PERSONAL HISTORY STATEMENT - POLICE OFFICER

Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Police Officer** with the City of Rose Hill.

- It is your responsibility to complete this form and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue or black 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 last page of this form (page 27) and identify the additional information by the question 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 and the Genetic Information Nondiscrimination Act (GINA) 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.

questions on this form.	anny memoers in response to
I have read and I understand the above instructions.	
Signature:	Date:

Initial this page to indicate that you have read the instructions:

SECTION	1: PERSONAL					
1. YOUR FUL	LL NAME					
LAST		FIRST			MIDDLE	
2. OTHER NA	AMES YOU HAVE USED OR BEEN KNOW	VN BY (INCLUDE MAIDEN NAME	AND NICKNAMES)			
						□ N/A
3. ADDRESS	WHERE YOU LIVE					•
NUMBER /	STREET				APT / UNIT	
CITY					STATE ZIP	
4. MAILING A	ADDRESS, IF DIFFERENT FROM ABOVE	(FOR EXAMPLE, PO BOX)				
5. CONTACT	NUMBERS					
HOME () WORK	()	EXT C	THER ()	CELL FAX	
6. CONTACT	EMAIL	7. LIS	ST ALL OTHER EMAIL ADD	RESSES (SEPARATED BY	(COMMAS)	
8. CITIZENSH	HIP					
	a U.S. citizen?					
IF NO, ar	re you a resident alien who is eligib	le and has applied for U.S. ci	tizenship?		Yes	☐ No
9. BIRTH PLA	ACE (CITY / COUNTY / STATE / COUNTE	RY)				
10. BIRTHDAT	TE (MM/DD/YYYY) 11. SOCIAL SEC	CURITY NUMBER 12. DRIVE	ER'S LICENSE			
	_	- NUMB	BER:	STA	TE: EXPIRES:	
13. PHYSICAI	L DESCRIPTION					
HEIGHT:	W	EIGHT:	HAIR COLOR	: :	EYE COLOR:	
HEIGHT:	W	EIGHT:	HAIR COLOR	e:	EYE COLOR:	
	V I 2: RELATIVES AND REFER		HAIR COLOR	t:	EYE COLOR:	
	I 2: RELATIVES AND REFER		HAIR COLOR	t:	EYE COLOR:	
SECTION 14. IMMEDIA	I 2: RELATIVES AND REFER	RENCES			EYE COLOR:	
SECTION 14. IMMEDIA • Pro	I 2: RELATIVES AND REFER ATE FAMILY ovide all applicable information in	RENCES In the spaces below.	Mark "Deceased," if a	appropriate.		numbers.
SECTION 14. IMMEDIA Pro Mai	I 2: RELATIVES AND REFER ATE FAMILY ovide all applicable information in rk "N/A" if a category is not appl	RENCES In the spaces below.	Mark "Deceased," if a	appropriate.	e 27 – reference corresponding	
SECTION 14. IMMEDIA Pro Mai 14.A Spouse	I 2: RELATIVES AND REFER ATE FAMILY ovide all applicable information in	n the spaces below. icable.	Mark "Deceased," if a	appropriate. ded, continue on page	e 27 – reference corresponding	□ N/A
SECTION 14. IMMEDIA Pro Mai	I 2: RELATIVES AND REFER ATE FAMILY ovide all applicable information in rk "N/A" if a category is not appl	RENCES In the spaces below.	Mark "Deceased," if a	appropriate.	e 27 – reference corresponding	□ N/A
SECTION 14. IMMEDIA Pro Mai 14.A Spouse	I 2: RELATIVES AND REFER ATE FAMILY ovide all applicable information in rk "N/A" if a category is not appl	n the spaces below. icable.	Mark "Deceased," if a If more space is need	appropriate. ded, continue on page	e 27 – reference corresponding	□ N/A
SECTION 14. IMMEDIA Pro Mai 14.A Spouse	I 2: RELATIVES AND REFER ATE FAMILY ovide all applicable information in rk "N/A" if a category is not appl e / Registered Domestic Partner	n the spaces below. icable. HOME ADDRESS (NUMBER / S'	Mark "Deceased," if a If more space is need	appropriate. ded, continue on page	e 27 – reference corresponding Deceased STATE ZIP	□ N/A
SECTION 14. IMMEDIA Pro Mai 14.A Spouse	I 2: RELATIVES AND REFER ATE FAMILY ovide all applicable information in rk "N/A" if a category is not appl e / Registered Domestic Partner	n the spaces below. icable. HOME ADDRESS (NUMBER / S'	Mark "Deceased," if a If more space is need	appropriate. ded, continue on page	e 27 – reference corresponding Deceased STATE ZIP	□ N/A
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SECTION 14. IMMEDIA Pro Mai 14.A Spouse	2: RELATIVES AND REFER ATE FAMILY Divide all applicable information in rk "N/A" if a category is not appl e / Registered Domestic Partner	n the spaces below. icable. HOME ADDRESS (NUMBER / S'	Mark "Deceased," if a life more space is need to space is nearly in the space is need to space is need to space is need to sp	appropriate. ded, continue on page	e 27 – reference corresponding Deceased STATE ZIP	□ N/A
SECTION 14. IMMEDIA Pro Mai 14.A Spouse	DATE OF MARRIAGE/REGISTRATION	n the spaces below. icable. HOME ADDRESS (NUMBER / S'	Mark "Deceased," if a lf more space is need to the	appropriate. ded, continue on page	e 27 – reference corresponding Deceased STATE ZIP STATE ZIP	□ N/A
SECTION 14. IMMEDIA Pro Mai 14.A Spouse	PATE FAMILY Divide all applicable information in rk "N/A" if a category is not applicable information in the image of the	n the spaces below. icable. HOME ADDRESS (NUMBER / S'	Mark "Deceased," if a lift more space is need to space is nearly in the space is need to space is need to space is need to sp	cre ever been, a restrain	e 27 – reference corresponding Deceased STATE ZIP STATE ZIP	□ N/A
SECTION 14. IMMEDIA Pro Mai 14.A Spouse NAME	DATE OF MARRIAGE/REGISTRATION	The spaces below. icable. HOME ADDRESS (NUMBER / S' WORK ADDRESS (NUMBER / S' CELL PHONE ()	Mark "Deceased," if a lift more space is need to space is nearly in the space is need to space is need to space is need to sp	cre ever been, a restrain	Deceased STATE ZIP STATE ZIP	□ N/A
SECTION 14. IMMEDIA Pro Mai 14.A Spouse NAME	2: RELATIVES AND REFERENCE FAMILY Divide all applicable information in the "N/A" if a category is not applied / Registered Domestic Partner HOME PHONE () WORK PHONE () DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)	The spaces below. icable. HOME ADDRESS (NUMBER / S' WORK ADDRESS (NUMBER / S' CELL PHONE ()	Mark "Deceased," if a life more space is need to space in effect invitation of the space is need to space in effect invitation of the space is need to space in effect invitation of the space is need to space in effect invitation of the space is need to space in effect invitation of the space is need to space it is need to	cre ever been, a restrain	e 27 – reference corresponding Deceased STATE ZIP STATE ZIP state ZIP ing or stay-away ividual?	N/A N/A N/A
SECTION 14. IMMEDIA Pro Mai 14.A Spouse NAME	De PHONE () WORK PHONE () DATE OF MARRIAGE/REGISTRATION / (MM/YYYY) PARE FAMILY De PHONE () DATE OF MARRIAGE/REGISTRATION	HOME ADDRESS (NUMBER / S' CELL PHONE () CELL PHONE () CHARACTER OF THE PROPERTY OF THE	Mark "Deceased," if a lf more space is need treet / APT) TREET / APT) EMAIL Is there, or has the order in effect inv	CITY	Deceased STATE ZIP STATE ZIP STATE ZIP STATE ZIP Deceased STATE ZIP	N/A S No N/A
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SECTION 14. IMMEDIA Pro Mai 14.A Spouse NAME	Devide all applicable information in the state of the sta	The spaces below. In	Mark "Deceased," if a lf more space is need to space in the space is need to space in effect involves the space in the space is need to space it is need to space	CITY	Deceased STATE ZIP STATE ZIP STATE ZIP STATE ZIP Deceased STATE ZIP STATE ZIP STATE ZIP	N/A S No N/A

SECTI	ON 2:	RELATIVES	AND REF	ERE	NCES co	ontinued					
14.C P	14.C Parents / Guardians										
Lis	st ALL p	parents/guardi	ans, living o	or de	ceased, i	ncluding biological	, adoptive, foste	er, step-p	parents, in -laws, etc.		
14.C.1	Parent	/ Guardian:	☐ Mother			☐ Step-mother		Oth	er:		☐ Deceased
NAME					HOME AD	DRESS (NUMBER / STF	REET / APT)		CITY	STATE	ZIP
		HOME PHONE ()			MAILING A	ADDRESS (IF DIFFEREN	NT)		CITY	STATE	ZIP
		WORK PHONE			CELL PHO	DNE	EMAIL				
		()			()						
14.C.2	Parent	/ Guardian:	☐ Mother		Father	☐ Step-mother	☐ Step-father	Oth	er:		Deceased
NAME					HOME AD	DRESS (NUMBER / STR			CITY	STATE	ZIP
		HOME PHONE			MAILING A	ADDRESS (IF DIFFEREN	NT)		CITY	STATE	ZIP
		()				(,				
		WORK PHONE			CELL PHO	DNE	EMAIL				
		()			()						
14.C.3	Parent	/ Guardian:	☐ Mother			•	☐ Step-father	Oth			☐ Deceased
NAME					HOME AD	DRESS (NUMBER / STF	REET / APT)		CITY	STATE	ZIP
		HOME PHONE			MAILING A	ADDRESS (IF DIFFEREN	NT)		CITY	STATE	ZIP
		()									
WORK PHONE CELL PHONE EMAIL											
		()			()						
14.C.4	Parent	/ Guardian:	☐ Mother				☐ Step-father	Oth	er:		Deceased
NAME					HOME AD	DRESS (NUMBER / STF	REET / APT)		CITY	STATE	ZIP
		HOME PHONE			MAILING /	ADDRESS (IF DIFFEREN	NIT)		CITY	STATE	ZIP
		()			WAILING	ADDRESS (II DII I EKEI	VI)		CITT	SIAIL	ZIF
		WORK PHONE			CELL PHO	DNE	EMAIL				
		()			()						
14.D Br	others /	Sisters									□ N/A
Lis	st ALL I	_IVING sibling	js, including	half-	-siblings,	step-siblings, foste	er-siblings, etc.				
14.D.1	Sibling	: Brothe	r Siste	r [] Half-bro	ther Half-siste	r Other:				
NAME						DRESS (NUMBER / STF			CITY	STATE	ZIP
		HOME PHONE			MAILING A	ADDRESS (IF DIFFEREN	NT)		CITY	STATE	ZIP
		() WORK PHONE			CELL PHO		Leadan				
					()		EMAIL				
		()									
14.D.2 NAME	Sibling	: Brothe				ther Half-siste			CITY	STATE	7IP
IVAIVIL				AOL	HOWLE AD	DICEOU (NOMBER / OTI	CLITAII)		OITT	OTATE	211
		HOME PHONE			MAILING A	ADDRESS (IF DIFFEREN	NT)		CITY	STATE	ZIP
		()									
		WORK PHONE			CELL PHO		EMAIL			,	
		()			()						

SECTION 2: RELATIVES AND REFERENCES continued										
14.D.3	Sibling:	Brother	Sister	☐ Ha	lf-brother	Other:				
NAME				AGE	HOME ADDRESS (NUMBER / STR		CITY	STATE	ZIP	
		HOME PHONE		•	MAILING ADDRESS (IF DIFFEREN	T)	CITY	STATE	ZIP	
		()								
		WORK PHON	Ē		CELL PHONE	EMAIL				
		()			()					
14.D.4	Sibling:	Brother	Sister			Other:				
NAME				AGE	HOME ADDRESS (NUMBER / STR	EET / APT)	CITY	STATE	ZIP	
		HOME PHONE	Ē		MAILING ADDRESS (IF DIFFEREN	T)	CITY	STATE	ZIP	
		()							_	
		WORK PHON	E		CELL PHONE	EMAIL				
		()			()					
14 F (Children								□ N/A	
		IVING child	lron includir	a noti	ural adopted stop and/or fo	estor caro. Includo any o	other children who reside with you. F	Provido		
					parent/guardian, if other tha		ottler children who reside with you. F	Tovide	the name	
	Child:			Oth	·	<u>, </u>				
NAME	Ciliu.		_ Dauginei	AGE		I (IF OTHER THAN YOU)				
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP	
					CONTACT NUMBER	EMAIL				
					()					
14.E.2	Child:	☐ Son ☐	Daughter	Oth	ner:					
NAME				AGE		(IF OTHER THAN YOU)				
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP	
					CONTACT NUMBER	EMAIL				
					()					
14.E.3	Child:	☐ Son ☐	Daughter	Oth	er:					
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	I (IF OTHER THAN YOU)				
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP	
					CONTACT NUMBER	EMAIL				
					()					
	Child:	☐ Son ☐	Daughter	Oth						
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	I (IF OTHER THAN YOU)				
							Low	1 ==:	T	
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP	
						T				
					CONTACT NUMBER	EMAIL				
					()					

SEC.	TION 2: F	RELATIVES AND REFERENCE	ES continued				
15. LIS	ST OF REFER	RENCES					
•	List 7 – 1 co-work	10 people who know you well, suc ers. Do NOT include relatives, en	ch as close personal relationship inployers, housemates, or any inc	s, social and far dividuals listed e	nily friends, teachers, military colleag elsewhere.	ues, ar	nd/or
15.1	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET,	APT)	CITY	STATE	ZIP
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		()					
		WORK PHONE	CELL PHONE	EMAIL			
		()	()				
		How do you know this person?			How long have you known this person?		
45.0	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET)	/ APT)	CITY	STATE	ZIP
15.2							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		()					
		WORK PHONE	CELL PHONE	EMAIL			
		()	()				
		How do you know this person?			How long have you known this person?		
45.0	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	APT)	CITY	STATE	ZIP
15.3							
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE		CELL PHONE	EMAIL			
	()		()				
		How do you know this person?			How long have you known this person?		
15.4	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET)	/ APT)	CITY	STATE	ZIP
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		()					
		WORK PHONE	CELL PHONE	EMAIL			
		()	()				
		How do you know this person?			How long have you known this person?		
45.5	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET)	APT)	CITY	STATE	ZIP
15.5							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		WORK PHONE	CELL PHONE	EMAIL			
		()	()	LIVIAIL			
		()	()		T		
		How do you know this person?			How long have you known this person?		
15.6	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	(API)	CITY	STATE	ZIP
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		()					
		WORK PHONE	CELL PHONE	EMAIL		•	
		()	()				
		How do you know this person?			How long have you known this person?		-

SECTION 2: RELATIVES AND REFERENCES continued										
15.7	NAME OF R	EFERENCE	HON	ME ADDRESS (NUMBER / STREET /	APT)	CITY		STATE	ZIP	
	ı	HOME PHONE	WO	RK ADDRESS (NUMBER / STREET /	SUITE)	CITY		STATE	ZIP	
		()								
		WORK PHONE	,	L PHONE	EMAIL					
		,	()						
		How do you know this per	son?				e you known this person?			
15.8	NAME OF R	EFERENCE	HON	ME ADDRESS (NUMBER / STREET /	APT)	CITY		STATE	ZIP	
		HOME PHONE	WO	RK ADDRESS (NUMBER / STREET /	SUITE)	CITY		STATE	ZIP	
		()			,	·				
		WORK PHONE	CEL	L PHONE	EMAIL					
		()	()						
		How do you know this per	son?			How long have	e you known this person?			
15.9	NAME OF R	EFERENCE	HON	ME ADDRESS (NUMBER / STREET /	APT)	CITY		STATE	ZIP	
		HOME PHONE	WO	RK ADDRESS (NUMBER / STREET /	SUITE)	CITY		STATE	ZIP	
		()								
	WORK PHONE			L PHONE	EMAIL	MAIL				
	())		T .				
	How do you know this person?					How long have	e you known this person?			
15.10	NAME OF R	EFERENCE	HON	ME ADDRESS (NUMBER / STREET /	CITY		STATE	ZIP		
		HOME PHONE	WO	RK ADDRESS (NUMBER / STREET /	SUITE)	CITY		STATE	ZIP	
		()		MANAGE (NOMBER) ONCEST	33.12,					
		WORK PHONE	CEL	L PHONE	EMAIL					
		()	()						
		How do you know this per	son?			How long have	e you known this person?			
SEC	CTION 3:	EDUCATION								
•	NOTE:			scripts or other proof to so	upport all of yo	our education	nal claims in Section 3	3.		
16. C	HECK APPL	ICABLE	MM/YYYY	MM/YYYY				M	M/YYYY	
	□⊦	ligh School Diploma:	1	☐ GED: /	☐ Kansas	s High School	Proficiency Certificate:		/	
17. L		CHOOL(S) ATTENDED								
17.1	NAME OF H	IGH SCHOOL						TO (MM/Y	_	
				TY			/	STATE	/	
			CI					JIMIE		
17.2	NAME OF H	IGH SCHOOL	<u>'</u>				FROM (MM/YYYY)	TO (MM/Y	,	
2							/		/	
			Cl	TY				STATE		

SEC	TION 3: I	EDUCATION continued						
18. LI		LEGES AND UNIVERSITIES ATTENDED						
18.1	NAME OF C	COLLEGE/UNIVERSITY	FROM (MM/YY	YY)	TO (M	M/YYYY)	TOTA	L UNITS COMPLETED
10.1			/			/		QTR SYSTEM SEM SYSTEM
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY		S	TATE	TATE ZIP		MAJOR / AREA OF STUDY
	NAME OF C	COLLEGE/UNIVERSITY	FROM (MM/YY	YY)	TO (M	M/YYYY)	TOTA	L UNITS COMPLETED
18.2			/			/		☐ QTR SYSTEM ☐ SEM SYSTEM
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY		S	TATE	ZIP		MAJOR / AREA OF STUDY
	NAME OF C	COLLEGE/UNIVERSITY	FROM (MM/YY	YY)	TO (M	M/YYYY)	TOTA	L UNITS COMPLETED
18.3			/			/		☐ QTR SYSTEM ☐ SEM SYSTEM
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY		S	TATE	ZIP		MAJOR / AREA OF STUDY
	NAME OF C	COLLEGE/UNIVERSITY	FROM (MM/YY	YY)	TO (M	M/YYYY)	TOTA	L UNITS COMPLETED
18.4			/			/		☐ QTR SYSTEM ☐ SEM SYSTEM
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY		S	TATE	ZIP		MAJOR / AREA OF STUDY
19. LI		ADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENTADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		OM (MM	00000	TO (MM/YY	200	DID YOU COMPLETE THE COURSE?
19.1	NAIVIE OF I	RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FK	/ / / / / / / / / / / / / / / / / / /	/1111)	10 (MINN/11	11)	☐ Yes ☐ No
		CITY		STATE	- LTVI	PE OF SCHOOL	OD TO	
		CHY		SIAIE	: 1 11	PE OF SCHOOL	OR IRA	AINING
	LNAME OF T	TARE VOCATIONAL OR RUGINESS SOLICOLINISTITUTE		ON 4 / N 4 N 4	2000	TO (MANADO)	200	DID YOU COMPLETE THE COURSE?
19.2	NAME OF I	RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FR	OM (MM /	/	TO (MM/YY	ΥΥ)	
		LOITY		-	- 1 - 7/1	/	OD TO	
		CITY		STATE	: I YI	PE OF SCHOOL	OR IRA	AINING
20.	Have you e	ever taken a Concealed Carry Course?						Yes No
		ovide the following information:						
		A. COURSE PRESENTER NAME				LOCATION	(CITV /	STATE
		A. COURSE PRESENTER INAMIE				LOCATION	(CITT)	SINIL
		B. COURSE COMPLETION						COMPLETION DATE (MM/YYYY)
		Did you successfully complete the course?					Yes	No /
		Did you successfully complete the course:					103	L 170

SEC	ECTION 3: EDUCATION continued										
21.	Have you ever attended a CPOST Approved Basic Course/Acade IF YES, provide the following information:	my:					Yes No				
21.1	NAME OF ACADEMY		FRO	M (MM/YYYY)	TO (MM/YYY	Y) DID	YOU PASS/GRADUATE?				
21.1				/	/		Yes No				
	LOCATION (CITY, STATE)	NAME OF TR	RAINING OFFI	CER / ACADEMY CO	ORDINATOR	CON)				
24.2	NAME OF ACADEMY		FRO	M (MM/YYYY)	TO (MM/YYY	Y) DID	YOU PASS/GRADUATE?				
21.2				/	/		Yes No				
	LOCATION (CITY, STATE)	NAME OF TR	RAINING OFFI	CER / ACADEMY CO	ORDINATOR	CON	NTACT NUMBER				
						()				
I	Have you ever been subject to any disciplinary action, including action any high school, college/university, business, or trade school? F YES, describe in detail below. Starting with high school, list any he disciplinary action(s) occurred, name of school(s), and explanation.	?and all disci	iplinary acti								
_											
SEC	TION 4: RESIDENCE HISTORY										
	IST OF RESIDENCES										
•	Provide complete addresses (include markers such as St If the residence is a military base, identify name of base in unless you shared individual quarters. If more space is needed, continue your response on page	reet, Drive, address, n			ode. Do NO	T list military b	arracks mates				
23.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	(MM/YYYY)	Present				
	СІТУ	STATE	ZIP	IF RENTING:	: PROPERTY N	MANAGER, RENT (COLLECTOR, OR OWNER				
	MAILING ADDRESS OF PROPERTY MANAGER. RENT COLLECTOR. OR O	WNER (NUMB	ER / STREET.	/ APT / PO BOX)		CONTACT NUM	MBER				
	CITY	STATE	ZIP	EMAIL		/ /					
	Name(s) of those with whom you live:										
23.2	FORMER ADDRESS (NUMBER / STREET / APT)				FROM /	(MM/YYYY)	TO (MM/YYYY)				
	CITY	STATE	ZIP	IF RENTING:	: PROPERTY N	MANAGER, RENT (COLLECTOR, OR OWNER				
	MAILING ADDRESS OF PROPERTY MANAGER. RENT COLLECTOR. OR O	WNER (NUMB	ER / STREET.	/ APT / PO BOX)		CONTACT NUM	MBER				
	CITY	STATE	ZIP	EMAIL							
	Name(s) of those with whom you lived:										
	Reason for moving:										

SEC	SECTION 4: RESIDENCE HISTORY continued									
	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (MM/YYYY)		
23.3						/		/		
	CITY		STATE	ZIP	IF RENTING: PI	ROPERTY M.	ANAGER, RENT C	OLLECTOR, OR OWNER		
	MAILING AF	DDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	ED (NILIME	ED / CTDEET / ADT /	BO BOY)		CONTACT NUMI	DED		
	IVIAILING AL	DURESS OF PROPERTY WANAGER, REINT COLLECTOR, OR OWNE	EK (INUIVID	ER/SIREEI/AFI/	PO BOX)		CONTACT NOW	DEK		
	OLT) (07475	Lar)			
	CITY		STATE	ZIP	EMAIL					
	Name(s)	of those with whom you lived:								
	Reason fo	r moving:								
	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (MM/YYYY)		
23.4						/		/		
	CITY		STATE	ZIP	IF RENTING: PI	ROPERTY M.	ANAGER, RENT C	OLLECTOR, OR OWNER		
							,	,		
ĺ	144 II IN IO 45	DDDDDD OF DDDDDDDDDDDDDDDDDDDDDDDDDDDDD	-	ED (OTDEET (ADT)	20 2010		LOCKETACTALLA	250		
	MAILING AL	DDRESS OF PROPERTY MANAGER. RENT COLLECTOR. OR OWNE	EK (NUMB	ER/SIREET/APT/	POBOXI		CONTACT NUMI	BEK		
	OLT) (07475	Lar			()			
	CITY		STATE	ZIP	EMAIL					
	Name(s) of those with whom you lived:									
	Reason fo	r moving:								
00.5	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (MM/YYYY)		
23.5						/		/		
	CITY		STATE	ZIP	IF RENTING: PI	ROPERTY M.	ANAGER, RENT C	OLLECTOR, OR OWNER		
	MAILING AF	DDRESS OF PROPERTY MANAGER. RENT COLLECTOR. OR OWNE	ER (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUM	BER		
							()			
	CITY		STATE	7IP	EMAIL		,			
				-						
'	Name(s)	of those with whom you lived:								
	Reason fo	r moving:								
24 1	107.05.1101	-								
24. L	IST OF HOU	SEMATES								
•	Provide	contact information for all housemates listed in Ques	stion 23	with whom you h	nave resided o	during the	e past 10 year	s or since age 15.		
•		I list anyone for whom you have already provided con								
•		space is needed, continue your response on page 27								
24.1	NAME OF H	OUSEMATE					CONTACT NUME	BER		
24.1							()			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY			STATE ZIP		
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEN	D, HOUSE	EMATE ONLY, ETC.)	EMAIL					

SEC	CTION 4: RESIDENCES continued										
	NAME OF H	OUSEMATE			CONTA	CT NUN	MBER				
24.2											
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	,	`		STATE	ZIP			
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL							
	NAME OF E	OUSEMATE			CONTA	CT NUI	MRFR				
24.3	10 1112 01 1				()					
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	,	(,	STATE	7ID			
		CONNENT // DIRECT IN THE EXEMI (NOMBERY OTKEET / NOT 1)	OIII				OIXIL	2			
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL							
		TRATURE OF RELATIONSHIP (E.G., RELATIVE, EANDEORD, FRIEND, HOUSEWATE ONET, ETC.)		LWAIL							
24.4	NAME OF F	OUSEMATE			CONTA	CINUN	MBEK				
					()					
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				STATE	ZIP			
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL							
24.5	NAME OF H	OUSEMATE			CONTA	CT NUN	MBER				
24.5					()					
	•	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	,			STATE	ZIP			
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL							
	NAME OF H	OUSEMATE			CONTA	CT NUN	MBER				
24.6					()					
	l .	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	,			STATE	ZIP			
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL							
	NAME OF H	OUSEMATE			CONTA	CT NUN	MBER				
24.7					()					
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		`	,	STATE	ZIP			
		· · · · · · · · · · · · · · · · · · ·									
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL							
25	Нама мог	ver been evicted or asked to leave a residence?					Г	Yes No			
25.	riave you e	ver been evicted of asked to leave a residence?						1 1 62 110			
26.	Have you e	ver left a residence owing rent, utilities, or other household expenses?						Yes No			
I	f you answ	ered "YES" to Questions 25 and/or 26, explain (include when, where, and circumstan	nces):	:							
		• • • • • • • • • • • • • • • • • • • •									
-											
-											
_											
1											

SEC	TION 5: EXPERIENCE AND EMPLOYM	MENT							
27. J	OB EXPERIENCE								
•	List ALL jobs you have had, including partitives of the periods of unemployment in exc If more space is needed, continue your re-	reserve duty, enter your military bacess of 30 days.							
27.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY) /		
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVI	SOR			
	CITY		STATE	ZIP	CONTAC	TNUMBER	EXT		
					()			
	JOB TITLE / RANK			E	EMAIL				
	DUTIES / ASSIGNMENTS			TYPE OF EN	MPLOYMENT	(CHECK ALL THAT APPI	_Y)		
				□FT	☐ PT ☐	Temp Self-emp	loyed Volunteer		
	NAMES OF CO-WORKERS			REASON FO	OR WANTING	TO LEAVE			
	1)	2)							
	Would there be a problem if we contact your current employer?								
	would there be a problem if we contact your o	current emproyer :					103 110		
	IF YES, explain:								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE					FROM (MM/YYYY)	TO (MM/YYYY)		
27.2	☐ Student ☐ Between jobs ☐ Leave o	f absence Travel Other:				/	/		
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)		
27.3						/	/		
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVI	SOR			
	CITY		STATE	ZIP	CONTAC	T NUMBER	EXT		
					(
	JOB TITLE / RANK				EMAIL				
	TOD TILL / TOUR				EIVI (IE				
	DUTIES / ASSIGNMENTS			TYPE OF EN	API OYMENT	CHECK ALL THAT APPL	V)		
	DOTIEO / NOCIONALINIO					Temp Self-empl			
	NAMES OF CO-WORKERS			REASON FO		Tonip La Gen-empi	oyea 🗀 volunteer		
	1)	2)		INLASON FO	AN LEAVING				
	'7	<i>-</i> ,							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE					FROM (MM/YYYY)	TO (MM/YYYY)		
27.4	☐ Student ☐ Between jobs ☐ Leave o	f absence Travel Other:				/	/		

SEC	ECTION 5: EXPERIENCE AND EMPLOYMENT continued									
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MI	M/YYYY)	
27.5							/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVI	SOR			
	CITY		STATE	ZIP)	CONTACT	NUMBER	I	EXT	
						(1			
	JOB TITLE / RANK					EMAIL				
	JOB ITTLE / KAIK					LIVIAIL				
	DUTIES / ASSIGNMENTS				TVDE OF EMPL	OVAIENT (CHECK ALL THAT APPL	NA		
	DUTIES / ASSIGNMENTS								7	
							Temp Self-emplo	yed L	_ volunteer	
	NAMES OF CO-WORKERS				REASON FOR L	LEAVING				
	1)	2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (MI	M/YYYY)	
27.6	☐ Student ☐ Between jobs ☐ Leave of						/	(/	
	Student Between jobs Leave of	rabsence Traver Other.					,		,	
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MI	M/YYYY)	
27.7							/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR	<u> </u>		
	CITY		STATE	ZIP)	CONTACT	NUMBER	l F	EXT	
	···		0.71.2			, .				
	JOB TITLE / RANK					()				
	JOB TITLE / RAINK					EWAIL				
	DUTIES / ACCIONMENTS			- 1	TVDE OF EMPL	OVACNT (CHECK ALL THAT APPL	NA		
	DUTIES / ASSIGNMENTS								7.7.1.	
							Temp Self-emplo	yed L	_ volunteer	
	NAMES OF CO-WORKERS	0)			REASON FOR L	LEAVING				
	1)	2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (MI	M/YYYY)	
27.8	☐ Student ☐ Between jobs ☐ Leave or						/	(/	
	Student Between jobs Ecave of	Tayor Guier.					,		,	
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MI	M/YYYY)	
27.9							/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR			
	CITY		STATE	ZIP)	CONTACT	NUMBER	E	EXT	
						()				
	JOB TITLE / RANK					EMAIL				
	THE FIGURE					LIVITUE				
	DUTIES / ASSIGNMENTS			1	TVDE OF EMDI	OVMENT (CHECK ALL THAT APPL	V 1		
	DUTIES / ASSIGNMENTS								7.7	
	NAMES OF SO WORKERS						Temp Self-emplo	yea L	_ volunteer	
	NAMES OF CO-WORKERS	0)			REASON FOR L	LEAVING				
	1)	2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (MI	M/YYYY)	
27.10	,						/	. 5 (1411	/	
		rausence I i i aver Other:					· '		′	

SEC	TION 5: EXPERIENCE AND EMPLOYN	IENT continued								
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (N	MM/YYYY)	
27.11							/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE) SUPERVISO						SOR			
	CITY STATE ZIP CONTACT					NUMBER		EXT		
						())			
	JOB TITLE / RANK					EMAIL				
	DUTIES / ASSIGNMENTS				TYPE OF EMPI	LOYMENT (CHECK ALL THAT APPLY)			
					☐ FT ☐	PT 🗌	Temp Self-emplo	oyed	☐ Volunteer	
	NAMES OF CO-WORKERS				REASON FOR	LEAVING				
	1)	2)								
27.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (N	MM/YYYY)	
27.12	☐ Student ☐ Between jobs ☐ Leave of	f absence Travel Other:					/		/	
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	I TO (*	MM/YYYY)	
27.13	NAME OF EMPLOYER OR MILITARY UNIT						/ / FROM (MM/YYYY)	10 (N	/IIVI/YYYY) /	
	ADDDESO (AUTODE / OTDEET / OUTE / OD DAGE)					OUDED!	•		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVI	SOR			
	OUTV		LOTA TE	Laur		00017407	THE PER		FVT	
	CITY		STATE	ZIF	,	, ,	NUMBER		EXT	
				L		(
	JOB TITLE / RANK					EMAIL				
	DUTIES / ASSIGNMENTS						CHECK ALL THAT APPL	-		
							Temp Self-emplo	oyed	☐ Volunteer	
	NAMES OF CO-WORKERS	l _o ,			REASON FOR	LEAVING				
	1)	2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (N	MM/YYYY)	
27.14	☐ Student ☐ Between jobs ☐ Leave of	f absence Travel Other:					/	Ì	/	
							•			
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (N	MM/YYYY)	
27.15							/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVI	SOR			
	CITY		STATE	ZIF)	CONTACT	NUMBER		EXT	
						())			
	JOB TITLE / RANK					EMAIL				
	DUTIES / ASSIGNMENTS				TYPE OF EMPI	LOYMENT (CHECK ALL THAT APPL	.Y)		
					☐ FT ☐	PT 🗌	Temp Self-emple	oyed	☐ Volunteer	
	NAMES OF CO-WORKERS				REASON FOR	LEAVING				
	1)	2)								
27.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (N	MM/YYYY)	
27.10	☐ Student ☐ Between jobs ☐ Leave of	f absence Travel Other:					/		/	

SEC	SECTION 5: EXPERIENCE AND EMPLOYMENT continued									
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (M	IM/YYYY)	
27.17							/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR			
	CITY STATE ZIP CONTACT N						NUMBER		EXT	
						()				
	JOB TITLE / RANK					EMAIL				
	THE FIGURE					LIVITUE				
	DITTES / ASSIGNMENTS			1-	TVDE OF EMPI	OVMENT /	CHECK ALL THAT ADDLY	V)		
	DUTIES / ASSIGNMENTS TYPE OF EMPLOYMENT (CF								7./-1	
	NAMES OF CO-WORKERS			,	REASON FOR		Temp Self-emplo	yed L		
		2)		1	REASON FOR	LEAVING				
	1)	2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (M	IM/YYYY)	
27.18	☐ Student ☐ Between jobs ☐ Leave o	f absence Travel Other:					1	,	/	
							,		•	
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (M	IM/YYYY)	
27.19							/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR			
	CITY		STATE	ZIP		CONTACT	NUMBER		EXT	
						(\			
	JOB TITLE / RANK					EMAIL				
	DUTIES / ASSIGNMENTS			- 1-	TYPE OF EMPI	OYMENT (CHECK ALL THAT APPL	Y)		
	DOTIES / NOCIONALITY						Temp Self-emplo	-	Volunteer	
	NAMES OF CO-WORKERS				REASON FOR		Temp	yeu _		
	1)	2)		Ι.	REAGONTOR	LLAVINO				
	"/	2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (M	IM/YYYY)	
27.20	☐ Student ☐ Between jobs ☐ Leave o	f absence Travel Other:					/		/	
28.	Have you ever been disciplined at work? (This is	includes written warnings, formal letter	s of cour	nselir	ng,					
	reprimands, suspensions, reductions in pay, reas	ssignments, or demotions.)					[Ye	s 🔲 No	
			c 1		.0		1			
29.	Have you ever been fired, released from probati	ion, or asked to resign from any place o	f employ	men	it?			Ye	s No	
	337	2 24 1		0			[
30.	Were you ever involved in a physical/verbal alto	ercation with a supervisor, co-worker, o	or custom	ner?.				Ye	s 📙 No	
	II						[
31.	Have you ever quit without giving notice?							Ye	s No	
							1			
32.	Have you ever resigned in lieu of termination?.							Ye	s No	
33.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, s	sexual or	rienta	ation harassn	nent, etc.)				
	by a co-worker, superior, subordinate or custom						[Ye	s 🔲 No	
	W									
34.	Were you ever the subject of a written complain	nt at work?			•••••			Ye	s No	
-	TT 1						1			
35.	Have you ever been counseled at work due to la	ateness or absences?			•••••			Ye	s No	

SEC	CTION 5:	EXPERIENCE /	ND EMPLOYMENT	continued						
36.	Did you e	ver receive an unsat	isfactory performance r	eview?					Ye	s No
37.	Have you	ever sold, released,	or given away legally c	onfidential information	on?				Ye	s 🗌 No
38.	-		when you were neither s have you used in the pa	=	-				Ye	s No
	If you ans	swered "YES" to an	of Questions 28–38, e	explain (include when	n, where, an	d circur	nstances – refe	erence correspond	ling numbers).	
39.	_	at three years, have you	ou missed days or been		_		_		Ye	s 🔲 No
40.	Has your	work performance e	ver been affected by yo	ur use of alcohol or d					Ye	s No
	IF YES,	when?		Name of	f employer	:	<u>—</u>			
41.	on your p		ou been warned by an o						Ye	s No
12	Цама мон	aver applied for an	nocition at another law	y anforcament agancy	y (city, coun	tv. etate	or federal)?		Пу	. □ No
74.	 Have you <i>ever</i> applied for <i>any</i> position at another law enforcement agency (city, county, state, or federal)?									
42.1	NAME OF	LAW ENFORCEMENT	AGENCY						DATE APPLIED (MM/YYY)	′)
	ADDRESS	S (NUMBER / STREET)						BACKGROUND I	L NVESTIGATOR'S NAME (IF I	(NOWN)
	CITY				;	STATE	ZIP	CONTACT NUME	BER	EXT
	POSITION	APPLIED FOR					EMAIL	()		
	- Comon	AN FLIED FOR					LIVIAIL			
	CHECK E		CESS THAT YOU COMPLE	,		yranh/C	VSV 🗆 🗅	ckground \square C	nief's Oral	anal Offer
			n Eligibility List W					okground 🔲 Cl	iicis Oiai 🔲 Conditi	ла ОПС

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued						
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	Υ)	
42.2					/		
	ADDRESS (NUMBER / STREET)	BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)			
	CITY	STATE	ZIP	CONTACT NUMBE	EXT		
				()			
	POSITION APPLIED FOR		EMAIL				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:			. 🗆			
	STEP: Application Written Physical Ability Oral PolySTATUS: Hired On Eligibility List Withdrawn Disqualified			ground L Chi	ef's Oral	ional Offer	
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	Y)	
42.3					/		
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBE	R	EXT	
				()			
	POSITION APPLIED FOR	<u> </u>	EMAIL				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:		•				
	STEP: Application Written Physical Ability Oral Poly	ygraph/C	CVSA Back	ground \square Chi	ef's Oral 🔲 Condit	ional Offer	
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	Expired				
40.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	Y)	
42.4					/		
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBE	R	EXT	
				()			
	POSITION APPLIED FOR		EMAIL				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:			. 🗆			
	STEP: Application Written Physical Ability Oral Poly			ground L Chi	ef's Oral	ional Offer	
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	Expired				
42.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY)	Y)	
42.5					/		
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBE	:R	EXT	
				()			
	POSITION APPLIED FOR		EMAIL				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
	STEP: Application Written Physical Ability Oral Poly			ground L Chi	ef's Oral	ional Offer	
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	Expired				

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued					
10.0	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY	YY)
42.6			/			
	ADDRESS (NUMBER / STREET)	BACKGROUND IN	VESTIGATOR'S NAME (II	F KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBE	EXT	
				()		
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	varanh/C	:VSA □ Back	ground \square Chi	ef's Oral Condi	itional Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified			ground on	cro oral oural	
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY	YY)
42.7					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (II	F KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	ER	EXT
	DOOTION ADDUCTS FOR		EAAA II	()		
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	varanh/C	CVSA □ Back	around \square Chi	ef's Oral Condi	itional Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified			ground <u> </u>		aronar Onor
	on the contract of the contrac					
SEC	CTION 6: MILITARY EXPERIENCE					
43.	Are you required to register for the Selective Service?				П	es \square No
	IF YES, have you registered?					_
	TO 11					
	IF NO, explain:					
44.	Have you ever served in the military?				🔲 Y	es No
45.	If you answered "YES" to Question 44, include the following service information:					
	BRANCH OF SERVICE			FROM (MM/YYY	Y) TO (MM/YY	(YY)
				/		/
	TYPE OF DISCHARGE					
	☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Oth	ner than	Honorable)	☐ Bad Cond	uct Dishonor	able
	Re-entry Code (1–4) if applicable – refer to your DD-214:					
46.	Are you currently participating in one of the following?					
	☐ Military Reserve ☐ National Guard ☐ IF CHECKED, date obligation end	ds (MM/	DD/YY):	<u> </u>		
47.	Have you ever been the subject of any judicial or non-judicial disciplinary action (su	ich as, co	ourt martial, capta	ain's mast,		
	office hours, company punishment)?				Y	es No
48.	Were you ever denied a security clearance, or had a clearance revoked, suspended, or	or downg	raded?			es No
49.	Have you ever taken military property without permission for personal use, to sell, or	r to give	away?		🗀 Y	es No

SE	ECTION 6: MILITARY EXPERIENCE continued	
	If you answered "YES" to any of Questions 47–49, explain (include dates and circumstances).	
	ECTION 7: FINANCIAL INCOME AND EXPENSES	
	 For each of the following questions (50A, B, C), fill in the amounts to the nearest dollar. For Question 50C: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan paym 	ents, food, gas and car
	maintenance, entertainment, etc., as well as any other obligations you may have.	
	A) From your employer(s), what is your take-home monthly income?	\$ per month
	B) Do you have other sources of income? (IF YES, fill in amount and explain.)	
		φ per montn
	Explain:	
	C) How much do you spend each month?	\$ per month
51.	. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	Yes No
	. Have any of your bills ever been turned over to a collection agency?	
53.		
54.	. Have your wages ever been garnished?	
55.		
56.		
	. Have you ever had an employment bond refused?	
58.	. Have you ever avoided paying any lawful debt by moving away?	Yes No
59.	. Have you ever defaulted on (failed to pay) a loan?	Yes No
60.		
	IF YES, do you currently have any outstanding debts as a result of gambling?	Yes No
61.	. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	Yes No
62.	. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	Yes No
63.	. Have you written three or more bad checks in a one-year period?	Yes No
	If you answered "YES" to any of Questions 51–63 , explain (include when, where, and why – reference corresponding numbers).	
1		

SEC	SECTION 8: 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 offenses that may have been pardoned or expunged. As a police officer applicant, you are required to disclose this information. If more space is needed, continue your response on page 27. 										
	4. 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)?										
	IF YES, explain each incident: CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY										
64.1	CHARGE	/	ARRESTING OR DETAINING AGENCT								
	DISPOSITION OR PENALTY										
	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY								
64.2		/									
	DISPOSITION OR PENALTY										
64.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY								
	DISPOSITION OR PENALTY	/									
65.	Have you ever been placed on court probation?		Yes No								
66.	Were you ever required to appear before a juvenile court for an act which committed as an adult?										
67.	Have you ever been a party in a civil lawsuit (e.g., small claims actions, support, etc.)?										
68.	Have the police ever been called to your home for any reason?										
69.	Have you or your spouse/partner ever been referred to Child Protective S	Services?	Yes No								
70.	Have you ever been the subject of an emergency protective order/restrain	ning order/stay-away order?									

SEC	FION 8: LEGAL continued							
71.	Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?							
72.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?							
73.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?							
74.	Have you ever filed a false insurance or workers' compensation claim?							
	If you answered "YES" to any of Questions 65–74 , explain (include court case or document, dates, and circumstances – reference corresponding numbers).							
▶ I	volvement in Criminal Acts – Part 1							
	Have you 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.							
75.1	Animal abuse and/or neglect Yes No							
75.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device							
75.3	Battery (use of force or violence upon another)							
75.4	Brandishing a weapon (any type of weapon)							
75.5	Carrying a concealed weapon without a permit Yes No							
75.6	Contributing to the delinquency of a minor Yes No							
75.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)							
75.8	Driving under the influence of alcohol and/or drugs							
75.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)							
75.10	Filing a false police report							
75.1	Hit & run collision (no injuries)							
75.12	Illegal gambling Yes No							
75.13	Illegal hunting and/or fishing (for example, without a license, out of season)							

SECT	TION 8: LEGAL continued	
75.14	Impersonating a peace officer (pretending to be a police officer)	☐ No
75.15	Indecent exposure and/or lewd or obscene conduct Yes	□ No
75.16	Intentionally writing a bad check Yes	□ No
75.17	Joyriding (using a car or other vehicle without owner's permission)	☐ No
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	□ No
75.19	Theft Yes	☐ No
75.20	Possession of alcohol as a minor	☐ No
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	☐ No
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	☐ No
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	☐ No
75.24	Reckless driving	☐ No
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	☐ No
75.26	Trespassing	☐ No
75.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	☐ No
75.28	Any other act amounting to a misdemeanor	☐ No
•	If you answered "YES" to ANY of the item(s) in Question 75 , fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 27.	,
•	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation.	,
-	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation.	,
▶ In	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 27.	,
► In 76. A	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 27. Avolvement in Criminal Acts – Part 2	
► In 76. A	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 27. Involvement in Criminal Acts – Part 2 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 la relieved you from reporting the detention, arrest, or conviction that arose from it.	
► In 76. A	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 27. Involvement in Criminal Acts – Part 2 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 larelieved you from reporting the detention, arrest, or conviction that arose from it.	w

SECT	FION 8: LEGAL continued	
76.4	Burglary (entering a structure or vehicle to commit theft or other crime)	☐ No
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	☐ No
76.6	Elder abuse and/or neglect (physical and/or financial) Yes	☐ No
76.7	Embezzlement (theft of money or other valuables entrusted to you)	☐ No
76.8	Felony drunk driving (involving injuries)	☐ No
76.9	Forcible rape Yes	☐ No
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	☐ No
76.11	Fraudulent use of a credit, ATM, debit, and/or check cardYes	☐ No
76.12	Felony Theft (value over \$1000)	☐ No
76.13	Hit & run (with injuries) Yes	☐ No
76.14	Hate crime Yes	☐ No
76.15	Illegal sex acts with another Yes	☐ No
76.16	Insurance fraud Yes	☐ No
76.17	Murder, homicide, or attempted murder Yes	☐ No
76.18	Perjury (lying under oath) Yes	☐ No
76.19	Possession of an explosive/destructive device Yes	☐ No
76.20	Robbery (theft from another person using a weapon, force, or fear)	☐ No
76.21	Stalking Yes	□ No
76.22	Theft of a vehicle and/or vehicle parts	☐ No
76.23	Viewing and/or possessing child pornography	☐ No
76.24	Any other act amounting to a felony Yes	☐ No
•	If you answered "YES" to ANY of the item(s) in Question 76 , fully explain circumstances, including dates, names of individuals involved and resolution. Reference the corresponding number (e.g., 76.3) for each explanation. If more space is needed, continue your response on page 27.	d,

SEC	CTION 8: LEGAL continued
▶ I	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 — <i>but not be limited to</i> — your use of any of the following: Marijuana (with or without a prescription) Marijuana (with or without a prescription) Mescaline Cocaine / Crack Cocaine Morphine Designer Drugs (Ecstasy, Synthetic Heroin, etc.) PCP / Angel Dust GHB (Date Rape Drug) Quaaludes Hallucinogens (Peyote, LSD, Mushrooms) Steroids
	► Hashish / Hashish Oil
	► Heroin / Opium
77.	Within the past six months, have you used any drug(s) as indicated above?
78.	Prior to the past six months: 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:
79.	Have you <i>EVER</i> engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription: Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another IF ANY ITEM IS CHECKED, give details including <i>drug(s) involved</i> , <i>over what time period(s)</i> , and <i>circumstances</i> .
80.	During the <i>past five years</i> , have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?

SEC	TION 9: MOTO	R VEHICLE INFOR	MATION						
81.	Current Driver's I	icense:							
	STATE OF ISSUE	LICENSE NUMBER	EX	(PIRATION DATE (MM/D	D/YYYY) NAME	UNDER WHICH	LICENSE	WAS GRANTE	ED
				/ /					
82.		here you have been lice	=						
	STATE OF ISSUE	LICENSE NUMBER (IF KN	OWN) TY	PE OF LICENSE	NAME	UNDER WHICH	LICENSE	WAS GRANTE	D
83.	Have vou ever bee	en refused a driver's lice	ense by any state?						Yes No
		nclude when, where, an							
	n 1125, explain (i	neiude when, where, an	d circumstances).						
_									
	•	license ever been susper							Yes No
	IF YES, explain (i	nclude when, where, an	d circumstances):						
_									
_									
0.5	T :-4 1	1-1-1141							
85.	TYPE OF COVERAGE	iability insurance on you	ir venicie(s).	VEHICLE MAKE		YEAR (^	VEHICLE LIC	PENCE
85.1	Insured		Cash Deposit	VEHICLE MAKE		TEAR (111)	VEHICLE LIC	ENSE
	INSURANCE COMP		- Cuon Deposit		POLICY NUMBER	₹			EXPIRATION DATE (MM/DD/YYYY)
									1 1
	ADDRESS (NUMBE	R/STREET)		CITY		STATE	ZIP		CONTACT NUMBER
	,								()
	TYPE OF COVERAG	GE		VEHICLE MAKE		YEAR (YYY)	VEHICLE LIC	ENSE
85.2	☐ Insured		Cash Deposit						
	INSURANCE COMP	ANY			POLICY NUMBER	2			EXPIRATION DATE (MM/DD/YYYY)
									1 1
	ADDRESS (NUMBE	R/STREET)		CITY		STATE	ZIP		CONTACT NUMBER
									()
- 6	TYPE OF COVERAG	GE		VEHICLE MAKE		YEAR (YYY)	VEHICLE LIC	CENSE
85.3	☐ Insured	☐ Bonded ☐	Cash Deposit						
	INSURANCE COMP	ANY		1	POLICY NUMBER	3		1	EXPIRATION DATE (MM/DD/YYYY)
									/ /
	ADDRESS (NUMBE	R/STREET)		CITY		STATE	ZIP		CONTACT NUMBER
									()

SECTION 9: MOTOR VEHICLE OPERATION continued									
86. List all traffic citations, excluding parking citations, you have received within the past seven years.									
86.1	NATURE OF VIOLATION		LOCATION (STREET)		CITY	CITY		STATE	
	DATE VIOLATION OCCURRED	ACTION TAKEN		<u>_</u>	_		_		
	Month: Year:	□N	ot Guilty	Fined	☐ Traffic	School	Dismisse		
86.2	NATURE OF VIOLATION		LOCATION (STI	REET)	CITY			STATE	
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN	ot Guilty	Fined	☐ Traffic	School	Dismisse	d	
86.3	NATURE OF VIOLATION	<u> </u>	LOCATION (STI	REET)	CITY			STATE	
	DATE VIOLATION OCCURRED	ACTION TAKEN							
	Month: Year:	□ N	ot Guilty	Fined	☐ Traffic	School	Dismisse	d	
_	Failed to Appear Failed to Complete Traffic School Failed to Pay the Required Fine IF CHECKED, explain circumstances:								
88. Have you been involved as the driver in a motor vehicle accident within the past seven years?									
88.1	DATE OF ACCIDENT (MM/YYYY) LOCATION (STRE	ET)			CITY			STATE	
	POLICE REPORT LAW ENFORCEM Yes No	ENT AGENCY			AT FAULT?	WAS THE AC		njury	
88.2	DATE OF ACCIDENT (MM/YYYY) LOCATION (STRE	ET)			CITY	,		STATE	
	POLICE REPORT LAW ENFORCEMENT AGENCY Yes No				AT FAULT? WAS THE ACCIDENT? Yes No Injury Non-injury			njury	
88.3	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)			CITY			STATE		
	POLICE REPORT LAW ENFORCEMENT AGENCY AT FAULT? WAS THE ACCIDENT? Yes No Injury Non-inj				njury				
89. Have you ever driven a vehicle without auto insurance, as required by law?									
	IF YES, GIVE REASON					FROM (MM/YYYY)	TO (MM/YY	YY)	
90. Have you ever been refused automobile liability insurance or a bond, or had them cancelled?									
	IF YES, GIVE REASON DATE (N					DATE (MM/	YYYY)		
	INSURANCE COMPANY								

SE	CTION 10: OTHER TOPICS		
	Have you ever been refused a permit to carry a concealed weapon?	Yes	□ No
92.	Are you now, or have you ever been, a member or associate 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
93.	Have you ever hit or physically overpowered a spouse or domestic partner?	Yes	☐ No
94.	Have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	Yes	☐ No
95.	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 origin, nationality, gender, sexual preference, or disability?	Yes	□ No
	If you answered "YES" to any of Questions 91–95 , give details including dates and circumstances – <i>reference corresponding numbers</i>).		
SEC	CTION 11: CERTIFICATION		
96.	I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and to are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to I have been appointed, may disqualify me from continued employment.		
	Signature in Full: ▶ Date:		

Use the following page to continue any of your responses.

Be sure to reference corresponding numbers.

ADDITIONAL COMMENTS						
 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. If you are filling in this page online, text will flow to additional pages automatically. 						