

3. Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

4. Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

5. Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

6. Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

15. REFERENCES				
List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.				
A. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

B. Name		Address		City		State	Zip
Company / Work address				City		State	Zip
Home Phone		Work Phone		Cell		Email	
How do you know this person? (friend, teacher, family, co-worker)						How long have you known this person?	

C. Name		Address		City		State	Zip
Company / Work address				City		State	Zip
Home Phone		Work Phone		Cell		Email	
How do you know this person? (friend, teacher, family, co-worker)						How long have you known this person?	

D. Name		Address		City		State	Zip
Company / Work address				City		State	Zip
Home Phone		Work Phone		Cell		Email	
How do you know this person? (friend, teacher, family, co-worker)						How long have you known this person?	

E. Name		Address		City		State	Zip
Company / Work address				City		State	Zip
Home Phone		Work Phone		Cell		Email	
How do you know this person? (friend, teacher, family, co-worker)						How long have you known this person?	

F. Name		Address		City	State	Zip
Company / Work address				City	State	Zip
Home Phone	Work Phone	Cell		Email		
How do you know this person? (friend, teacher, family, co-worker)					How long have you known this person?	

G. Name		Address		City	State	Zip
Company / Work address				City	State	Zip
Home Phone	Work Phone	Cell		Email		
How do you know this person? (friend, teacher, family, co-worker)					How long have you known this person?	

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.	
16. Check applicable: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Discharge documents from armed services with 2 years active duty	
17. List High Schools Attended or where you obtained your GED.	
A. Name	
City	
State	
From	To
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Name	
City	
State	
From	To
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

18 List all colleges or universities attended:			
A. Name			
City			
State			
From	To	Type of Degree Earned	Total Units Earned

B.. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

C. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

19. List any trade, vocational, or business schools / institutes attended.

A. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
B. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
C. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State

SECTION 3: EDUCATION *continued.*

20. Have you ever been placed on academic discipline, suspended or expelled from any high school, college/university, business or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. **DO NOT LIST** military barracks mates unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

A. Current residence Street		City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you live				

B. Former Address		City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

C. Former Address		City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

D. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

E. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

F. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

G. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

A. Name		Contact Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

B. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

C. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

D. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

E. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

F. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

23. Have you ever been evicted or asked to leave a residence? Yes No

24. Have you ever left a residence owing rent? Yes No

If you answered yes to Questions 23 and / or 24 explain (include when, where and circumstances).

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?
 Yes No
 If YES, list below
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed, continue your response on page 33.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

A. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Supervisor	Contact Number Ext.	Email	
Job Title	Reason for leaving		
Duties /Assignments		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number		
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain.		

B. PERIOD OF UNEMPLOYMENT		From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

C. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number	Ext.	Email	
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number			

D. PERIOD OF UNEMPLOYMENT				From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel					
<input type="checkbox"/> Other					

E. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number	Ext.	Email	
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number			

F. PERIOD OF UNEMPLOYMENT				From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel					
<input type="checkbox"/> Other					

G. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number			

H. PERIOD OF UNEMPLOYMENT				From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel					
<input type="checkbox"/> Other					

I. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number			

J. PERIOD OF UNEMPLOYMENT				From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel					
<input type="checkbox"/> Other					

K. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

L. PERIOD OF UNEMPLOYMENT				From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel					
<input type="checkbox"/> Other					

M. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

N. PERIOD OF UNEMPLOYMENT				From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel					
<input type="checkbox"/> Other					

O. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number	Ext.	Email	
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

P. PERIOD OF UNEMPLOYMENT				From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel					
<input type="checkbox"/> Other					

Q. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number	Ext.	Email	
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments or demotions?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever resigned without giving two weeks-notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No

37. If you answered yes to any of Questions 26–36, explain (include when, where and circumstances; indicate corresponding number):

38. Has your work performance ever been affected by your use of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When?	Name of Employer
39. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When?	Name of Employer

SECTION 6: MILITARY EXPERIENCE (Complete for all branches of military served. Add pages if necessary)

40. Are you required to register for the Selective Service <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have you registered <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no explain: _____	
41. Branch of Service	Date of Service From To:
42. Type of Discharge <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable	
Re-entry Code (1-4) if applicable; refer to your DD-214	
43. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard	If checked, date obligation ends:
44. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
45. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered YES to questions 44 and or 45, Explain (Include dates and circumstances)

SECTION 7 FINANCIAL

46. INCOME AND EXPENSES

For each of the following questions fill in the amounts to the nearest dollar

A. From your employer(s), what is your take home monthly income? \$ _____

B. Do you have income other than from your salary or wages? Yes No

If yes, fill in amount: \$ _____ per month Explain: _____

C. Approximately how much do you spend each month? \$ _____
 Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc. as well as any other obligations you may have.

47. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Have your wages ever been garnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. Have you ever failed to file income tax or cheated/lied on an income tax form	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. Have you ever defaulted on a loan, including a student loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
56. Have you ever borrowed money to pay for a gambling debt? If yes, do you currently have any outstanding debts as a result of gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60. Are you in arrears on court ordered child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered YES to questions 47-60, indicate question number. Explain (include, when, where and why).

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions

This section requires you to report detentions, arrest and convictions, including diversion programs and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations (excluding traffic tickets) May have been detained and or received Class C for disorderly conduct, prostitution, assault, etc. without actual arrest.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

61. Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

If yes, explain each incident.

A. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

B. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

C. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

D. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

62. Have you ever been placed on court probation as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
66. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. Have you ever been the subject of an emergency protective, restraining or stay-away order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
70. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
71. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of Questions 62–71, explain (include court case or document, dates, and circumstances; indicate corresponding number):

72. UNDETECTED ACTS – PART 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

A. Annoying / obscene phone calls	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Assault (use of force or violence upon another)	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Assault (use of force or violence upon a family member)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Contributing to the delinquency of a minor	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Defrauding an innkeeper (not paying for food or room at a hotel/motel)	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Hit and run collision (no injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Hunting or fishing without a license.	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Illegal gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No
M. Impersonating a peace officer	<input type="checkbox"/> Yes <input type="checkbox"/> No
N. Indecent exposure (including flashing or mooning)	<input type="checkbox"/> Yes <input type="checkbox"/> No
O. Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes <input type="checkbox"/> No
73. UNDETECTED ACTS - PART 2 At any time in your life have you ever committed any of the following?	
A. Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Assault with a deadly weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Theft of a vehicle and / or vehicle parts	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Child molestation (performing unlawful acts with a child)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Accessing, producing, or possessing child pornography	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Injury to a child/elderly/or disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Forcible rape or other act of unlawful intercourse / sexual activity	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Hit and run (with injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No

M. Hate crime	<input type="checkbox"/> Yes <input type="checkbox"/> No
N. Insurance fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No
O. Theft (value of over \$500, or any firearm)	<input type="checkbox"/> Yes <input type="checkbox"/> No
P. Murder, homicide, or attempted murder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q. Perjury (lying under oath)	<input type="checkbox"/> Yes <input type="checkbox"/> No
R. Possession of an explosive / destructive device	<input type="checkbox"/> Yes <input type="checkbox"/> No
S. Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes <input type="checkbox"/> No
T. Stalking	<input type="checkbox"/> Yes <input type="checkbox"/> No
U. Blackmail or extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No
V. Any other act amounting to a felony	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to **any** item(s) in **section 72 - 73** fully explain circumstances, including dates(s), names of individuals involved and resolution. Indicate the corresponding letter (73-A etc) for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

Amphetamines / Methamphetamine Uppers, Speed, Crank, etc.
 Barbiturates (Downers)
 Cocaine / Crack Cocaine
 Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
 GHB (Date Rape Drug)
 Glue
 Hallucinogens (Peyote, LSD, Mushrooms)
 Hashish / Hashish Oil

Heroin / Opium
 Marijuana
 Mescaline
 Morphine
 PCP / Angel Dust
 Quaaludes
 Steroids
 Tetrahydrocannabinol (THC)

74. **Within the past three years**, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? Yes No

If yes, give details, including drug(s) used and circumstances:

75. Prior to the past three years (check all that apply):

I have never used any drug recreationally.

I have tried or used one or more drugs listed above, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.).
 If checked, give details including drug(s) used, most recent date used, and circumstances.

76. Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

Sold Manufactured Purchased Furnished Cultivated Carried or held for another

Any items check above, give details including drug(s) involved, over what time period(s) and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

77. Current Driver License #	State of Issue	Expiration date	Name under which license was granted
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78. List other states where you have been licensed to operate a motor vehicle.

State of issue	Type of license	Name under which license was granted and license number

79. Have you ever been refused a driver's license by any state Yes No

If yes, explain (include when, where and circumstances):

80. Has your driver's license ever been suspended or revoked?

Yes No

If yes, explain (include when, where and circumstances):

81. List your current liability insurance on your vehicle(s)

A. Type of Coverage

Insured Bonded Cash Deposit

Vehicle Make

Year

Vehicle License

Insurance Company

Policy number

Expires

Address

City

State

Zip

Contact Number

B. Type of Coverage

Insured Bonded Cash Deposit

Vehicle Make

Year

Vehicle License

Insurance Company

Policy Number

Expires

Address

City

State

Zip

Contact Number

C. Type of Coverage

Insured Bonded Cash Deposit

Vehicle Make

Year

Vehicle License

Insurance Company

Policy Number

Expires

Address

City

State

Zip

Contact Number

D. Type of Coverage

Insured Bonded Cash Deposit

Vehicle Make

Year

Vehicle License

Insurance Company

Policy Number

Expires

Address

City

State

Zip

Contact Number

82. List all traffic citations, excluding parking citations, you have received within the past seven years:

A. Nature of Violation

Location Street, City, State, Zip

Date Violation Occurred

Action Taken

Not Guilty Fined Traffic School Dismissed

B. Nature of Violation		Location Street, City, State, Zip	
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C. Nature of Violation		Location Street, City, State, Zip	
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
D. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)			
<input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine			
If checked, explain circumstances:			

83. Have you been involved as the driver in a motor vehicle accident within the past seven years? Yes No
If yes, give details.

A. Date	Location (Street, City, State, Zip)	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non Injury
A. Date	Location (Street, City, State, Zip)	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non Injury
A. Date	Location (Street, City, State, Zip)	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non Injury

84. Have you ever driven a vehicle without auto insurance, as required by law? Yes No
If yes, give reason

Date	Location Street, City, State, Zip	
------	-----------------------------------	--

85. Have you ever been refused automobile liability insurance or a bond, or had policy cancelled? Yes No
If yes, give reason:

Insurance Company	
Date	Location Street, City, State, Zip

86. Use this space for additional information you would like to include regarding your driving record.

87. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

88. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability Yes No

89. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No

90. Have you ever hit or physically overpowered a spouse, romantic partner or family members? Yes No

If you answered yes to any of **Questions 87-90**, give details dates and circumstances; indicate corresponding number.

SECTION 11: SOCIAL MEDIA SITES

91. Have you ever had a social media site (i.e. Facebook, My Space, etc.)? Yes No

92. List all social media sites, blogs or websites you have created. (Provide website URL and your username)

SECTION 12: CERTIFICATION

93. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature of Applicant

____/____/____
Date

Sworn to and subscribed before me, this the _____ day of _____, _____

Notary public in and for, State of _____

My commission expires ____/____/____

Printed Name of Notary

Notary Seal or Stamp

Signature of Notary

ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)
- Identify the corresponding question and specific item being referenced.

(Name of Law Enforcement Agency)

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____,
in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____