

# Department of Police Southington, Connecticut, 06489



## Police Applicant Pre Employment

### Personal History Questionnaire

#### Important Instructions

If there is enough space under the questions to explain your YES answers, then do so. If not, explain on the back of the page. Please footnote your answers using the section and question number. **YOU MUST ANSWER EVERY QUESTION: LEAVE NO BLANK SPACES.** Failure to fully explain your answers, intentionally make a false statement on any material fact or practices or attempt any deception or fraud may disqualify you from the selection process immediately.

**( 1 ) PERSONAL HISTORY / GENERAL BACKGROUND INFORMATION**



**Full Legal Name:** \_\_\_\_\_  
Last First Middle

1. Present Home Address: \_\_\_\_\_  
\_\_\_\_\_

2. Home Phone Business Phone Cellular Phone Pager Number  
\_\_\_\_\_

E-mail Address \_\_\_\_\_

3. Date of Birth Male Female Social Security Number  
\_\_\_\_\_ ( ) ( ) \_\_\_\_\_

Place of Birth \_\_\_\_\_  
City or Town County State Country Zip Code

4. Have you ever used a different name? Yes ( ) No ( )

5. Have you ever legally changed your name? Yes ( ) No ( )  
Name changed from \_\_\_\_\_  
Name changed to \_\_\_\_\_  
Date and location of change \_\_\_\_\_  
Reason for change \_\_\_\_\_

6. Have you ever used a different Social Security # ? Yes ( ) No ( )

7. Have you ever used a different date of birth? Yes ( ) No ( )

8. Are you a United States Citizen? Yes ( ) No ( )  
Native? Yes ( ) No ( )
9. If you are a naturalized citizen, supply the following information:  
Naturalization certificate issued to: Self ( ) Parent ( ) Spouse ( )  
Court: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_
10. If adopted, Parent's Certificate Number: \_\_\_\_\_  
Parent's name on certificate: \_\_\_\_\_  
Court: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_
11. Do you have a passport? Yes ( ) No ( )  
If "Yes", # \_\_\_\_\_
12. Do you have a Permit to carry a firearm? Yes ( ) No ( )  
If "Yes", # \_\_\_\_\_
13. Have you ever been denied a firearms permit by any agency? Yes ( ) No ( )  
If "Yes", list agency or agencies \_\_\_\_\_
14. For the purposes of identification, provide the following information:  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_
15. Do you have any distinguishing scars, marks, or tattoos? Yes ( ) No ( )  
If "Yes", describe them and state their location on your body.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. **Educational Background:**

- |     |  |            |               |
|-----|--|------------|---------------|
| 17. | Name of High School                            | City/State | Yr. Graduated |
| 18. | Name of College                                | City/State | Yr. Graduated |
| 19. | Degree Received / Field of Study (major) _____ |            |               |
| 20. | Name of Grad School                            | City/State | Yr. Graduated |
| 21. | Degree Received / Field of Study (major) _____ |            |               |

22. Specialty Training Beyond above: \_\_\_\_\_

23. Have you ever taken a polygraph or other type truth verification or honesty test?

Yes ( ) No ( )

If "Yes" When

Where

Reason or purpose

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24. Did you intentionally misrepresent any information during this or any prior police selection process? Yes ( ) No ( )

25. Did you have any unauthorized material or information to benefit yourself in this or any prior police selection process? Yes ( ) No ( )

26. During this or any prior selection process, did you "cheat" in any way? Yes ( ) No ( )

**RELATIVES, REFERENCES AND ACQUAINTANCES**

During the course of the background investigation persons who know you will be asked to comment upon your suitability for the position you have applied for. Inquiries will be confined to job-related matters.

27. PRESENT MARITAL STATUS  
Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( )

28. MARRIAGE INFORMATION  
Marriage Date: \_\_\_\_\_  
Where Performed: \_\_\_\_\_  
Spouse's Name/Wife's Maiden Name: \_\_\_\_\_  
Spouse's D.O.B. \_\_\_\_\_

29. EX-SPOUSE INFORMATION: (if separated or divorced)  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Separated ( ) Marriage Annulled ( ) Divorced ( )  
Date of \_\_\_\_\_  
Order/Decree: \_\_\_\_\_  
Granted by: \_\_\_\_\_  
Court, City, State where issued: \_\_\_\_\_

30. CHILDREN  
List all of your children, including step-children and adopted children. Give the following information. (Attach additional pages if necessary)

Full Name	Date of Birth
Address	Phone
Full Name	Date of Birth
Address	Phone
Full Name	Date of Birth
Address	Phone
Full Name	Date of Birth

31. FAMILY MEMBERS

List the FULL NAME of your Father, Mother (maiden and current surname), Step-Father, Step-Mother (including maiden name) ALL Brothers, Sisters, Step-Brothers, and Step-Sisters and any person(s) residing in your home whether related to you or not.

Full Name	Date of Birth	Relationship
Address		Telephone
Full Name	Date of Birth	Relationship
Address		Telephone
Full Name	Date of Birth	Relationship
Address		Telephone
Full Name	Date of Birth	Relationship
Address		Telephone
Full Name	Date of Birth	Relationship
Address		Telephone

32. **ROOMMATES**

List those individuals with whom you have resided with. EXCLUDE family members. DO NOT list information prior to your 15<sup>th</sup> birthday.

Name	Address	Telephone
Location lived at		Dates(from/to)
Name	Address	Telephone
Location lived at		Dates(from/to)
Name	Address	Telephone
Location lived at		Dates(from/to)

33. **ACQUAINTANCES**

List 3 to 5 individuals who are social acquaintances (i.e. people you have seen frequently during the past year) and who have knowledge of you and your qualifications. EXCLUDE relatives and former employers.

Name	Address	Telephone

34. **RESIDENCES**

Persons who have become acquainted with you by reason of your residing in different locations are often helpful in providing useful information for the background investigation. List ALL ADDRESSES beginning with your present address.

Address	Apartment/Floor
City	State
Zip Code	
Dates of Residence: from _____ to _____	
Landlord (information):	
Name: _____	Telephone: _____
Address: _____	

Address	Apartment/Floor
City	State
Zip Code	
Dates of Residence: from _____ to _____	
Landlord (information):	
Name: _____	Telephone: _____
Address: _____	

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Address	Apartment/Floor	
City	State	Zip Code
Dates of Residence: from _____ to _____		
Landlord (information):		
Name: _____	Telephone: _____	
Address: _____		

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Address	Apartment/Floor	
City	State	Zip Code
Dates of Residence: from _____ to _____		
Landlord (information):		
Name: _____	Telephone: _____	
Address: _____		

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Address	Apartment/Floor	
City	State	Zip Code
Dates of Residence: from _____ to _____		
Landlord (information):		
Name: _____	Telephone: _____	
Address: _____		

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Address	Apartment/Floor	
City	State	Zip Code
Dates of Residence: from _____ to _____		
Landlord (information):		
Name: _____	Telephone: _____	
Address: _____		

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Address	Apartment/Floor	
City	State	Zip Code
Dates of Residence: from _____ to _____		
Landlord (information):		
Name: _____	Telephone: _____	
Address: _____		

## (2) EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment list all jobs FULL-TIME, PART-TIME, TEMPORARY AND VOLUNTARY POSITIONS, you have held. If you had intervening periods of military service or unemployment, list those periods in sequence in the spaces provided. (Attach additional pages if needed)

**\*\*\*\*ALL TIME MUST BE ACCOUNTED FOR\*\*\*\***

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Full-Time ( )      Part-Time ( )      Temporary ( )      Voluntary ( )  
Name of Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Full-Time ( )      Part-Time ( )      Temporary ( )      Voluntary ( )  
Name of Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Full-Time ( )      Part-Time ( )      Temporary ( )      Voluntary ( )  
Name of Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Full-Time ( )      Part-Time ( )      Temporary ( )      Voluntary ( )  
Name of Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

1. Have you ever been fired, asked to resign, or forced to leave a job? Yes ( ) No ( )
2. Have you ever resigned from a position to avoid termination?  
Yes ( ) No ( )
3. Ever been the subject of an allegation charging you with racial or ethnic bias or sexual harassment? Yes ( ) No ( )
4. Ever receive unemployment compensation while working at any job? Yes ( ) No ( )
5. Ever receive unemployment compensation or unemployment compensation while working at any job that you were not entitled to? Yes ( ) No ( )
6. Ever work and get paid “under the table or off the books”? Yes ( ) No ( )
7. Have you ever been disciplined (e.g., oral/written reprimand, docked pay, suspension, demoted, etc.) for excessive absences, tardiness, poor judgment, unbecoming conduct, work performance or other work related reasons? Yes ( ) No ( )
8. Ever keep an overage (more money than the final accounting showed)? Yes ( ) No ( )
9. What is the most valuable thing you ever took from an employer?  
\_\_\_\_\_  
\_\_\_\_\_
10. Ever aware of any fellow employees taking from your employer? Yes ( ) No ( )  
If yes, what did you do about it? \_\_\_\_\_  
\_\_\_\_\_
11. List any other pending applications for other police positions:  
\_\_\_\_\_  
\_\_\_\_\_
12. Ever not been selected for a police position? Yes ( ) No ( ) If yes, why?  
\_\_\_\_\_  
\_\_\_\_\_
13. Have you ever taken a psychological examination? Yes ( ) No ( ) If yes, explain (location, date, performed by, reason)  
\_\_\_\_\_  
\_\_\_\_\_

### (3) MILITARY RECORD

Are you registered with Selective Service? Yes ( ) No ( )

If so, date registered: \_\_\_\_\_

Selective Service Number: \_\_\_\_\_

Have you ever served on active duty in the U.S. Armed Forces? Yes ( ) No ( )

Branch \_\_\_\_\_ Date of Service \_\_\_\_\_

Serial Number \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Location of Separation Center: \_\_\_\_\_

Location of Induction Center: \_\_\_\_\_

Basis for Discharge: \_\_\_\_\_

Are you currently, or have you ever been a member of the Reserves or National Guard?

Yes ( ) No ( )

Branch \_\_\_\_\_ Date of Service \_\_\_\_\_

Reserve Status \_\_\_\_\_

If you are in a pay status, where do you attend drills, meetings, or camps. Give name of unit and location, name of Supervisor and phone number. \_\_\_\_\_

Were you ever tried, punished, reprimanded or reduced in rank for infraction(s) of military rules and regulations? Yes ( ) No ( )

If yes, indicate the following information:

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

Charges: \_\_\_\_\_

Type of Proceedings: \_\_\_\_\_

Disposition: \_\_\_\_\_

Has your discharge or separation ever been corrected or changed? Yes ( ) No ( )

If yes, list details below:

Changed from: \_\_\_\_\_

Changed to: \_\_\_\_\_

Authority: \_\_\_\_\_

Date of Change: \_\_\_\_\_

#### (4) FINANCIAL STATUS

The management of personal finances is relevant to an individual's qualifications for the position of Police Officer. Fill in the required information in this section. BE COMPLETE AND ACCURATE. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

1. Do you receive income from sources other than your principal occupation? Yes ( ) No ( )  
What is the source? \_\_\_\_\_  
Amount per month? \_\_\_\_\_
2. Do you have a bank account? Yes ( ) No ( )  
Name and location of bank: \_\_\_\_\_  
Name and location of bank: \_\_\_\_\_
3. Do you have a checking account? Yes ( ) No ( )  
Name and location of bank: \_\_\_\_\_  
Name and location of bank: \_\_\_\_\_
4. Are you responsible for making alimony payments? Yes ( ) No ( )  
If "Yes", indicate amount of payment: \$ \_\_\_\_\_ per: \_\_\_\_\_
5. Are you responsible for making child support payments? Yes ( ) No ( )  
If "Yes", indicate amount of payment: \$ \_\_\_\_\_ per: \_\_\_\_\_
6. If you are responsible for making alimony or child support payments, has legal action ever been taken against you for either failing to make payments or delaying payments?  
Yes ( ) No ( )  
If "Yes", explain details: \_\_\_\_\_  
\_\_\_\_\_
7. Have you or your spouse ever filed for or declared bankruptcy? Yes ( ) No ( )  
If "Yes", give details when, where and reasons: \_\_\_\_\_  
\_\_\_\_\_
8. Have any of your bills ever been turned over to a collection agency? Yes ( ) No ( )  
If "Yes", give details, including date(s), firm(s) involved and circumstances.  
\_\_\_\_\_  
\_\_\_\_\_
9. Have you ever had, purchased goods repossessed? Yes ( ) No ( )  
If "Yes", give details, including dates, firms involved, and circumstances:

10. Have your wages ever been attached or garnished? Yes ( ) No ( )  
If “Yes”, give dates, reason, who attached the wages, etc.  
\_\_\_\_\_  
\_\_\_\_\_
11. Have you ever been delinquent on federal income tax, state, local or other taxes?  
Yes ( ) No ( )  
If “Yes”, explain giving details including date, where and reason why.  
\_\_\_\_\_  
\_\_\_\_\_
12. Do you now or have you ever had any illegal gambling debts? Yes ( ) No ( )  
If “Yes”, explain giving date(s) and details.  
\_\_\_\_\_  
\_\_\_\_\_
13. Ever not pay a dept – just skip out on it? Yes ( ) No ( )  
\_\_\_\_\_
14. Have you ever been evicted? Yes ( ) No ( )  
\_\_\_\_\_
15. Ever have a credit card recalled? Yes ( ) No ( )  
\_\_\_\_\_
16. Ever not financially support someone you were obligated to? Yes ( ) No ( )  
\_\_\_\_\_
17. Ever issue a check or other debt instrument knowing you did not have the funds to cover it? Yes ( ) No ( ) \_\_\_\_\_
18. Are you presently experiencing any financial problems? Yes ( ) No ( )  
\_\_\_\_\_
19. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes ( ) No ( )  
If “yes”, explain, including reasons for refusals, names of insurance companies, dates.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### (5) LEGAL/CRIMINAL ACTIVITY

Have you ever been **arrested OR convicted** of any crime, ordinance violation or have you received an infraction, summons, ticket or citation for criminal activity?

Yes ( ) No ( )

If "Yes", explain below.

Date(s)	Crime Charged	Police Agency	Court Agency	Final Disposition

Has your spouse ever been arrested or convicted of any crime, ordinance violation or have you received an infraction, summons, ticket or citation for criminal activity?

Yes ( ) No ( )

If "Yes", explain below.

Date(s)	Crime Charged	Police Agency	Court Agency	Final Disposition

1. Have you or your spouse ever been involved as a plaintiff or defendant in any CIVIL COURT action? Yes ( ) No ( )

If "Yes", list the date, place and full details of each incident below.

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2. Have you ever been reported to a Law Enforcement Agency as a Missing Person or as a Runaway? Yes ( ) No ( )

If "Yes", list the date, place and full details of each incident below.

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3. Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult? Yes ( ) No ( )

If "Yes", list the date, place and full details of each incident below.

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4. Have you ever been involved in any of the following in any way (participated in, conspired with or assisted anyone, regardless of whether or not you were caught)?

Caused a person's death / person to be hospitalized	Yes ( ) No ( )
Taken items from a store as a child / as an adult	Yes ( ) No ( )
Take any property or money without the owners permission	Yes ( ) No ( )
Take a motor vehicle without the owner's permission	Yes ( ) No ( )
Falsely report a fire or other emergency situation	Yes ( ) No ( )
Falsely report a Crime	Yes ( ) No ( )
Use a phony identification	Yes ( ) No ( )
Use a credit card or ATM card Illegally	Yes ( ) No ( )
Use or display a weapon during an altercation	Yes ( ) No ( )
Make a threatening or obscene communication anonymously (via telephone, mail, E-Mail, fax, etc.)	Yes ( ) No ( )
Receive or distribute any item you knew to be stolen	Yes ( ) No ( )
Intentionally damage property of someone else	Yes ( ) No ( )
Were you ever in illegal possession of a weapon	Yes ( ) No ( )
Make a false or inflated insurance claim	Yes ( ) No ( )
Take something from someone by force	Yes ( ) No ( )
Break into a motor vehicle	Yes ( ) No ( )
Break into a building (home / business, etc.)	Yes ( ) No ( )
Set fire to anything	Yes ( ) No ( )
Kidnap or otherwise keep someone against their will	Yes ( ) No ( )
Counterfeit anything	Yes ( ) No ( )
Commit blackmail / any form of extortion	Yes ( ) No ( )
Tamper with a witness or evidence	Yes ( ) No ( )
Use a computer to commit a crime	Yes ( ) No ( )
Make a false statement to the police	Yes ( ) No ( )
Harass or stalk someone	Yes ( ) No ( )
Interfere with a police officer	Yes ( ) No ( )
Deliberately hurt an animal	Yes ( ) No ( )
Make or take an illegal bet	Yes ( ) No ( )
Impersonate a police officer	Yes ( ) No ( )
Ever use physical force with your spouse or significant other (strike, push, slapping, shaking, etc.)	Yes ( ) No ( )
Ever use physical force with a parent	Yes ( ) No ( )
Ever use physical force with a child	Yes ( ) No ( )
Ever been subject of a restraining/protective order	Yes ( ) No ( )
Ever been convicted of a criminal offense	Yes ( ) No ( )
Ever have a criminal charge reduced in court	Yes ( ) No ( )
Do you have a permit to carry a pistol or revolver	Yes ( ) No ( )
Did you ever have a pistol permit denied/revoked	Yes ( ) No ( )
Any friends, family, close acquaintances ever been involved in any criminal activity	Yes ( ) No ( )
If Yes, did you assist them in any way	Yes ( ) No ( )
Ever been involved in organized crime	Yes ( ) No ( )

## (6) MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of the position of Police Officer. An investigation of your driving history will be made through record checks. To expedite this procedure, supply the following information.

1. Connecticut Operator's License Number: \_\_\_\_\_  
License Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name under which license was issued: \_\_\_\_\_  
License Restrictions: \_\_\_\_\_
  
2. List all other states where you have been licensed to operate a motor vehicle.  
  
State: \_\_\_\_\_ License Number: \_\_\_\_\_ License Type: \_\_\_\_\_  
Name under which license granted: \_\_\_\_\_  
Restrictions: \_\_\_\_\_  
  
State: \_\_\_\_\_ License Number: \_\_\_\_\_ License Type: \_\_\_\_\_  
Name under which license granted: \_\_\_\_\_  
Restrictions: \_\_\_\_\_
  
3. Have you ever been denied a driver's license by any state? Yes ( ) No ( )  
If "Yes", explain below. Include when, where, and reason why.  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Have any of your driver's licenses ever been suspended or revoked? Yes ( ) No ( )  
If "Yes", explain below. Include when, where, and reason why.  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Have you ever attended a Driver Improvement School? Yes ( ) No ( )  
If "Yes", explain below. Include when, where, and reason why.  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Have you ever been charged with driving under the influence of alcohol or drugs?  
Yes ( ) No ( )  
If "Yes", explain below. Include when, where, and reason why.  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Have you ever been charged with Reckless Driving? Yes ( ) No ( )  
If "Yes", explain below. Include when, where, and reason why.  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever been charged with vehicular homicide? Yes ( ) No ( )  
If "Yes", explain below. Include when, where, and reason why.

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9. List each and every traffic ticket or summons you have ever received in chronological order starting with the most recent. DO NOT INCLUDE PARKING VIOLATIONS.  
(Attach additional pages if necessary)

Month/Year: \_\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_ Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_ Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_ Disposition: \_\_\_\_\_

10. Have you ever been involved as a **driver** in a motor vehicle accident, whether or not they were investigated by the police? Yes ( ) No ( )

If "Yes", give details below. (Attach additional pages if necessary)

Police Investigation: Yes ( ) No ( )  
Police Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Injury ( ) Non-Injury ( ) Fatalities ( )  
Location: \_\_\_\_\_

Police Investigation: Yes ( ) No ( )  
Police Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Injury ( ) Non-Injury ( ) Fatalities ( )  
Location: \_\_\_\_\_

Police Investigation: Yes ( ) No ( )  
Police Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Injury ( ) Non-Injury ( ) Fatalities ( )  
Location: \_\_\_\_\_

11. Were alcohol or drugs ever a factor in an accident? Yes ( ) No ( )

12. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes ( ) No ( )  
If "Yes", explain, including reasons for refusals, names of insurance companies, dates.

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13. Have you ever driven a car that was improperly registered or insured? Yes ( ) No ( )
14. Do you have any outstanding parking tickets? Yes ( ) No ( )
15. Within the last 12 months, have you driven a motor vehicle while under the influence of alcohol, drugs, or both? Yes ( ) NO ( )
16. Give the following information regarding automobile insurance on any vehicles registered to you and/or your spouse.

Insurance company:\_\_\_\_\_

Address:\_\_\_\_\_

Policy Number:\_\_\_\_\_ Expiration Date:\_\_\_\_\_

Insurance company:\_\_\_\_\_

Address:\_\_\_\_\_

Policy Number:\_\_\_\_\_ Expiration Date:\_\_\_\_\_

Insurance company:\_\_\_\_\_

Address:\_\_\_\_\_

Policy Number:\_\_\_\_\_ Expiration Date:\_\_\_\_\_

17. Have you ever had a driver's licenses from more than one state at the same time?  
Yes ( ) No ( )
18. Have you ever altered a license or given false information to obtain a license?  
Yes ( ) No ( )
19. Ever knowingly drive an unregistered or uninsured motor vehicle? Yes ( ) NO ( )
20. Ever knowingly damage another's property with a vehicle and not report it?  
Yes ( ) No ( )
21. Currently owe any fines for traffic or parking violations? Yes ( ) No ( )
22. Ever have traffic or parking tickets "fixed"? Yes ( ) No ( )
23. Have you ever been subject to a Breathalyzer or sobriety test? Yes ( ) No ( )
24. Have you ever been involved in a motor vehicle accident where you left the scene without identifying yourself (hit & run)? Yes ( ) No ( )

## (7) USE OF ALCOHOL

1. How much alcohol have you consumed in the past 24 Hours? \_\_\_\_\_
2. In the past week? \_\_\_\_\_
3. Your average consumption during a typical week? \_\_\_\_\_
4. When was the last time you drank too much? \_\_\_\_\_
5. When was the last time you operated a motor vehicle after you had consumed alcohol?  
\_\_\_\_\_
6. Did you ever drink more heavily than you do now? Yes ( ) No ( )
7. Ever miss work because of alcohol consumption? Yes ( ) No ( )
8. Ever been treated for, counseled for, or sought self help for a drinking problem?  
(AA, etc.) Yes ( ) No ( )  
If "yes" Explain:  
\_\_\_\_\_  
\_\_\_\_\_
9. Has Drinking ever caused you a problem in your personal life or any of your  
employments? Yes ( ) No ( )  
If "yes" Explain:  
\_\_\_\_\_  
\_\_\_\_\_
10. Have you ever consumed alcohol while you were working? Yes ( ) No ( )
11. Have you ever felt you had a drinking problem? Yes ( ) No ( )
12. Have you ever been told by someone that they felt you had a drinking problem?  
Yes ( ) No ( )
13. How many times have you been drunk in the past twelve months? \_\_\_\_\_
14. Have you ever woke up in the morning, after a night of drinking, and were unable to  
remember the night before? Yes ( ) No ( )  
If "yes" Explain:  
\_\_\_\_\_  
\_\_\_\_\_
15. Do you consider yourself to be a (circle one)  
Non-drinker light drinker moderate drinker heavy drinker Other (explain)

## (8) SEXUAL MISCONDUCT

Have you ever been involved in any of the following (that is, have you committed, participated in, or conspired with anyone, regardless of whether or not you were caught)?

1. Ever force someone to have sexual relations/contact with you? (inc. spouse)  
Yes ( ) No ( )
2. Ever sexually involved with a minor? (under age 18 yrs) Yes ( ) No ( )
3. Ever sexually aroused by a child? Yes ( ) No ( )
4. Ever masturbate to fantasies of children? Yes ( ) No ( )
5. Ever have sexual relations/contact with a relative? Yes ( ) No ( )
6. Ever have sexual relations/contact with an animal? Yes ( ) No ( )
7. Ever have sexual relations/contact with a corpse? Yes ( ) No ( )
8. Ever sexually aroused by a fire? Yes ( ) No ( )
9. Ever paid for sex, been paid for sex or had a third party pay for sex you received?  
Yes ( ) No ( )
10. Ever have sexual relations/contact (inc. masturbation) while at work?  
Yes ( ) No ( )
11. Ever possess, sell, purchase, produce, download, view or distribute any child  
pornographic material, (or assist anyone)? Yes ( ) No ( )
12. Ever intentionally expose yourself in public? Yes ( ) No ( )
13. Ever expose yourself to a child? Yes ( ) No ( )
14. Ever physically or sexually abuse a child? Yes ( ) No ( )
15. Ever touch a child in a sexual way? Yes ( ) No ( )
16. Ever have sexual relations/contact with someone not able to give consent (ability to  
consent or diminished due to unconsciousness, drugs, alcohol, or mentally incompetent)?  
Yes ( ) No ( )
17. Ever been involved in any illegal sexual activity? Yes ( ) No ( )
18. Ever been involved in what you consider to be an unusual sex act? Yes ( ) No ( )

## (9) DRUGS / NARCOTICS

1. Do you now or have you ever used any tobacco products? Yes ( ) No ( )  
 If yes explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. Do you now or have you ever used marijuana? ( ) Yes ( ) No  
 If yes when did you first use marijuana? \_\_\_\_\_ Last use? \_\_\_\_\_
  
3. Estimate the total number of **USAGES**: \_\_\_\_\_ Periods of heavier **USAGE**: \_\_\_\_\_
  
4. Ever purchase, sell, distribute marijuana, or assist anyone? Yes ( ) No ( )
  
5. Ever USE marijuana while at work? Yes ( ) No ( )
  
6. Do you now or have you ever used Cocaine? ( ) Yes ( ) No  
 If yes, when did you first use Cocaine? \_\_\_\_\_ Last use? \_\_\_\_\_
  
7. Estimate total **USAGE** of cocaine? \_\_\_\_\_ Most used in 24hr period: \_\_\_\_\_
  
8. Ever purchase, sell, manufacture distribute cocaine, or assist anyone? Yes ( ) No ( )
  
9. Other drugs tried:
 

FIRST TIME	LAST TIME	TOTAL TIMES
Hashish	_____	_____
Heroin	_____	_____
Quaaludes	_____	_____
Downers	_____	_____
Speed/Meth	_____	_____
LSD/Acid	_____	_____
Mescaline	_____	_____
Peyote	_____	_____
Mushrooms	_____	_____
THC (purple pill)	_____	_____
PCP/ angel dust	_____	_____
Ecstasy	_____	_____
Steroids	_____	_____
Illy	_____	_____
Nitrous Oxide	_____	_____
Rush (amyl nitrate)	_____	_____
  
10. Ever **USED** any other illegal narcotic substance that has not been mentioned?  
 Yes ( ) No ( ) If "yes" Explain: \_\_\_\_\_

11. Ever you ever **USED** any other person's prescription medication? Yes ( ) No ( )
12. Are any close friends, relatives or significant others ( examples; spouse, fiancé, live-in) involved in the use, sale, manufacture, or distribution of any illegal substance?  
Yes ( ) No ( )

### **(10) SUBVERSIVE, OR GANG ACTIVITY**

Have you ever been **associated** with (that is, you were a member or associate member, attended meetings, provided financial or any other type of assistance, volunteered for or were in any way affiliated with) any group organization, gang or movement that:

1. Advocates or uses violence to further its goal? Yes ( ) No ( )
2. Requires the commission of a crime to become a member or to retain membership?  
Yes ( ) No ( )
3. Engage in criminal activity? Yes ( ) No ( )
4. Espouses hatred for any racial, ethnic or religious groups? Yes ( ) No ( )
5. Advocates any subversive activity, such as altering the government by unconstitutional means? Yes ( ) No ( )
6. Espouses hatred or advocates violence against Americans? Yes ( ) No ( )
7. Have you ever been asked to join or have you ever attempted to join any group/organization mentioned? Yes ( ) No ( )
8. Do you have any friends, relatives or close acquaintances that have any ties with any of the groups/organizations that have been mentioned? Yes ( ) No ( )
9. Is any member of your immediate or extended family involved in a street gang?  
Yes ( ) No ( )

**(11) Medical**

1. Please list your primary care physician?

Physician name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Who provides current medical insurance? \_\_\_\_\_

2. Have you ever been admitted to the hospital as a patient? Yes ( ) No ( )  
If "yes" explain below

Name of Hospital	Dates	Nature of Illness

List all hospital and medical centers where you have been treated.

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

3. Do you have any condition which would require frequent absence from work?  
Yes ( ) No ( ) If "yes" Explain below:

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

4. Do you have any physical limitations, injuries, psychological or psychiatric problems that would have an impact on your duties as a police officer? Yes ( ) No ( )  
If "yes" Explain below:

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

5. Have you ever been counseled for or treated for any psychological or emotional conditions or institutionalized for such a problem? Yes ( ) No ( )  
If "yes" Explain below:

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

6. Have you undergone rehabilitative treatment for injuries, illness, or addictions?  
Yes ( ) No ( ) If "yes" Explain below:

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

7. Do you have a disability that would require a reasonable accommodation to do the job?  
Yes ( ) No ( ) If “yes” Explain below:

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8. Are you currently using any medication, over the counter or prescription?  
Yes ( ) No ( ) If “yes” Explain below:

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9. Have you ever undergone a surgical procedure of any type? ( ) Yes ( ) No

10. Have you ever had an illness or injury which resulted in a permanent impairment or loss of mobility to any body part or permanent disability? ( ) Yes ( ) No

11. Are you currently being treated for a chronic condition of any type? ( ) Yes ( ) No

12. Have you ever been counseled or treated for an addiction to any illegal drugs?  
( ) Yes ( ) No

13. Have you ever intentionally tried to physically harm yourself? ( ) Yes ( ) No

14. Have you ever been treated for high blood pressure or hypertension, or been told that you have either condition? ( ) Yes ( ) No

15. List any prescription medication you have taken within the last six months: (even if it was not yours)

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Medication	Purpose
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Medication	Purpose
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16. When, where and why did you last seek professional medical treatment for any reason?

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When	Location	Purpose
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## Full Disclosure

Is there anything in your past or present, not specifically asked for in this Personal History Statement, which, if become known, would embarrass you or the Southington Police Department, which would cause you to be compromised in the discharge of your duties? (examples: a family member convicted of a crime, relationships with persons of questionable character, excessive gambling, etc.) Unless it is directly related to your ability to do police work, your answer to this question will not affect your application. You are being asked to fully appraise the department of your background to prevent the possibility of being compromised in the future. Yes ( ) No ( )

If “Yes”, explain below in detail.

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***It is the responsibility of each applicant to notify the Southington Police Department of any changes in your address or phone numbers. Failure to do so may result in your elimination from the testing process.***

How did you hear about our employment opportunity?

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**NOTICE:            CONNECTICUT STATE STATUTE 53a-157**

“A person is guilty of false statement when he intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and/or which statement is intended to mislead a public servant in the performance of his official function”.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

I understand that this questionnaire is but one element of the selection process for Police Officer and that an acceptable background investigation does not guarantee my selection as an Officer.

In the event of employment, I understand that false or misleading information given herein or during interview(s) will result in my being disqualified from future consideration and/or termination from employment by the Police Department.

I, \_\_\_\_\_, being duly sworn, depose and say that I am the above named person. I have read and answered each and every preceding question and I do solemnly swear that each and every answer is full, true and correct to the best of my knowledge and belief.

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.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

# Department of Police

SOUTHINGTON, CONNECTICUT 06489

**JOHN F. DALY, CHIEF**  
HEADQUARTERS: TEL. (860) 621-0101  
FAX (860) 628-9528



## WAIVER OF CONFIDENTIALITY

I hereby waive the privilege of confidentiality to which I otherwise may be entitled, and authorize the release of those records about or concerning me as may be in the possession of others, which are required as a condition of my employment with the **SOUTHINGTON POLICE DEPARTMENT**, and will assist in determining my suitability for employment with such Department. Among those records, the release of which I hereby authorize, shall include my medical history or treatment records, education records, financial and/or credit records, military records, psychiatric history and mental health records, psychological exams and their results, arrest convictions and fingerprint records, police reports, including background investigations, polygraph exams and their results, and employment records. I hereby agree that copies of all such records requested may be released to the **SOUTHINGTON POLICE DEPARTMENT** for the purpose of my employment application.

\_\_\_\_\_  
(Print or type full name here)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness printed or typed named.** \_\_\_\_\_

**Witness signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Print or type witness name )