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  
    ________________________________________________________________________  
    ________________________________________________________________________  
    ________________________________________________________________________

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)

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Date of Birth</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Full Name</td>
<td>Date of Birth</td>
<td>Relationship</td>
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<tr>
<td>Address</td>
<td></td>
<td>Telephone</td>
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</tbody>
</table>

32. **ROOMMATES**
List those individuals with whom you have resided with. EXCLUDE family members. DO NOT list information prior to your 15th birthday.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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<tbody>
<tr>
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<tr>
<td>Location lived at</td>
<td></td>
<td>Dates(from/to)</td>
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<tr>
<td>Name</td>
<td>Address</td>
<td>Telephone</td>
</tr>
<tr>
<td>Location lived at</td>
<td></td>
<td>Dates(from/to)</td>
</tr>
<tr>
<td>Name</td>
<td>Address</td>
<td>Telephone</td>
</tr>
<tr>
<td>Location lived at</td>
<td></td>
<td>Dates(from/to)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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<tbody>
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</table>

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.

<table>
<thead>
<tr>
<th>Address</th>
<th>Apartment/Floor</th>
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</tbody>
</table>

Dates of Residence: from __________ to __________

Landlord (information):
Name: __________________________
Telephone: ______________________
Address: __________________________

<table>
<thead>
<tr>
<th>Address</th>
<th>Apartment/Floor</th>
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</table>

Dates of Residence: from __________ to __________

Landlord (information):
Name: __________________________
Telephone: ______________________
Address: __________________________
<table>
<thead>
<tr>
<th>Address</th>
<th>Apartment/Floor</th>
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</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
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</tbody>
</table>

Dates of Residence: from ____________ to ____________

Landlord (information):
Name: __________________________ Telephone: ____________________
Address: __________________________________________________________

<table>
<thead>
<tr>
<th>Address</th>
<th>Apartment/Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Dates of Residence: from ____________ to ____________

Landlord (information):
Name: __________________________ Telephone: ____________________
Address: __________________________________________________________

<table>
<thead>
<tr>
<th>Address</th>
<th>Apartment/Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Dates of Residence: from ____________ to ____________

Landlord (information):
Name: __________________________ Telephone: ____________________
Address: __________________________________________________________

<table>
<thead>
<tr>
<th>Address</th>
<th>Apartment/Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Dates of Residence: from ____________ to ____________

Landlord (information):
Name: __________________________ Telephone: ____________________
Address: __________________________________________________________

<table>
<thead>
<tr>
<th>Address</th>
<th>Apartment/Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

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, preformed 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 ( )

<table>
<thead>
<tr>
<th>Branch</th>
<th>Date of Service</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Serial Number</th>
<th>Type of Discharge</th>
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<tbody>
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</tbody>
</table>

| 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 ( )

<table>
<thead>
<tr>
<th>Branch</th>
<th>Date of Service</th>
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<thead>
<tr>
<th>Reserve Status</th>
<th>Date of Service</th>
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<tbody>
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</table>

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.

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________
20. Do you currently have any financial obligation to any of the following?

<table>
<thead>
<tr>
<th></th>
<th>( ) Yes</th>
<th>( ) No</th>
<th>AMOUNT OWED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor / Dentist</td>
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<tr>
<td>Hospital/ Clinic</td>
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<td>Mortgage</td>
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<td>Financial Company</td>
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<td>Auto Loan</td>
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<td>Fed/ State/Local taxes</td>
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<td>Credit Union</td>
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<td>Student Loan</td>
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<td>Court Judgment</td>
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<td>Child Support</td>
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<td>Alimony</td>
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<td>Utilities</td>
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<td>Bank Loans</td>
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<td>Loans From others</td>
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<td>Credit Cards</td>
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<tr>
<td>Other Creditors Not Listed</td>
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</tbody>
</table>

21. List ALL your present loans and any debt, garnishes, wage assignments or judgement pending against you. Include all Credit Card accounts. If none, so state.

<table>
<thead>
<tr>
<th>Date Made</th>
<th>Original Amount</th>
<th>Monthly Payment</th>
<th>Reason For Loan</th>
<th>Name &amp; Mailing Address of Person or organization debt is owed to</th>
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</table>
(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.

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Crime Charged</th>
<th>Police Agency</th>
<th>Court Agency</th>
<th>Final Disposition</th>
</tr>
</thead>
<tbody>
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</table>

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.

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Crime Charged</th>
<th>Police Agency</th>
<th>Court Agency</th>
<th>Final Disposition</th>
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</table>

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.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

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.

_______________________________________________________________________
_______________________________________________________________________

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.

_______________________________________________________________________
_______________________________________________________________________
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)?

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

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.
    ________________________________________________________________
    ________________________________________________________________
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

<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>Dates</th>
<th>Nature of Illness</th>
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<tbody>
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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:

________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________

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)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>Purpose</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>When</th>
<th>Location</th>
<th>Purpose</th>
</tr>
</thead>
</table>
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.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

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?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
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
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 SOUTHTINGTON 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 SOUTHTINGTON 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)