

**** All applicants must be 21 years of age or older to apply****

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 **Shoshoni Police Officer**.
- Type or neatly print, in ink, responses 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 cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form (page 19) 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 the prospective employer.

BOTTOM LINE: Be as complete, honest and specific as possible in your responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act and the Wyoming Fair Employment Practices Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in responses to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 1: PERSONAL			
1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER/STREET			APT/UNIT
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. Citizen?..... <input type="checkbox"/> YES <input type="checkbox"/> NO			
If no, are you a resident alien who is eligible and has applied for a U.S. citizenship?..... <input type="checkbox"/> YES <input type="checkbox"/> NO			
8. BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)		9. BIRTH DATE	10. SOCIAL SECURITY NUMBER
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES
13. IMMEDIATE FAMILY
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable or if the individual is deceased. If more space is needed, continue your response on page 19.

<input type="checkbox"/> N/A	A. Father			
NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	B. Step-father			
NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	C. Mother			
NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 2: RELATIVES AND REFERENCES

13. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A D. Step-mother					
NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A E. Father-in-law					
NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A F. Mother-in-law					
NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A G. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.					
1) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		

2) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		

3) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		

4) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 2: RELATIVES AND REFERENCES

13. IMMEDIATE FAMILY *continued*

5) NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL	

6) NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL	

14. REFERENCES

List 3 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL	
	HOW DO YOU KNOW THIS PERSON? (EX. FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON

B) NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL	
	HOW DO YOU KNOW THIS PERSON? (EX. FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON

C) NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL	
	HOW DO YOU KNOW THIS PERSON? (EX. FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

15. Check applicable: High School Diploma from an accredited U.S. institution GED

16. List high schools attended:

A) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY		STATE		
B) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY		STATE		

17. List all colleges or universities attended:

A) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
TYPE OF SCHOOL OR TRAINING		CITY		STATE	
B) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
TYPE OF SCHOOL OR TRAINING		CITY		STATE	
C) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
TYPE OF SCHOOL OR TRAINING		CITY		STATE	

18. List any trade, vocational, or business schools/institutions attended:

A) NAME		FROM	TO	TOTAL UNITS EARNED	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING		CITY		STATE	
B) NAME		FROM	TO	TOTAL UNITS EARNED	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING		CITY		STATE	

19. Have you ever attended a POST Basic Academy? Yes No

If yes, provide the following information:

A) ACADEMY NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY/STATE)		NAME OF TRAINING OFFICER/ACADEMY COORDINATOR		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: EDUCATION *continued*

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed, continue your response on page 19.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER/STREET/APT)				FROM	TO
					Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					
B) FORMER ADDRESS (NUMBER/STREET/APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					
Reason for moving:					
C) FORMER ADDRESS (NUMBER/STREET/APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					
Reason for moving:					

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 4: RESIDENCE

22. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER/STREET/APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					
Reason for moving:					

23. Have you ever been evicted or asked to leave a residence? Yes No

24. Have you ever left a residence owing rent? Yes No

If you answered yes to Questions 23 and/or 24, explain (include when, where and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed, continue your response on page 19.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignments.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER/STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES/ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING		
Would there be a problem if we contact your current employer <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:			

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE *continued*

B) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER/STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES/ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING		

D) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
---	------	----

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER/STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES/ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING		

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
---	------	----

G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER/STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES/ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE *continued*

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
---	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER/STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL		
DUTIES/ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
---	------	----

K) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER/STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL		
DUTIES/ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

26. Have you ever been disciplined at work? (this includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you ever been fired, released from probation, or asked to resign from any place of employment?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever quit without giving proper notice?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever resigned in lieu of termination?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. 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?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Were you ever the subject of a written complaint at work?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

34. Did you ever receive an unsatisfactory performance review?..... Yes No

35. Have you ever sold, released, or given away legally confidential information?..... Yes No

36. 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?

If you answered yes to any of **Questions 26-36**, explain (include when, where and circumstances; indicate corresponding number):

37. In the past here years, have you missed days or been late to work due to drug or alcohol consumption?..... Yes No
 If yes, how often?

38. Has your work performance ever been affected by your use of alcohol or drugs?..... Yes No

WHEN	NAME OF EMPLOYER

39. 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

WHEN	NAME OF EMPLOYER

40. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)?..... Yes No

- If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on page 19.

A) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR			EMAIL	

Check each step in the process that you completed, and your status:

STEPS: Application Written Physical agility Oral Polygraph/CVSA Background Chief's oral Conditional job offer

STATUS: Hired On List Withdrawn Disqualified

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT

40. Have you ever applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

C) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

SECTION 6: MILITARY EXPERIENCE

41. Are you required to register for the Selective Service?..... Yes No
 If yes, have you registered? Yes No
 If no, explain:

42. BRANCH OF SERVICE	43. DATES OF SERVICE From _____ To _____
44. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable – refer to your DD-214:	
45. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:	
46. 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered yes to **Questions 46 and/or 47**, explain (include dates and circumstances):

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a **police officer position**, you are required to disclose any of the following which occurred on or after your 15th birthday, *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 19.

62. **Either as an adult or a juvenile, have you EVER been detained or investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** Yes No

If yes, explain each incident.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

63. Have you ever been placed on court probation as an adult?..... Yes No

64. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?..... Yes No

65. Have the police ever been called to your home for any reason?..... Yes No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: LEGAL *continued*

- 66. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?..... Yes No
- 67. 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?..... Yes No
- 68. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?..... Yes No
- 69. Have you ever filed a false insurance or workers' compensation claim?..... Yes No

If you answered yes to any of **Questions 63-69**, explain (include court case or document, dates and circumstances; indicate corresponding number):

70. UNDETECTED ACTS – PART I

Within the past **seven** years **OR** at any time after your were first employed in law enforcement, have you ever committed any of the following misdemeanors?

- A) Annoying/obscene phone calls..... Yes No
- B) Assault (use or threat of force or violence upon another)..... Yes No
- C) Brandishing a weapon (any type of weapon)..... Yes No
- D) Carrying a concealed weapon without a permit..... Yes No
- E) Contributing to the delinquency of a minor..... Yes No
- F) Driving under the influence of alcohol and/or drugs..... Yes No
- G) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)..... Yes No
- H) Hit & run collision (no injuries)..... Yes No
- I) Illegal gambling..... Yes No
- J) Impersonating a police officer (pretending to be a police officer)..... Yes No
- K) Indecent exposure (including flashing or mooning)..... Yes No
- L) Joyriding (using a car or other vehicle without the owner's permission)..... Yes No
- M) Stealing (value up to \$500, including shoplifting/switching price tags)..... Yes No
- N) Possession of alcohol as a minor..... Yes No
- O) Possession of falsified or altered identification, including use of another person's ID (for any reason)..... Yes No
- P) Possession of stolen property (including vehicles)..... Yes No
- Q) Prostitution or soliciting a prostitute..... Yes No
- R) Resisting arrest (including running from the police)..... Yes No
- S) Trespassing..... Yes No
- T) Vandalism (including "tagging," malicious mischief and/or property damage)..... Yes No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: LEGAL *continued*

70. UNDETECTED ACTS – PART I *continued*

- U) Intentionally writing a bad check..... Yes No
- V) Filing a false police report..... Yes No
- W) Any other act amounting to a misdemeanor within the past seven years..... Yes No

If you answered yes to **any** item(s) in **Question 70**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (70-A, etc.) for each explanation

71. UNDETECTED ACTS – PART 2

At any time in your life have you **ever** committed any of the following?

- A) Arson (intentionally destroying property by setting a fire)..... Yes No
- B) Assault with a deadly weapon..... Yes No
- C) Theft of a vehicle and/or vehicle parts..... Yes No
- D) Burglary (entering a structure or vehicle to commit theft or other crime)..... Yes No
- E) Child molestation (performing unlawful acts with a child)..... Yes No
- F) Accessing and/or possessing child pornography..... Yes No
- G) Elder abuse/neglect..... Yes No
- H) Embezzlement (theft of money or other valuables entrusted to you)..... Yes No
- I) Felony drunk driving (involving injuries)..... Yes No
- J) Forcible rape or other act of unlawful intercourse..... Yes No
- K) Forgery (falsifying any type of document, check certificate, license, currency, etc.)..... Yes No
- L) Hit & run (with injuries)..... Yes No
- M) Hate crime..... Yes No
- N) Insurance fraud..... Yes No
- O) Stealing (value of over \$500)..... Yes No
- P) Tampering with a motor vehicle..... Yes No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: LEGAL *continued*

73. **Prior to the past six months** (check all that apply):

- 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 checked, give details, including drug(s) used, most recent date used, and circumstances:

74. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished
- Carried or held for another

If you checked any items above, give details drug(s) involved, over what time period(s), and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

75. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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76. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE

State of issue	Type of license	Name under which license was granted and license number, if known

77. Have you ever been refused a driver's license by any state?..... Yes No

If yes, explain (include when, where, and circumstances):

78. Has your driver's license ever been suspended or revoked?..... Yes No

If yes, explain (include when, where, and circumstances):

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 9: MOTOR VEHICLE OPERATION *continued*

79. List your current liability insurance on your vehicle(s).

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER/STREET) CITY		STATE	ZIP	CONTACT NUMBER ()
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER/STREET) CITY		STATE	ZIP	CONTACT NUMBER ()

80. List all traffic citations, excluding parking citations, you have received within the past seven years.

A) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply)				
<input type="checkbox"/> Failed to Appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine				
If checked, explain circumstances:				

81. Have you been involved as the driver in a motor vehicle accident within the past seven years?..... Yes No

A) DATE		LOCATION (STREET)	CITY	STATE
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
A) DATE		LOCATION (STREET)	CITY	STATE
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
A) DATE		LOCATION (STREET)	CITY	STATE
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 9: MOTOR VEHICLE OPERATION *continued*

82. Have you ever driven a vehicle without auto insurance, as required by law?..... Yes No

IF YES, GIVE REASON:

DATE	LOCATION (STREET)	CITY	STATE
Month	Year		

83. Have you ever been refused automobile liability insurance, or had it cancelled?..... Yes No

IF YES, GIVE REASON:

DATE	LOCATION (STREET)	CITY	STATE
Month	Year		

Use this space for additional information you would like to include regarding your driving record

SECTION 10: OTHER TOPICS

84. Have you ever been refused a permit to carry a concealed weapon?..... Yes No

85. 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

86. 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

87. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?..... Yes No

88. Have you ever hit or physically overpowered a spouse or romantic partner?..... Yes No

If you answered yes to any of **Questions 84-88**, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

89. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, 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	DATE
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Initial this page to indicate that you have provided complete and accurate information: _____

