# Canton, Missouri Police Department

## EMPLOYMENT APPLICATION AND BACKGROUND STATEMENT

**DATE OF APPLICATION: _____**

### Applicant Instructions

- The Information you provide in this application will be used in the background Investigation to assist in determining your suitability for the position.
- Type or neatly print, In Ink, responses to all Items and questions. If a question does not apply to you, write **"N/A"** (not applicable) In the space provided for your response. If you cannot obtain or remember certain Information, Indicate so in your response,
- If you need more space for any response, use the last page of this form (page 24) and identify the additional Information by the question number,

### Disqualification

There are very few ***automatic*** bases for reject1on, Even Issues of prior misconduct, such as prior Illegal drug use, driving under the Influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason Individuals "fall" background Investigations Is because they deliberately withhold or misrepresent job-relevant Information from their prospective employer.

**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.



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 1: PERSONAL

**1. YOUR FULL NAME**

LAST FIRST MIDDLE

**2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY:**

**3. ADDRESS WHERE YOU RESIDE**

NUMBER / STREET APT / UNIT

CITY STATE ZIP

**4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE**

**5. CONTACT NUMBERS**

HOME CELL

**6. EMAIL ADDRESS**

HOME BUSINESS

**7. Are you a citizen of the United States?** ☐ Yes ☐ No

If not, do you have a work Visa? ☐ Yes ☐ No

**8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)**

**9. Social Security Number**

**10. DRIVER'S LICENSE** ( NO./ STATE/EXP)

**11. PHYSICAL DESCRTIPTION**

HEIGHT WEIGHT HAIR COLOR EYE COLOR

If previously employed, was it under your previous name? ☐ Yes ☐ No

If no, please list other names and companies worked under those names: _____

_____

Are you related to anyone who is employed by the City of Canton? ☐ Yes ☐ No

If yes, please list all who are currently employed by the City of Canton in any way: _____

_____

Have you ever been employed by the City of Canton? ☐ Yes ☐ No

If yes, when: _____

Have you ever received Workman's Compensation for any on the job injury? ☐ Yes ☐ No

If yes, please describe: _____

_____

**12. Date Available:**

Do you restrict your availability to specific hours? ☐ Yes ☐ No

If yes, specify hours:_____



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 2: RELATIVES

**13. 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.

☐ N/A **A. FATHER**

| NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| HOME PHONE | WORK ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| WORK PHONE | CELL PHONE | EMAIL |
|---|---|---|
| | | |

☐ N/A **B. STEP-FATHER**

| NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| HOME PHONE | WORK ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| WORK PHONE | CELL PHONE | EMAIL |
|---|---|---|
| | | |

☐ N/A **C. MOTHER**

| NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| HOME PHONE | WORK ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| WORK PHONE | CELL PHONE | EMAIL |
|---|---|---|
| | | |

☐ N/A **D. STEP-MOTHER**

| NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| HOME PHONE | WORK ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| WORK PHONE | CELL PHONE | EMAIL |
|---|---|---|
| | | |

☐ N/A **E. SPOUSE / DOMESTIC PARTNER**

| NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| HOME PHONE | WORK ADDRESS (NUMBER / 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? ☐ Yes ☐ No |
|---|---|
| | |



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 2: RELATIVES *continued*

**13. IMMEDIATE FAMILY *continued***

☐ N/A **F. FORMER SPOUSE(S) / FORMER DOMESTIC PARTNER(S)**

| | | | | | |
|---|---|---|---|---|---|
| 1) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | WORK ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | YEAR OF DISSOLUTION | Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No | | | |
| 2) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | WORK ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | YEAR OF DISSOLUTION | Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No | | | |

☐ N/A **G. CHILDREN**

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who resides with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

| | | | | | |
|---|---|---|---|---|---|
| 1) NAME | | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) | | | |
| ☐ M ☐ F | CHILD'S AGE | ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | | CONTACT NUMBER | EMAIL | | |
| 2) NAME | | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) | | | |
| ☐ M ☐ F | CHILD'S AGE | ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | | CONTACT NUMBER | EMAIL | | |
| 3) NAME | | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) | | | |
| ☐ M ☐ F | CHILD'S AGE | ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | | CONTACT NUMBER | EMAIL | | |
| 4) NAME | | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) | | | |
| ☐ M ☐ F | CHILD'S AGE | ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | | CONTACT NUMBER | EMAIL | | |
| 5) NAME | | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) | | | |
| ☐ M ☐ F | CHILD'S AGE | ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | | CONTACT NUMBER | EMAIL | | |



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 3: REFERENCES

**14. REFERENCES**

| | | | | | |
|---|---|---|---|---|---|
| A) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | WORK ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE; FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | HOW LONG HAVE YOU KNOWN THIS PERSON? | | |
| B) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | WORK ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE; FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | HOW LONG HAVE YOU KNOWN THIS PERSON? | | |
| C) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | WORK ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE; FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | HOW LONG HAVE YOU KNOWN THIS PERSON? | | |
| D) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | WORK ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE; FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | HOW LONG HAVE YOU KNOWN THIS PERSON? | | |
| E) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | WORK ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE; FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | HOW LONG HAVE YOU KNOWN THIS PERSON? | | |
| F) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | WORK ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE; FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | HOW LONG HAVE YOU KNOWN THIS PERSON? | | |



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## SECTION 4: EDUCATION

**NOTE:** You will be required to furnish transcripts, or other proof to support all of your education.

**15. CHECK APPLICABLE:** ☐ High School Diploma from accredited U.S. Institute ☐ GED

**16. LIST HIGH SCHOOLS ATTENDED:**

| A) NAME | FROM | TO | DID YOU GRADUATE? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| CITY | | STATE | |

| B) NAME | FROM | TO | DID YOU GRADUATE? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| CITY | | STATE | |

**17. LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:**

| A) NAME | FROM | TO | DID YOU GRADUATE? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| CITY | | STATE | |

| B) NAME | FROM | TO | DID YOU GRADUATE? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| CITY | | STATE | |

| C) NAME | FROM | TO | DID YOU GRADUATE? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| CITY | | STATE | |

**18. LIST ANY TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE ATTENDED:**

| A) NAME | FROM | TO | DID YOU COMPLETE THE COURSE? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| TYPE OF SCHOOL OR TRAINING | CITY | STATE | |

| B) NAME | FROM | TO | DID YOU COMPLETE THE COURSE? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| TYPE OF SCHOOL OR TRAINING | CITY | STATE | |

| C) NAME | FROM | TO | DID YOU COMPLETE THE COURSE? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| TYPE OF SCHOOL OR TRAINING | CITY | STATE | |



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 4: EDUCATION *continued*

**19. HAVE YOU EVER ATTENDED A POST BASIC ACADEMY** . . . . . ☐ Yes ☐ No

If yes, provide the following information: _____

_____

| A) ACADEMY NAME | FROM | TO | DID YOU GRADUATE? ☐ Yes ☐ No |
|---|---|---|---|
| | | | |

| LOCATION (CITY/STATE) | NAME OF TRAINING OFFICER / ACADEMY COORDINATOR | CONTACT NUMBER |
|---|---|---|
| | | |

| B) ACADEMY NAME | FROM | TO | DID YOU GRADUATE? ☐ Yes ☐ No |
|---|---|---|---|
| | | | |

| LOCATION (CITY/STATE) | NAME OF TRAINING OFFICER / ACADEMY COORDINATOR | CONTACT NUMBER |
|---|---|---|
| | | |

**20. HAVE YOU EVER BEEN PLACED ON ACADEMIC DISCIPLINE, SUSPENDED, OR EXPELLED FROM ANY HIGH SCHOOL, COLLEGE/UNIVERSITY, OR 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.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 5: RESIDENCE

**21. LIST OF RESIDENCES**

- List all residences during the last ten years or since age 15. 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.

| A) ADDRESS WHERE YOU NOW LIVE (NUMBER/STREET/APT) | | | FROM | TO **PRESENT** |
|---|---|---|---|---|
| CITY | STATE | ZIP | IF RENTING, PROPERTY NAMAGER, RENT COLLECTOR, OR OWNER | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT) | | | CONTACT NUMBER | |
| CITY | STATE | ZIP | EMAIL | |
| Names of those with whom you live: | | | | |

| B) FORMER ADDRESS WHERE YOU LIVED (NUMBER/STREET/APT) | | | FROM | TO |
|---|---|---|---|---|
| CITY | STATE | ZIP | IF RENTING, PROPERTY NAMAGER, RENT COLLECTOR, OR OWNER | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT) | | | CONTACT NUMBER | |
| CITY | STATE | ZIP | EMAIL | |
| Reason for moving: | | | | |

| C) FORMER ADDRESS WHERE YOU LIVED (NUMBER/STREET/APT) | | | FROM | TO |
|---|---|---|---|---|
| CITY | STATE | ZIP | IF RENTING, PROPERTY NAMAGER, RENT COLLECTOR, OR OWNER | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT) | | | CONTACT NUMBER | |
| CITY | STATE | ZIP | EMAIL | |
| Reason for moving: | | | | |

**22. HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE A RESIDENCE?** ☐ Yes ☐ No

**23. HAVE YOU EVER LEFT A RESIDENCE OWING RENT?** ☐ Yes ☐ No

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

_____

_____

_____



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 6: EXPERIENCE AND EMPLOYMENT

**24. JOB EXPERIENCE**

- List ALL jobs you have had, including part-time, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 25.
- 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.

| A) NAME OF EMPLOYER OR MILITARY UNIT | | | FROM | TO |
|---|---|---|---|---|
| ADDRESS (NUMBER / STREET OR BASE) | | | SUPERVISOR | |
| CITY | STATE | ZIP | CONTACT NUMBER | |
| JOB TITLE | SALARY: BEGINNING | | SALARY: ENDING | |
| DUTIES / ASSIGNMENTS | | | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employment ☐ Volunteer | |
| NAMES OF CO-WORKERS 1) | 2) | | REASON FOR WANTING TO LEAVE | |
| Would there be a problem if we contact your current employer? ☐ Yes ☐ No | IF YES, EXPLAIN | | | |
| PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other | | | FROM | TO |

| B) NAME OF EMPLOYER OR MILITARY UNIT | | | FROM | TO |
|---|---|---|---|---|
| ADDRESS (NUMBER / STREET OR BASE) | | | SUPERVISOR | |
| CITY | STATE | ZIP | CONTACT NUMBER | |
| JOB TITLE | SALARY: BEGINNING | | SALARY: ENDING | |
| DUTIES / ASSIGNMENTS | | | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employment ☐ Volunteer | |
| NAMES OF CO-WORKERS 1) | 2) | | REASON FOR WANTING TO LEAVE | |
| Would there be a problem if we contact your current employer? ☐ Yes ☐ No | IF YES, EXPLAIN | | | |
| PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other | | | FROM | TO |

| C) NAME OF EMPLOYER OR MILITARY UNIT | | | FROM | TO |
|---|---|---|---|---|
| ADDRESS (NUMBER / STREET OR BASE) | | | SUPERVISOR | |
| CITY | STATE | ZIP | CONTACT NUMBER | |
| JOB TITLE | SALARY: BEGINNING | | SALARY: ENDING | |
| DUTIES / ASSIGNMENTS | | | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employment ☐ Volunteer | |
| NAMES OF CO-WORKERS 1) | 2) | | REASON FOR WANTING TO LEAVE | |
| Would there be a problem if we contact your current employer? ☐ Yes ☐ No | IF YES, EXPLAIN | | | |



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 6: EXPERIENCE AND EMPLOYMENT *continued*

D) NAME OF EMPLOYER OR MILITARY UNIT | FROM | TO

ADDRESS (NUMBER / STREET OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER

JOB TITLE | SALARY: BEGINNING | SALARY: ENDING

DUTIES / ASSIGNMENTS | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employment ☐ Volunteer

NAMES OF CO-WORKERS 1) 2) | REASON FOR WANTING TO LEAVE

PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other | FROM | TO

E) NAME OF EMPLOYER OR MILITARY UNIT | FROM | TO

ADDRESS (NUMBER / STREET OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER

JOB TITLE | SALARY: BEGINNING | SALARY: ENDING

DUTIES / ASSIGNMENTS | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employment ☐ Volunteer

NAMES OF CO-WORKERS 1) 2) | REASON FOR WANTING TO LEAVE

PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other | FROM | TO

F) NAME OF EMPLOYER OR MILITARY UNIT | FROM | TO

ADDRESS (NUMBER / STREET OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER

JOB TITLE | SALARY: BEGINNING | SALARY: ENDING

DUTIES / ASSIGNMENTS | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employment ☐ Volunteer

NAMES OF CO-WORKERS 1) 2) | REASON FOR WANTING TO LEAVE

PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other | FROM | TO

**25. HAVE YOU EVER BEEN DISCIPLINED AT WORK?** (This includes written warnings, formal letters of counseling, reprimands, Suspensions, reductions in pay, reassignment or demotions) . . . . . ☐ Yes ☐ No

**26. HAVE YOU EVER BEEN FIRED, RELEASED FROM PROBATION, OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT** . . . . . ☐ Yes ☐ No

**27. WERE YOU EVER INVOLVED IN A PHYSICAL / VERBAL ALTERCATION WITH A SUPERVISOR, CO-WORKER, OR CUSTOMER?** . . . . . ☐ Yes ☐ No



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 6: EXPERIENCE AND EMPLOYMENT *continued*

**28. HAVE YOU EVER QUIT WITHOUT GIVING PROPER NOTICE?** ☐ Yes ☐ No

**29. HAVE YOU EVER RESIGNED IN LIEU OF TERMINATION?** ☐ Yes ☐ No

**30. HAVE YOU EVER BEEN ACCUSED OF DISCIMINATION?** (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer ☐ Yes ☐ No

**31. WERE YOU EVER THE SUBJECT OF A WRITTEN COMPLAINT AT WORK?** ☐ Yes ☐ No

**32. HAVE YOU EVER BEEN COUNSELED AT WORK DUE TO LATENESS OR ABSENCE?** ☐ Yes ☐ No

**33. Did you ever receive an unsatisfactory performance review?** ☐ Yes ☐ No

**34. HAVE YOU EVER SOLD, RELEASED, OR GIVEN AWAY LEGALLY CONFIDENTIAL INFORMATION?** ☐ Yes ☐ No

**35. HAVE YOU EVER CALLED IN SICK WHEN 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? _____

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

_____

_____

_____

**36. IN THE PST THREE YEARS, HAVE YOU MISSED DAYS OR BEEN LATE TO WORK DUE TO DRUG OR ALCOHOL CONSUMPTION?** ☐ Yes ☐ No

If yes, how often?

**37. HAS YOUR WORK PERFORMANCE EVER BEEN AFFECTED BY YOUR USE OF ALCOHOL OR DRUGS?** ☐ Yes ☐ No

| WHEN? | NAME OF EMPLOYER |
|---|---|
| | |

**38. 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 |
|---|---|
| | |

**39. HAVE YOU EVER APPLIED TO ANY OTHER LAW ENFORCEMENT AGENCY? (city, county, state or federal)** ☐ Yes ☐ No

- If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).
- 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 responses on page 25.

| A) NAME OF AGENCY | | | | FROM APPLIED |
|---|---|---|---|---|
| ADDRESS (NUMBER / STREET OR BASE) | | | BACKGROUND INVESTIGATO'S NAME (IF KNOWN) | |
| CITY | STATE | ZIP | CONTACT NUMBER | EXT |
| POSITION APPLIED FOR | | EMAIL | | |

Check each step in the process that you have completed, and your status:

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 6: EXPERIENCE AND EMPLOYMENT *continued*

**40. HAVE YOU EVER APPLIED TO ANY OTHER LAW ENFORCEMENT AGENCY. . . *continued***

B) NAME OF AGENCY | FROM APPLIED

ADDRESS (NUMBER / STREET OR BASE) | BACKGROUND INVESTIGATO'S NAME (IF KNOWN)

CITY | STATE | ZIP | CONTACT NUMBER | EXT

POSITION APPLIED FOR | EMAIL

Check each step in the process that you have completed, and your status:

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

C) NAME OF AGENCY | FROM APPLIED

ADDRESS (NUMBER / STREET OR BASE) | BACKGROUND INVESTIGATO'S NAME (IF KNOWN)

CITY | STATE | ZIP | CONTACT NUMBER | EXT

POSITION APPLIED FOR | EMAIL

Check each step in the process that you have completed, and your status:

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

D) NAME OF AGENCY | FROM APPLIED

ADDRESS (NUMBER / STREET OR BASE) | BACKGROUND INVESTIGATO'S NAME (IF KNOWN)

CITY | STATE | ZIP | CONTACT NUMBER | EXT

POSITION APPLIED FOR | EMAIL

Check each step in the process that you have completed, and your status:

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified



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## SECTION 7: MILITARY EXPERIENCE

**41. ARE YOU REQUIRED TO REGISTER FOR THE SELECTIVE SERVICE?** ☐ Yes ☐ No

If yes, have you registered? ☐ Yes ☐ No

If no, explain:

| **42. BRANCH OF SERVICE** | **43. DATES OF SERVICE** From To |
|---|---|

**44. TYPE OF DISCHARGE:** ☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable ☐ Bad Conduct ☐ Dishonorable

Re-entry Code (1-4) If applicable - - refer to your DD-214: _____

**45. ARE YOU CURRENTLY PARTICIPATING IN ONE OF THE FOLLOWING?** ☐ Military Reserve ☐ National Guard

If checked, date obligation ends: _____

**46. HAVE YOU EVER BEEN THE SUBJECT OF ANY JYUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION? (such as, court martial, captain's mast, Office hours, company punishment?** ☐ Yes ☐ No

**47. WERE YOU EVER DENIED A SECURITY CLEARANCE, OR HAD A CLEARANCE REVOKED, SUSPENDED OR DOWNGRADED?** ☐ Yes ☐ No

If you answered yes to Questions 46 and/or 47, explain (include dates and circumstances):

_____

_____

_____

_____

## SECTION 8: FINANCIAL

**48. INCOME AND EXPENSES**

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

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

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

If yes, fill in amount: $ _____ per month.

Explain:

C) How much do you spend each month? $ _____ per month.

*Estimate your monthly living expenses; including housing, utilities, credit cards or other loan payments, food, gas and Car maintenance, entertainment, etc., as well as any other obligation(s) you may have.*

**49. HAVE YOU EVER FILED FOR OR DECLARED BANKRUPTCY? (Chapter 7, 11 or 13)** ☐ Yes ☐ No

**50. HAVE ANY OF YOUR BILLS EVER BEEN TURNED OVER TO A COLLECTION AGENCY?** ☐ Yes ☐ No

**51. HAVE YOU EVER HAD PURCHASED GOODS REPOSSESSED?** ☐ Yes ☐ No

**52. HAVE YOUR WAGES EVER BEEN GARNISHED?** ☐ Yes ☐ No

**53. HAVE YOU EVER BEEN DELINQUENT ON INCOME OR THER TAX PAYMENTS?** ☐ Yes ☐ No

**54. HAVE YOU EVERR FAILED TO FILE INCOME TAX OR CHEATED/LIED ON AN INCOME TAX FORM?** ☐ Yes ☐ No

**55. HAVE YOU EVER HAD AN EMPLOYMENT BOND REFUSED?** ☐ Yes ☐ No

**56. HAVE YOU EVER AVOIDED PAYING ANY LAWFUL DEBT BY MOVING AWAY?** ☐ Yes ☐ No

**57. HAVE YOU EVER DEFAULTED ON (FAIL TO PAY) A LOAN?** ☐ Yes ☐ No



Initial this page to Indicate that you have provided complete and accurate Information: _____

**58. 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

**59. HAVE YOU EVER SPENT MONEY ILLEGAL PURPOSES?** (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc) . . . . . ☐ Yes ☐ No

**60. HAVE YOU FAILED TO MAKE OR BEEN LATE ON A COURT-ORDERED PAYMENT?** (e.g., child support, alimony, restitution, etc.) . . ☐ Yes ☐ No

**61. HAVE YOU WRITTEN THREE OR MORE BAD CHECKS IN A ONE-YEAR PERIOD?** . . . . . ☐ Yes ☐ No

If you answered yes to Questions 49 - 61, explain (include when, where, and why, indicate corresponding number):

_____

_____

_____

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## SECTION 9: LEGAL

**DISCLOSURE OF ARREST AND CONVICTIONS:**

As an applicant for a deputy sheriff position, you are required to disclosure any of the following which occurred on other 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 on page 25.

**62. EITHER AS AN ADULT OR A JUVENILE, HAVE YOU EVER BEEN DETAINED FOR INVESTIGATIONS, HELD FOR SUSPICIOUS, QUESTIONED, FINGERPRINTED, ARRESTED, INDICTED, CRIMINALLY CHARTED, OR CONVICTED OF ANY MISDMEANOR OR FELONY OFFENSE IN THIS STATE OR ANY OTHER LEGAL JURISDICITON?** (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 PENTALTY | |

| B) APPROXIMATE DATE | ARRESTING OR DETAINING AGENCY |
|---|---|
| CHARGE | |
| DISPOSITION OR PENTALTY | |



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 9: LEGAL *continued*

| C) APPROXIMATE DATE | ARRESTING OR DETAINING AGENCY |
|---|---|
| CHARGE | |
| DISPOSITION OR PENTALTY | |

| D) APPROXIMATE DATE | ARRESTING OR DETAINING AGENCY |
|---|---|
| CHARGE | |
| DISPOSITION OR PENTALTY | |

**63. HAVE YOU EVER BEEN PLACED ON COURT PROBATION AS AN ADULT?** . . . . . ☐ Yes ☐ No

**64. WERE YOU EVER REQUIRED TO APPEAT BEFORE A JUVENILE COURT FOR AN ACT WHICH WOULD HAVE BEEN A CRIME IF COMMITTED AS AN ADULT?** . . . . . ☐ Yes ☐ No

**65. HAVE YOU EVER BEEN A PARTY IN A CIVIL LAWSUIT?** (e.g., small claims actions, dissolutions, child custody, paternity, Support, etc.) . . . . . ☐ Yes ☐ No

**66. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON?** . . . . . ☐ Yes ☐ No

**67. HAVE YOU OR YOUR PARTNER EVER BEEN REFERRED TO CHILD PROTECTIVE SERVICES?** . . . . . ☐ Yes ☐ No

**68. HAVE YOU EVER BEEN THE SUBJECT OF AN EMERGENCY PROTECTIVE ORDER/RESTRAINING ORDER/STAY-AWAY ORDER?** . . . . . ☐ Yes ☐ No

**69. HAVE YOU EVER SETTLED ANY CIVIL SUITIN WHICH YOU, YOUR INSURANCE COMPANY, OR ANYONE ELSE ON YOUR BEHALF WAS REQUIRED TO MAKE PAYMENT TO THE OTHER PARTY?** . . . . . ☐ Yes ☐ No

**70. HAVE YOU EVER FRAUDULENTLY RECEIVED WELFARE, UNEMPLOYMENT COMPENSATION, WORKER'S COMPENSATION, OR OTHER STATE OR FEDERAL ASSISTANCE?** . . . . . ☐ Yes ☐ No

**71. HAVE YOU EVER FILED A FALSE INSURANCE OR WORKER'S COMPENSATION CLAIMS?** . . . . . ☐ Yes ☐ No

If you answered yes to Questions 63 - 71, explain (include court cases or documents, dates, and circumstances; indicate corresponding number):

_____

_____

_____

_____

_____

_____

**72. UNDETECTED ACTS - PART 1**

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

A). Annoying / obscene phone calls . . . . . ☐ Yes ☐ No

B). Battery (use of force or violence upon another) . . . . . ☐ Yes ☐ No

C). Brandishing a weapon (any type of weapon) . . . . . ☐ Yes ☐ No



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 9: LEGAL *continued*

**72. UNDETECTED ACTS - PART 1 *continued***

| | | |
|---|---|---|
| D). Carrying a concealed weapon without a permit | ☐ Yes | ☐ No |
| E). Contributing to the delinquency of a minor | ☐ Yes | ☐ No |
| F). Defrauding an innkeeper (not paying for food or room at a hotel/motel) | ☐ 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 & run collision (no injuries) | ☐ Yes | ☐ No |
| J). Hunting/fishing without a license | ☐ Yes | ☐ No |
| K). Illegal gambling | ☐ Yes | ☐ No |
| L). Impersonating a peace officer (pretending to be a police officer) | ☐ Yes | ☐ No |
| M). Indecent exposure (including flashing or mooning) | ☐ Yes | ☐ No |
| N). Joyriding (using a car or other vehicle without owner's permission) | ☐ Yes | ☐ No |
| O). Petty theft (value up to $400, including shoplifting/switching price tags) | ☐ Yes | ☐ No |
| P). Possession of alcohol as a minor | ☐ Yes | ☐ No |
| Q). Drunk in public (being so intoxicated in a public place that you're not able to care for yourself | ☐ Yes | ☐ No |
| R). Hit & run collision (no injuries) | ☐ Yes | ☐ No |
| S). Hunting/fishing without a license | ☐ Yes | ☐ No |
| T). Illegal gambling | ☐ Yes | ☐ No |
| U). Impersonating a peace officer (pretending to be a police officer) | ☐ Yes | ☐ No |
| V). Indecent exposure (including flashing or mooning) | ☐ Yes | ☐ No |
| W). Joyriding (using a car or other vehicle without owner's permission) | ☐ Yes | ☐ No |
| X). Petty theft (value up to $400, including shoplifting/switching price tags) | ☐ Yes | ☐ No |
| Y). Possession of alcohol as a minor | ☐ Yes | ☐ No |

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



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 9: LEGAL *continued*

**72. UNDETECTED ACTS - PART 1 *continued***

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

**73. UNDETECTED ACTS - PART 2**

*Any time in your live* have you ever committed any of the following?

| | | |
|---|---|---|
| A). Arson (intentionally destroyed 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) | ☐ 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 & run (with injuries) | ☐ Yes | ☐ No |
| M). Hate crime | ☐ Yes | ☐ No |
| N). Insurance fraud | ☐ Yes | ☐ No |
| O). Grand theft (value of over $400, 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 |

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

_____

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Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 9: LEGAL *continued*

**Questions 74 and 75** ask about your current and past recreational drug use. This covers the use of ***any*** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, ***but not limited to*** your use of any of the following drugs:

* Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc.)
* Barbiturates (Downers)
* Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
* Tetrahydrocannabinol (THC)
* Glue
* Mescaline
* Heroin / Opium
* PCP / Angel Dust
* Steroids
* Hashish / Hashish Oil
* Cocaine / Crank Cocaine
* Hallucinogens (Peyote, LSD, Mushrooms)
* GHB (Date Rape Drug)
* Marijuana
* Morphine
* Marijuana
* Quaaludes

**74. WITHIN THE PAST SIX MONTHS, HAVE YOU USED ANY DRUG(S) AS INDICATED ABOVE?** ..... ☐ Yes ☐ No

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

_____

_____

_____

_____

_____

_____

_____

_____

**75. Prior to the past six months (check all that apply):**

☐ I have ***never*** used any drug recreationally.

☐ I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.)

If checked, give details including **drug(s) used**, **most recent date used**, and **circumstances**.

_____

_____

_____

_____

_____

_____

_____

_____



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 10: MOTOR VEHICLE OPERATIONS

| 76. CURRENT DRIVER'S LICENSE NUMBER | STATE OF ISSUE | EXPIRATION DATE | NAME UNDER WHICH LICENSE WAS GRANTED |
|---|---|---|---|
| | | | |

**77. LIST OTHER STATES WHERE YOU HAVE BEEN LICESED TO OPERATE A MOTOR VEHICLE:**

| State of issue | Type of license | Name under which license was granted and license number, if know |
|---|---|---|
| | | |
| | | |
| | | |

**78. HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE?** ☐ Yes ☐ No

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

_____

_____

_____

**79. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?** ☐ Yes ☐ No

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

_____

_____

_____

**80. LIST YOUR CURRENT LIABILITY INSURANCE ON YOUR VEHICLE(S):**

| A) TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ Cash Deposit | VEHICLE MAKE | YEAR | VEHICLE LICENSE |
|---|---|---|---|
| INSURANCE COMPANY | POLICY NUMBER | | EXPIRES |
| ADDRESS (NUMBER / STREET) | CITY | STATE ZIP | CONTACT NUMBER |

| B) TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ Cash Deposit | VEHICLE MAKE | YEAR | VEHICLE LICENSE |
|---|---|---|---|
| INSURANCE COMPANY | POLICY NUMBER | | EXPIRES |
| ADDRESS (NUMBER / STREET) | CITY | STATE ZIP | CONTACT NUMBER |

| C) TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ Cash Deposit | VEHICLE MAKE | YEAR | VEHICLE LICENSE |
|---|---|---|---|
| INSURANCE COMPANY | POLICY NUMBER | | EXPIRES |
| ADDRESS (NUMBER / STREET) | CITY | STATE ZIP | CONTACT NUMBER |

| D) TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ Cash Deposit | VEHICLE MAKE | YEAR | VEHICLE LICENSE |
|---|---|---|---|
| INSURANCE COMPANY | POLICY NUMBER | | EXPIRES |
| ADDRESS (NUMBER / STREET) | CITY | STATE ZIP | CONTACT NUMBER |



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 10: MOTOR VEHICLE OPERATIONS *continued*

**81. LIST ALL TRAFFIC CITATIONS, EXCLUDING PARKING CITATIONS, YOU HAVE RECEIVED WITHIN THE PAST SEVEN YEARS:**

| A) NATURE OF VIOLATION | LOCATION (STREET) CITY STATE |
|---|---|
| DATE OF VIOLATION OCCURRED Month Year | ACTION TAKE ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed |
| B) NATURE OF VIOLATION | LOCATION (STREET) CITY STATE |
| DATE OF VIOLATION OCCURRED Month Year | ACTION TAKE ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed |
| C) NATURE OF VIOLATION | LOCATION (STREET) CITY STATE |
| DATE OF VIOLATION OCCURRED Month Year | ACTION TAKE ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed |

D) NATURE OF VIOLATION

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:

**82. HAVE YOU BEEN INVOLVED AS THE DRIVER IN A MOTOR VEHICLE ACCIDENT WHILE WITHIN THE PAST SEVEN YEARS?** ☐ Yes ☐ No

If yes, give details.

| A) DATE | LOCATION (STREET) CITY STATE ZIP |
|---|---|
| POLICE REPORT ☐ YES ☐ NO | LAW ENFORCEMENT AGENCY ☐ INJURY ☐ NON-INJURY |
| B) DATE | LOCATION (STREET) CITY STATE ZIP |
| POLICE REPORT ☐ YES ☐ NO | LAW ENFORCEMENT AGENCY ☐ INJURY ☐ NON-INJURY |
| C) DATE | LOCATION (STREET) CITY STATE ZIP |
| POLICE REPORT ☐ YES ☐ NO | LAW ENFORCEMENT AGENCY ☐ INJURY ☐ NON-INJURY |

**83.HAVE YOU EVER DRIVEN A VEHICLE WITHOUT AUTO INSURNACE, AS REQUIRED, AS REQUIRED BY LAW?** ☐ Yes ☐ No

If yes, give details.

| DATE Month Year | LOCATION (NUMBER / STREET / APT CITY STATE ZIP |
|---|---|

**84. HAVE YOU EVER BEEN REFUSED AUTOMOBILE LIABILITY INSURANCE OR A BOND, OR HAD THEM CANCELLED?** ☐ Yes ☐ No

If yes, give details.

| DATE Month Year | LOCATION (NUMBER / STREET / APT CITY STATE ZIP |
|---|---|



Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 10: MOTOR VEHICLE OPERATIONS *continued*

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

_____

_____

_____

_____

## SECTION 11: OTHER TOPICS

**85. HAVE YOU EVER BEEN REFUSED A PERMIT TO CARRY A CONCEALED WEAPON?** ..... ☐ Yes ☐ No

**86. ARE YOU NOW, OR HAVAE YOU EVER BEEN, A MEMBER OR ASSOCIATE OF A CRIMINAL ENTERPRISE, STREEET GANG, OR ANY OTHER THAT ADVOCATES VIOLENCE AGAINST INDIVIDUALS BECAUSE OF THEIR RACE, POLITICAL AFFILIATION, ETHNIC ORIGIN, NATIONALITY, GENDER, SEXUAL PREFERENCE, OR DISABILITY?** ..... ☐ Yes ☐ No

**87. DO YOU HAVE, OR HAVE YOU EVER HAD, A TATOO 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, NATIONALLITY, GENDER, SEXUAL PREFERANCE, OR DISABILITY?** ..... ☐ Yes ☐ No

**88. SINCE THE AGE OF 16, HAVE YOU EVER BEEN INVOLVED IN AN ANGER-PROVOKED PHYSICAL FIGHT, CONFRONTATION OTHER OTHER VIOLENT ACT?** ..... ☐ Yes ☐ No

**89. BLACKMAIL OR EXTORTION**..... ☐ Yes ☐ No

If you answered yes to any of Questions 86-89, give details, including dates and circumstances; indicate corresponding number)

_____

_____

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Initial this page to Indicate that you have provided complete and accurate Information: _____

## SECTION 12: CERTIFICATION

**90. I HEREBY CERTIFY THAT I HAVE PERSONALLY COMPLETED AND INITIATED EACH PAGE OF THIS FORM AND ANY SUPPLEMENTAL PAGE(S) ATTACHED, AND THAT ALL STATEMENTS MADE ARE TRUE AND COPMPLETED TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISSTATEMENT OF MATERIAL FACT MAY SUBJECT ME TO DISQUALIFICATION; OR, IF I HAVE BEEN APPOINTED, MAY DISQUALIFY ME FROM CONTINUED EMPLOYEMENT.**

| SIGNATURE IN FULL | DATE |
|---|---|

## ADDITIONAL SPACE

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residence, employers, explanations to questions, etc). Identify the corresponding question and specific item being referenced.



Initial this page to Indicate that you have provided complete and accurate Information: _____