POLICE APPLICANT BACKGROUND PACKAGE

Dear Police Applicant:	
Enclosed please find three documents that must be come the Internal Affairs Unit by and efficient background process. The documents enclosed	_ in order to facilitate a prompt
Authorization/Release Form	
Background Checklist (List of Required	Documents)
Background Information Packet	
Failure to properly fill out the above documents and/or tion may preclude you from being considered further for the Meriden Police Department.	<u>=</u>
Should you have any questions regarding the above, ple Internal Affairs Unit during normal business hours of 8 through Friday.	
Sincerely,	
Mark Walerysiak	Darrin McKay
Detective Lieutenant	Sergeant
Internal Affairs Unit	Internal Affairs Unit
203-630-6339	203-630-6344

An Equal Opportunity Employer

POLICE APPLICANT BACKGROUND CHECKLIST

Applicant's Name:	Date of Birth:
The following documents must be submitted date specified. If for some reason you are unarequested documents, please provide an exploration.	able to complete or obtain any of the
Police Applicant Background Info	ormation Packet
Authorization/Release Form (Nota	arized)
Official High School Transcript(s)	or GED Certificate
Official College Transcript(s)	
☐ Copy of Military Discharge (DD-2	214) (If Applicable)
Copy of Military I.D. (If Applicab	ole)
☐ Copy Birth Certificate	
☐ Copy of Social Security Card	
☐ Copy of State Motor Vehicle Driv	rer's License
☐ Copy of Weapon's Permit (If App	olicable)
☐ Copy of POSTC Certification (If A	Applicable)
☐ Copy of Divorce Decree Settleme	nt (If Applicable)
Date Requested:	Date Received:
Explanation for not submitting requested doc	eument(s):

AUTHRORIZATION PAGE

MERIDEN POLICE DEPARTMENT

INTERNAL AFFAIRS UNIT

Police Applicant Background Information

Name of Applicar	nt:			
11	La	st,	First,	Middle
Date of Birth:	Month/D			
Current Address:				
	Street	City	State	Zip Code
Mailing Address:				
(If Different)	Street	City	State	Zip Code
For Office Use:				
Date Issued:				
Date Received:				

Personal History

Full Name:					
		First,	Middle		
Maiden Name (If	Applicable	e):			
Current Address:					
	Street	City	State	Zip Code	
Mailing Address:					
(If Different)	Street	City	State	Zip Code	
Home Phone:		Busi	ness Phone: _		
Cell Phone:		E-ma	ail Address: _		
Have you ever leg	ally chang	ed your nam	e?		
If yes, what was y	our previo	us name?			
What was the date	and locati	ion of the na	me change? _		
What was the reas	on for the	name change	e?		

Personal History (cont.)

List any other names, nicknames, or aliases you've been known by:				
Date of Birth:				
	Month/Da	ay/Year		
Place of Birth:				
Place of Birth:	City	State	Country	
Are you a U.S.	citizen?	Yes	No	
Social Security	Number:			
Height:	Weight:	Hair Co	olor:	_ Eye Color:
Marks, Scars, 1	ratioos:			
Note: Tattoos/I	Body Ornaments must be	e in compliance with	Meriden Police Departn	nent grooming standards.
Marital Status:				
Single	Married	Di	vorced	_ Separtated
_				_
Spouse's Name	e and D.O.B. (Applicable	.e):	
Spouse's Maid	en Name (If A	Applicable):		
Former Spouse	's Address an	d Phone (If	Applicable): _	

Personal History (cont.)

In chronological order, list each and every place in which you have lived for the past 10 years. Start with your present address.

	Month/Year	Month/Year	Number-Street-City-State-Zip Code
From	: To	o:	
Do yo	ou own or re	nt at your curre	nt address?
If rent	t, give name	, address, and p	hone number of landlord:

Personal History (cont.)

The below-listed questions are used as an additional source of information concerning applicants' interpersonal relationships.

List all clubs, societies, and civic/fraternal organizations to which you are a active member, or have been an active member.
Are you now, or have you ever been, a member of any subversive, militant, or radical group organized to overthrow the United States government? Yes No
If yes, please identify the group(s):
Are you now, or have you ever been, a member of any group organized to oppress the civil rights of others based on race, color, creed, religion, national origin, gender, sexual orientation, or physical disability? Yes No
If yes, please identify the group:

Education

In chronological order, list all schools attended. If you need more space, please use the additional sheets located at the end of this packet.

	Class R	
ports Programs, Clubs,	, etc.:	
:		
sity:	Major/0	Class Rank:
:		
sity:	Major/0	Class Rank:
ports Programs, Clubs,	etc.:	
	: : : : : : : : : : : : : : : : : : :	Sity: Major/0

Employment

Starting with present or most recent employment and working backwards consecutive, list all employment, including summer and part-time work.

Dates of Employment:	to
Company Telephone:	
Reason for Leaving:	

Dates of Employment:	to
Company Name and Address:	
Company Telephone:	
Position Held/Description:	
Name and Title of Supervisor: _	
Reason for Leaving:	

Employment (cont.)

Dates of Employment:	to
Company Name and Address: _	
-	
Company Telephone:	
Position Held/Description:	
Name and Title of Supervisor:	
Reason for Leaving:	

Dates of Employment:	to
Company Name and Address: _	
-	
Company Telephone:	
Position Held/Description:	
Name and Title of Supervisor:	
Reason for Leaving:	

Employment (cont.)

Dates of Employment:	to
Company Name and Address: _	
-	
Company Telephone:	
Position Held/Description:	
Name and Title of Supervisor:	
Reason for Leaving:	
*If you need more space, please of this packet.	e use the additional sheets located at the end
•	esign, been given the option to resign in lieu or disciplined at a place of employment?
Yes	No
If yes, please give details:	

Military Service

Have you ever served in any military organization of the United States? (Please attach copy of DD-214 Form.)

Yes No	
Dates of Service:to	D Branch
Highest Rank Held:	
Special Duties/Training:	
Type of Discharge:	
Are you now a member of the reser	rve forces or National Guard?
Yes No Were you	in the past? Yes No
Branch:	Rank:
Address:	
Dates: to	
If you have never served in the arm following statement:	ned forces of the United States, sign the
I,of the United States.	, have never served in the armed forces
	Applicant's Signature

Financial History

List all current financial obligations (i.e car loans, mortgage, child support, alime		credit card balances
Have you ever filed for bankruptcy?	Yes	No
Have you ever been refused credit or ha	d property repos	ssessed?
Yes No		
If yes to either or both of the above, plea	ase give details:	

Criminal Record

Have you ever been arrested and/or convicted of any crime?

(Note: You do not have to disclose the existence of arrests/criminal charges which have been erased or dismissed, or those charges where there has been a finding of "Not Guilty," or those in which an absolute pardon has been received.)
Yes No
If yes, give complete details, including date(s) of arrest(s) and hearing(s), location of offense(s), charge(s), details of the incident(s), and disposition(s):
*If you need more space, please use the additional sheets at the end of this packet.
Have you ever been detained by a law enforcement officer?
Yes No
If yes, give complete details of incident(s) and disposition(s):

Motor Vehicle Record

Are you a licens	sed automobile operator?	Yes	No
State:	Operator Number:		Class:
Have you ever be include traffic to	peen convicted of a motor ickets.)	vehicle offens	se? (This does <u>not</u>
Yes	No		
• • •	aplete details, including danse(s), charge(s), details o	` '	· / ·
Has your operat	or's license ever been sus	pended or revo	oked?
Ye	s No		
If yes, please ex	plain:		

Motor Vehicle Record (cont.)

Have you ever received a traffic ticket?	Yes	
If yes, give complete details, including chadisposition(s):	rge(s), date	(s), location(s), and
Do you currently have any unpaid parking	tickets?	
Yes No		
If yes, give complete details:		
<u>General</u>		
Is there anything that would prevent you fr holidays, or in any way from being able to functions of a police officer?	-	
Yes No If ye	es, please ex	plain:

General (cont.)

Do you read	or speak any f	Foreign languages?
Yes	No	If yes, give details and proficiency level:
• •	ial skills, qual r vehicle licen	ifications, and licenses you posses: (Do not ise.)
Have you eve	er applied for a	a weapons permit in any jurisdiction?
Yes	No	
If yes, give ty	ype, date, loca	tion, and permit number:
		to a civil lawsuit, restraining order, or protective or a defendant?
Yes	No	_
If yes, please	explain:	

General (cont.)

Have you ever used (i.e., ingested, injected, sniffed, absorbed, or otherwise caused to enter your body) any non-prescriptive drugs or substances, including hallucinogenic drugs, stimulants, depressants, narcotic drugs, other types of chemicals, such as steroids?

Ves. No. No. No. Places places arguer the following:

Yes No If yes, please answer the following:
List each drug or substance used and the approximate date range of its use:
When did you last use each drug or substance listed above?
Do you drink alcoholic beverages? Yes No
If yes, what type and how often?
Are you presently applying to, or have you ever applied for, employment with any law enforcement agency?
Yes No
If yes, list agencies, current eligibility status, and reasons for non-selection:

General (cont.)

Have you ever received or federal law enforcen	d any training in law enforcement benent agency?	by any state, local,
Yes No	d certifications:	
	polygraph examination? Yes	
	location(s):	
	<u>References</u>	
	e people (not relatives or former enduring the past three years:	mployers) who
Name:	Telephone: _	
Address:		
Occupation:	Years Know	n:
Business Address:		
Rusiness Phone:		

References (cont.)

Name:	Telephone:
Address:	
	Years Known:
Business Address:	
Business Phone:	

Name:	Telephone:
Address:	
Occupation:	Years Known:
Business Address:	
Business Phone:	
	<u>Affidavit</u>
provided in this background inf my knowledge. I understand the be reason for withdrawal of a jo ever the omission or falsehood	, certify that the information I have formational is true and complete to the best of at any willful omissions or falsification will ob offer or termination of employment when is discovered. I authorize any investigation in this informational as necessary to arrive at
Signature of Applicant	Date

<u>Narrative</u>

In your own handwriting, please describe what qualities you possess and how they will best serve you, the public, and this department.			

Additional Answer Sheet

Additional Answer Sheet