



City of Boise Police Department
333 N Mark Stall Place
Boise, ID83704



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www.cityofboise.org

PERSONAL HISTORY STATEMENT

FIRST NAME	MIDDLE NAME	LAST NAME	LAST FOUR OF SSN	DATE
EMAIL ADDRESS			BEST CONTACT NUMBER ()	

PHS INSTRUCTIONS

1. Familiarize yourself with this form and carefully read all instructions. You may find it helpful to review this form multiple times.
2. Save this form on your computer and be sure to save the final completed version as well. **THIS FORM MUST BE COMPLETED AND SUBMITTED ELECTRONICALLY**, handwritten forms will not be accepted.
3. Carefully enter the information asked – you must answer every single inquiry to the best of your ability. If an item does not apply to you, enter “N/A” (Not Applicable). If you cannot remember or obtain with reasonable due diligence, please indicate so in your response.
4. If there is not enough room to answer a question, use the additional section found at the end of the Personal History Statement. Be sure to provide the number of the question you are answering.
5. Be sure that you have completed the Certification section on page 26.
6. Please ensure that the form is completed to your full satisfaction before you submit.
7. **MAKE A COPY**. You are encouraged to keep a copy of this form for your own records.

Information provided in this Personal History Statement (PHS) will be used in the investigation into your background to assist in determining your suitability for a public safety position with the Boise Police Department. Please be as specific as possible in your answers. Also, remember there is no such thing as a perfect person or perfect candidate. As your prospective employer, we are not looking for perfection; rather, we want an open and honest opportunity to evaluate your qualifications fairly for this position. You are responsible for the accuracy of information on this form. *It is your responsibility* to make certain that the information is complete and correct. Please note that deliberate misstatements or omissions on this form will disqualify you from potential employment, regardless of the nature or reason for the misstatements/omissions. *Read questions thoroughly before answering*. If you have any questions about completing this form, please contact Police Personnel or City of Boise Human Resources.

LEGAL QUESTIONS

All applicants applying for employment with the Boise Police Department are required to disclose their prior involvement in illegal acts. You are required to disclose acts that you have committed even if you were never caught, arrested or prosecuted. Inconsistent statements made in this document could result in disqualification.

You are required to answer questions about misdemeanors and felonies you may have committed at any time in your life. With respect to questions about legal processes initiated against you (detentions, arrests, plea bargains, diversions and/ or convictions), you may have a legal right to answer “No”.

DISCLOSURE OF MEDICALLY-RELATED INFORMATION

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

CONFIDENTIALITY STATEMENT

Your completed form is treated as a highly confidential document. The original, signed form becomes a permanent part of your background file and will not be released to any other party without your signed authorization or by order of a competent court.

Any questions should be directed to Police Personnel or City of Boise Human Resources.

SECTION 1: PERSONAL

1) YOUR FULL NAME			
LAST		FIRST	MIDDLE
2) OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OF BEEN KNOWN BY			
<input type="checkbox"/> N/A			
3) ADDRESS WHERE YOU RESIDE (NUMBER/STREET)			
CITY		STATE	ZIP
4) MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5) CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER ()
6) PRIMARY EMAIL ADDRESSES			
PERSONAL		BUSINESS	
7) OTHER EMAILS USED IN LAST 5 YEARS			

8) If you were born outside of the United States, are you a U.S. citizen?

☐ Yes ☐ No ☐ N/A

If no, are you a resident alien who is eligible and has applied for U.S citizenship?

☐ Yes ☐ No ☐ N/A

9) BIRTHPLACE (CITY/COUNTY/STATE/COUNTRY)		10) BIRTHDATE	11) SOCIAL SECURITY NUMBER
12) DRIVER'S LICENSE NO.		STATE	EXPIRATION
13) PHYSICAL DESCRIPTION			
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR

SECTION 2: RELATIVES AND REFERENCES

14) IMMEDIATE FAMILY

- PROVIDE ALL APPLICABLE INFORMATION IN THE SPACES BELOW
- MARK "N/A" IF A CATEGORY IS NOT APPLICABLE OR IF THE INDIVIDUAL IS DECEASED
- IF MORE SPACE IS NEEDED, CONTINUE YOUR RESPONSE ON PAGE 27.

<input type="checkbox"/> N/A	A) FATHER				
NAME	HOME ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			
<input type="checkbox"/> N/A	B) MOTHER				
NAME	HOME ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			

SECTION 2: RELATIVES AND REFERENCES *continued***14) IMMEDIATE FAMILY** *continued*

<input type="checkbox"/> N/A	C) STEP-PARENT				
NAME		HOME ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	D) STEP-PARENT				
NAME		HOME ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	E) SPOUSE / REGISTERED DOMESTIC PARTNER				
NAME		HOME ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEARS OF MARRIAGE		Is there, or has there been, a restraining or stay-away order in effect for this individual?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> N/A	F) FATHER-IN-LAW				
NAME		HOME ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	G) MOTHER-IN-LAW				
NAME		HOME ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	H) FORMER SPOUSE(S) / REGISTERED DOMESTIC PARTNER(S)				
1) NAME		HOME ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEARS OF DISSOLUTION		Is there, or has there been, a restraining or stay-away order between yourself and this individual?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: RELATIVES AND REFERENCES *continued***14) IMMEDIATE FAMILY** *continued*

<input type="checkbox"/> N/A	H) FORMER SPOUSE(S) / REGISTERED DOMESTIC PARTNER(S)					
2) NAME		HOME ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()		EMAIL		
YEARS OF DISSOLUTION		Is there, or has there been, a restraining or stay-away order between yourself and this individual?				<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> N/A	I) BROTHERS AND SISTERS (INCLUDING ALL LIVING SIBLINGS, HALF-SIBLINGS, FOSTER SIBLINGS, ETC.)					
1) NAME		HOME ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
GENDER	HOME PHONE ()	WORK ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
AGE	WORK PHONE ()	CELL PHONE ()		EMAIL		

<input type="checkbox"/> N/A	I) BROTHERS AND SISTERS (CONTINUED)					
2) NAME		HOME ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
GENDER	HOME PHONE ()	WORK ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
AGE	WORK PHONE ()	CELL PHONE ()		EMAIL		

<input type="checkbox"/> N/A	I) BROTHERS AND SISTERS (CONTINUED)					
3) NAME		HOME ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
GENDER	HOME PHONE ()	WORK ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
AGE	WORK PHONE ()	CELL PHONE ()		EMAIL		

<input type="checkbox"/> N/A	I) BROTHERS AND SISTERS (CONTINUED)					
4) NAME		HOME ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
GENDER	HOME PHONE ()	WORK ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
AGE	WORK PHONE ()	CELL PHONE ()		EMAIL		

<input type="checkbox"/> N/A	I) BROTHERS AND SISTERS (CONTINUED)					
5) NAME		HOME ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
GENDER	HOME PHONE ()	WORK ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
AGE	WORK PHONE ()	CELL PHONE ()		EMAIL		

SECTION 2: RELATIVES AND REFERENCES *continued***14) IMMEDIATE FAMILY *continued***

<input type="checkbox"/> N/A	I) BROTHERS AND SISTERS (CONTINUED)					
6) NAME		HOME ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
GENDER		HOME PHONE ()	WORK ADDRESS (#/STREET/APT)		CITY	STATE ZIP
AGE		WORK PHONE ()	CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	I) CHILDREN (ALL LIVING CHILDREN, INCLUDING NATURAL, ADOPTED, STEP, AND FOSTER CARE. INCLUDE ANY OTHER CHILDREN WHO RESIDE WITH YOU. PROVIDE THE NAME AND CONTACT OF THE CUSTODIAL PARENT OR GUARDIAN, IF OTHER THAN YOU.)					
1) NAME			CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
GENDER		CHILD'S AGE	ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
RELATIONSHIP			CONTACT NUMBER ()	EMAIL		

<input type="checkbox"/> N/A	I) CHILDREN (CONTINUED)					
2) NAME			CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
GENDER		CHILD'S AGE	ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
RELATIONSHIP			CONTACT NUMBER ()	EMAIL		

<input type="checkbox"/> N/A	I) CHILDREN (CONTINUED)					
3) NAME			CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
GENDER		CHILD'S AGE	ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
RELATIONSHIP			CONTACT NUMBER ()	EMAIL		

<input type="checkbox"/> N/A	I) CHILDREN (CONTINUED)					
4) NAME			CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
GENDER		CHILD'S AGE	ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
RELATIONSHIP			CONTACT NUMBER ()	EMAIL		

<input type="checkbox"/> N/A	I) CHILDREN (CONTINUED)					
5) NAME			CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
GENDER		CHILD'S AGE	ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
RELATIONSHIP			CONTACT NUMBER ()	EMAIL		

SECTION 2: RELATIVES AND REFERENCES *continued*

14) IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A		I) CHILDREN (CONTINUED)			
6) NAME			CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)		
GENDER	CHILD'S AGE	ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
RELATIONSHIP		CONTACT NUMBER ()	EMAIL		

15) REFERENCES (LIST 7-10 PEOPLE WHO KNOW YOU WELL, SUCH AS CLOSE PERSONAL RELATIONSHIPS, SOCIAL AND FAMILY FRIENDS, CO-WORKERS, TEACHERS, MILITARY ACQUAINTANCES. **DO NOT INCLUDE** RELATIVES, EMPLOYERS/SUPERVISORS OR HOUSEMATES/ROOMATES, OR OTHER INDIVIDUALS LISTED ELSEWHERE.)

A) NAME		HOME ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FRIEND, TEACHER, FAMILY FIREND, CO-WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?		
B) NAME		HOME ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FRIEND, TEACHER, FAMILY FIREND, CO-WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?		
C) NAME		HOME ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FRIEND, TEACHER, FAMILY FIREND, CO-WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?		
D) NAME		HOME ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FRIEND, TEACHER, FAMILY FIREND, CO-WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?		

SECTION 2: RELATIVES AND REFERENCES *continued*

15) REFERENCES *continued*

E) NAME		HOME ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION		
HOW DO YOU KNOW THIS PERSON? (FRIEND, TEACHER, FAMILY FIREND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?		
F) NAME		HOME ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION		
HOW DO YOU KNOW THIS PERSON? (FRIEND, TEACHER, FAMILY FIREND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?		
G) NAME		HOME ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION		
HOW DO YOU KNOW THIS PERSON? (FRIEND, TEACHER, FAMILY FIREND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?		
H) NAME		HOME ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION		
HOW DO YOU KNOW THIS PERSON? (FRIEND, TEACHER, FAMILY FIREND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?		
I) NAME		HOME ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION		
HOW DO YOU KNOW THIS PERSON? (FRIEND, TEACHER, FAMILY FIREND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?		
J) NAME		HOME ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (#/STREET/APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION		
HOW DO YOU KNOW THIS PERSON? (FRIEND, TEACHER, FAMILY FIREND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?		

SECTION 3: EDUCATION**NOTE: You will eventually be asked to furnish transcripts or other proof to support all of your educational claims in Section 3.**

16) Check applicable

☐ High School Diploma from an accredited U.S. Institution☐ GED**17) List high schools attended**

A) NAME	DATE FROM	DATE TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		
B) NAME	DATE FROM	DATE TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

18) List all colleges or universities attended

A) NAME	DATE FROM	DATE TO	TOTAL UNITS EARNED
CITY	STATE	MAJOR/DEGREE EARNED	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
A) NAME	DATE FROM	DATE TO	TOTAL UNITS EARNED
CITY	STATE	MAJOR/DEGREE EARNED	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
A) NAME	DATE FROM	DATE TO	TOTAL UNITS EARNED
CITY	STATE	MAJOR/DEGREE EARNED	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

19) List ALL trade, vocational, or business schools/institutes attended

A) NAME	DATE FROM	DATE TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
A) NAME	DATE FROM	DATE TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
A) NAME	DATE FROM	DATE TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

20) Have you ever attended a Basic Law Enforcement, or Fire Service Academy? ☐ Yes ☐ No
 If yes, provide the following information

A) ACADEMY NAME	DATE FROM	DATE TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE	NAME OF TRAINING OFFICER/ACADEMY COORDINATOR	CELL PHONE ()
B) ACADEMY NAME	DATE FROM	DATE TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE	NAME OF TRAINING OFFICER/ACADEMY COORDINATOR	CELL PHONE ()

SECTION 3: EDUCATION *continued*

21) Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, academy, 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**22) RESIDENTIAL CONTACT INFORMATION**

- LIST ALL RESIDENCES DURING THE LAST TEN YEARS OR SINCE AGE 15, WHICHEVER IS LESS. 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 MORE SPACE IS NEEDED, CONTINUE YOUR RESPONSE ON PAGE 27.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER/STREET/APT)			DATE FROM	DATE TO
				Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)			CELL PHONE ()	
CITY	STATE	ZIP	EMAIL	
NAME OF THOSE WITH WHOM YOU LIVE				
B) FORMER ADDRESS (NUMBER/STREET/APT)			DATE FROM	DATE TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)			CELL PHONE ()	
CITY	STATE	ZIP	EMAIL	
NAME OF THOSE WITH WHOM YOU LIVED				
REASON FOR MOVING				
C) FORMER ADDRESS (NUMBER/STREET/APT)			DATE FROM	DATE TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)			CELL PHONE ()	
CITY	STATE	ZIP	EMAIL	
NAME OF THOSE WITH WHOM YOU LIVED				
REASON FOR MOVING				

SECTION 4: RESIDENCE *continued***22) RESIDENTIAL CONTACT INFORMATION *continued***

D) FORMER ADDRESS (NUMBER/STREET/APT)			DATE FROM	DATE TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)			CELL PHONE ()	
CITY	STATE	ZIP	EMAIL	
NAME OF THOSE WITH WHOM YOU LIVED				
REASON FOR MOVING				

E) FORMER ADDRESS (NUMBER/STREET/APT)			DATE FROM	DATE TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)			CELL PHONE ()	
CITY	STATE	ZIP	EMAIL	
NAME OF THOSE WITH WHOM YOU LIVED				
REASON FOR MOVING				

F) FORMER ADDRESS (NUMBER/STREET/APT)			DATE FROM	DATE TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)			CELL PHONE ()	
CITY	STATE	ZIP	EMAIL	
NAME OF THOSE WITH WHOM YOU LIVED				
REASON FOR MOVING				

G) FORMER ADDRESS (NUMBER/STREET/APT)			DATE FROM	DATE TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)			CELL PHONE ()	
CITY	STATE	ZIP	EMAIL	
NAME OF THOSE WITH WHOM YOU LIVED				
REASON FOR MOVING				

23) PROVIDE CONTACT INFORMATION FOR ALL HOUSEMATES LISTED IN QUESTION 22 WITH WHOM YOU HAVE RESIDED DURING THE PAST 10 YEARS, OR SINCE THE AGE OF 15. DO NOT LIST ANYONE FOR WHOM YOU HAVE ALREADY PROVIDED CONTACT INFORMATION. IF MORE SPACE IS NEEDED, CONTINUE YOUR RESPONSE ON PAGE 27.

A) NAME		HOME ADDRESS (#/STREET/APT)		
CELL PHONE ()		CITY	STATE	ZIP
EMAIL		NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		

SECTION 4: RESIDENCE *continued*

22) RESIDENTIAL CONTACT INFORMATION *continued*

B) NAME		HOME ADDRESS (#/STREET/APT)		
CELL PHONE ()		CITY	STATE	ZIP
EMAIL		NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		
C) NAME		HOME ADDRESS (#/STREET/APT)		
CELL PHONE ()		CITY	STATE	ZIP
EMAIL		NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		
D) NAME		HOME ADDRESS (#/STREET/APT)		
CELL PHONE ()		CITY	STATE	ZIP
EMAIL		NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		
E) NAME		HOME ADDRESS (#/STREET/APT)		
CELL PHONE ()		CITY	STATE	ZIP
EMAIL		NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		
F) NAME		HOME ADDRESS (#/STREET/APT)		
CELL PHONE ()		CITY	STATE	ZIP
EMAIL		NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		

24) Have you ever been evicted or asked to leave a residence? ☐ Yes ☐ No

25) Have you ever left a residence owing rent, utilities, or other household expenses? ☐ Yes ☐ No

If you answered yes to **Questions 24 and/or 25**, explain (include when, where and circumstances)

SECTION 5: EXPERIENCE AND EMPLOYMENT

26) JOB EXPERIENCE

- LIST **ALL** JOBS YOU HAVE HAD, INCLUDING PART-TIME, TEMPORARY, SELF-EMPLOYMENT AND VOLUNTEER. (**BEGIN WITH YOUR MOST CURRENT.**)
- IF YOU HAVE MILITARY EXPERIENCE, INCLUDING RESERVE DUTY, ENTER YOUR MILITARY BASE, ASSIGNMENTS, OR UNIT OF ASSIGNMENT.
- LIST **ALL** PERIODS OF UNEMPLOYMENT IN **EXCESS OF 30 DAYS**.
- LIST YOUR CURRENT (OR MOST RECENT) SUPERVISOR FOR EACH JOB.
- LIST TWO (2) COWORKERS THAT WOULD BEST KNOW YOU AND YOUR WORK HABITS, PRODUCTIVITY, BEHAVIOR, ETC.
- IF MORE SPACE IS NEEDED CONTINUE YOUR RESPONSE ON PAGE 27.

A) NAME OF EMPLOYER OR MILITARY UNIT			DATE FROM	DATE TO
ADDRESS (NUMBER/STREET/BASE)			SUPERVISOR	
CITY	STATE	ZIP	SUPERVISOR CONTACT ()	
JOB TITLE		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	SUPERVISOR EMAIL	
DUTIES/ASSIGNMENTS				
1) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL	
2) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL	
WOULD THERE BE A PROBLEM IF WE CONTACT YOUR EMPLOYER?	IF YES, EXPLAIN		REASON FOR WANTING TO LEAVE	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
B) PERIOD OF UNEMPLOYMENT 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			DATE FROM	DATE TO
C) NAME OF EMPLOYER OR MILITARY UNIT			DATE FROM	DATE TO
ADDRESS (NUMBER/STREET/BASE)			SUPERVISOR	
CITY	STATE	ZIP	SUPERVISOR CONTACT ()	
JOB TITLE		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	SUPERVISOR EMAIL	
DUTIES/ASSIGNMENTS				
1) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL	
2) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL	
REASON FOR LEAVING				
D) PERIOD OF UNEMPLOYMENT 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			DATE FROM	DATE TO

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

26) JOB EXPERIENCE *continued*

E) NAME OF EMPLOYER OR MILITARY UNIT			DATE FROM	DATE TO
ADDRESS (NUMBER/STREET/BASE)			SUPERVISOR	
CITY	STATE	ZIP	SUPERVISOR CONTACT ()	
JOB TITLE	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		SUPERVISOR EMAIL	
DUTIES/ASSIGNMENTS				
1) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL	
2) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL	
REASON FOR LEAVING				
F) PERIOD OF UNEMPLOYMENT 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			DATE FROM	DATE TO
G) NAME OF EMPLOYER OR MILITARY UNIT			DATE FROM	DATE TO
ADDRESS (NUMBER/STREET/BASE)			SUPERVISOR	
CITY	STATE	ZIP	SUPERVISOR CONTACT ()	
JOB TITLE	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		SUPERVISOR EMAIL	
DUTIES/ASSIGNMENTS				
1) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL	
2) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL	
REASON FOR LEAVING				
H) PERIOD OF UNEMPLOYMENT 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			DATE FROM	DATE TO
I) NAME OF EMPLOYER OR MILITARY UNIT			DATE FROM	DATE TO
ADDRESS (NUMBER/STREET/BASE)			SUPERVISOR	
CITY	STATE	ZIP	SUPERVISOR CONTACT ()	
JOB TITLE	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		SUPERVISOR EMAIL	
DUTIES/ASSIGNMENTS				
1) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL	
2) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL	
REASON FOR LEAVING				

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

26) JOB EXPERIENCE *continued*

J) PERIOD OF UNEMPLOYMENT 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				DATE FROM	DATE TO
K) NAME OF EMPLOYER OR MILITARY UNIT				DATE FROM	DATE TO
ADDRESS (NUMBER/STREET/BASE)				SUPERVISOR	
CITY	STATE	ZIP	SUPERVISOR CONTACT ()		
JOB TITLE		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	SUPERVISOR EMAIL		
DUTIES/ASSIGNMENTS					
1) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL		
2) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL		
REASON FOR LEAVING					
L) PERIOD OF UNEMPLOYMENT 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				DATE FROM	DATE TO
M) NAME OF EMPLOYER OR MILITARY UNIT				DATE FROM	DATE TO
ADDRESS (NUMBER/STREET/BASE)				SUPERVISOR	
CITY	STATE	ZIP	SUPERVISOR CONTACT ()		
JOB TITLE		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	SUPERVISOR EMAIL		
DUTIES/ASSIGNMENTS					
1) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL		
2) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL		
REASON FOR LEAVING					
N) PERIOD OF UNEMPLOYMENT 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				DATE FROM	DATE TO

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

26) JOB EXPERIENCE *continued*

O) NAME OF EMPLOYER OR MILITARY UNIT			DATE FROM	DATE TO
ADDRESS (NUMBER/STREET/BASE)			SUPERVISOR	
CITY	STATE	ZIP	SUPERVISOR CONTACT ()	
JOB TITLE		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	SUPERVISOR EMAIL	
DUTIES/ASSIGNMENTS				
1) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL	
2) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL	
REASON FOR LEAVING				
P) PERIOD OF UNEMPLOYMENT 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			DATE FROM	DATE TO
Q) NAME OF EMPLOYER OR MILITARY UNIT			DATE FROM	DATE TO
ADDRESS (NUMBER/STREET/BASE)			SUPERVISOR	
CITY	STATE	ZIP	SUPERVISOR CONTACT ()	
JOB TITLE		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	SUPERVISOR EMAIL	
DUTIES/ASSIGNMENTS				
1) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL	
2) NAME OF CO-WORKER		CONTACT NUMBER ()	EMAIL	
REASON FOR LEAVING				

- 27) Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) ☐ Yes ☐ No
- 28) Have ever you ever been fired, released from probation, or asked to resign from any place of employment?..... ☐ Yes ☐ No
- 29) Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ☐ Yes ☐ No
- 30) Have you ever quit without giving proper notice? ☐ Yes ☐ No
- 31) Have you ever resigned in lieu of termination? ☐ Yes ☐ No
- 32) 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? ☐ Yes ☐ No
- 33) Were you ever the subject of a written complaint at work? ☐ Yes ☐ No
- 34) Have you ever been counseled at work due to lateness or absences? ☐ Yes ☐ No
- 35) Did you ever receive an unsatisfactory performance review? ☐ Yes ☐ No
- 36) Have you ever been named as a defendant in a work-related civil lawsuit (regardless of outcome)? ☐ Yes ☐ No
- 37) Is there a work-related civil lawsuit pending in which you have been named as a defendant? ☐ Yes ☐ No

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***26) JOB EXPERIENCE *continued***

38) Do you have reason to believe a work-related lawsuit may be filed in the future in which you may be named as a defendant? ☐ Yes ☐ No

39) Have you ever sold, released, or given away confidential information that you did not have authority to disclose? ☐ Yes ☐ No

40) Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ Yes ☐ No
If YES, how many sick days have you used in the past five years which were not due to illness? _____

41) Have you ever viewed pornographic material at your workplace in violation of your employer's policy? ☐ Yes ☐ No

42) Have you ever engaged in sexual activity at work in violation of your employer's policy? ☐ Yes ☐ No

If you answered YES to any of **Questions 27 to 42**, explain (indicate corresponding number & include when, where and circumstances)

43) In the past three years, have you missed days or been late to work due to drug or alcohol consumption? ☐ Yes ☐ No
If yes, how often? _____

44) Has your work performance ever been affected by your use of alcohol or drugs? ☐ Yes ☐ No
When? _____ Name of Employer _____

45) In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? ☐ Yes ☐ No
When? _____ Name of Employer _____

46) PRIOR LAW ENFORCEMENT

- INCLUDES ANY OTHER LAW ENFORCEMENT, FIRE SERVICE, OR PUBLIC SAFETY-TYPE AGENCY (CITY, COUNTY, STATE OR FEDERAL).
- LIST **EVERY** AGENCY YOU HAVE APPLIED TO AND **HAVE ADVANCED BEYOND AN ORAL BOARD** (EG. INITIAL BACKGROUND INVESTIGATION, ETC.) STARTING WITH THE MOST RECENT.
- **ALL AGENCIES MUST BE LISTED** REGARDLESS OF THE OUTCOME OR CURRENT STATUS. CHECK ALL BOXES THAT APPLY FOR EACH AGENCY.
- IF MORE SPACE IS NEEDED, CONTINUE YOUR RESPONSE ON PAGE 27.

A) NAME OF AGENCY			DATE APPLIED
ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
CITY	STATE	ZIP	CONTACT NUMBER ()
POSITION APPLIED FOR			EMAIL
CHECK EACH STEP IN THE PROCESS THAT YOU HAVE COMPLETED, AND YOUR STATUS: STEPS: <input type="checkbox"/> APPLICATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> PHYSICAL AGILITY <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CONDITIONAL JOB OFFER STATUS: <input type="checkbox"/> HIRED <input type="checkbox"/> ON ELIGIBILITY LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED <input type="checkbox"/> OTHER/EXPLAIN:			

B) NAME OF AGENCY			DATE APPLIED
ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
CITY	STATE	ZIP	CONTACT NUMBER ()
POSITION APPLIED FOR			EMAIL
CHECK EACH STEP IN THE PROCESS THAT YOU HAVE COMPLETED, AND YOUR STATUS: STEPS: <input type="checkbox"/> APPLICATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> PHYSICAL AGILITY <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CONDITIONAL JOB OFFER STATUS: <input type="checkbox"/> HIRED <input type="checkbox"/> ON ELIGIBILITY LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED <input type="checkbox"/> OTHER/EXPLAIN:			

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***46) PRIOR LAW ENFORCEMENT *continued***

C) NAME OF AGENCY			DATE APPLIED
ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
CITY	STATE	ZIP	CONTACT NUMBER ()
POSITION APPLIED FOR			EMAIL
CHECK EACH STEP IN THE PROCESS THAT YOU HAVE COMPLETED, AND YOUR STATUS: STEPS: <input type="checkbox"/> APPLICATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> PHYSICAL AGILITY <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CONDITIONAL JOB OFFER STATUS: <input type="checkbox"/> HIRED <input type="checkbox"/> ON ELIGIBILITY LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED <input type="checkbox"/> OTHER/EXPLAIN:			

47) LIST ALL LAW ENFORCEMENT, DEPT. OF CORRECTIONS, DISPATCH, OR FIREFIGHTER AGENCIES THAT YOU HAVE APPLIED TO IN WHICH YOU HAVE NOT PROGRESSED PAST THE WRITTEN EXAM, PHYSICAL ABILITY TEST AND/OR ORAL BOARD. ALL THAT IS NEEDED FOR THESE AGENCIES IS THE AGENCY NAME AND APPROXIMATE DATE OF TESTING.

AGENCY NAME	APPROXIMATE DATE OF TEST (MO/YEAR)	CHECK ALL BOXES THAT APPLY TO ANY ORAL BOARD INVITATION YOU HAVE RECEIVED FROM THIS AGENCY
		<input type="checkbox"/> DID NOT ATTEND <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> RESULTS UNKNOWN
		<input type="checkbox"/> DID NOT ATTEND <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> RESULTS UNKNOWN
		<input type="checkbox"/> DID NOT ATTEND <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> RESULTS UNKNOWN
		<input type="checkbox"/> DID NOT ATTEND <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> RESULTS UNKNOWN
		<input type="checkbox"/> DID NOT ATTEND <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> RESULTS UNKNOWN
		<input type="checkbox"/> DID NOT ATTEND <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> RESULTS UNKNOWN
		<input type="checkbox"/> DID NOT ATTEND <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> RESULTS UNKNOWN
		<input type="checkbox"/> DID NOT ATTEND <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> RESULTS UNKNOWN
		<input type="checkbox"/> DID NOT ATTEND <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> RESULTS UNKNOWN

SECTION 6: MILITARY EXPERIENCE

- 48) If you are an adult and were a US citizen or resident alien on your 18th birthday, you must have registered with the Selective Service within 90 days of your 18th birthday. Have you registered, and can your registration be verified? ☐ Yes ☐ No
If yes, please provide your Selective Service number: _____
If you don't know your Selective Service registration number, and/or want to verify it, you can visit <https://www.sss.gov/Home/Verification>
- 49) Have you ever served in the military? ☐ Yes ☐ No

50) BRANCH OF SERVICE		DATE ENTERED	DATE DISCHARGED
51) TYPE OF DISCHARGE <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTH (OTHER THAN HONORABLE) <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE			
52) RANK AT DISCHARGE	53) HIGHEST RANK HELD	54) RE-ENTRY CODE (1-4) IF APPLICABLE – REFER TO YOUR DD-214	
55) ARE YOU CURRENTLY PARTICIPATING IN ONE OF THE FOLLOWING? <input type="checkbox"/> MILITARY RESERVE <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> N/A		56) IF CHECKED, DATE OBLIGATION ENDS:	

- 57) 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)? ☐ Yes ☐ No
- 58) Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? ☐ Yes ☐ No
- 59) Have you ever taken military property without permission for personal use, to sell, or to give away? ☐ Yes ☐ No

If you answered YES to any of Questions 57 to 59, explain (including dates and circumstances)

--

SECTION 7: FINANCIAL

60) INCOME AND EXPENSES

A) PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING YOUR **MONTHLY** INCOME/PAYMENTS:

YOUR SALARY (GROSS)		REAL ESTATE MORTGAGE PAYMENT	
YOUR SALARY (NET)		RENT PAYMENT	
SPOUSE'S SALARY (GROSS)		AUTO LOAN PAYMENT(S)	
SPOUSE'S SALARY (NET)		OTHER LONG TERM LOAN(S)	
OTHER INCOME		CREDIT CARDS/REVOLVING CREDIT	
OTHER INCOME		CHILD SUPPORT	
TOTAL MONTHLY NET INCOME		OTHER	

B) PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING YOUR **OVERALL** FINANCES:

CHECKING		REAL ESTATE MORTGAGE	
SAVINGS		AUTO LOANS	
PERSONAL PROPERTY		CREDIT CARDS	
REAL ESTATE		STUDENT LOANS	
AUTOMOBILES		OTHER LIABILITIES/LOANS	
OTHER ASSETS		OTHER LIABILITIES/LOANS	
TOTAL ASSETS		TOTAL LIABILITIES	

- 61) Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? ☐ Yes ☐ No
- 62) Have any of your bills ever been turned over to a collection agency? ☐ Yes ☐ No
- 63) Have you ever had purchased goods repossessed? ☐ Yes ☐ No
- 64) Have your wages ever been garnished? ☐ Yes ☐ No
- 65) Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No
- 66) Have you ever failed to file income tax or cheated/lied on an income tax form? ☐ Yes ☐ No
- 67) Have you ever had an employment bond refused? ☐ Yes ☐ No
- 68) Have you ever avoided paying any lawful debt by moving away? ☐ Yes ☐ No
- 69) Have you ever defaulted on (failed to pay) a loan? ☐ Yes ☐ No
- 70) Have you ever borrowed money to pay for a gambling debt? ☐ Yes ☐ No
 If yes, do you currently have any outstanding debts as a result of gambling? ☐ Yes ☐ No
- 71) Have you ever spent money for illegal purposes (eg. illegal drugs, prostitution, purchase of fraudulent documents, etc.)? ☐ Yes ☐ No
- 72) Have you ever failed to make or been late on a court ordered payment (eg. child support, alimony, restitution, etc.)? ☐ Yes ☐ No
- 73) Have you written three or more bad checks in a one year period? ☐ Yes ☐ No

If you answered YES to any of **Questions 61 to 73**, explain (indicate corresponding number; include when, where, and why)

SECTION 6: LEGAL

74) DISCLOSURE OF ARRESTS AND CONVICTIONS

PLEASE DISCLOSE ANY OF THE FOLLOWING WHICH OCCURRED ON OR AFTER YOUR 15TH BIRTHDAY, *EVEN IF THE RECORDS WERE SEALED, EXPUNGED, DISMISSED, OR PARDONED*:

- ALL DETENTIONS OR ARRESTS, WHETHER THEY RESULTED IN A CONVICTION OR NOT
- ALL CONVICTIONS
- ALL DIVERSION PROGRAMS THAT WERE NOT SUCCESSFULLY COMPLETED
- IF MORE SPACE IS NEEDED CONTINUE YOUR RESPONSE ON PAGE 27.

75) **Either as an adult or a juvenile, 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	

76) Have you ever been placed on court probation as an adult? ☐ Yes ☐ No

77) Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? ☐ Yes ☐ No

78) Have you ever been a party in a non-work related civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.) as either a plaintiff or defendant? ☐ Yes ☐ No

79) Have the police ever been called to your home for any reason? ☐ Yes ☐ No

80) Have you or your spouse/partner ever been referred to Child Protective Services? ☐ Yes ☐ No

81) Have you ever been the subject of an emergency protective order/restraining order/stay-away order? ☐ Yes ☐ No

82) 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? ☐ Yes ☐ No

83) Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? ☐ Yes ☐ No

84) Have you ever filed a false insurance or workers' compensation claim? ☐ Yes ☐ No

85) Other than those listed in Question #75 above, will your name appear in any police record system or police report as a VICTIM, WITNESS or SUSPECT? (Do not include when acting in the capacity of paid employment, such as an EMT or store loss prevention officer) ☐ Yes ☐ No

SECTION 6: LEGAL *continued*

74) DISCLOSURE OF ARRESTS AND CONVICTIONS *continued*

86) Are you currently, or have you ever within the past seven years, received unemployment benefits while also receiving other sources of income? ☐ Yes ☐ No

If you answered YES to any of Questions 76 to 86, explain (include court case or document, dates, and circumstances; indicate corresponding number)

87) UNDETECTED ACTS – PART 1

WITHIN THE PAST **SEVEN (7) YEARS OR** AT ANY TIME AFTER YOU WERE FIRST EMPLOYED IN LAW ENFORCEMENT OR THE FIRE SERVICE, HAVE YOU **EVER** COMMITTED ANY OF THE FOLLOWING CRIMES? **NOTE:** YOU MAY NOT WITHHOLD ANY INFORMATION REGARDING YOUR INVOLVEMENT IN ANY OF THE FOLLOWING ACTS, EVEN IF FEDERAL OR STATE LAW RELIEVED YOU FROM REPORTING THE DETENTION, ARREST, OR CONVICTION THAT AROSE FROM IT.

- A) Annoying / obscene phone calls or text messages; cyber bullying ☐ Yes ☐ No
- B) Battery (use of force or violence upon another) ☐ Yes ☐ No
- C) Brandishing a weapon (any type of weapon) ☐ Yes ☐ No
- D) Illegally carrying a concealed weapon ☐ Yes ☐ No
- E) Contributing to the delinquency of a minor; providing alcohol to minors ☐ Yes ☐ No
- F) Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) ☐ Yes ☐ No
- G) Driving under the influence of alcohol and/or drugs ☐ Yes ☐ No
- H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) ☐ Yes ☐ No
- I) Hit and run collision (no injuries) ☐ Yes ☐ No
- J) Any hunting and/or fishing violations ☐ Yes ☐ No
- K) Illegal gambling; including online gambling ☐ Yes ☐ No
- L) Impersonating a peace officer (pretending to be a police officer) ☐ Yes ☐ No
- M) Indecent exposure (including flashing or mooning; sex within public view and/or lewd or obscene conduct) ☐ Yes ☐ No
- N) Joyriding (using a car or other vehicle without owner's permission) ☐ Yes ☐ No
- O) Petty theft (value up to \$1,000, including shoplifting/switching price tags) ☐ Yes ☐ No
- P) Possession of alcohol as a minor ☐ Yes ☐ No
- Q) Possession of falsified or altered identification, including use of another person's ID (for any reason) ☐ Yes ☐ No
- R) Possession of stolen property (including vehicles but not limited to vehicles, credit/debit cards, etc.) ☐ Yes ☐ No
- S) Prostitution or soliciting a prostitute (including but not limited to patronizing illegal massage parlors) ☐ Yes ☐ No
- T) Resisting arrest (including but not limited to running from the police and/or delaying or obstructing an officer) ☐ Yes ☐ No
- U) Trespassing ☐ Yes ☐ No
- V) Vandalism (including but not limited to "tagging," malicious mischief and/or property damage) ☐ Yes ☐ No
- W) Intentionally writing a bad check ☐ Yes ☐ No
- X) Filing a false police report ☐ Yes ☐ No

SECTION 6: LEGAL *continued***87) UNDETECTED ACTS – PART 1 *continued***

- Y) Any other act amounting to a misdemeanor within the past seven years ☐ Yes ☐ No
- Z) Cruelty to animals, Animal abuse or neglect ☐ Yes ☐ No
- AA) Street racing, Reckless driving ☐ Yes ☐ No

If you answered YES to any item(s) in **Question 87**, fully explain circumstances including date(s), names of individuals involved, and resolution. Indicate corresponding letter (87-A, etc.) for each explanation.

88) UNDETECTED ACTS – PART 2

AT ANY TIME IN YOUR LIFE, HAVE YOU **EVER** COMMITTED ANY OF THE FOLLOWING? **NOTE:** YOU MAY **NOT** WITHHOLD ANY INFORMATION REGARDING YOUR INVOLVEMENT IN ANY OF THE FOLLOWING ACTS, EVEN IF FEDERAL OR STATE LAW RELIEVED YOU FROM REPORTING THE DETENTION, ARREST, OR CONVICTION THAT AROSE FROM IT.

- A) Arson (intentionally destroying property by setting a fire) ☐ Yes ☐ No
- B) Assault with a deadly weapon ☐ Yes ☐ No
- C) Theft of a vehicle and/or vehicle parts ☐ Yes ☐ No
- D) Burglary (entering a structure or vehicle to commit theft or other crime) ☐ Yes ☐ No
- E) Child molestation (performing unlawful acts with a child, inappropriate touching of a child) ☐ Yes ☐ No
- F) Accessing and/or possessing child pornography ☐ Yes ☐ No
- G) Elder abuse/neglect ☐ Yes ☐ No
- H) Embezzlement (theft of money or other valuables entrusted to you) ☐ Yes ☐ No
- I) Felony drunk driving (involving injuries) ☐ Yes ☐ No
- J) Forcible rape or other act of unlawful intercourse ☐ Yes ☐ No
- K) Forgery (falsifying any type of document, check certificate, license, currency, etc.) ☐ Yes ☐ No
- L) Hit and run (with injuries) ☐ Yes ☐ No
- M) Hate crime ☐ Yes ☐ No
- N) Insurance fraud ☐ Yes ☐ No
- O) Grand theft (value of over \$1,000 or any firearm) ☐ Yes ☐ No
- P) Murder, homicide, or attempted murder ☐ Yes ☐ No
- Q) Perjury (lying under oath) ☐ Yes ☐ No
- R) Possession of an explosive/destructive device ☐ Yes ☐ No
- S) Robbery (theft from another person using a weapon, force, or fear) ☐ Yes ☐ No
- T) Stalking ☐ Yes ☐ No
- U) Blackmail or extortion ☐ Yes ☐ No
- V) Any other act amounting to a felony ☐ Yes ☐ No

SECTION 6: LEGAL *continued***88) UNDETECTED ACTS – PART 2 *continued***

W) Copyright infringement (including illegally downloading or copying software, audio files, movies, digital files, etc.) ☐ Yes ☐ No

X) Illegal sex acts ☐ Yes ☐ No

Y) Fraudulent use of a credit, ATM, debit, and/or check card ☐ Yes ☐ No

If you answered YES to any item(s) in **Question 88**, fully explain circumstances including date(s), names of individuals involved, and resolution. Indicate corresponding letter (87-A, etc.) for each explanation.

89) DISCLOSURE OF CURRENT AND PAST DRUG USE

PLEASE DISCLOSE THE USE OF ANY DRUG, INCLUDING THE UNAUTHORIZED USE OF PRESCRIPTION DRUGS OR OVER-THE-COUNTER DRUGS. YOUR ANSWERS SHOULD INCLUDE, BUT NOT BE LIMITED TO YOUR USE OF ANY OF THE FOLLOWING DRUGS:

FOR THE PURPOSE OF RESPONDING TO THE FOLLOWING QUESTIONS, "ILLEGAL DRUGS" INCLUDE THE UNAUTHORIZED OR ILLEGAL USE OF PRESCRIPTION MEDICATIONS OR OVER THE COUNTER DRUGS; IT ALSO INCLUDES THE ILLEGAL USE OF ANY OTHER SUBSTANCES FOR THE PURPOSE OF GETTING "HIGH".

- | | | |
|--|---|--|
| • AMPHETAMINES/METHAMPHETAMINES (UPPERS, SPEED, CRANK, ETC.) | • GLUE, PAINT OR ANY SUBSTANCE CONTAINING TOLUENE | • PRESCRIPTION DRUGS USED FOR RECREATIONAL PURPOSE |
| • BARBITURATES (DOWNERS) | • HALLUCINOGENS (PEYOTE, LSD, MUSHROOMS) | • Mescaline |
| • COCAINE / CRACK COCAINE | • HASHISH / HASHISH OIL | • MORPHINE |
| • DESIGNER DRUGS (ECSTASY, SYNTHETIC HEROIN, ETC.) | • HEROIN / OPIUM | • PCP / ANGEL DUST |
| • GHB (DATE RAPE DRUG) | • MARIJUANA | • QUaaludes |
| • PRESCRIPTION DRUG(S) NOT PRESCRIBED TO YOU | | • STEROIDS |
| | | • TETRAHYDROCANNABINOL (THC) |

90) ***Within the past six months***, have you used any drug(s) as indicated above? ☐ Yes ☐ No
Most recent date used: _____

If you answered YES to **Question 90**, give details including drug(s) used and circumstances.

91) *Prior to the past six months* (check all that apply)

- ☐ I have ***never*** used, or experimented with, any drug recreationally.
- ☐ I have tried or used one or more drugs, but only under limited circumstances (eg. experimentation, at parties, concerts, special events, etc.)

If you checked the second box, give details including drug(s) used, most recent date used, and circumstances.

92) Have you *ever* engaged in any of the activities listed below for drugs, prescription drugs, narcotics or illegal substances, including marijuana (check all that apply)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Sold | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished/Shared | <input type="checkbox"/> Carried or held for another |
| <input type="checkbox"/> Present when illegal drugs were being used | <input type="checkbox"/> Loaned money to someone else to purchase illegal drugs | <input type="checkbox"/> Traded/Bartered |

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

SECTION 7: MOTOR VEHICLE OPERATION

93) CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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94) LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE

STATE OF ISSUE	TYPE OF LICENSE	LICENSE NUMBER, IF KNOWN	NAME UNDER WHICH LICENSE WAS GRANTED

95) Have you ever been refused a driver's license by any state? ☐ Yes ☐ No

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

--

96) Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

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

--

97) LIST YOUR CURRENT LIABILITY INSURANCE ON YOUR VEHICLE(S)

A) TYPE OF COVERAGE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT		VEHICLE MAKE	YEAR	VEHICLE LICENSE	
INSURANCE COMPANY		POLICY NUMBER		EXPIRES	
CONTACT PHONE ()	ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP	
B) TYPE OF COVERAGE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT		VEHICLE MAKE	YEAR	VEHICLE LICENSE	
INSURANCE COMPANY		POLICY NUMBER		EXPIRES	
CONTACT PHONE ()	ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP	
C) TYPE OF COVERAGE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT		VEHICLE MAKE	YEAR	VEHICLE LICENSE	
INSURANCE COMPANY		POLICY NUMBER		EXPIRES	
CONTACT PHONE ()	ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP	
D) TYPE OF COVERAGE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT		VEHICLE MAKE	YEAR	VEHICLE LICENSE	
INSURANCE COMPANY		POLICY NUMBER		EXPIRES	
CONTACT PHONE ()	ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP	

SECTION 7: MOTOR VEHICLE OPERATION *continued*

98) LIST ALL TRAFFIC CITATIONS, EXCLUDING PARKING CITATIONS, YOU HAVE RECEIVED WITHIN THE PAST TEN YEARS. LIST THE CITATION OR INFRACTION AS ORIGINALLY ISSUED. IF THE CITATION/INFRACTION WAS REDUCED TO A LESSER VIOLATION FOR WHATEVER REASON, PLEASE EXPLAIN BELOW.

A) NATURE OF VIOLATION				LOCATION (STREET)	
CITY	STATE	DATE VIOLATION OCCURRED (MO/YR)	ACTION TAKEN <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> TRAFFIC SCHOOL <input type="checkbox"/> DISMISSED		
B) NATURE OF VIOLATION				LOCATION (STREET)	
CITY	STATE	DATE VIOLATION OCCURRED (MO/YR)	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	DATE VIOLATION OCCURRED (MO/YR)	ACTION TAKEN <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> TRAFFIC SCHOOL <input type="checkbox"/> DISMISSED		

99) 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.)

☐ Failed to appear
 ☐ Failed to complete traffic school
 ☐ Failed to pay the required fine

If checked, explain circumstances

100) Have you been involved as the driver in a motor vehicle accident/collision within the past ten years? ☐ Yes ☐ No

If yes, provide details below.

A) DATE		LOCATION (STREET)		CITY		STATE		ZIP	
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY			AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY		
B) DATE		LOCATION (STREET)		CITY		STATE		ZIP	
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY			AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY		
C) DATE		LOCATION (STREET)		CITY		STATE		ZIP	
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY			AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY		

101) Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☐ No

If yes, give reason

DATE (MO/YR)					LOCATION (STREET)					CITY					STATE					ZIP				
--------------	--	--	--	--	-------------------	--	--	--	--	------	--	--	--	--	-------	--	--	--	--	-----	--	--	--	--

102) Have you ever been refused automobile liability insurance or a bond, or had either of them cancelled? ☐ Yes ☐ No

If yes, give reason

INSURANCE COMPANY																								
DATE (MO/YR)					LOCATION (STREET)					CITY					STATE					ZIP				

SECTION 8: OTHER TOPICS

103) List any friends, roommates, associates or relatives, past and present, which have been convicted of a felony or participated in a criminal act.

A) NAME	RELATIONSHIP TO PERSON
EXPLANATION OF CRIMINAL ACTIVITY IN WHICH THEY ARE/WERE INVOLVED	
B) NAME	RELATIONSHIP TO PERSON
EXPLANATION OF CRIMINAL ACTIVITY IN WHICH THEY ARE/WERE INVOLVED	
C) NAME	RELATIONSHIP TO PERSON
EXPLANATION OF CRIMINAL ACTIVITY IN WHICH THEY ARE/WERE INVOLVED	

104) Have you ever been refused a permit to carry a concealed weapon? ☐ Yes ☐ No

105) 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

106) 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

107) Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ☐ Yes ☐ No

108) Have you ever hit or physically overpowered a spouse or romantic partner? ☐ Yes ☐ No

109) Have you ever been involved in a domestic violence act with a relative, spouse, significant other, romantic partner or domestic partner, including but not limited to, an act of violence, threats, infliction of emotional distress and/or property damage? ☐ Yes ☐ No

110) Do you know of any reason that would disqualify you from being appointed to this job or prevent you from performing the essential duties of the job? ☐ Yes ☐ No

111) Have you ever engaged in sexual abuse inside a prison, jail, juvenile facility, lockup or any other institution where there are inmates being held? ☐ Yes ☐ No

112) Have you ever been convicted of engaging or attempting to engage in sexual activity facilitated by force, implied threats of force or coercion or if the victim did not or was unable to consent? ☐ Yes ☐ No

113) Have you ever been civilly or administratively adjudicated to have engaged in the activities listed in questions 109 or 110? ☐ Yes ☐ No

If you answered YES to any of **Questions 104-113**, fully explain circumstances including date(s), names of individuals involved, and resolution. Indicate corresponding number for each explanation.

114) PLEASE USE THIS SPACE IF THERE IS ANYTHING WE HAVE NOT DISCUSSED WHICH YOU BELIEVE WOULD HAVE AN EFFECT ON YOUR BACKGROUND INVESTIGATION. PLEASE ALSO DESCRIBE, IN DETAIL, ANYTHING ELSE YOU FEEL IS IMPORTANT FOR YOUR BACKGROUND INVESTIGATOR TO KNOW.

SECTION 9: CERTIFICATION

I hereby swear or affirm that there are no willful misrepresentations or omissions in, or falsifications of, the statements and answers in this Personal History Statement. I hereby certify that I have personally completed each page of this form and any supplemental pages(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I am aware that should an investigation disclose such misrepresentations, omissions, or falsifications in any documents I submit, or statements I make as part of the application, testing and/or hiring process, my application will be rejected and I will be disqualified from applying for any future position with the agency or agencies to which I have applied to. If, after my acceptance for employment, subsequent investigation should disclose misrepresentation, omission, or falsification, it will be just cause for my immediate dismissal. I understand that this is a continuing investigation and agree to notify the hiring agency of any information that may reflect any changes or additions in this Personal History Statement.

BY ENTERING YOUR FULL LEGAL NAME HERE, YOU ACKNOWLEDGE AND AGREE TO THE ABOVE CERTIFICATION:

NAME	DATE
------	------

The following section is to be completed at a later date in the presence of a witness/background investigator:

SIGNATURE IN FULL	DATE
SIGNATURE IN FULL	DATE

ADDITIONAL SPACE

- DUPLICATE THIS PAGE AS NEEDED TO INCLUDE ADDITIONAL INFORMATION THAT DOES NOT FIT ELSEWHERE ON THIS FORM (ADDITIONAL FAMILY MEMBERS, SCHOOLS, RESIDENCES, EMPLOYERS, EXPLANATIONS TO QUESTIONS, ETC.)
- **IDENTIFY THE CORRESPONDING QUESTION AND SPECIFIC ITEM BEING REFERENCED.**

ADDITIONAL SPACE

- DUPLICATE THIS PAGE AS NEEDED TO INCLUDE ADDITIONAL INFORMATION THAT DOES NOT FIT ELSEWHERE ON THIS FORM (ADDITIONAL FAMILY MEMBERS, SCHOOLS, RESIDENCES, EMPLOYERS, EXPLANATIONS TO QUESTIONS, ETC.)
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