM/YYYY): | TO (MM/YYYY): | DID YOU PASS/GRADUATE?  YES NO |
| LOCATION (CITY/STATE): | NAME OF TRAINING OFFICER/COORDINATOR: | | | CONTACT NUMBER:  **( )** |

**Supplemental education information included on page 16.**

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| **SECTION 4: EXPERIENCE AND EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28. JOB EXPERIENCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer in the past 10 years. (Begin with your current or most recent.) * If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. * List **ALL** periods of unemployment in **excess of 30 days.** * If more space is needed, continue your response on page 16. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28.1 | NAME OF CURRENT EMPLOYER OR MILITARY UNIT: | | | | | | | | | | | | | | | | | | | | | | FROM (MM/YYYY):  **/** | | | | TO (MM/YYYY):  **/** | | | |
| ADDRESS (NUMBER/STREET/SUITE/OR BASE) | | | | | | | | | | | | | | | | | | CONTACT NUMBER:  **( )** | | | | | | | | | | | EXT: |
| CITY: | | | | | | STATE: | | | | | | ZIP: | | | | | | EMAIL: | | | | | | | | | | | |
| JOB TITLE/RANK: | | | | | | | | | | | | | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY):  FT PT Temp Self-employed Volunteer | | | | | | | | | | | | | | |
| DUTIES/ASSIGNMENTS: | | | | | | | | | | | | | | | REASON FOR LEAVING: | | | | | | | | | | | | | | |
| SUPERVISOR: | | | CONTACT NUMBER:  **( )** | | | | | | EXT: | | | | | | EMAIL: | | | | | | | | | | | | | | |
| NAMES OF CO-WORKERS:  1) | | | CONTACT NUMBER:  **( )** | | | | | | EXT: | | | | | | EMAIL: | | | | | | | | | | | | | | |
| 2) | | | **( )** | | | | | |  | | | | | |  | | | | | | | | | | | | | | |
| Would there be a problem if we contact your current employer? ………………………………. Yes No  IF YES, Explain:  ....................................................................................................................................................................................  ……………………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28.2 | | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE):  Student Between jobs Leave of absence | | | | | | | | | | | | | | | | | | | | | FROM (MM/YYYY):  **/** | | | | TO (MM/YYYY):  **/** | | | | |
| 28.3 | | NAME OF CURRENT EMPLOYER OR MILITARY UNIT: | | | | | | | | | | | | | | | | | | | | | FROM (MM/YYYY):  **/** | | | | TO (MM/YYYY):  **/** | | | | |
| ADDRESS (NUMBER/STREET/SUITE/OR BASE) | | | | | | | | | | | | | | | | | CONTACT NUMBER:  **( )** | | | | | | | | | | | EXT: | |
| CITY: | | | | | STATE: | | | | | | ZIP: | | | | | | EMAIL: | | | | | | | | | | | | |
| JOB TITLE/RANK: | | | | | | | | | | | | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY):  FT PT Temp Self-employed Volunteer | | | | | | | | | | | | | | | |
| DUTIES/ASSIGNMENTS: | | | | | | | | | | | | | | REASON FOR LEAVING: | | | | | | | | | | | | | | | |
| SUPERVISOR: | | CONTACT NUMBER:  **( )** | | | | | | EXT: | | | | | | EMAIL: | | | | | | | | | | | | | | | |
| NAMES OF CO-WORKERS:  **1)** | | CONTACT NUMBER:  **( )** | | | | | | EXT: | | | | | | EMAIL: | | | | | | | | | | | | | | | |
| **2)** | | **( )** | | | | | |  | | | | | |  | | | | | | | | | | | | | | | |
| Would there be a problem if we contact your current employer? ………………………………. Yes No  IF YES, Explain:  ....................................................................................................................................................................................  ……………………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28.4 | | | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE):  Student Between jobs Leave of absence | | | | | | | | | | | | | | | | | | | | FROM (MM/YYYY):  **/** | | | | TO (MM/YYYY):  **/** | | | | | |
| 28.5 | | | NAME OF CURRENT EMPLOYER OR MILITARY UNIT: | | | | | | | | | | | | | | | | | | | | FROM (MM/YYYY):  **/** | | | | TO (MM/YYYY):  **/** | | | | | |
| ADDRESS (NUMBER/STREET/SUITE/OR BASE): | | | | | | | | | | | | | | | | CONTACT NUMBER:  **( )** | | | | | | | | | | | EXT: | | |
| CITY: | | | | STATE: | | | | | | ZIP: | | | | | | EMAIL: | | | | | | | | | | | | | |
| JOB TITLE/RANK: | | | | | | | | | | | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY):  FT PT Temp Self-employed Volunteer | | | | | | | | | | | | | | | | |
| DUTIES/ASSIGNMENTS: | | | | | | | | | | | | | REASON FOR LEAVING: | | | | | | | | | | | | | | | | |
| SUPERVISOR: | CONTACT NUMBER:  **( )** | | | | | | EXT: | | | | | | EMAIL: | | | | | | | | | | | | | | | | |
| NAMES OF CO-WORKERS:  **1)** | CONTACT NUMBER:  **( )** | | | | | | EXT: | | | | | | EMAIL: | | | | | | | | | | | | | | | | |
| **2)** | **( )** | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |
| Would there be a problem if we contact your current employer? ………………………………. Yes No  IF YES, Explain:  ....................................................................................................................................................................................  ……………………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28.6 | | | | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE):  Student Between jobs Leave of absence | | | | | | | | | | | | | | | | | | | FROM (MM/YYYY):  **/** | | | | TO (MM/YYYY):  **/** | | | | | | |

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| 28.7 | NAME OF CURRENT EMPLOYER OR MILITARY UNIT: | | | | | | | | | | | | | | | | | | FROM (MM/YYYY):  **/** | | | TO (MM/YYYY):  **/** | | | |
| ADDRESS (NUMBER/STREET/SUITE/OR BASE) | | | | | | | | | | | | | | | CONTACT NUMBER:  **( )** | | | | | | | | | EXT: |
| CITY: | | | | | | STATE: | | | | | | ZIP: | | | EMAIL: | | | | | | | | | |
| JOB TITLE/RANK: | | | | | | | | | | | | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY):  FT PT Temp Self-employed Volunteer | | | | | | | | | | |
| DUTIES/ASSIGNMENTS: | | | | | | | | | | | | | | REASON FOR LEAVING: | | | | | | | | | | |
| SUPERVISOR: | | | CONTACT NUMBER:  **( )** | | | | | | EXT: | | | | | EMAIL: | | | | | | | | | | |
| NAMES OF CO-WORKERS:  1) | | | CONTACT NUMBER:  **( )** | | | | | | EXT: | | | | | EMAIL: | | | | | | | | | | |
| 2) | | | **( )** | | | | | |  | | | | |  | | | | | | | | | | |
| Would there be a problem if we contact your current employer? ………………………………. Yes No  IF YES, Explain:  .................................................................................................................................................................................  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | |
| 28.8 | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE):  Student Between jobs Leave of absence | | | | | | | | | | | | | | | | | | FROM (MM/YYYY):  **/** | | | TO (MM/YYYY):  **/** | | | |
| 28.9 | NAME OF CURRENT EMPLOYER OR MILITARY UNIT: | | | | | | | | | | | | | | | | | | FROM (MM/YYYY):  **/** | | | TO (MM/YYYY):  **/** | | | |
| ADDRESS (NUMBER/STREET/SUITE/OR BASE) | | | | | | | | | | | | | | | | CONTACT NUMBER:  **( )** | | | | | | | EXT: | |
| CITY: | | | | | STATE: | | | | | | ZIP: | | | | | EMAIL: | | | | | | | | |
| JOB TITLE/RANK: | | | | | | | | | | | | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY):  FT PT Temp Self-employed Volunteer | | | | | | | | | | |
| DUTIES/ASSIGNMENTS: | | | | | | | | | | | | | | REASON FOR LEAVING: | | | | | | | | | | |
| SUPERVISOR: | | CONTACT NUMBER:  **( )** | | | | | | EXT: | | | | | | EMAIL: | | | | | | | | | | |
| NAMES OF CO-WORKERS:  **1)** | | CONTACT NUMBER:  **( )** | | | | | | EXT: | | | | | | EMAIL: | | | | | | | | | | |
| **2)** | | **( )** | | | | | |  | | | | | |  | | | | | | | | | | |
| Would there be a problem if we contact your current employer? ………………………………. Yes No  IF YES, Explain:  ...................................................................................................................................................................................  …………………………………………………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | |
| 28.10 | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE):  Student Between jobs Leave of absence | | | | | | | | | | | | | | | | | FROM (MM/YYYY):  **/** | | | TO (MM/YYYY):  **/** | | | | |
| 28.11 | NAME OF CURRENT EMPLOYER OR MILITARY UNIT: | | | | | | | | | | | | | | | | | FROM (MM/YYYY):  **/** | | | TO (MM/YYYY):  **/** | | | | |
| ADDRESS (NUMBER/STREET/SUITE/OR BASE): | | | | | | | | | | | | | | | | CONTACT NUMBER:  **( )** | | | | | | EXT: | | |
| CITY: | | | | STATE: | | | | | | ZIP: | | | | | | EMAIL: | | | | | | | | |
| JOB TITLE/RANK: | | | | | | | | | | | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY):  FT PT Temp Self-employed Volunteer | | | | | | | | | | | |
| DUTIES/ASSIGNMENTS: | | | | | | | | | | | | | REASON FOR LEAVING: | | | | | | | | | | | |
| SUPERVISOR: | CONTACT NUMBER:  **( )** | | | | | | EXT: | | | | | | EMAIL: | | | | | | | | | | | |
| NAMES OF CO-WORKERS:  **1)** | CONTACT NUMBER:  **( )** | | | | | | EXT: | | | | | | EMAIL: | | | | | | | | | | | |
| **2)** | **( )** | | | | | |  | | | | | |  | | | | | | | | | | | |
| Would there be a problem if we contact your current employer? ………………………………. Yes No  IF YES, Explain:  ...................................................................................................................................................................................  …………………………………………………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | |
| 28.12 | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE):  Student Between jobs Leave of absence | | | | | | | | | | | | | | | | | FROM (MM/YYYY):  **/** | | TO (MM/YYYY):  **/** | | | | | |

**Supplemental education information included on page 16.**

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| 29. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling,  reprimands, suspensions, reductions in pay, reassignments, or demotions.) ……………………………… Yes No |
| 30. Have you ever been fired, released from probation, or asked to resign from any place of  employment? ……………………………………………………………………………………………………………………………….. Yes No |
| 31. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or  customer? ……………………………………………………………………………………………………………………………………. Yes No |
| 32. Have you ever quit without giving proper notice? ………………………………………………………………………… Yes No |
| 33. Have you ever resigned in lieu of termination? …………………………………………………………………………….. Yes No |
| 34. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual  Orientation harassment, etc.) by a co-worker, superior, subordinate or customer? …………………….. Yes No |
| 35. Were you ever the subject of a written complaint at work that resulted in disciplinary action  against you? …………………………………………………………………………………………………………………………………. Yes No |
| 36. Have you ever been counseled at work due to lateness or absences? …………………………………………….. Yes No |
| 37. Did you ever receive an unsatisfactory performance review? …………..…………………………………………….. Yes No |
| 38. Have you ever sold, released, or given away legally confidential information? ……………………………….. Yes No |
| 39. Have you ever called in sick when you were neither sick nor caring for a sick family member? ………. Yes No  IF YES, how many sick days have you used in the past five years which were not due to illness? \_\_\_\_\_\_\_ Days |
| 40. While working (i.e. on duty), have you ever engaged in sexual intercourse or the unwarranted  touching of the intimate body parts of another person while working (i.e. on duty)? (NOTE: Do not  include lawful contact such as pat searches in law enforcement duties and/or training.) ………………. Yes No |
| 41. While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity  or depicting sexual acts, to co-workers or other person without prior authorization and/or consent?  (NOTE: Do not include lawful exchange of investigative content and/or evidence pursuant to official  law enforcement investigations.) …………………………………………………………………………………………………… Yes No |
| If you answered “YES” to any of **Questions 29-41**, explain (include when, where, and circumstances – reference corresponding numbers).  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………………………………………. |

**Supplemental education information included on page 16.**

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| 42. In the past three years, have you missed days or been late to work due to drug or alcohol use? ……… Yes No  IF YES, how often? \_\_\_\_\_\_ |
| 43. Has your work performance ever been affected by your use of alcohol or drugs? …………………….……… Yes No  IF YES, When? \_\_\_\_\_\_ Name of employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 44. In the **past three** years, have you been warned by an employer about your drinking or drug habits  and their impact on your performance? …………………………………………………………………………………………… Yes No  IF YES, When? \_\_\_\_\_\_ Name of employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 5: MILITARY EXPERIENCE** | | | |
| 45. Are you required to register for the Selective Service? ……………………………………………………………………… Yes No  IF YES, have you registered? ……………………………………………………………………………………………………………… Yes No  IF NO, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 46. Have you ever served in the military? ………………………………………………………………………………………………… Yes No | | | |
| 47. If you answered “YES” to Question 46, include the following service information: | | | |
| BRANCH OF SERVICE: | FROM (MM/YYYY):  **/** | TO (MM/YYYY):  **/** |
| TYPE OF DISCHARGE:  Entry Level Honorable General OTH (Other than Honorable) Bad Conduct Dishonorable  Re-entry Code (1-4) if applicable – refer to your DD-214: \_\_\_\_\_\_\_ | | |

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| 48. Are you currently participating in one of the following?  Military Reserve National Guard IF CHECKED, date obligation ends (MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 49. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial,  captain’s mast, office hours, company punishment)? ………………………………………………………………………… Yes No |
| 50. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? Yes No |
| 51. Have you ever taken military property without permission for personal use, to sell, or to give away? Yes No |
| If you answered “YES” to any of **Questions 48-51**, explain (include dates and circumstances).  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………………………………………. |

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| **SECTION 6: LEGAL** | | | |
| **Disclosure of Arrests and Convictions** | | | |
| * This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As an applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.** * If more space is needed, continue your response on page 16. | | | |
| 52. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or  convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including  offenses in the Uniform Code of Military Justice)? …………………………………………………………………………….. Yes No  IF YES, explain each incident: | | | |
| 52.1 | CHARGE: | APPROX DATE (MM/YYYY)  **/** | ARRESTING OR DETAINING AGENCY: |
| DISPOSITION OR PENALTY:  ……………………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………… | | |
| 52.2 | | CHARGE: | APPROX DATE (MM/YYYY)  **/** | ARRESTING OR DETAINING AGENCY: |
| DISPOSITION OR PENALTY:  ……………………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………… | | |

**Supplemental education information included on page 16.**

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| 53. Have you ever been placed on court probation? ……………………………………………………………………………. Yes No | |
| 54. Have you ever been a party in a civil lawsuit (i.e., small claims actions, dissolutions, child custody,  paternity, support, etc.)? ………………………………………………………………………………………………………………. Yes No | |
| 55. Have the police ever been called to your home for any reason? ……………………………………………………. Yes No | |
| 56. Have you ever been referred to Child Protective Services? ……………………………………………………………. Yes No | |
| 57. Have you ever been the subject of an emergency protective order/restraining order/stay-away  order? …………………………………………………………………………………………………………………………………………… Yes No | |
| 58. Have you ever fraudulently received welfare, unemployment compensation, workers’ compensation,  or other state or federal assistance? ……………………………………………………………………………………………… Yes No | |
| 59. Have you ever been required to repay any welfare payments, unemployment compensation, or  other state or federal assistance? ………………………………………………………………………………………………….. Yes No | |
| 60. Have you ever filed a false insurance or workers’ compensation claim? ………………………………………… Yes No | |
| If you answered “YES” to any of **Questions 53-60**, explain (include court case or document, dates, and circumstances – reference corresponding numbers). If more space is needed, continue your response on page 16.  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………………………………………. | |
| **Involvement in Criminal Acts – Part 1** | |
| 61. Have you committed any of the following acts **within the past two (2) years**? (You do NOT have to report any acts  committed **prior to age 15.**) | |
| * You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as   as a Police Explorer/Police Cadet.   * **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if**   **federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.** | |
| 61.1 | Animal abuse and/or neglect …………………………………………………………………………………………………….. Yes No |
| 61.2 | Annoying, obscene, or harassing contacts by telephone or other electronic communications  device………………………………………………………………………………………………………………………………………… Yes No |
| 61.3 | Assault (use of force or violence upon antoher)………………………………………………………………………… Yes No |
| 61.4 | Brandishing a weapon (any tpe of weapon)………………………………………………………………………………. Yes No |
| 61.5 | Contributing to the delinquency of a minor ……………………………………………………………………………… Yes No |
| 61.6 | Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)……. Yes No |
| 61.7 | Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs.. Yes No |
| 61.8 | Drunk in public (being so intoxicated in a public place that you’re not able to care for yourself… Yes No |
| 61.9 | Filing a false police report………………………………………………………………………………………………………….. Yes No |
| 61.10 | Hit & run collision (no Injuries)…………………………………………………………………………………………………… Yes No |
| 61.11 | Illegal hunting and/or fishing (for example, without a license, out of season)……………………………. Yes No |
| 61.12 | Impersonating a peace officer (pretending to be a police officer)………………………………………………. Yes No |
| 61.13 | Indecent exposure and/or lewd or obscene conduct………………………………………………………………….. Yes No |
| 61.14 | Intentionally writing a bad check………………………………………………………………………………………………… Yes No |
| 61.15 | Joyriding (using a car or other vehicle without owner’s permission)…………………………………………… Yes No |
| 61.16 | Peeping (including, but not limited to, looking through a window or opening with the intent  To invade someone’s privacy)…………………………………………………………………………………………………….. Yes No |
| 61.17 | Petty Theft (value up to $750, including shoplifting/switching price tags)………………………………….. Yes No |
| 61.18 | Possession of alcohol as a minor (under the age of 21)……………………………………………………………….. Yes No |
| 61.19 | Possession of falsified or altered identification, including use of another person’s ID…………………. Yes No |
| 61.20 | Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)…… Yes No |
| 61.21 | Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal  Massage parlors)………………………………………………………………………………………………………………………….. Yes No |
| 61.22 | Reckless driving……………………………………………………………………………………………………………………………. Yes No |
| 61.23 | Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running  From the police)…………………………………………………………………………………………………………………………… Yes No |
| 61.24 | Trespassing………………………………………………………………………………………………………………………………….. Yes No |
| 61.25 | Vandalism (including, but not limited to, “tagging,” malicious mischief, and/or property damage) Yes No |
| 61.26 | Any other act amounting to a misdemeanor……………………………………………………………………………….. Yes No |
| * If you answered “YES” to **ANY** of the items(s) in **Question 61**, fully explain circumstances, including dates, names of individulas involved, and resolution. Reference the corresponding number (e.g. 61.23) for each explanation. * If more space is needed, continue your response on page 16. | |
| ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………………………………………. | |

**Supplemental education information included on page 16.**

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| **Involvement in Criminal Acts – Part 2** | |
| 62. **At any time in your life**, have you **EVER** committed any of the following acts? | |
| **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even**  **If federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.** | |
| 62.1 | Arson (intentionally destroying property by setting a fire)…………………………………………………………… Yes No |
| 62.2 | Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely  To cause great bodily injury or death) ………………………………………………………………………………………… Yes No |
| 62.3 | Blackmail or extortion ………………………………………………………………………………………………………………… Yes No |
| 62.4 | Burglary (entering a structure or vehicle to commit theft or other crime) ………………………………….. Yes No |
| 62.5 | Child molestation (performing unlawful acts with a child, inappropriate touching of a child) ……... Yes No |
| 62.6 | Elder abuse and/or neglect (physical and/or financial) ………………………………………………………………… Yes No |
| 62.7 | Embezzlement (theft of money or other valuables entrusted to you) ………………………………………….. Yes No |
| 62.8 | Felony drunk driving (involving injuries) ………………………………………………………………………………………. Yes No |
| 62.9 | Felony illegal sex acts ………………………………………………………………………………………………………………….. Yes No |
| 62.10 | Forcible rape ……………………………………………………………………………………………………………………………….. Yes No |
| 62.11 | Forgery (falsifying any type of document, check certificate, license, currency, etc.) ……………………. Yes No |
| 62.12 | Fraudulent use of a credit, ATM, debit, and/or check card ………………………………………………………….. Yes No |
| 62.13 | Grand theft (value of over $500, automobile, any firearm) ………………………………………………………….. Yes No |
| 62.14 | Hit & run (with injuries) ……………………………………………………………………………………………………………….. Yes No |
| 62.15 | Hate crime ……………………………………………………………………………………………………………………………………. Yes No |
| 62.16 | Insurance fraud …………………………………………………………………………………………………………………………….. Yes No |
| 62.17 | Murder, homicide, attempted murder, or assault with intent to commit murder ………………………… Yes No |
| 62.18 | Perjury (lying under oath) ……………………………………………………………………………………………………………… Yes No |
| 62.19 | Possession of an explosive/destructive device ……………………………………………………………………………... Yes No |
| 62.20 | Robbery (theft from another person using a weapon, force, or fear) ……………………………………………. Yes No |
| 62.21 | Stalking ……………………………………………………………………………………………………………………………………… Yes No |
| 62.22 | Theft of a vehicle and/or vehicle parts …………………………………………………………………………………………… Yes No |
| 62.23 | Viewing and/or possessing child pornography ……………………………………………………………………………….. Yes No |
| 62.24 | Any other act amounting to a felony …………………………………………………………………………………………….. Yes No |
| * If you answered “YES” to **ANY** of the items(s) in **Question 62**, fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g. 62.21) for each explanation. * If more space is needed, continue your response on page 16. | |
| ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………………………………………. | |
| **Illegal Use of Drugs** | |
| * For the purpose of responding to the following questions, “illegal drugs” include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.” * Your responses should include – **but not be limited to** – your use of any of the following:   \* Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc.) \* Mescaline  \* Barbiturates (Downers) \* Morphine  \* Cocaine / Crack Cocaine \* PCP / Angel Dust  \* Designer Drugs (Ecstasy, Synthetic Heroin, etc.) \* Quaaludes  \* Marijuana (with or without a prescription) \* Steroids  \* Hallucinogens (Peyote, LSD, Mushrooms) \* Tetrahydrocannabinal (THC)  \* Hashish / Hashish Oil \* GHB (Date Rape Drug)  \* Glue, paint, or any substance containing toluene \* Heroin / Opium | |
| 63. **Within the past two years**, have you used any drug(s) as indicated above? …………………………………… Yes No  IF YOU CHECKED “YES”, give details including **drug(s) used, most recent date used,** and **circumstances:**  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  64. **Within the past two years:**  I have **never** used any drug recreationally.  I have tried or used one or more drugs, but only under **limited** circumstances (for example, experimentation,  at parties, concerts, special events, etc.)    IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used**, and **circumstances:**  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  65. Have you **EVER**, in the past two years, engaged in any of the activities listed below involving drugs, narcotics or  illegal substances, including marijuana and/or prescription drugs without a prescription? Yes No  **If YES, indicate which activities (mark all that apply):**  Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another    IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s)**, and **circumstances.**  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………………………………………. | |
| 66. During the **past two years**, have you associated with friends, acquaintances, housemates, or family members who  have illegally used drugs or narcotics, and/or illegally used prescription medications? Yes No  IF YES, explain:  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………………………………………. | |

**Supplemental education information included on page 16.**

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| 67. Have you received any traffic citations, excluding parking citations, **within the past two years**. Yes No  **If YES, give details below.** | | | | | |
| 67.1 | NATURE OF VIOLATION: | | LOCATION(STREET): | CITY: | STATE: |
| DATE VIOLATION OCCURRED:  Month: Year: | ACTION TAKEN:  Not Guilty Fined Traffic School Dismissed | | | |
| 67.2 | NATURE OF VIOLATION: | | LOCATION(STREET): | CITY: | STATE: |
| DATE VIOLATION OCCURRED:  Month: Year: | ACTION TAKEN:  Not Guilty Fined Traffic School Dismissed | | | |
| 67.3 | NATURE OF VIOLATION: | | LOCATION(STREET): | CITY: | STATE: |
| DATE VIOLATION OCCURRED:  Month: Year: | ACTION TAKEN:  Not Guilty Fined Traffic School Dismissed | | | |
| 67.4 | NATURE OF VIOLATION: | | LOCATION(STREET): | CITY: | STATE: |
| DATE VIOLATION OCCURRED:  Month: Year: | ACTION TAKEN:  Not Guilty Fined Traffic School Dismissed | | | |
| **SECTION 7: OTHER TOCPICS** | | | | | |
| 68. Are you now, or have you ever been, a member of associated of a criminal enterprise, street gang, or any other  group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin,  nationality, gender, sexual preference, or disability? ………………………………………………………………………… Yes No | | | | | |
| 69. Other than in self-defense, have you ever used force or violence against another person with whom you have  had a dating, romantic or intimate relationship with, or who resided in the same household as you? Yes No | | | | | |
| 70. **Since the age of 15**, have you ever been involved in an anger-provoked physical fight, confrontation or  other violent act? …………………………………………………………………………………………………………………………….. Yes No | | | | | |
| 71. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise,  street gang, or any other group that advocates violence against individuals because of their race, religion, political  affiliation, ethnic orgin, nationality, gender, sexual preference, or disability? ……………………………………. Yes No | | | | | |
| If you answered “YES” to any of **Questions 68-70**, give details including dates and circumstances – reference  corresponding numbers).  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………………………………………. | | | | | |

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| **SECTION 8: CERTIFICATION** |
| 72. *I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.*  **Signature in Full: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Use the following page to continue your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding questions/item numbers.** |

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| **SUPPLEMENTAL INFORMATION** |
| * Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.* * You may print copies of this page as needed. |

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