



# East Haven Police Department

471 North High Street,  
East Haven, CT 06512



## RECRUIT POLICE OFFICER APPLICATION FOR EMPLOYMENT

### EAST HAVEN POLICE OFFICER RECRUIT PAST HISTORY QUESTIONNAIRE

NAME: \_\_\_\_\_

#### PLEASE CHECK THE APPROPRIATE RESPONSE FOR EACH QUESTION:

	YES	NO
Have you used Marijuana at all within the last three years?	_____	_____
Have you used any other illegal drug in the past five years?	_____	_____
Have you used anabolic steroids since 1991?	_____	_____
Have you ever sold any illegal drug for profit?	_____	_____
Have you failed to register with the Selective Service System?	_____	_____
Have you been convicted of a felony or Class A or B Misdemeanor under State of Connecticut or under Federal law?	_____	_____
Have you ever been convicted of any misdemeanor crime involving domestic violence?	_____	_____
Have you ever committed an act which would constitute perjury or false statement?	_____	_____

I, \_\_\_\_\_, being duly sworn, depose and say that I am the above named person. I have read and answered each and every preceding question in its entirety and I do solemnly swear that each and every answer is full, true and correct to the best of my knowledge and belief. I acknowledge that I may be disqualified from the process if I answered "yes" to any question.

I further agree that should any investigation disclose any misrepresentation, falsification or omission, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be discharged.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**SUBSCRIBED AND SWORN TO ME ON THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_

**NOTARY:** \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH APPLICATION. IT MUST BE NOTARIZED.**



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471 North High Street,  
East Haven, CT 06512  
203-468-3820



## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to the EAST HAVEN POLICE DEPARTMENT whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals, and balances or checking and saving accounts and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; public utilities; employment and pre-employment records, including background reports, sufficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, wherever filed; records of complaints, arrest, trials and/or conviction for alleged or actual violations of the law, including criminal and/or traffic complaints including those of a civil nature against me, where so ever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case which I presently have or have had an interest, or records of polygraph examinations.

It is the intent of this authorization to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation which may provide pertinent data for the EAST HAVEN POLICE DEPARTMENT to determine my suitability for employment as a law enforcement officer. It is my specific intent to provide access to personal information, however, personal or confidential it may appear to be, and the sources not specifically enumerated above are not intended to deny access to any records not specifically mentioned herein. I understand that any information obtained by the personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the EAST HAVEN POLICE DEPARTMENT. I also consent to the EAST HAVEN POLICE DEPARTMENT to share this information with any other law enforcement agency conducting a similar background investigation for employment application purposes. I have had it explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of this release will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

SUBSCRIBED AND SWORN TO ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

NOTARY: \_\_\_\_\_



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### FOREIGN LANGUAGE PROFICIENCY EXAMINATION CREDIT REQUEST

I, by signing this form believe that I am fluent in the below listed languages and wish to qualify for extra credit by taking an exam that will measure my proficiency.

LANGUAGE #1: \_\_\_\_\_

LANGUAGE #2: \_\_\_\_\_

LANGUAGE #3: \_\_\_\_\_

LANGUAGE #4: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

SUBSCRIBED AND SWORN TO ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

NOTARY: \_\_\_\_\_