Application for Employment

**Animal Welfare Supervisor**

Noble Police Department

115 N. 2nd

P.O. Box 557

Noble, OK 73068

Phone: 405-872-9231 Fax: 405-872-7335

INSTRUCTIONS: PRINT THE ANSWERS TO EACH QUESTION CLEARLY AND COMPLETELY. USE ONLY BLACK INK. APPLICATIONS WHICH ARE NOT COMPLETE WILL NOT BE PROCESSED.

**Personal Information**

\**You must be 18 years of age at time of hire to be eligible for this position*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FULL NAME |  |  | | |
| STREET ADDRESS/CITY/STATE |  |  | | |
| MAILING ADDRESS (IF DIFFERENT) |  |  | | |
| HOME PHONE | CELL PHONE | EMAIL | | |
| DATE OF BIRTH | AGE | SEX | | |
| SOCIAL SECURITY # | DRIVER LICENSE # | DRIVER LICENSE STATE | | |
| ANY OTHER IDENTIFYING NUMBERS |  |  | | |
|  | | | |  |
| HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF NOBLE? Yes  IF YES, WHEN AND IN WHAT CAPACITY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HAVE YOU PREVIOUSLY APPLIED WITH THE NOBLE POLICE DEPARTMENT? Yes    IF YES, WHEN?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ARE YOU A UNITED STATES CITIZEN? Yes | | | | No  No  No |

IF NO, DO YOU HAVE THE RIGHT TO WORK IN THE US? EXPLAIN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? Yes No

IF YES, EXPLAIN:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR ANY CRIME? Yes No

IF YES, EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HAVE YOU EVER BEEN LISTED AS A PARTY TO A VICTIM’S PROTECTION ORDER? Yes No

IF YES, EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ARE YOU, OR HAVE YOU EVER BEEN CERTIFIED AS A FULL TIME PEACE OFFICER? Yes No

IF YES, WHERE AND WHEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WHAT EXPERIENCE AND/OR TRAINING DO YOU HAVE RELATED TO THIS CAREER?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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WHERE DID YOU HEAR ABOUT THIS JOB OPENING? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# LIST YOUR CURRENT OR MOST RECENT EMPLOYER INFORMATION IN THE SPACE BELOW

|  |  |
| --- | --- |
| EMPLOYER | ADDRESS/CITY/STATE |
| PHONE | POSITION HELD |
| DATES OF EMPLOYMENT | SUPERVISOR |
| DUTIES AND RESPONSIBILITIES |  |
| REASON FOR LEAVING |  |

# NOBLE POLICE DEPARTMENT

Application for Employment

**STATEMENT OF TRUTH**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CERTIFY THAT THE FACTS GIVEN IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST

OF MY KNOWLEDGE. IN SIGNING THIS STATEMENT, I DO SO WITH THE UDERSTANDING THAT THE TRUTHFULNESS OF ALL STATEMENTS HEREIN WILL BE INVESTIGATED AND IF FOUND INCORRECT, INCOMPLETE, OR MISLEADING, IT MAY RENDER ME INELIGIBLE FOR EMPLOYMENT WITH THE CITY OF NOBLE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF APPLICANT DATE

**AUTHORIZATION TO RELEASE INFORMATION**

I HEREBY AUTHORIZE EDUCATIONAL AND OTHER INSTITUTIONS, MY REFERENCES, MY EMPLOYERS, BUSINESS AND

PROFESSIONAL ASSOCIATES, DOCTORS WHO HAVE TREATED ME AND HOSPITALS WHERE I HAVE BEEN CONFINED, ALL

GOVERNMENT AGENCIES AND INSTRUMENTALITIES AND ALL CONSUMER REPORTING AGENCIES TO RELEASE TO THE CITY OF NOBLE OR ANY OF ITS OFFICERS, ANY INFORMATION, FILES, RECORDS, OR CREDIT REPORTS REQUESTED BY THE CITY OF NOBLE IN CONNNECTION WITH THE PROCESSING OF THIS APPLICATION.

FURTHER, I RELEASE ALL OF SAID INDIVIDUALS AND ORGANIZATIONS FROM LIABILITY TO ME THAT COULD ARISE IN ANY MANNER, CONTRACT OR OTHERWISE, FROM THE ACT OF FURNISHING SAID INFORMATION AND RECORDS TO THE CHIEF OF POLICE OR HIS/HER REPRESENTATIVE, AND THIS SERVES AS A WAIVER OF ANY CONTRACT THAT I HAVE WITH ANY OF THE SAID ORGANIZATIONS OR INDIVIDUALS, AND SERVES AS A WAIVER OF ANY AND ALL LEGAL COMMUNICATION PRIVILEGES THAT I COULD CLAIM.

FURTHER, I APPOINT THE CHIEF OF POLICE OR HIS/HER REPRESENTATIVE AS MY AGENT AND ATTORNEY-IN-FACT FOR SOLE PURPOSE OF COLLECTING INFORMATION FOR PROCESSING MY APPLICATION AND DIRECT THAT HE/SHE BE PERMITTED TO INSPECT ALL OF SAID FILES AND INFORMATION, AND BE PERMITTED TO MAKE COPIES THEREOF AT HIS/HER DISCRETION. THIS REQUEST CAN BE TREATED AS IF I WERE MAKING THE REQUEST IN PERSON.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF APPLICANT DATE

**\****MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC*

*SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY SEAL NOTARY SIGNATURE

CITY OF NOBLE

POLICE DEPARTMENT



PERSONAL HISTORY STATEMENT

FOR SWORN APPLICANTS

## **APPLICANT**

## **BACKGROUND INVESTIGATION PROCEDURES**

The Noble Police Department seeks to employ only those individuals who are most qualified. Towards this effort, we insist upon impeccable moral character, uncompromising integrity, and the possession of certain attributes common to all successful applicants. We have identified those attributes, or job dimensions, which must be met before an applicant may be appointed to a position within our department. The job dimensions for the position for which you have applied are:

1. **Communication Skills**
2. **Problem Solving Ability**
3. **Learning Ability**
4. **Judgment Under Pressure**
5. **Observation Skills**
6. **Willingness to Confront Problems**
7. **Ability to Lead**
8. **Interest In People**
9. **Interpersonal Sensitivity**
10. **Desire For Self Improvement**
11. **Dependability**
12. **Physical Ability**
13. **Integrity/Honesty**
14. **Operation Of Motor Vehicle**
15. **Credibility As A Witness In A Court Of Law**

In an effort to determine your ability to meet these job dimensions, an extensive background investigation will be conducted. This background investigation is a very lengthy process that will verify the information that you provide in your Personal History Statement. A background investigator will contact you, and at that time the investigator will review with you the contents of your completed background packet and then determine if an extensive background investigation will be conducted.

**Be thorough and accurate in the completion of the Personal History Statement; omissions, inaccuracies and/or incomplete information may be cause for rejection from the application process.**

Confidentiality is imperative. Therefore, the findings of the background investigation will only be used to determine your suitability for placement within the Department. The information provided by you, obtained from third party sources (references, employers, co-workers, etc.), or discovered during the investigation will not be released to other persons or agencies unless they present this Department with a signed, notarized release from you. In addition, information we obtain from third party subjects during the course of the investigation will not be released to you at any time. An exception to this confidentiality exists: if it is discovered that you are currently involved in a criminal activity or have committed an undiscovered felony, the law enforcement agency having jurisdiction will be notified.

Enclosed with this correspondence you will find:

1. Authorization to Release Information Form
2. Personal History Statement
3. Required Document List

Complete the **Personal History Statement** using **black ink** and return **all** of these documents as soon as possible to:

Noble Police Department

115 N. 2nd / P.O. Box 557

Noble, OK 73068

## **REQUIRED DOCUMENT LIST**

The below listed documents are to be provided by the applicant. These documents, along with this checklist, must be turned in with the Personal History Statement. Place your initials in the spaces provided to the left of this form to verify the required documents have been obtained. If a particular document does not apply to you, enter “N/A” in the space provided.

**YOU MUST OBTAIN ALL REQUIRED DOCUMENTS OR EXPLAIN IN WRITING WHY YOU DID NOT. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF YOUR APPLICATION.**

\_\_\_\_1. Statement of Truth and Authorization to Release Information Form – \*Notarized\*

\_\_\_\_2. Birth Certificate or other official proof of birth

\_\_\_\_3. High School Diploma/G.E.D. and High School Transcripts

\_\_\_\_4. College Diploma and College Transcripts

\_\_\_\_5. Marriage Certificate for each marriage

\_\_\_\_6. Divorce Decree/Annulment for each incident

\_\_\_\_7. Bankruptcy Documents

\_\_\_\_8. Military Discharge Form DD-214

\_\_\_\_9. Motor Vehicle Accident reports in which you were listed as a driver (within the last 10 years)

\_\_\_\_10. Police reports in which you were arrested, convicted or not convicted

\_\_\_\_11. Other Certificates, Awards or Commendations that you would like to be considered

\_\_\_\_12. Any Temporary Restraining Order or Temporary Protection Order issued on your behalf or against you

CERTIFICATION

I hereby certify that I have read and understood the above information. I further understand that failure to provide the necessary requested documents or offering fictitious/erroneous statements may result in the rejection of my application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

## **INSTRUCTIONS FOR COMPLETING THE**

## **PERSONAL HISTORY STATEMENT**

1. The completion of the Personal History Statement is **mandatory**. Please read all instructions carefully. The ability to follow instructions in an accurate, thorough and timely manner is part of the background investigation process. Rejection from this process may occur if the Personal History Statement is not completed properly.

1. Answer all questions truthfully and completely. Those factors in your background which could be considered negative will be evaluated based on the specific circumstances and facts surrounding the incident. All factors will be scrutinized to determine their degree of relevance to the job dimensions for the position for which you have applied.
2. Any deliberate omission, lie, falsification or fraudulent response will automatically and irrevocably result in your rejection from the background information process and you will not be considered for placement. Ensure all that you read and understand the Penalty and Certification clause on the last page of the Personal History Statement before signing it.
3. Answer **ALL** questions completely. Be sure to include full addresses, zip codes, area codes, etc. If the question does not apply to you, enter **“N/A”** (not applicable) in the appropriate space. If you do not know the answer to the question, enter **“UNK”** (unknown) in the appropriate space. It is **imperative** that you reply to every question in the Personal History Statement. Do not leave blanks. Again, failure to complete the Personal History Statement may cause rejection.
4. If you require more space to answer a question completely, a continuation page has been provided. If this page is not sufficient, attach additional 8-1/2 x 11 inch, white sheets of paper to the back of the Personal History Statement. Be sure to identify which question you are answering by its correct number.
5. Print (do not use cursive) all of your answers in **black ink**.
6. The original Personal History Statement will not be returned to you. Keep a copy for yourself for future reference.

City of Noble Police Department Personal History Statement

Applying Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL**

|  |  |
| --- | --- |
| **NAME:** (Last, First, Middle) | **DATE OF BIRTH:** |
| **Other names you have been known by:** (Nicknames, maiden name, etc.) | **SOCIAL SECURITY NUMBER:** (Disclosure is voluntary, used for  background purposes) |
| **PLACE OF BIRTH:** (City and State) | **SCARS, MARKS, TATTOOS:** (Identification Purposes) |
| **HEIGHT AND WEIGHT:** (Identification Purposes) | **HAIR AND EYE COLOR:** (Identification Purposes) |

**ADDRESSES**

|  |  |
| --- | --- |
| **CURRENT HOME ADDRESS**  **CITY STATE ZIP** | **CURRENT MAILING ADDRESS** (P.O. Box if applicable)  **CITY STATE ZIP** |
| **PREVIOUS ADDRESS**  **CITY STATE ZIP** | **PREVIOUS ADDRESS**  **CITY STATE ZIP** |
| **PREVIOUS ADDRESS**  **CITY STATE ZIP** | **PREVIOUS ADDRESS**  **CITY STATE ZIP** |

**PHONE NUMBERS**

|  |  |
| --- | --- |
| **HOME PHONE:** | **WORK/MESSAGE PHONE:** (Cell phone, pager, etc.) |

**STATUS**

|  |  |
| --- | --- |
| **CURRENT MARITAL STATUS:** (Check One)  **[ ]** **SINGLE [ ] MARRIED [ ] DIVORCED**  **[ ] SEPARATED [ ] WIDOWED** | **SPOUSE NAME:**  **ADDRESS:** **PHONE NUMBER:**  **OCCUPATION:** (Including Address) |

**FORMER SPOUSE(S)**

|  |  |
| --- | --- |
| **NAME:**  **ADDRESS: PHONE NUMBER:** | **NAME:**  **ADDRESS:**  **PHONE NUMBER:** |
| **NAME:**  **ADDRESS: PHONE NUMBER:** | **NAME:**  **ADDRESS:**  **PHONE NUMBER:** |

**LIST OF CHILDREN** (Including adopted and step-children)

|  |  |  |
| --- | --- | --- |
| **NAME** | **AGE** | **ADDRESS** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**FAMILY HISTORY**

|  |  |  |
| --- | --- | --- |
| **FATHER** | **ADDRESS** | **PHONE**  **OCCUPATION** |
| **MOTHER** | **ADDRESS** | **PHONE**  **OCCUPATION** |
| **FATHER-IN-LAW** | **ADDRESS** | **PHONE**  **OCCUPATION** |
| **MOTHER-IN-LAW** | **ADDRESS** | **PHONE**  **OCCUPATION** |
| **STEP-FATHER** | **ADDRESS** | **PHONE**  **OCCUPATION** |
| **STEP-MOTHER** | **ADDRESS** | **PHONE**  **OCCUPATION** |
| **BROTHER/SISTER** | **ADDRESS** | **PHONE**  **OCCUPATION** |
| **BROTHER/SISTER** | **ADDRESS** | **PHONE**  **OCCUPATION** |
| **BROTHER/SISTER** | **ADDRESS** | **PHONE**  **OCCUPATION** |
| **BROTHER/SISTER** | **ADDRESS** | **PHONE**  **OCCUPATION** |
| **BROTHER/SISTER** | **ADDRESS** | **PHONE**  **OCCUPATION** |

**RESIDENCE(S) AND CO-HABITANT(S)** (List all residences for the past 10 years)

|  |  |  |
| --- | --- | --- |
| **Address**  **Co-Habitant(s) name and phone #** | **From:**  **To:**  **Reason For Leaving:** | **[ ] Own [ ] Rent Landlord:**  **Phone #:** |
| **Address**  **Co-Habitant(s) name and phone #** | **From:**  **To:**  **Reason For Leaving:** | **[ ] Own [ ] Rent Landlord:**  **Phone #:** |
| **Address**  **Co-Habitant(s) name and phone #** | **From:**  **To:**  **Reason For Leaving:** | **[ ] Own [ ] Rent Landlord:**  **Phone #:** |
| **Address**  **Co-Habitant(s) name and phone #** | **From:**  **To:**  **Reason For Leaving:** | **[ ] Own [ ] Rent Landlord:**  **Phone #:** |
| **Address**  **Co-Habitant(s) name and phone #** | **From:**  **To:**  **Reason For Leaving:** | **[ ] Own [ ] Rent Landlord:**  **Phone #:** |

**ASSOCIATION WITH PERSONS CONVICTED/CHARGED WITH CRIMES CATEGORIZED**

**AS A FELONY** (List any **family members, friends and acquaintances** that you know to be a **felon, ex-felon or involved in any criminal activity**.)

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **RELATIONSHIP** | **DATE OF LAST CONTACT** |
| **NAME** | **ADDRESS** | **RELATIONSHIP** | **DATE OF LAST CONTACT** |
| **NAME** | **ADDRESS** | **RELATIONSHIP** | **DATE OF LAST CONTACT** |
| **NAME** | **ADDRESS** | **RELATIONSHIP** | **DATE OF LAST CONTACT** |

**PERSONAL REFERENCES** (Please list 5 references that are not relatives)

|  |  |  |
| --- | --- | --- |
| **NAME** | **ADDRESS** | **PHONE OCCUPATION** |
| **NAME** | **ADDRESS** | **PHONE OCCUPATION** |
| **NAME** | **ADDRESS** | **PHONE OCCUPATION** |
| **NAME** | **ADDRESS** | **PHONE OCCUPATION** |
| **NAME** | **ADDRESS** | **PHONE OCCUPATION** |

**EDUCATION** (College, Technical, and High School)

|  |  |  |  |
| --- | --- | --- | --- |
| **HIGH SCHOOL** | **ADDRESS** | **DATES ATTENDED**  **TO:**  **FROM:** | **SCHOOL REFERENCES** |
| **COLLEGE** | **ADDRESS** | **DATES ATTENDED**  **TO:**  **FROM:** | **SCHOOL REFERENCES** |
| **COLLEGE** | **ADDRESS** | **DATES ATTENDED**  **TO:**  **FROM:** | **SCHOOL REFERENCES** |
| **COLLEGE** | **ADDRESS** | **DATES ATTENDED**  **TO:**  **FROM:** | **SCHOOL REFERENCES** |
| **TECHNICAL SCHOOL** | **ADDRESS** | **DATES ATTENDED**  **TO:**  **FROM:** | **SCHOOL REFERENCES** |
| **OTHER** | **ADDRESS** | **DATES ATTENDED**  **TO:**  **FROM:** | **SCHOOL REFERENCES** |

I possess a **4-year** college degree (must attach certified copy) Major/Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I possess a **2-year** college degree (must attach certified copy) Major/Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I possess a **Master’s** degree (must attach certified copy) Major/Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I possess/possessed a **C.L.E.E.T. Certificate** (must attach certified copy). If so:

What State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status: Active or Inactive

Other professional training certificate(s):

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Have you ever been expelled or suspended from a high school or post-secondary school (after high school)?  YES NO \***If yes**, please provide details of the incident(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### MILITARY EXPERIENCE

**Selective Service Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*(18-26 year old males must register, per the U.S. Selective

Service) Date and Address at time of Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Have you ever served in the Armed Forces, National Guard or Military Reserves? YES NO \*(If yes, please answer the information below)  Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of Active Duty service: From:\_\_\_\_\_\_\_\_\_\_\_ To: :\_\_\_\_\_\_\_\_\_\_\_ Requirement dates after active duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type of Discharge: Honorable General Medical Less than honorable \*(Must Provide a DD-214)  Did you ever Receive any Judicial Discipline while in the military? YES NO  \*(If yes, please explain in detail any and all incidents) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**EMPLOYMENT** \*Beginning with your most current employment, list all jobs you have held in the past 10 years. **Part-time, volunteer and temporary work should also be included. Periods or unemployment must also be identified.**

|  |  |  |
| --- | --- | --- |
| **NAME OF EMPLOYER** | **ADDRESS OF EMPLOYER** | **PHONE NUMBER (CURRENT)** |
| **POSITION/TITLE** | **FROM:**  **TO:** | **SUPERVISOR** |
| **CO-WORKER/ADDRESS/PHONE #** | **CO-WORKER/ADDRESS/PHONE #** | **CO-WORKER/ADDRESS/PHONE #** |
| **[ ] FULL TIME** | **[ ] PART TIME** | **[ ] TEMPORARY [ ] VOLUNTEER** |
| **REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

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| **NAME OF EMPLOYER** | **ADDRESS OF EMPLOYER** | **PHONE NUMBER (CURRENT)** |
| **POSITION/TITLE** | **FROM:**  **TO:** | **SUPERVISOR** |
| **CO-WORKER/ADDRESS/PHONE #** | **CO-WORKER/ADDRESS/PHONE #** | **CO-WORKER/ADDRESS/PHONE #** |
| **[ ] FULL TIME** | **[ ] PART TIME** | **[ ] TEMPORARY [ ] VOLUNTEER** |
| **REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

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| **NAME OF EMPLOYER** | **ADDRESS OF EMPLOYER** | **PHONE NUMBER (CURRENT)** |
| **POSITION/TITLE** | **FROM:**  **TO:** | **SUPERVISOR** |
| **CO-WORKER/ADDRESS/PHONE #** | **CO-WORKER/ADDRESS/PHONE #** | **CO-WORKER/ADDRESS/PHONE #** |
| **[ ] FULL TIME** | **[ ] PART TIME** | **[ ] TEMPORARY [ ] VOLUNTEER** |
| **REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

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| **NAME OF EMPLOYER** | **ADDRESS OF EMPLOYER** | **PHONE NUMBER (CURRENT)** |
| **POSITION/TITLE** | **FROM:**  **TO:** | **SUPERVISOR** |
| **CO-WORKER/ADDRESS/PHONE #** | **CO-WORKER/ADDRESS/PHONE #** | **CO-WORKER/ADDRESS/PHONE #** |
| **[ ] FULL TIME** | **[ ] PART TIME** | **[ ] TEMPORARY [ ] VOLUNTEER** |
| **REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

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| **NAME OF EMPLOYER** | **ADDRESS OF EMPLOYER** | **PHONE NUMBER (CURRENT)** |
| **POSITION/TITLE** | **FROM:**  **TO:** | **SUPERVISOR** |
| **CO-WORKER/ADDRESS/PHONE #** | **CO-WORKER/ADDRESS/PHONE #** | **CO-WORKER/ADDRESS/PHONE #** |
| **[ ] FULL TIME** | **[ ] PART TIME** | **[ ] TEMPORARY [ ] VOLUNTEER** |
| **REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

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| Have you ever been **fired** or **asked to resign** from any place of employment? YES NO  \***If yes**, please give details to include when, name of employer and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| May we contact your present employer during the course of the background investigation? YES NO  \***If no,** when should contact be made? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Have you ever received any **documented reprimands** or **write-ups** from an employer? YES NO  please list when, circumstances and employer (if additional space is required please attach to this application) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**LEGAL** \*If you have ever been **arrested, taken in physical custody or convicted of any crime as an adult or juvenile**, please indicate this below in the boxes provided. **Exclude traffic citations.**

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| --- | --- | --- | --- |
| **DATE** | **AGENCY/LOCATION** | **CHARGE** | **DISPOSITION** |
| **DATE** | **AGENCY/LOCATION** | **CHARGE** | **DISPOSITION** |
| **DATE** | **AGENCY/LOCATION** | **CHARGE** | **DISPOSITION** |

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| Have you been placed on court probation as an adult? YES NO  \***If yes**, list all details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Have you ever been involved as a plaintiff or defendant in a civil court action? YES NO  \***If yes**, please give details to include date, name of court and circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Have you ever been a Temporary Restraining Order? YES NO  \***If yes**, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**OTOR VEHICLE OPERATION and DRIVER’S LICENSE INFORMATION**

An investigation of all applicants who have applied for a position with this agency will have a records check conducted regarding their driving history. Please supply the following information:

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| **CURRENT DRIVER’S LICENSE NUMBER AND STATE:** | **NAME UNDER WHICH LICENSE WAS ISSUED:** |

Please list other states in which you have been licensed to operate a motor vehicle:

|  |  |
| --- | --- |
| **CURRENT DRIVER’S LICENSE NUMBER AND STATE:** | **NAME UNDER WHICH LICENSE WAS ISSUED:** |
| **CURRENT DRIVER’S LICENSE NUMBER AND STATE:** | **NAME UNDER WHICH LICENSE WAS ISSUED:** |
| **CURRENT DRIVER’S LICENSE NUMBER AND STATE:** | **NAME UNDER WHICH LICENSE WAS ISSUED:** |

Please list all vehicles registered to you and/or your spouse:

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| --- | --- | --- | --- |
| **YEAR** | **MAKE** | **MODEL** | **VEHICLE ID NUMBER (VIN)** |
| **YEAR** | **MAKE** | **MODEL** | **VEHICLE ID NUMBER (VIN)** |
| **YEAR** | **MAKE** | **MODEL** | **VEHICLE ID NUMBER (VIN)** |

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| Have you ever been refused a driver’s license by any state? YES NO  \***If yes**, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Has your driver’s license ever been suspended or revoked or placed in a negligent operator’s probation or restriction?  YES NO  \***If yes**, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please list all **traffic citations** you have received as an adult (after the age of 18):

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Please list all **motor vehicle accidents** in which you have been involved as a driver that occurred within the last 10 years:

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| --- | --- | --- | --- |
| DATE | LOCATION (CITY) | INVESTIGATING AGENCY | WERE YOU FOUND AT FAULT?  [ ] YES [ ] NO |
| DATE | LOCATION (CITY) | INVESTIGATING AGENCY | WERE YOU FOUND AT FAULT?  [ ] YES [ ] NO |
| DATE | LOCATION (CITY) | INVESTIGATING AGENCY | WERE YOU FOUND AT FAULT?  [ ] YES [ ] NO |
| DATE | LOCATION (CITY) | INVESTIGATING AGENCY | WERE YOU FOUND AT FAULT?  [ ] YES [ ] NO |

**FINANCIAL**

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| Have you ever filed for or **declared bankruptcy**? YES NO  \***If yes**, please provide paperwork and an explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Within the last seven (7) years, have any of your bills ever been turned over to a collection agency? YES NO  \* **If yes**, please give details and documentation regarding any collections to include when, where and why: \_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Within the last seven (7) years, have you ever had purchased goods repossessed? YES NO \* **If yes**, please give details of the circumstances to include when, where and why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Within the last seven (7) years, have your wages ever been garnished? YES NO \* **If yes**, please give details to include when, where and why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Do you currently pay child support? YES NO \* **If yes**, please give details to include when, where and why:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Have you ever been delinquent on child support, income tax or other tax payments? YES NO \* **If yes**, please give details to include when, where and why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**GENERAL INFORMATION**

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| Have you ever applied for a permit to carry a concealed firearm (CCW permit) or any other weapon? YES NO  \* **If yes**, please provide the name of the Law Enforcement Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ARE YOU WILLING TO WORK ALL HOURS OF THE DAY, ALL DAYS OF THE WEEK, HOLIDAYS AND OVERTIME WHEN ASSIGNED? YES NO**

**DRUG QUESTIONNAIRE**

Have you ever used, tried, experimented, injected, ingested or in any way introduced into your body any illegal controlled substance? YES NO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE OF DRUG** | **YES OR NO** | **DATE FIRST USED** | **DATE LAST USED** | **APPROX. TIMES USED** |
| MARIJUANA | [ ] YES [ ] NO |  |  |  |
| HASH, HASHISH OIL | [ ] YES [ ] NO |  |  |  |
| COCAINE | [ ] YES [ ] NO |  |  |  |
| CRACK, ROCK, ICE | [ ] YES [ ] NO |  |  |  |
| Barbituates, Hypnotics, or other "Downers" | [ ] YES [ ] NO |  |  |  |
| Amphetamines (Cross tops, Whites, Bennies, "Uppers") | [ ] YES [ ] NO |  |  |  |
| Methamphetamines (Speed, Crank) | [ ] YES [ ] NO |  |  |  |
| LSD or other Hallucinogens | [ ] YES [ ] NO |  |  |  |
| PCP (Angel Dust, Sherm) | [ ] YES [ ] NO |  |  |  |
| Heroin or other Opiates | [ ] YES [ ] NO |  |  |  |
| Steroids | [ ] YES [ ] NO |  |  |  |
| Pharmaceutical drugs not prescribed for you | [ ] YES [ ] NO |  |  |  |
| Other controlled substances | [ ] YES [ ] NO |  |  |  |

**DRUG USE QUESTIONNAIRE (CONTINUED)**

1. Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body? YES NO
2. Have you introduced into your body a substance, which you thought was an illegal drug and then found out it was not? YES NO
3. Have you ever injected an illegal drug into your body? YES NO
4. Have you ever sold or purchased any illegal drug? YES NO
5. Have you ever participated in the manufacture, cultivation, or production of any illegal drug, narcotic or controlled substance? YES NO
6. Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance? YES NO
7. Have you ever acted as a middle man, go-between, or “done a favor for a friend” by becoming involved in any illegal drug transaction? YES NO
8. Have you ever told anyone where to purchase illegal drugs? YES NO
9. Have you ever temporarily stored or “held” any illegal drug, narcotic or controlled substance? YES NO
10. Have you ever had illegal drugs in your possession while at work? YES NO
11. Have you ever bought or sold any illegal drugs at work? YES NO
12. Are any illegal drugs presently in your home or car? YES NO

**If you answered yes to any of the above questions, please give details and circumstances on the next page of this Personal History Statement.**

**DRUG USE QUESTIONNAIRE (CONTINUED)**

Explain any “yes” answers from page 26 (Drug Use Questionnaire) in detail below, to include when, where, and what kind of drug, how taken and detailed circumstances surrounding any and all situations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTES PAGE**

Please respond here to questions you did not have enough room for. Be sure to identify the question(s) you are responding to.

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**WRITTEN NARRATIVE**

Please complete this page in your own handwriting.

**Question:** “What do you know about the position you are applying for and where can you make the greatest

contribution?” (Limit your answers to this page only)

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**PENALTY AND CERTIFICATION**

**I HEREBY CERTIFY THERE ARE NOT WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE**

**FOREGOING STATEMENTS AND ANSWERS TO THE QUESTIONS. ALL STATEMENTS AND ANSWERS ARE TRUE AND**

**CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSIFYING, WITHHOLDING OR FAILING TO ANSWER ANY AND ALL QUESTIONS COMPLETELY AND ACCURATELY MAY CAUSE REJECTION FROM CONSIDERATION FOR THE POSITION TO WHICH I AM APPLYING.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_