

B. RESIDENCES - List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year, attach extra page if necessary.

<u>FROM</u>	<u>TO</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. WORK HISTORY - Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____
2. FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

3. FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

4. FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

5. FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

6. FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

D. MILITARY RECORD

1. HAVE YOU SERVED IN THE U.S. ARMED FORCES? YES NO

2. DATE OF SERVICE: FROM _____ TO _____

BRANCH OF SERVICE _____

UNIT DESIGNATION _____

MILITARY SERVICE NUMBER _____

HIGHEST RANK HELD _____

TYPE OF DISCHARGE _____

3. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE (INCLUDE COURT-MARTIAL, CAPTAIN'S MASTS, COMPANY PUNISHMENT, ETC.)? YES NO

<u>CHARGE</u>	<u>AGENCY</u>	<u>DATE</u>	<u>AGE AT TIME</u>	<u>DISPOSITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS.

E. EDUCATIONAL HISTORY

1. HIGH SCHOOL <u>ATTENDED</u>	<u>CITY & STATE</u>	<u>DATES ATTENDED</u>		<u>GRADUATED</u>	
		<u>FROM</u>	<u>TO</u>	<u>YES</u>	<u>NO</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. (a) COLLEGE OR UNIVERSITY ATTENDED _____
 CITY & STATE _____ DATES ATTENDED _____
 UNITS COMPLETED _____ MAJOR/MINOR _____
 DEGREE RECEIVED, IF ANY, & DATE _____

(b) COLLEGE OR UNIVERSITY ATTENDED _____
 CITY & STATE _____ DATES ATTENDED _____
 UNITS COMPLETED _____ MAJOR/MINOR _____
 DEGREE RECEIVED, IF ANY, & DATE _____

(c) COLLEGE OR UNIVERSITY ATTENDED _____
 CITY & STATE _____ DATES ATTENDED _____
 UNITS COMPLETED _____ MAJOR/MINOR _____
 DEGREE RECEIVED, IF ANY, & DATE _____

3. LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.)
 GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF
 STUDY, CERTIFICATE, AND ANY OTHER PERTINENT INFORMATION.

2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN CIVIL LITIGATION?
_____ YES _____ NO

IF YES, GIVE DETAILS _____

H. TRAFFIC RECORD

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?
_____ YES _____ NO

IF YES, GIVE DATE, LOCATION AND REASONS _____

2. WITH WHAT COMPANY DO YOU CARRY AUTO INSURANCE? _____

3. LIST TO THE BEST OF YOUR MEMORY ALL DRIVING CITATIONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, EXCLUDING PARKING TICKETS.

<u>MONTH & YEAR</u>	<u>CHARGE</u>	<u>CITY & STATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

I MARITAL & FAMILY HISTORY

1. ARE YOU? _____ SINGLE
_____ MARRIED
_____ SEPARATED
_____ DIVORCED
_____ WIDOWED

2. IF MARRIED:

DATE _____

CITY & STATE _____

SPOUSE'S NAME (WIFE'S MAIDEN NAME) _____

3. IF EVER SEPARATED, DIVORCED OR WIDOWED:

DATE OF MARRIAGE _____

CITY AND STATE _____

SPOUSE'S NAME
(WIFE'S MAIDEN NAME) _____

PRESENT ADDRESS
& PHONE _____

SEPARATED, DIVORCED
OR ANNULLED
(STATE WHICH) _____

DATE OF ORDER
OR DECREE _____

COURT & STATE
WHERE ISSUED _____

4. LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (NATURAL, STEP-CHILDREN, ADOPTED & FOSTER CHILDREN).

<u>NAME</u>	<u>RELATION</u>	<u>DATE OF BIRTH</u>	<u>ADDRESS</u>	<u>SUPPORTED BY WHOM</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. LIST ALL OTHER DEPENDENTS.

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER (INCLUDE MAIDEN NAME), BROTHERS & SISTERS. IF DECEASED, SO INDICATE.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE#</u>	<u>RELATION</u>	<u>AGE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

J. REFERENCES OR ACQUAINTANCES - LIST FIVE PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

(1) NAME: _____ ADDRESS: _____
RESIDENCE PHONE: _____ BUSINESS PHONE: _____
BUSINESS ADDRESS: _____
YEARS KNOWN: _____

(2) NAME: _____ ADDRESS: _____
RESIDENCE PHONE: _____ BUSINESS PHONE: _____
BUSINESS ADDRESS: _____
YEARS KNOWN: _____

(3) NAME: _____ ADDRESS: _____
RESIDENCE PHONE: _____ BUSINESS PHONE: _____
BUSINESS ADDRESS: _____
YEARS KNOWN: _____

(4) NAME: _____ ADDRESS: _____
RESIDENCE PHONE: _____ BUSINESS PHONE: _____
BUSINESS ADDRESS: _____
YEARS KNOWN: _____

(5) NAME: _____ ADDRESS: _____
RESIDENCE PHONE: _____ BUSINESS PHONE: _____
BUSINESS ADDRESS: _____
YEARS KNOWN: _____

K. FINANCIAL HISTORY

SOURCES OF INCOME

1. WHAT IS YOUR PRESENT SALARY OR WAGES? _____
2. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION? _____ YES _____ NO

IF YES, HOW MUCH? _____

HOW OFTEN? _____

THE SOURCE? _____

3. DO YOU OWN ANY REAL ESTATE? _____ YES _____ NO VALUE: _____

LOCATION: _____

4. DO YOU OWN ANY BONDS, GOVERNMENT OR OTHER?

_____ YES _____ NO VALUE: \$ _____

5. DO YOU OWN ANY CORPORATE STOCK?

_____ YES _____ NO VALUE: \$ _____

6. DO YOU HAVE A BANK ACCOUNT?

_____ YES _____ NO

SAVINGS

AVERAGE BALANCE: \$ _____

NAME & ADDRESS OF BANK _____

CHECKING

AVERAGE BALANCE: \$ _____

NAME & ADDRESS OF BANK _____

L. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)

<u>NAME & ADDRESS</u>	<u>TYPE (SOCIAL, FRATERNAL, PROFESSIONAL. ETC.)</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

M. PERSONAL DECLARATIONS

1. DESCRIBE IN YOUR OWN WORDS THE FREQUENCY AND EXTENT OF YOUR USE OF INTOXICATING LIQUORS _____

2. HAVE YOU EVER USED MARIJUANA OR ANY OTHER DRUG NOT PRESCRIBED BY YOUR PHYSICIAN? _____ YES _____ NO

IF YES, WHAT WERE THE CIRCUMSTANCES? _____

3. HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE? _____ YES _____ NO

IF YES, EXPLAIN IN DETAIL _____

4. IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A LAW ENFORCEMENT OFFICER, WOULD ANY RELIGIOUS OR OTHER BELIEFS PREVENT YOU FROM DOING SO? _____ YES _____ NO

IF YES, EXPLAIN _____

5. DO YOU HAVE ANY OTHER BELIEFS OR PREJUDICES WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A LAW ENFORCEMENT OFFICER? _____ YES _____ NO

IF YES, EXPLAIN _____

6. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A LAW ENFORCEMENT OFFICER? _____ YES _____ NO

IF YES, EXPLAIN _____

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

Signature of Applicant

Date