



Newport Police Department
222 Main St
Newport, VT 05855

Chief Travis R. Bingham
travis.bingham@vermont.gov

Tel: (802) 334-6733
Fax: (802) 334-2818



APPLICANT INFORMATION FORM

APPLICANT NAME: _____

POSITION/DEPARTMENT DESIRED: _____

EQUAL EMPLOYMENT OPPORTUNITY

The City of Newport is committed to providing Equal Employment Opportunity to all persons without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, ancestry, place of birth, age, disability, political affiliation or any other non-merit factor, or age as defined by federal and state law. In order to evaluate the effectiveness of our recruitment efforts, the following information is requested on a ***voluntary basis***. ***The following information will be kept strictly confidential and will not adversely impact your opportunities for employment.***

GENDER: ☐ Male ☐ Female ☐ Transgender

RACIAL OR ETHNIC GROUP:

- ☐ Native American (American Indian or Alaskan Native. All persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification.)
- ☐ Asian/Pacific (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands, including but not limited to China, Japan, Korea and Samoa.)
- ☐ Black (Persons having origins in the black racial groups of Africa not of Hispanic origin.)
- ☐ Hispanic (Persons having origins in Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race.)
- ☐ White (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

INDIVIDUAL WITH A DISABILITY

“An individual with a disability” means any natural person who (A) has a disability which substantially limits one or more major life activities; (B) has a history or record of such an impairment; or (C) is regarded as having such an impairment. *Vermont statutes (21 V.S.A. S495d.)*

Do you have a disability? ☐ Yes ☐ No

VETERAN STATUS

Branch of Military Service _____

Type of Discharge: ☐ Honorable ☐ General ☐ Medical ☐ Dishonorable ☐ Other

Dates: From _____ to _____

Did you serve in the National Guard/Reserve? ☐ Yes ☒ No

Did you serve more than 180 days of Active Duty? ☐ Yes ☒ No

Have you served in a Hostile Fire Area? ☐ Yes ☒ No

If yes, where?

Do you have a Service-Connected Disability? ☐ Yes ☒ No

If yes, what percentage? _____ %

Are you the Spouse of a service member? ☐ Yes ☒ No

If Yes:

Does your Spouse have Total Disability? ☐ Yes ☒ No

Was your Spouse Missing in Action? ☐ Yes ☒ No

Was your Spouse Captured/Detained by Hostile Forces? ☐ Yes ☒ No

Did your Spouse die while on Active Duty? ☐ Yes ☒ No

Did your Spouse die of a Service-Connected Disability? ☐ Yes ☒ No

Signature: _____ Date: _____



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RELEASE AND AUTHORIZATION TO OBTAIN EMPLOYMENT INFORMATION

This release authorizes persons whom I have listed as references and/or my previous employers to furnish to and discuss with the Newport Police Department any and all information which may be requested regarding my prior employment or fitness for employment, to include a copy of my personnel records and/or files and reason(s) I am no longer employed by that previous employer.

I waive any claims to privacy or confidentiality regarding the disclosure of or discussion of my prior employment. I release the City of Newport and its representatives and the individual references that I have listed as well as the representatives of my previous employers from any claims related to the release or discussion of my employment information or information relevant to employment so long as the information released by my references and prior employers is truthful.

Name (signed)

Name (printed)

Date



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PERSONAL HISTORY INFORMATION QUESTIONNAIRE

CANDIDATE NAME

CONFIDENTIAL

INSTRUCTIONS

The hiring process for employment with the Newport Police Department includes a written examination, physical examination, interview, and background investigation. Upon conditional offer of employment, a candidate must successfully complete a psychological examination and medical/drug screening examination. Your Personal History Information (PHI) packet is an integral component of our hiring process. **CONSISTENCY THROUGHOUT THE ENTIRE PROCESS IS CRITICAL AND WILL BE ASSESSED.**

Each question must be answered completely and accurately. Do not leave any lines blank. Enter N/A (Not Applicable) if there are areas that do not pertain to you. **If you need more room for answers, please attach additional sheets. CAREFULLY** read the signature page before you fill out this packet.

INTENTIONAL OMISSIONS, INCONSISTENCIES, MISREPRESENTATIONS, OR FALSIFICATIONS IN THIS DOCUMENT, OR AT ANY STEP IN THE PROCESS, WILL BE GROUNDS FOR IMMEDIATE DISQUALIFICATION.

ATTACHMENTS TO THE PHI MUST INCLUDE THE FOLLOWING:

1. A resume AND cover letter
2. A copy of your birth certificate
3. Documentation of highest education level attained
4. DD-214(s) for each period of military service
5. Naturalization certificate/work authorization documentation
6. Documentation of name changes, bankruptcies, arrests, etc.
7. List of personal and employment references
8. Copy of valid driver's license
9. Notarized signature

PERSONAL DATA

1. NAME: LAST, FIRST, MIDDLE: _____
2. ALIASES, NICKNAMES, MAIDEN NAME, MARRIED NAME(S) AND ANY OTHER NAME(S) YOU HAVE BEEN KNOWN BY: _____
3. CURRENT STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
E-MAIL ADDRESSES: _____
4. DATE OF BIRTH: _____
5. PLACE OF BIRTH: _____
6. SOCIAL SECURITY NUMBER: _____
7. NAME OF FATHER: _____
FULL ADDRESS: _____
TELEPHONE _____ EMAIL: _____
8. NAME OF MOTHER: _____
FULL ADDRESS: _____
TELEPHONE _____ EMAIL: _____
9. NAME OF FATHER-IN-LAW: _____
FULL ADDRESS: _____
TELEPHONE _____ EMAIL: _____
10. NAME OF MOTHER-IN-LAW: _____
FULL ADDRESS: _____
TELEPHONE _____ EMAIL: _____
11. IF YOU WERE RAISED BY ANYONE OTHER THAN YOUR BIOLOGICAL PARENT(S), PLEASE PROVIDE THE FOLLOWING INFORMATION:
NAME OF PERSON(S) WHO RAISED YOU: _____
FULL ADDRESS: _____
TELEPHONE _____ EMAIL: _____
12. SIBLINGS, HALF SIBLINGS, STEP SIBLINGS:
GENDER _____ NAME _____ AGE _____
ADDRESS _____ TELEPHONE _____ EMAIL _____
GENDER _____ NAME _____ AGE _____
ADDRESS _____ TELEPHONE _____ EMAIL _____
GENDER _____ NAME _____ AGE _____
ADDRESS _____ TELEPHONE _____ EMAIL _____
GENDER _____ NAME _____ AGE _____
ADDRESS _____ TELEPHONE _____ EMAIL _____

13. PRESENT RELATIONSHIP STATUS: _____
(SINGLE, CIVIL UNION, MARRIED, SEPARATED, DIVORCED, WIDOWED, COHABITATING, DATING, ETC.)

14. CURRENT SIGNIFICANT OTHER/SPOUSE/PARTNER, ETC.:

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

15. EX-SPOUSE(S)/EX-GIRLFRIEND, BOYFRIEND, PARTNER, ETC.:

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

16. CHILDREN, STEP-CHILDREN, AND/OR DEPENDENTS:

GENDER _____ NAME _____ AGE _____

ADDRESS _____ TELEPHONE _____ EMAIL _____

GENDER _____ NAME _____ AGE _____

ADDRESS _____ TELEPHONE _____ EMAIL _____

GENDER _____ NAME _____ AGE _____

ADDRESS _____ TELEPHONE _____ EMAIL _____

GENDER _____ NAME _____ AGE _____

ADDRESS _____ TELEPHONE _____ EMAIL _____

GENDER _____ NAME _____ AGE _____

ADDRESS _____ TELEPHONE _____ EMAIL _____

17. ARE YOU RESPONSIBLE FOR PAYING ANY COURT ORDERED CHILD SUPPORT OR SPOUSAL SUPPORT? ☐ YES ☐ NO ☐ N/A

18. IF YOU ARE RESPONSIBLE FOR PAYING ANY COURT ORDERED CHILD/SPOUSAL SUPPORT, HAVE YOU MISSED ANY PAYMENTS? ☐ YES ☐ NO ☐ N/A IF YES, EXPLAIN BELOW (INCLUDE DATES):

19. HAVE YOU EVER BEEN A PLAINTIFF OR DEFENDANT IN ANY CIVIL COURT ACTION?

☐ YES ☐ NO ☐ N/A IF YES, EXPLAIN BELOW (INCLUDING YEAR):

20. LIST ALL OUTSTANDING DEBTS (I.E. MORTGAGE, VEHICLES, PERSONAL LOANS, STUDENT LOANS, CREDIT CARDS, ETC.)

LENDING INSTITUTION/TYPE _____	MONTHLY PAYMENT _____	BALANCE _____
LENDING INSTITUTION/TYPE _____	MONTHLY PAYMENT _____	BALANCE _____
LENDING INSTITUTION/TYPE _____	MONTHLY PAYMENT _____	BALANCE _____
LENDING INSTITUTION/TYPE _____	MONTHLY PAYMENT _____	BALANCE _____
LENDING INSTITUTION/TYPE _____	MONTHLY PAYMENT _____	BALANCE _____
LENDING INSTITUTION/TYPE _____	MONTHLY PAYMENT _____	BALANCE _____

21. HAVE YOU EVER DECLARED BANKRUPTCY? ☐ YES ☐ NO

IF YES, EXPLAIN BELOW (INCLUDING YEAR AND TYPE OF BANKRUPTCY):

22. DO YOU OR HAVE YOU HAD ANY DEBTS LISTED WITH A COLLECTION AGENCY OR AGENCIES?

☐ YES ☐ NO IF YES, EXPLAIN BELOW (INCLUDING YEAR):

23. HAVE YOU EVER BEEN IN DEFAULT RESULTING IN REPOSSESSION?

☐ YES ☐ NO IF YES, EXPLAIN BELOW (INCLUDING YEAR):

24. HAVE YOU EVER BEEN MORE THAN 90 DAYS LATE ON A LOAN PAYMENT?

☐ YES ☐ NO IF YES, EXPLAIN BELOW (INCLUDING YEAR):

EDUCATIONAL DATA

25. LIST ALL SCHOOLS AND SPECIALIZED TRAINING YOU HAVE, BEGINNING WITH THE MOST RECENT AND ENDING WITH HIGH SCHOOL.

DATES _____	SCHOOL/TRAINING _____
ADDRESS _____	CERTIFICATION/DEGREE _____
DATES _____	SCHOOL/TRAINING _____
ADDRESS _____	CERTIFICATION/DEGREE _____
DATES _____	SCHOOL/TRAINING _____
ADDRESS _____	CERTIFICATION/DEGREE _____

DATES _____ SCHOOL/TRAINING _____

ADDRESS _____ CERTIFICATION/DEGREE _____

DATES _____ SCHOOL/TRAINING _____

ADDRESS _____ CERTIFICATION/DEGREE _____

26. HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL OR COLLEGE FOR ANY ACADEMIC OR DISCIPLINARY REASONS?

☐ YES ☐ NO IF YES, EXPLAIN BELOW (INCLUDING YEAR):

MILITARY DATA

27. HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE AS REQUIRED BY LAW? ☐ YES ☐ NO

IF YES, PROVIDE YOUR SELECTIVE SERVICE CLASSIFICATION NUMBER. THIS CAN BE FOUND AT:

<https://www.sss.gov/Home/Verification>: _____

28. ARE YOU NOW, OR HAVE YOU EVER BEEN, ON ACTIVE MILITARY SERVICE? ☐ YES ☐ NO

IF YES, COMPLETE THE FOLLOWING:

SERVICE BRANCH _____ M.O.S. _____

DATE ENTERED _____ DATE RELEASED _____

29. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A MILITARY RESERVE OR A NATIONAL GUARD UNIT? ☐ YES ☐ NO IF YES, COMPLETE THE FOLLOWING:

SERVICE BRANCH _____ M.O.S. _____

DATE ENTERED _____ DATE RELEASED _____

30. DURING YOUR SERVICE, WERE YOU EVER DISCIPLINED (I.E. COURT-MARTIAL, ARTICLE 15)?

☐ YES ☐ NO IF YES, EXPLAIN BELOW:

31. IF YOU WERE DISCHARGED, OTHER THAN HONORABLY, PLEASE LIST THE REASON(S) BELOW:

EMPLOYMENT DATA

32. IN CHRONOLOGICAL ORDER, PLEASE LIST THE PAST TEN YEARS OF YOUR WORK EXPERIENCE, BEGINNING WITH YOUR MOST RECENT EMPLOYMENT. ANY PERIOD OF UNEMPLOYMENT, MILITARY SERVICE, AND PART-TIME EMPLOYMENT MUST ALSO BE INCLUDED.

DATES FROM _____ TO _____ BUSINESS _____

ADDRESS _____ PHONE NUMBER _____

POSITION _____ SUPERVISOR _____

REASON LEFT _____

DATES FROM _____ TO _____ BUSINESS _____

ADDRESS _____ PHONE NUMBER _____

POSITION _____ SUPERVISOR _____

REASON LEFT _____

DATES FROM _____ TO _____ BUSINESS _____

ADDRESS _____ PHONE NUMBER _____

POSITION _____ SUPERVISOR _____

REASON LEFT _____

DATES FROM _____ TO _____ BUSINESS _____

ADDRESS _____ PHONE NUMBER _____

POSITION _____ SUPERVISOR _____

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DATES FROM _____ TO _____ BUSINESS _____

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POSITION _____ SUPERVISOR _____

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DATES FROM _____ TO _____ BUSINESS _____

ADDRESS _____ PHONE NUMBER _____

POSITION _____ SUPERVISOR _____

REASON LEFT _____

DATES FROM _____ TO _____ BUSINESS _____

ADDRESS _____ PHONE NUMBER _____

POSITION _____ SUPERVISOR _____

REASON LEFT _____

DATES FROM _____ TO _____ BUSINESS _____

ADDRESS _____ PHONE NUMBER _____

POSITION _____ SUPERVISOR _____

REASON LEFT _____

PLEASE ANSWER EACH QUESTION BY MARKING EITHER: YES or NO

33. ☐ YES ☐ NO HAVE YOU EVER BEEN DISCIPLINED BY AN EMPLOYER?
34. ☐ YES ☐ NO HAVE YOU EVER BEEN FIRED FROM EMPLOYMENT?
35. ☐ YES ☐ NO HAVE YOU EVER BEEN ASKED TO RESIGN FROM EMPLOYMENT?
36. ☐ YES ☐ NO HAVE YOU EVER BEEN THE SUBJECT OF A JOB-RELATED INVESTIGATION?
37. ☐ YES ☐ NO HAVE YOU EVER BEEN THE SUBJECT OF A SEX OR RACIAL DISCRIMINATION COMPLAINT?
38. ☐ YES ☐ NO HAVE YOU EVER BEEN THE SUBJECT OF AN EXCESSIVE FORCE/ BRUTALITY COMPLAINT?
39. ☐ YES ☐ NO HAVE YOU EVER ABUSED SICK LEAVE?
40. ☐ YES ☐ NO HAVE YOU PREVIOUSLY APPLIED TO THE NEWPORT POLICE DEPARTMENT?
41. ☐ YES ☐ NO IS THERE ANYTHING THAT RESTRICTS YOU FROM CONFORMING TO DEPARTMENTAL STANDARDS OF APPEARANCE/GROOMING?
42. ☐ YES ☐ NO IS THERE ANYTHING THAT LIMITS OR PROHIBITS YOUR USE OF WEAPONS OR FIREARMS?
43. ☐ YES ☐ NO WOULD YOU BE INCAPABLE OF USING DEADLY FORCE, IF NECESSARY, IN THE LINE OF DUTY?
44. ☐ YES ☐ NO ARE YOU UNWILLING TO WORK ROTATING SHIFTS, HOLIDAYS OR WEEKENDS?
45. ☐ YES ☐ NO HAVE YOU EVER BEEN DENIED EMPLOYMENT BY A LAW ENFORCEMENT AGENCY?
46. ☐ YES ☐ NO HAVE YOU EVER FAILED OR RESIGNED FROM A LAW ENFORCEMENT AGENCY OR ACADEMY?
47. ☐ YES ☐ NO DO YOU HAVE ANY PENDING APPLICATIONS WITH OTHER LAW ENFORCEMENT AGENCIES?
48. ☐ YES ☐ NO HAVE YOU EVER TAKEN A POLYGRAPH?

ANY QUESTION ANSWERED YES, NEEDS TO BE THOROUGHLY EXPLAINED BELOW OR THROUGH SUPPLEMENTAL PAGES TO INCLUDE; DATES, AGE, CIRCUMSTANCES, ETC.

Please identify the number of each question being explained.

RESIDENCE DATA

49. LIST YOUR RESIDENCES FOR THE LAST *TEN* YEARS, BEGINNING WITH YOUR PRESENT ADDRESS. PROVIDE THE NAMES AND CURRENT ADDRESSES OF YOUR NEAREST NEIGHBORS AND ALL ROOMMATES AT EACH RESIDENCE. INCLUDE ALL MILITARY RESIDENCES:

DATES FROM _____	TO _____	ADDRESS _____
ROOMMATES/NEIGHBORS _____		
TELEPHONE _____		EMAIL _____
DATES FROM _____	TO _____	ADDRESS _____
ROOMMATES/NEIGHBORS _____		
TELEPHONE _____		EMAIL _____
DATES FROM _____	TO _____	ADDRESS _____
ROOMMATES/NEIGHBORS _____		
TELEPHONE _____		EMAIL _____
DATES FROM _____	TO _____	ADDRESS _____
ROOMMATES/NEIGHBORS _____		
TELEPHONE _____		EMAIL _____
DATES FROM _____	TO _____	ADDRESS _____
ROOMMATES/NEIGHBORS _____		
TELEPHONE _____		EMAIL _____
DATES FROM _____	TO _____	ADDRESS _____
ROOMMATES/NEIGHBORS _____		
TELEPHONE _____		EMAIL _____
DATES FROM _____	TO _____	ADDRESS _____
ROOMMATES/NEIGHBORS _____		
TELEPHONE _____		EMAIL _____
DATES FROM _____	TO _____	ADDRESS _____
ROOMMATES/NEIGHBORS _____		
TELEPHONE _____		EMAIL _____
DATES FROM _____	TO _____	ADDRESS _____
ROOMMATES/NEIGHBORS _____		
TELEPHONE _____		EMAIL _____
DATES FROM _____	TO _____	ADDRESS _____
ROOMMATES/NEIGHBORS _____		
TELEPHONE _____		EMAIL _____

50. IF YOU ARE PRESENTLY RENTING, PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR LANDLORD:

NAME: _____

ADDRESS: _____

TELEPHONE & EMAIL: _____

DRIVING RECORD

51. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ANY DRIVER'S LICENSES YOU HAVE HELD OR CURRENTLY HOLD:

ISSUING STATE _____ LICENSE NUMBER _____ TYPE OF LICENSE _____

ISSUING STATE _____ LICENSE NUMBER _____ TYPE OF LICENSE _____

ISSUING STATE _____ LICENSE NUMBER _____ TYPE OF LICENSE _____

52. HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED, DENIED OR REVOKED?

☐ YES ☐ NO IF YES, EXPLAIN BELOW (INCLUDING YEAR):

53. HAVE YOUR REGISTRATION PLATES EVER BEEN SUSPENDED, DENIED OR REVOKED?

☐ YES ☐ NO IF YES, EXPLAIN BELOW (INCLUDING YEAR):

54. LIST ALL TRAFFIC VIOLATIONS, CITATIONS AND WARNINGS YOU HAVE RECEIVED. PROVIDE THE FOLLOWING DATA FOR EACH INCIDENT:

DATE _____ VIOLATION _____ LOCATION _____

POLICE DEPT _____ RESULT (IE: TICKET/PAID) _____

DATE _____ VIOLATION _____ LOCATION _____

POLICE DEPT _____ RESULT (IE: TICKET/PAID) _____

DATE _____ VIOLATION _____ LOCATION _____

POLICE DEPT _____ RESULT (IE: TICKET/PAID) _____

DATE _____ VIOLATION _____ LOCATION _____

POLICE DEPT _____ RESULT (IE: TICKET/PAID) _____

DATE _____ VIOLATION _____ LOCATION _____

POLICE DEPT _____ RESULT (IE: TICKET/PAID) _____

DATE _____ VIOLATION _____ LOCATION _____

POLICE DEPT _____ RESULT (IE: TICKET/PAID) _____

CRIMINAL DATA

55. WHAT CRIMES HAVE YOU COMMITTED SINCE THE AGE OF 16?

56. HAVE YOU EVER USED, TRIED, OR EXPERIMENTED WITH:

MARIJUANA? ☐ YES ☐ NO IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

COCAINE? ☐ YES ☐ NO IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

HEROIN? ☐ YES ☐ NO IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

HALLUCINOGENIC DRUGS (LSD, PCP, MUSHROOMS, ECSTASY, MOLLY)? ☐ YES ☐ NO

DRUG TYPE(S): _____

IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

METHAMPHETAMINE? ☐ YES ☐ NO IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

PRESCRIPTION DRUGS THAT WERE NOT PRESCRIBED TO YOU? ☐ YES ☐ NO

DRUG TYPE(S): _____

IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

OTHER DRUGS NOT PREVIOUSLY LISTED? ☐ YES ☐ NO

DRUG TYPE(S): _____

IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

57. HAVE YOU EVER SOLD, DISTRIBUTED OR TRANSPORTED ANY DRUG? ☐ YES ☐ NO

IF YES, EXPLAIN BELOW (INCLUDING YEAR):

58. HAVE YOU EVER CULTIVATED OR MANUFACTURED ANY DRUG? ☐ YES ☐ NO

IF YES, EXPLAIN BELOW (INCLUDING YEAR):

59. DO YOU DRINK ALCOHOLIC BEVERAGES? ☐ YES ☐ NO

IF YES, DESCRIBE YOUR FREQUENCY OF USE: _____

60. HOW MANY TIMES HAVE YOU BEEN DRUNK IN THE LAST YEAR? _____

PLEASE ANSWER EACH QUESTION BY MARKING EITHER: YES or NO

61. ☐ YES ☐ NO ARE YOU INVOLVED OR DO YOU SUPPORT ANY HATE GROUPS?
62. ☐ YES ☐ NO HAVE YOU EVER BEEN CHARGED WITH COMMITTING A CRIME?
63. ☐ YES ☐ NO HAVE YOU EVER BEEN CONVICTED OF A CRIME?
64. ☐ YES ☐ NO HAVE YOU EVER BEEN PLACED ON PROBATION?
65. ☐ YES ☐ NO HAVE YOU EVER BEEN PLACED IN COURT DIVERSION?
66. ☐ YES ☐ NO HAVE YOU EVER BEEN ARRESTED?
67. ☐ YES ☐ NO HAVE YOU EVER BEEN CHARGED WITH COMMITTING A CRIME AS A JUVENILE?
68. ☐ YES ☐ NO HAVE YOU EVER BEEN ARRESTED AS A JUVENILE?
69. ☐ YES ☐ NO HAVE YOU EVER BEEN GIVEN A TRESPASS NOTICE?
70. ☐ YES ☐ NO HAVE YOU EVER FILED A FALSE POLICE REPORT?
71. ☐ YES ☐ NO HAVE YOU EVER POINTED A FIREARM AT SOMEONE?
72. ☐ YES ☐ NO HAVE YOU EVER DRIVEN UNDER THE INFLUENCE OF INTOXICANTS?
73. ☐ YES ☐ NO HAVE YOU EVER STRUCK OR INJURED A PERSON SINCE YOU WERE 12 YEARS OLD?
74. ☐ YES ☐ NO HAVE YOU EVER DISCIPLINED A CHILD IN WHICH BRUISING OR INJURY OCCURRED?
75. ☐ YES ☐ NO HAVE YOU EVER BEEN THE SUBJECT OF A POLICE INVESTIGATION?
76. ☐ YES ☐ NO HAVE YOU EVER BEEN THE SUBJECT OF A RESTRAINING ORDER?
77. ☐ YES ☐ NO HAVE YOU EVER BEEN THE SUBJECT OF STALKING?
78. ☐ YES ☐ NO HAVE YOU EVER COMMITTED DOMESTIC ASSAULT?
79. ☐ YES ☐ NO HAVE YOU EVER COMMITTED A SEXUAL CRIME?
80. ☐ YES ☐ NO HAVE YOU EVER COMMITTED SIMPLE ASSAULT?
81. ☐ YES ☐ NO HAVE YOU EVER HAD A WARRANT ISSUED FOR YOUR ARREST?
82. ☐ YES ☐ NO HAVE YOU EVER STOLEN ANYTHING WORTH MORE THAN \$25.00?
83. ☐ YES ☐ NO HAVE YOU EVER MADE A FALSE INSURANCE CLAIM?

ANY QUESTION ANSWERED YES, NEEDS TO BE THOROUGHLY EXPLAINED BELOW OR THROUGH SUPPLEMENTAL PAGES TO INCLUDE; DATES, AGE, CIRCUMSTANCES, ETC.

Please identify the number of each question being explained.

84. LIST ANY AND ALL EMPLOYEES OF THE NEWPORT POLICE DEPARTMENT WITH WHOM YOU ARE ACQUAINTED:

85. PLEASE LIST ALL SOCIAL MEDIA ACCOUNTS YOU HAVE AND PROVIDE YOUR USERNAME:

SIGNATURE PAGE

I _____ (DOB) _____ CONSENT TO TAKING AN EMPLOYMENT POLYGRAPH, PHYSICAL, PSYCHOLOGICAL EXAMINATION AND A BACKGROUND INVESTIGATION AS MAY BE REQUIRED BY THE NEWPORT POLICE DEPARTMENT.

I AUTHORIZE A DULY AUTHORIZED AGENT OF THE NEWPORT POLICE DEPARTMENT TO CONTACT ANY OF MY PREVIOUS EMPLOYER(S), TO OBTAIN INFORMATION FROM THEM, AND TO FURTHER INVESTIGATE THE TRUTHFULNESS OF THIS INFORMATION.

FURTHERMORE, HAVING APPLIED FOR EMPLOYMENT AS A SWORN OFFICER WITH THE NEWPORT POLICE DEPARTMENT, I HEREBY AUTHORIZE AND REQUEST ANY AND EVERY PHYSICIAN, SCHOOL OFFICIAL, CREDIT BUREAU, AND OTHER PERSON, FIRM, OFFICER, CORPORATION, ASSOCIATION, ORGANIZATION, OR INSTITUTE HAVING CONTROL OF ANY DOCUMENTS, RECORDS, OR OTHER INFORMATION PERTAINING TO ME TO PERMIT THE NEWPORT POLICE DEPARTMENT OR ANY OF ITS REPRESENTATIVES TO INSPECT AND MAKE COPIES OF ANY SUCH DOCUMENTS, RECORDS, AND OTHER INFORMATION. I HEREBY AUTHORIZE ALL SUCH PERSONS AND ENTITIES, AS SET OUT ABOVE, TO ANSWER INQUIRIES, QUESTIONS, OR INTERROGATORIES CONCERNING ME, WHICH MAY BE SUBMITTED TO THEM BY THE NEWPORT POLICE DEPARTMENT OR ANY OF ITS REPRESENTATIVES. I HEREBY RELEASE AND HOLD HARMLESS ANY AND EVERY PHYSICIAN, SCHOOL, OFFICIAL, CREDIT BUREAU, AND OTHER PERSON, FIRM, OFFICER, CORPORATION, ASSOCIATION, ORGANIZATION, OR INSTITUTION WHO OR WHICH COMPLIES WITH THE AUTHORIZATION AND REQUEST MADE HEREIN FROM ANY AND ALL LIABILITY OF EVERY NATURE AND KIND ARISING OUT OF OR IN ANY WAY PERTAINING TO THE FURNISHING OR DISCLOSURE OF SUCH DOCUMENTS, RECORDS, AND OTHER INFORMATION TO THE NEWPORT POLICE DEPARTMENT OR ANY OF ITS REPRESENTATIVES.

I UNDERSTAND THAT MY DISCLOSURE OF INFORMATION ABOUT MY CRIMINAL HISTORY, FINANCIAL HISTORY, AND/OR HISTORY OF DRUG OR ALCOHOL USE WILL NOT NECESSARILY SERVE AS AN ABSOLUTE BAR TO MY EMPLOYMENT. HOWEVER, I UNDERSTAND AND AGREE THAT THESE ISSUES MAY BE CONSIDERED, ALONG WITH FACTORS SUCH AS THE NATURE, SERIOUSNESS AND DURATION OF THE CONDUCT, THE DATE OF ITS OCCURRENCE, AND REHABILITATION EFFORTS IN DETERMINING MY FITNESS FOR THE POSITION OF A POLICE OFFICER. I VOLUNTARILY PROVIDE SUCH INFORMATION IN CONSIDERATION FOR MY DESIRE TO BE CONSIDERED AS A CANDIDATE FOR A POSITION AT THE NEWPORT POLICE DEPARTMENT. I FREELY PROVIDE ALL OF THE INFORMATION REQUESTED IN THE PERSONAL HISTORY INFORMATION PACKET AND HEREBY WAIVE ANY RIGHT TO PRIVACY OR CONFIDENTIALITY, INCLUDING ANY STATUTORY OR CONSTITUTIONAL RIGHTS THAT I MAY HAVE TO THE CONFIDENTIALITY OF SUCH INFORMATION. THIS WAIVER IS MADE FOR THE LIMITED PURPOSE OF THE DEPARTMENT'S CONSIDERATION OF ME AS AN OFFICER CANDIDATE AND WITH THE UNDERSTANDING THE DEPARTMENT WILL OTHERWISE MAINTAIN THIS INFORMATION IN A CONFIDENTIAL MANNER.

I understand further that any false answers, statements, or misleading omissions made by me on this Personal History Information packet in connection with the above-mentioned investigation and/or any physical examination can be sufficient grounds for my rejection as a candidate for employment or denial of any other request. I HEREBY CERTIFY THAT ALL OF THE FOREGOING ANSWERS ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____

DATE: _____