GAINESVILLE POLICE DEPARTMENT

BACKGROUND PACKET
PERSONAL DATA INFORMATION

Gainesville police department
Personnel services division

Message from
Police chief nelson moya

Dear applicant,

Thank you for taking an interest in employment with the gainesville police department by completing the application for employment. All applicants for any position within the gainesville police department are required to complete an intensive background investigation. If you are still interested in employment, the next step in the application process will be the completion and submission by you of the information requested herein. Please complete and return the **notarized background packet** in person located at:

Gainesville police department
Personnel services division
545 nw 8th ave
Gainesville, fl. 32601

(if you reside out of town/state please contact the recruiter for further instructions on how to submit documentation.)

Failure to complete the required forms and to provide each item of requested information will prohibit our agency from completing your background investigation, which will adversely affect your eligibility for employment with the gainesville police department.

After review of your background packet, you may be contacted regarding further steps in the employment process. This packet will be used by the gainesville police department in conducting the background investigation.

Sincerely,

M. B

Lieutenant m. J. Brown
Commander of personnel services division
Gainesville police department

Gainesville police department

Instructions for completion of background packet and personal data information:

1. All questions in this packet must be answered completely, accurately, and truthfully. Each question must be addressed and have a response listed. Indicate "n/a" if a question does not apply to you.

2. All information you provide will be verified. **Misstatements, falsifications, or omissions may be grounds for disqualification from the selection process or termination of employment if hired.** You may be required to explain discrepancies or inconsistencies to the background investigator.

3. Information provided in the background packet should be typed and electronically completed via ms word, versions 2003-2007 or higher. The ms word version may be electronically saved for your personal convenience. If forms are handwritten, writing must be legible. The gainesville police department will be supplied with the original background packet. (for your records, you may want to make a copy prior to submission). If additional space or copies of any pages are needed - reprint those pages and attach to the packet, or use the supplemental information pages.

4. Any positive responses to questions about criminal activity and drug usage must be fully explained in the supplemental information section at the end of the packet. Include arrests and convictions involving or related to any criminal activity, including the nature of the arrest, the charge (including charges that may have been dropped), the arresting agency name(s), address, date of arrest, and agency case report number (if known). This includes any criminal activity you may have committed but were not charged with. Regarding drug usage, explain the circumstances including date(s) used, place, and setting.

5. The personal data packet must be **notarized.** Your signature is required in the presence of a notary. You should have the document notarized prior to submitting it, or you may sign it in the presence of a departmental notary during the testing period.

6. All information must be completed and returned by the deadline date provided, unless otherwise instructed.

7. If you are unable to provide any of the information requested, an explanation must be given as to the reason.

8. Questions concerning your background packet may be directed to the gainesville police department's personnel services division at (352) 393-7595.

Gainesville police department

The background investigation

The background investigation normally takes several weeks (but could be longer) and is conducted by the gainesville police department.

The background investigation shall include, but is not limited to:

A. Verification of qualifying credentials
B. Personal statement
C. Personal history
D. Education history
E. Employment history
F. Family history
G. Residential history
H. Social media review
I. Driving history
J. Drug and alcohol history
K. Civil records review
L. Criminal records review
M. Personal reference and acquaintances
N. Irs and credit records review
O. Current and previous landlords
P. Current and previous neighbors
Q. Home visit interview (sworn-employees)
R. Polygraph examination
S. Psychological examination (sworn-employees)
T. Medical examination

Please read the following statements, then sign and date this form. Your signature denotes that you have read and understand the statements:

A. I understand that **misstatements, falsifications, or omissions may be grounds for disqualification from the selection process or termination of employment if hired.**

B. I understand that the background investigation will be conducted as required by law to evaluate an applicant's qualifications, character, integrity, and suitability for placement in a position of public trust.

C. I understand that the gainesville police department will review all my publicly posted social media accounts during the process of the background investigation.

D. I understand that refusal to participate in any parts of the background investigation may result in my removal from the hiring process and will be documented as a disqualification in the background investigation.

_____

Signature date

Gainesville police department

Required documents

You must provide one copy of the following documents when you return the completed data packet.

- Copy of birth certificate
- Copy of high school diploma or ged, or high school transcript
- An official college transcript – college transcripts can be mailed, hand delivered, or sent electronically to gpdrecruit@cityofgainesville.org. **(copies of college transcripts are not acceptable)**
- Copy of current valid driver's license
- Copy of social security card
- Naturalization documents -- **do not copy, bring the original (it will be returned to you).**
- Copy of any name change documents, such as marriage license, divorce decree, court order, etc.
- Copy of military discharge papers, dd 214, member 4 copy

Copies of additional documentation required from applicants who are currently, or have been, law enforcement officers, correctional officers, or have received training in the military:

- Law enforcement training academy graduation certificate
- All additional training certificates or documentation
- Any certifications, licenses, or other documents which verify specialized training

PERSONAL STATEMENT

(FOR POLICE OFFICER AND POLICE CADET APPLICANTS ONLY)

IN THE SPACE PROVIDED BELOW, PLEASE EXPLAIN WHY YOU HAVE CHOSEN A CAREER IN LAW ENFORCEMENT AND WOULD LIKE TO WORK FOR THE GAINESVILLE POLICE DEPARTMENT. INCLUDING HOBBIES AND PERSONAL ACCOMPLISHMENTS, DESCRIBE WHAT UNIQUE QUALIFICATIONS, LIFE EXPERIENCES, AND/OR SKILLS YOU WOULD BRING TO THE GAINESVILLE POLICE DEPARTMENT. *DO NOT EXCEED THE SPACE ALLOTTED ON THIS PAGE.*

START HERE:

PERSONAL HISTORY

TODAY'S DATE: / /		POSITION APPLIED FOR:	
HOW DID YOU LEARN ABOUT THIS POSITION? SOCIAL MEDIA _____ CURRENT EMPLOYEE REFERRAL (NAME) _____ WEBSITE _____ RECRUITER _____ EVENT _____ OTHER _____			
YOUR FULL LEGAL NAME:		ALIAS OR FORMER NAME(S):	
DATE OF BIRTH: / /		SOCIAL SECURITY NUMBER: - -	
PLACE OF BIRTH (CITY, STATE):			
STREET ADDRESS:	CITY:	STATE:	ZIP:
DRIVER'S LICENSE # :		STATE OF ISSUANCE:	
HOME PHONE: ( ) - CELL PHONE: ( ) - WORK PHONE: ( ) -		PRIMARY E-MAIL ADDRESS: (ADD ANY ADDITIONAL EMAILS ASSOCIATED TO YOU) _____ _____ _____	
MOTHER'S NAME AND ADDRESS:			
FATHER'S NAME AND ADDRESS:			
HOW MANY CHILDREN DO YOU HAVE:			
WHEN WAS THE LAST DATE YOU CONSUMED ANY ILLEGAL NARCOTICS/DRUGS? / /			
ARE YOU A CITIZEN OF THE UNITED STATES? SELECT ONE OF THE BELOW THAT APPLIES: ☐ Y**ES, I AM A NATURAL BORN CITIZEN (BORN IN THE UNITED STATES)** ☐ **YES, I AM A NATURALIZED CITIZEN** ☐ **NO, I AM NOT A CITIZEN** ☐ **OTHER: PLEASE EXPLAIN**			

FAMILY & RELATIONSHIP HISTORY

WHAT IS YOUR CURRENT RELATIONSHIP STATUS:

☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED ☐ ENGAGED ☐ IN A RELATIONSHIP

LIST ANY INDIVIDUALS THAT YOU HAD/HAVE AN ESTABLISHED DATING RELATIONSHIP WITH (I.E BOYFRIEND, GIRLFRIEND, PARTNERS, ETC.) FOR THE PAST 5 YEARS.

NAME & RELATIONSHIP	DOB	ADDRESS	PHONE	START DATE/END DATE
NAME & RELATIONSHIP	DOB	ADDRESS	PHONE	START DATE/END DATE
NAME & RELATIONSHIP	DOB	ADDRESS	PHONE	START DATE/END DATE

LIST ANY INDIVIDUALS YOU WERE FORMERLY/CURRENTLY MARRIED TO OR HAD/HAVE A SIMILAR LEGAL RELATIONSHIP WITH.

NAME	DOB	PHONE	START/END DATE	LOCATION OF RECORDS (I.E. STATE)
NAME	DOB	PHONE	START/END DATE	LOCATION OF RECORDS) I.E. STATE)

WITH WHOM DO YOU RESIDE? GIVE NAMES, DATE OF BIRTH, AND RELATIONSHIPS:

NAME	DOB	RELATIONSHIP
NAME	DOB	RELATIONSHIP
NAME	DOB	RELATIONSHIP
NAME	DOB	RELATIONSHIP
NAME	DOB	RELATIONSHIP

FAMILY & RELATIONSHIP HISTORY CONTINUED

LIST ALL DEPENDENTS/CHILDREN INCLUDING THOSE THAT MAY NOT LIVE IN YOUR HOUSEHOLD:

NAME	DATE OF BIRTH	ADDRESS
NAME	DATE OF BIRTH	ADDRESS
NAME	DATE OF BIRTH	ADDRESS
NAME	DATE OF BIRTH	ADDRESS
NAME	DATE OF BIRTH	ADDRESS

LIST THE NAMES OF EVERY LIVING MEMBER OF YOUR IMMEDIATE FAMILY, E.G. PARENTS, SIBLINGS, IN-LAWS:

NAME	DOB	RELATIONSHIP	ADDRESS	PHONE
NAME	DOB	RELATIONSHIP	ADDRESS	PHONE
NAME	DOB	RELATIONSHIP	ADDRESS	PHONE
NAME	DOB	RELATIONSHIP	ADDRESS	PHONE
NAME	DOB	RELATIONSHIP	ADDRESS	PHONE

NAME CHANGES

LIST ANY NAME CHANGES IN ORDER OF MOST RECENT TO THE OLDEST. INCLUDE ADOPTION, MARRIAGE, AND DIVORCE. DOCUMENTATION MUST BE PROVIDED FOR EACH NAME CHANGE, E.G. MARRIAGE CERTIFICATE, COURT ORDER, ETC.

PREVIOUS NAME:	DATE OF CHANGE:	REASON:
PREVIOUS NAME:	DATE OF CHANGE:	REASON:

SPOUSE'S FULL NAME AND ADDRESS (IF DIFFERENT)*:

LAST NAME	FIRST	MIDDLE	(MAIDEN)	
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

FORMER SPOUSE'S NAME AND ADDRESS (IF APPLICABLE)*:

LAST NAME	FIRST	MIDDLE	(MAIDEN)	
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

FORMER SPOUSE'S NAME AND ADDRESS (IF APPLICABLE)* :

LAST NAME	FIRST	MIDDLE	(MAIDEN)	
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

SOCIAL NETWORKING ACCOUNTS

PLEASE LIST ALL SOCIAL MEDIA PROFILES. INCLUDE YOUR USER NAME AND THE EMAIL ASSOCIATED WITH EACH ACCOUNT (I.E TWITTER, INSTAGRAM, LINKED IN, FACEBOOK, SNAPCHAT, TIKTOK):

PLATFORM	USER NAME	EMAIL ADDRESS
PLATFORM	USER NAME	EMAIL ADDRESS
PLATFORM	USER NAME	EMAIL ADDRESS
PLATFORM	USER NAME	EMAIL ADDRESS

EDUCATION

DO YOU HAVE ONE OF THE FOLLOWING: GENERAL EDUCATION DEVELOPMENT CERTIFICATE (GED), OR EQUIVALENCY CERTIFICATE?

☐ HIGH SCHOOL DIPLOMA

☐ GENERAL EDUCATION DEVELOPMENT CERTIFICATE (GED)

☐ HIGH SCHOOL EQUIVALENCY CERTIFICATE

LAST HIGH SCHOOL ATTENDED _____

ADDRESS _____

DATE OF GRADUATION _____ GPA _____

DO YOU HAVE A COLLEGE DEGREE: YES ☐ NO ☐

PLEASE SELECT YOUR DEGREE: ☐ ASSOCIATES ☐ BACHELORS ☐ MASTERS ☐ PH.D./J.D.

DATE OF GRADUATION _____ GPA _____

COLLEGE/UNIVERSITY ATTENDED _____

ADDRESS _____

MAJOR _____ DATES ATTENDED_____ CREDIT HOURS EARNED _____

COLLEGE/UNIVERSITY ATTENDED _____

ADDRESS _____

MAJOR _____ DATES ATTENDED_____ CREDIT HOURS EARNED _____

COLLEGE/UNIVERSITY ATTENDED _____

ADDRESS _____

MAJOR _____ DATES ATTENDED_____ CREDIT HOURS EARNED _____

EDUCATION CONTINUED

DID YOU WITHDRAW FROM ANY COURSES? YES ☐ NO ☐ IF YES, PLEASE EXPLAIN

DID YOU FAIL ANY COURSES? YES ☐ NO ☐ IF YES, PLEASE EXPLAIN

WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL, COLLEGE, OR UNIVERSITY?

YES ☐ NO ☐ IF YES, PLEASE EXPLAIN

LIST ANY TRAINING OR SCHOOLS THAT YOU ATTENDED AND RECEIVED CERTIFICATES OF COMPLETION. EXAMPLES ARE BASIC RECRUIT COURSE, ADVANCED POLICE TRAINING, EMT, ETC.

TYPE OF TRAINING	NAME OF SCHOOL	DATE ATTENDED
TYPE OF TRAINING	NAME OF SCHOOL	DATE ATTENDED
TYPE OF TRAINING	NAME OF SCHOOL	DATE ATTENDED

LIST ANY TECHNICAL SKILLS YOU HAVE, WHETHER OR NOT ACQUIRED THROUGH FORMAL EDUCATION OR TRAINING:

(PLEASE SEE ADDITIONAL SUPPLEMENTAL PAGES IF NECESSARY)

PROFESSIONAL LICENSE(S) AND/OR ASSOCIATIONS

DO YOU POSSESS ANY TYPE OF PROFESSIONAL LICENSE, E.G. CPA, REAL ESTATE? YES ☐ NO ☐

IF NO, SKIP THE NEXT TWO QUESTIONS. IF YES, LIST THE TYPE, STATE WHERE ISSUED, AND DATA OF EXPIRATION:

TYPE	STATE	EXPIRATION DATE
TYPE	STATE	EXPIRATION DATE

HAVE YOU EVER HAD A PROFESSIONAL LICENSE REVOKED OR SUSPENDED FOR ANY REASON?

YES ☐ NO ☐ IF YES, GIVE DETAILS INCLUDING TYPE OF LICENSE AND REASON FOR REVOCATION OR SUSPENSION

LIST ANY SPECIAL SKILL(S) OR CERTIFICATE(S) HELD BY YOU. IF NONE, WRITE "NONE":

LIST THE NAMES, CITY & STATE OF ALL ORGANIZATIONS, CLUBS AND ASSOCIATIONS OF WHICH YOU ARE OR HAVE BEEN A MEMBER OF WITHIN THE PAST TEN (10) YEARS. IF NONE, WRITE "NONE":

NAME CITY/STATE

LIST ANY LOCAL, STATE, FEDERAL BOARD, COMMISSION, AUTHORITY, OR ANY ELECTED OFFICE IN WHICH YOU SERVE. IF NONE, WRITE "NONE":

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? THIS INCLUDES HATE GROUPS, GANGS, MOBS, OR OTHER SIMILAR AFFILIATIONS.

YES ☐ NO ☐ IF YES, EXPLAIN:

VOLUNTEER SERVICE AND COMMUNITY SERVICE

HAVE YOU PARTICIPATED IN ANY VOLUNTEER OR COMMUNITY SERVICE PROGRAMS?

YES ☐ NO ☐ IF YES, PLEASE EXPLAIN BELOW.

LIST THE DATES/YEARS OF SERVICE, THE EVENT TYPE, AND A BRIEF DESCRIPTION OF THE TYPE OF SERVICE PROVIDED. THIS MAY INCLUDE ANY INSTANCE OF SERVICE OR VOLUNTEERED TIME (I.E SCHOOL, ORGANIZATIONS, MENTORING, ETC.).

DATE OF SERVICE	EVENT TYPE	DESCRIPTION

EMPLOYMENT APPLICATIONS

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY OTHER LAW ENFORCEMENT AGENCY? YES ☐ NO ☐

IF YES, LIST THE AGENCY NAME, DATE OF APPLICATION, AND POSITION APPLIED FOR:

AGENCY	DATE	POSITION
AGENCY	DATE	POSITION
AGENCY	DATE	POSITION
AGENCY	DATE	POSITION
AGENCY	DATE	POSITION
AGENCY	DATE	POSITION
AGENCY	DATE	POSITION

HAVE YOU EVER BEEN DENIED EMPLOYMENT FOR ANY REASON? YES ☐ NO ☐

IF YES, LIST THE EMPLOYER'S NAME, DATE OF APPLICATION, AND REASON FOR DENIAL:

EMPLOYER	DATE	REASON
EMPLOYER	DATE	REASON
EMPLOYER	DATE	REASON
EMPLOYER	DATE	REASON
EMPLOYER	DATE	REASON
EMPLOYER	DATE	REASON

EMPLOYMENT QUESTIONNAIRE

HAVE YOU OR ANY COMPANIES IN WHICH YOU ARE OR WERE A PRINCIPAL EVER BEEN THE SUBJECT OF AN INVESTIGATION OR LITIGATION THAT WAS CONDUCTED BY A FEDERAL, STATE, OR LOCAL AGENCY?

YES ☐ NO ☐ IF YES, PLEASE EXPLAIN BELOW

ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER, OR CORPORATE MEMBER?

YES ☐ NO ☐ IF YES, PLEASE EXPLAIN BELOW

HAVE YOU EVER BEEN INVESTIGATED, REPRIMANDED, FINED OR SUSPENDED FROM DOING BUSINESS WITH ANY LOCAL, STATE OR FEDERAL AGENCY?

YES ☐ NO ☐ IF YES, PLEASE EXPLAIN BELOW

HAVE YOU EVER CHEATED AN EMPLOYER (UNAUTHORIZED SICK LEAVE, PADDED EXPENSE ACCOUNTS, STEALING TIME, ETC.)?

YES ☐ NO ☐ IF YES, PLEASE EXPLAIN BELOW

HAVE YOU DELIBERATELY DESTROYED ANY PROPERTY OF AN EMPLOYER?

YES ☐ NO ☐ IF YES, PLEASE EXPLAIN BELOW

HAVE YOU EVER BEEN A PARTY TO A LAWSUIT, RESULTING FROM YOUR ACTIONS IN THE PERFORMANCE OF YOUR JOB?

YES ☐ NO ☐ IF YES, PLEASE EXPLAIN BELOW

ARE YOU WILLING AND ABLE TO WORK NIGHTS AND WEEKENDS? (NOTE: SWORN LAW ENFORCEMENT MEMBERS OF THE GAINESVILLE POLICE DEPARTMENT ARE EXPECTED TO WORK ANY SHIFT ASSIGNED).

YES ☐ NO ☐ IF YES, PLEASE EXPLAIN BELOW

EMPLOYMENT HISTORY

STARTING WITH YOUR CURRENT OR LAST EMPLOYER AS (1), LIST EVERY JOB YOU HAVE HELD. LIST EVEN THOSE JOBS YOU WORKED FOR A FEW DAYS, PART-TIME, TEMPORARY, OR VOLUNTEERED. ALSO, INCLUDE MILITARY BASE ASSIGNMENTS. PROVIDE THE COMPLETE ADDRESS, ZIP CODE, AREA CODE, AND PHONE NUMBER. IF PREVIOUS EMPLOYERS HAVE MOVED, USE THE NEW ADDRESS. IF THE BUSINESS NO LONGER EXISTS, USE THE OLD ADDRESS AND NOTE "NO LONGER IN BUSINESS" AFTER THE COMPANY NAME. IF ADDITIONAL SPACE IS NEEDED, EITHER REPRINT THE APPROPRIATE PAGE OR LIST THE EMPLOYER(S) ON THE SUPPLEMENTAL INFORMATION PAGES.

DATES OF EMPLOYMENT: *FROM* *TO*		SALARY: *STARTING* *ENDING*		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

DATES OF EMPLOYMENT: *FROM* *TO*		SALARY: *STARTING* *ENDING*		
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NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

EMPLOYMENT HISTORY CONTINUED

HAVE YOU EVER BEEN FIRED, BEEN ASKED TO RESIGN, OR BEEN GIVEN THE OPTION TO RESIGN IN LIEU OF BEING DISMISSED FROM ANY JOB THAT YOU HAVE HELD?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

HAVE YOU EVER RECEIVED ANY DISCIPLINARY ACTION FROM AN EMPLOYER SUCH AS A WRITTEN NOTICE, SUSPENSION, OR DISCIPLINARY PROBATION?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

HOW OFTEN WERE YOU TARDY/LATE TO WORK? THIS INCLUDES EXCUSED OR UNEXCUSED. THIS INCLUDES WITH OR WITHOUT MANAGEMENT'S KNOWLEDGE. PLEASE EXPLAIN BELOW:

HOW OFTEN WERE YOU ABSENT FROM WORK? THIS INCLUDES NO SHOW/NO CALLS. PLEASE EXPLAIN BELOW:

HAVE YOU EVER RESIGNED FROM/ABANDONED A JOB WITHOUT PROPER NOTIFICATION?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

HAVE YOU EVER BEEN UNEMPLOYED DURING THE LAST 10 YEARS?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

(PLEASE SEE ADDITIONAL SUPPLEMENTAL PAGES IF NECESSARY)

MILITARY HISTORY

HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. MILITARY? YES ☐ NO ☐ IF YES, WHICH BRANCHES?

DATES OF SERVICE (INDICATE WHETHER **ACTIVE DUTY** OR **RESERVE**):

BEGINNING _____ *ENDING* _____ *TYPE OF DUTY* _____

BEGINNING _____ *ENDING* _____ *TYPE OF DUTY* _____

LIST PRINCIPAL DUTIES:

DID YOU RECEIVE ANYTHING LESS THAN AN HONORABLE DISCHARGE? YES ☐ NO ☐ IF YES, EXPLAIN:

HAVE YOU BEEN CONVICTED AT A MILITARY COURT MARTIAL OR RECEIVED ANY NON-JUDICIAL PUNISHMENT (E.G. ARTICLE 15, CAPTAIN'S MAST, ETC)?

YES ☐ NO ☐ IF YES, EXPLAIN:

LIST ALL DECORATIONS AND/OR SERVICE MEDALS AWARDED TO YOU AS A MEMBER OF THE ARMED FORCES, NATIONAL GUARD OR RESERVE FORCES? IF NONE, WRITE "NONE":

DO YOU HAVE ANY RESERVE/MILITARY OBLIGATIONS? YES ☐ NO ☐

IF YES, EXPLAIN: _____

DO YOU HAVE ANY CURRENT/PENDING DEPLOYMENT ORDERS? YES ☐ NO ☐

IF YES, EXPLAIN: _____

WERE YOU EVER DENIED ENTRY INTO ANY MILITARY BRANCH? YES ☐ NO ☐

IF YES, EXPLAIN: _____

PREVIOUS LAW ENFORCEMENT EXPERIENCE

THE FOLLOWING QUESTIONS SHOULD ONLY BE COMPLETED BY APPLICANTS WHO ARE CURRENTLY EMPLOYED, OR HAVE PRIOR EXPERIENCE, IN THE AREAS OF LAW ENFORCEMENT, CORRECTIONS, OR SECURITY SERVICES.

1. HAVE YOU EVER INTENTIONALLY FALSIFIED AN INCIDENT REPORT? YES ☐ NO ☐
2. HAVE YOU EVER FURNISHED DRUGS OR OTHER CONTRABAND TO SOMEONE IN YOUR CUSTODY? YES ☐ NO ☐
3. HAVE YOU EVER LIED OR MISREPRESENTED FACTS TO A SUPERVISOR? YES ☐ NO ☐
4. HAVE YOU EVER STOLEN OR TAKEN ANYTHING OF VALUE THAT WAS IN YOUR POSSESSION OR FROM SOMEONE IN YOUR CUSTODY? YES ☐ NO ☐
5. HAVE YOU EVER BEEN CHARGED OR CONVICTED OF CONTEMPT OF COURT? YES ☐ NO ☐
6. HAVE YOU EVER ACCEPTED A BRIBE? YES ☐ NO ☐
7. HAVE YOU EVER TAMPERED WITH, OR DESTROYED, EVIDENCE? YES ☐ NO ☐
8. HAVE YOU EVER USED EXCESSIVE FORCE UNDER ANY CIRCUMSTANCES OR BEEN INVESTIGATED FOR USE OF EXCESSIVE FORCE? IF YES, ON HOW MANY OCCASIONS? YES ☐ NO ☐
9. HAVE YOU EVER REMOVED OR STOLEN ANYTHING OF VALUE WHILE ON DUTY? YES ☐ NO ☐
10. HAVE YOU EVER LIED UNDER OATH? YES ☐ NO ☐
11. HAVE YOU EVER TAKEN ANY LAW ENFORCEMENT ACTION AGAINST A PERSON BASED ON ETHNIC, RELIGIOUS, OR RACIAL PREJUDICES? YES ☐ NO ☐
12. HAVE YOU EVER BEEN A SUBJECT OF AN INTERNAL INVESTIGATION AS EITHER THE SUBJECT OF THE INVESTIGATION, A WITNESS, OR A PERSON WITH KNOWLEDGE? YES ☐ NO ☐

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, EXPLAIN AND PROVIDE COPIES OF RELATED DOCUMENTS. FAILURE TO PROVIDE RELATED DOCUMENTS WILL SLOW THE PROGRESS OF YOUR BACKGROUND INVESTIGATION:

RESIDENTIAL HISTORY

LIST ALL ADDRESSES WHERE YOU HAVE RESIDED DURING THE PAST TEN (10) YEARS. START WITH YOUR CURRENT ADDRESS AND WORK BACKWARD. INCLUDE ANY MILITARY ADDRESSES, IF APPLICABLE.

DATES OF RESIDENCE: *FROM*	*TO*	*RENT* ☐ *OWN* ☐		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

DATES OF RESIDENCE: *FROM*	*TO*	*RENT* ☐ *OWN* ☐		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

DATES OF RESIDENCE: *FROM*	*TO*	*RENT* ☐ *OWN* ☐		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

RESIDENTIAL HISTORY CONTINUED

DATES OF RESIDENCE: *FROM* *TO*		*RENT* ☐ *OWN* ☐		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

DATES OF RESIDENCE: *FROM* *TO*		*RENT* ☐ *OWN* ☐		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

DATES OF RESIDENCE: *FROM* *TO*		*RENT* ☐ *OWN* ☐		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

RESIDENTIAL HISTORY CONTINUED

DATES OF RESIDENCE: *FROM* *TO*		*RENT* ☐ *OWN* ☐		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

DATES OF RESIDENCE: *FROM* *TO*		*RENT* ☐ *OWN* ☐		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

DRIVING HISTORY

DO YOU HAVE A VALID DRIVER'S LICENSE? YES ☐ NO ☐ IF YES, PROVIDE THE FOLLOWING INFORMATION:

CURRENT DRIVER'S LICENSE NUMBER STATE CLASS EXPIRATION DATE

DOES YOUR LICENSE HAVE ANY RESTRICTIONS? (MUST WEAR GLASSES, DAYTIME DRIVING ONLY, ETC.)

YES ☐ NO ☐ IF YES, LIST THE RESTRICTION(S): _____

LIST ANY OTHER STATES WHERE YOU HAVE POSSESSED A DRIVER'S LICENSE. PROVIDE DRIVER'S LICENSE NUMBER, IF KNOWN, AND YEARS THAT YOU WERE LICENSED IN EACH STATE:

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED, CANCELLED, OR REVOKED? THIS INCLUDES ALL STATES WHERE YOU'VE HAD A DRIVER'S LICENSE.

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

IN THE PAST FIVE (5) YEARS, HAVE YOU BEEN ISSUED ANY TRAFFIC CITATIONS FOR MOVING OR CRIMINAL VIOLATION SUCH AS SPEEDING, RECKLESS DRIVING, DWI/DUI, RUNNING RED LIGHT, CARELESS DRIVING, ETC.?

YES ☐ NO ☐ IF YES, HOW MANY? ____

IF YOU ANSWERED YES TO THE PREVIOUS QUESTION, LIST THE TYPE OF VIOLATION(S), WHERE THE VIOLATION TOOK PLACE, AND THE DATE YOU RECEIVED THE CITATION:

VIOLATION TYPE CITY/COUNTY/STATE DATE

DRIVING HISTORY CONTINUED

IN THE PAST FIVE (5) YEARS, HAVE YOU BEEN INVOLVED IN ANY TRAFFIC ACCIDENTS IN WHICH YOU WERE A DRIVER, WHETHER OR NOT YOU WERE AT-FAULT?

YES ☐ NO ☐ IF YES, HOW MANY? _____

IF YOU ANSWERED YES TO THE PREVIOUS QUESTION, LIST THE ACCIDENTS AND EXPLAIN THE CIRCUMSTANCES. ALSO, LIST THE INVESTIGATING AGENCY, AGENCY CASE REPORT NUMBER (IF KNOWN), AND LOCATION OF THE ACCIDENT(S):

LIST ANY/ALL VEHICLES REGISTERED TO YOU.

VEHICLE MAKE AND MODEL	VIN	TAG
VEHICLE MAKE AND MODEL	VIN	TAG
VEHICLE MAKE AND MODEL	VIN	TAG

CIVIL COURT

HAVE YOU EVER BEEN, OR ARE YOU CURRENTLY, A PARTY TO A CIVIL SUIT? (THIS INCLUDES DIVORCE, SMALL CLAIMS, EVICTIONS, FORECLOSURES, CHILD SUPPORT, JUDGMENTS, BANKRUPTCIES, ETC.)

YES ☐ NO ☐ IF YES, EXPLAIN BELOW AND PROVIDE COUNTY AND STATE WHERE CASE(S) FILED:

CONVERSION OF PROPERTY/GOODS/MONEY FROM EMPLOYERS

EMPLOYEES SOMETIMES TAKE THINGS FROM THEIR PLACE OF EMPLOYMENT WITHOUT PERMISSION. THIS INCLUDES, BUT IS NOT LIMITED TO, ACTUALLY TAKING/REMOVING PROPERTY, GIVING AWAY MERCHANDISE TO FRIENDS OR RELATIVES, OR BORROWING WITH OR WITHOUT PERMISSION AND FAILING TO RETURN THE PROPERTY.

ESTIMATE THE VALUE OF PROPERTY YOU HAVE TAKEN FROM ALL YOUR EMPLOYERS COMBINED; CHECK THE AMOUNT THAT IS THE CLOSEST REPRESENTATION AND EXPLAIN:

$5,000 ☐ $4,000 ☐ $3,000 ☐ $2,000 ☐ $1,000 ☐ $500 ☐ $400 ☐ $300 ☐

$200 ☐ $100 ☐ $50 ☐ $25 ☐ $15 ☐ $10 ☐ $5 ☐ NONE ☐

MANY JOBS REQUIRE EMPLOYEES TO HANDLE MONEY OR MANAGE AN EXPENSE ACCOUNT. HOWEVER, SOME EMPLOYEES TAKE MONEY FROM THEIR EMPLOYER WITHOUT PERMISSION TO INCLUDE TAKING CASH, PADDING EXPENSE ACCOUNTS AND BORROWING MONEY WITHOUT RETURNING IT.

ESTIMATE THE AMOUNT OF MONEY YOU HAVE TAKEN FROM EMPLOYERS; CHECK THE AMOUNT THAT IS THE CLOSEST REPRESENTATION AND EXPLAIN:

$5,000 ☐ $4,000 ☐ $3,000 ☐ $2,000 ☐ $1,000 ☐ $500 ☐ $400 ☐ $300 ☐

$200 ☐ $100 ☐ $50 ☐ $25 ☐ $15 ☐ $10 ☐ $5 ☐ NONE ☐

GRATUITIES

SOME EMPLOYERS HAVE RULES ABOUT ACCEPTING GRATUITIES OR TIPS WHILE OTHERS HAVE FEW, IF ANY, GUIDELINES IN SOME OCCUPATIONS, THE ACCEPTANCE OF GRATUITIES OR TIPS IS COMMON OR EVEN EXPECTED, SUCH AS SALES OR SERVING IN A RESTAURANT. IN THE LAST FIVE (5) YEARS HAVE YOU HELD A JOB WHERE YOU RECEIVED GRATUITIES/TIPS?

YES ☐ NO ☐ IF YES, CHECK THE APPROXIMATE VALUE OF ALL GRATUITIES YOU HAVE RECEIVED DURING THIS TIME PERIOD AND EXPLAIN WHAT THE GRATUITIES/TIPS WERE:

$20,000 ☐ $15,000 ☐ $10,000 ☐ $5,000 ☐ $4,000 ☐ $3,000 ☐ $2,000 ☐ $1,000 ☐ $750 ☐

$500 ☐ $300 ☐ $200 ☐ $100 ☐ $50 ☐ $20 ☐ $10 ☐ $5 ☐ NONE ☐

ALCOHOL

HAVE YOU EVER OPERATED A VEHICLE UNDER THE INFLUENCE OF ALCOHOL?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

HAVE YOU EVER BEEN STOPPED FOR DRINKING UNDER THE INFLUENCE, BUT NOT TAKEN TO JAIL??

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

DID YOU EVER CALL IN SICK BECAUSE OF A HANGOVER DUE TO EFFECTS OF ALCOHOL CONSUMPTION?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

HAVE YOU EVER HELD A JOB WHERE THE USE OF ALCOHOL (ON-THE-JOB) WAS COMMON PRACTICE?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

HOW MANY TIMES HAVE YOU CONSUMED ALCOHOLIC BEVERAGES DURING WORK HOURS? THIS INCLUDES LUNCH AND BREAKS, AS WELL AS WHILE YOU WERE ACTUALLY WORKING. EXPLAIN BELOW:

500 ☐ 400 ☐ 300 ☐ 200 ☐ 100 ☐ 75 ☐ 50 ☐ 25 ☐ 15 ☐ 10 ☐ 5 ☐ NONE ☐

HAVE YOU EVER BEEN UNDER THE INFLUENCE OF ALCOHOL OR DRUGS YOU CONSUMED PRIOR TO YOUR ASSIGNED WORKDAY THAT AFFECTED YOUR PERFORMANCE ON THE JOB?

YES ☐ NO ☐ IF YES, PROVIDE EXPLANATION BELOW:

GAMBLING

DO YOU HAVE ANY GAMBLING DEBTS?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

WHAT IS THE MOST MONEY YOU HAVE EVER ILLEGALLY BET AT ONE TIME? _____

WHAT IS THE LARGEST AMOUNT OF MONEY YOU HAVE EVER LOST? _____

DID YOU EVER BORROW MONEY TO PAY A GAMBLING DEBT?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

DO YOU EVER STEAL MONEY TO PAY A GAMBLING DEBT?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

FINANCIAL HISTORY

HAVE YOUR WAGES EVER BEEN GARNISHED?	**YES** ☐	**NO** ☐
DO YOU HAVE ANY CIVIL ACTION PENDING AGAINST YOU?	**YES** ☐	**NO** ☐
HAVE YOU EVER HAD A JUDGMENT RENDERED AGAINST YOU?	**YES** ☐	**NO** ☐
HAVE YOU EVER HAD PROPERTY REPOSSESSED?	**YES** ☐	**NO** ☐
HAVE YOU EVER BEEN EVICTED FROM A PROPERTY?	**YES** ☐	**NO** ☐
DO YOU CURRENTLY HAVE ANY ACCOUNTS UP FOR COLLECTION?	**YES** ☐	**NO** ☐
IF YOU ARE OBLIGATED TO PAY CHILD SUPPORT AND/OR ALIMONY, ARE YOU CURRENT IN YOUR PAYMENTS?	**YES** ☐	**NO** ☐
IN THE PAST 10 YEARS HAVE YOU FILED FOR BANKRUPTCY?	**YES** ☐	**NO** ☐

PLEASE EXPLAIN BELOW:

CRIMINAL HISTORY

INDICATE IF YOU HAVE EVER ***COMMITTED***, BEEN ***ARRESTED***, OR BEEN ***CHARGED*** FOR ANY OF THE CRIMES LISTED BELOW. PROVIDE EXPLANATION ON SUPPLEMENTAL INFORMATION PAGES.

DEFINITIONS:

COMMITTED – YOU HAVE DONE SOMETHING THAT IS AGAINST THE LAW, BUT WERE NEVER CAUGHT OR THE CRIME WENT UNDETECTED.

ARRESTED – YOU WERE TAKEN INTO CUSTODY, HANDCUFFED AND BOOKED INTO SOME TYPE OF JAIL OR ISSUED A "NOTICE TO APPEAR" OR OTHER TYPE OF SUMMONS OR CITATION.

CHARGED – A FORMAL ACCUSATION IS FILED, REQUIRING YOU TO APPEAR IN COURT TO ANSWER TO A CRIMINAL CHARGE.

	COMMITTED	ARRESTED	CHARGED	AGE AT TIME
BURGLARY	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
ARMED ROBBERY/ROBBERY	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
ILLEGAL POSSESSION OF NARCOTICS	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
SALE OF NARCOTICS	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
DWI OR DUI	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
FLEEING AND ATTEMPTING TO ELUDE	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
PASSING WORTHLESS/BAD CHECKS	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
AUTO THEFT	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
ASSAULT/BATTERY	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
DOMESTIC BATTERY	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
DOMESTIC FAMILY VIOLENCE	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
STALKING	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
MURDER	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
VOLUNTARY MANSLAUGHTER	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
INVOLUNTARY MANSLAUGHTER	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
VEHICULAR HOMICIDE	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
KIDNAPPING	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
FALSE IMPRISONMENT	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
HIJACKING AN AIRCRAFT	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
SHOPLIFTING	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
THEFT	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
THEFT FROM AN EMPLOYER	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
VANDALISM	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
RAPE/OTHER SEX CRIME(S)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
INDECENT EXPOSURE	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
PERJURY/FALSE STATEMENTS	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
POSSESSION/DISTRIBUTION OF CHILD PORNOGRAPHY	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
COMPUTER RELATED CRIMES	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
CHILD ABUSE/NEGLECT	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	

CRIMINAL HISTORY CONTINUED

	COMMITTED	ARRESTED	CHARGED	AGE AT TIME
AGGRAVATED SODOMY	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
STATUTORY RAPE	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
CHILD MOLESTATION	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
PUBLIC INDECENCY	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
CRUELTY TO ANIMALS	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
PROSTITUTION	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
CRIMINAL MISCHIEF	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
ARSON	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
CRIMINAL POSSESSION OF EXPLOSIVES	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
FORGERY/UTTERING A FORGERY	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
CREDIT CARD FRAUD	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
HIT AND RUN	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
IMPERSONATION OF PUBLIC OFFICER OR PUBLIC EMPLOYEE	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
GIVING FALSE NAME OR ADDRESS TO LEO	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
OBSTRUCTION OR HINDERING LEO	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
FALSE REPORT OF A CRIME	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
PERJURY	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
RIOT/ INCITING A RIOT	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
TERRORISTIC THREATS AND ACTS	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
VOYEURISM	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
PERJURY	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
TAMPERING WITH EVIDENCE	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	
ANY OTHER CRIMINAL OFFENSE:	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	

HAVE YOU EVER BEEN SUBJECT TO AN INVESTIGATION AND/ OR QUESTIONING BY ANY LAW ENFORCEMENT AUTHORITY? THIS INCLUDES ANY INVESTIGATION AS THE VICTIM, SUSPECT, WITNESS, INVOLVED OTHER, ETC. (I.E CRIMINAL IN NATURE, A DISTURBANCE, ETC.) THIS DOES NOT INCLUDE CRIMES SUCH AS SPEEDING, CARELESS DRIVING, ETC.

YES ☐ NO ☐ IF YES, PROVIDE EXPLANATION BELOW:

(PLEASE SEE ADDITIONAL SUPPLEMENTAL PAGES IF NECESSARY)

CRIMINAL HISTORY CONTINUED

(THE QUESTIONS INCLUDES ANY SEALED OR EXPUNGED RECORDS)

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OR NOLO CONTENDERE TO A MISDEMEANOR?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OR NOLO CONTENDER TO A FELONY?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

HAVE YOU EVER SERVED A SENTENCING BY THE COURT?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

WERE YOU EVER ARRESTED AS A JUVENILE?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

DO YOU HAVE ANY RECORDS SEALED OR EXPUNGED?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

HAVE YOU EVER FILED FOR A RESTRAINING ORDER OR HAD A RESTRAINING ORDER (ORDER FOR PROTECTION) FILED AGAINST YOU FOR ANY REASON?

YES ☐ NO ☐ IF YES, EXPLAIN BELOW:

(PLEASE SEE ADDITIONAL SUPPLEMENTAL PAGES IF NECESSARY)

CRIMINAL HISTORY CONTINUED

HAVE YOU EVER BEEN?	YES/NO
SENTENCED TO INCARCERATION?	YES ☐ NO ☐
PLACED IN A POLICE LINEUP?	YES ☐ NO ☐
PLACED ON PROBATION?	YES ☐ NO ☐
PLACED ON PAROLE?	YES ☐ NO ☐
PLACED IN A HOLDING CELL?	YES ☐ NO ☐
PLACED IN A MILITARY STOCKADE?	YES ☐ NO ☐
PLACED IN A DISCIPLINARY SCHOOL?	YES ☐ NO ☐
QUESTIONED BY THE POLICE AS A SUSPECT OF A CRIME?	YES ☐ NO ☐
TRANSPORTED TO A JUVENILE FACILITY?	YES ☐ NO ☐

EXPLAIN ANY "YES" ANSWERS (PLEASE SEE ADDITIONAL SUPPLEMENTAL PAGES IF NECESSARY):

HAVE YOU EVER BEEN A MEMBER OF OR AN ASSOCIATE OF A STREET GANG?

YES ☐ NO ☐ IF YES, PROVIDE EXPLANATION BELOW:

HAVE YOU, AS AN ADULT, HAD ANY SEXUAL INVOLVEMENT WITH A PERSON UNDER THE AGE OF 18?

YES ☐ NO ☐ IF YES, PROVIDE EXPLANATION BELOW:

HAVE YOU EVER HAD SEXUAL INVOLVEMENT OR ANY SEXUAL CONTACT WITH ANY PERSON WHO WAS SEMI-CONSCIOUS, UNCONSCIOUS OR UNDER THE INFLUENCE OF DRUGS OR ALCOHOL TO THE EXTENT THAT THEY WERE NOT ABLE TO COMMUNICATE COHERENTLY?

YES ☐ NO ☐ IF YES, PROVIDE EXPLANATION BELOW:

THEFTS

	YES/NO
DID YOU EVER STEAL ANY MONEY FROM AN EMPLOYER?	YES ☐ NO ☐
DID YOU EVER STEAL ANYTHING FROM AN EMPLOYER?	YES ☐ NO ☐
DID YOU EVER STEAL ANY PROPERTY OR MONEY FROM A FELLOW EMPLOYEE?	YES ☐ NO ☐
DID YOU EVER DELIBERATELY "SHORTCHANGE" A CUSTOMER?	YES ☐ NO ☐
AS AN ADULT, DID YOU EVER STEAL ANYTHING FROM A STORE OR BUSINESS?	YES ☐ NO ☐
DID YOU EVER ALTER A PRICE TAG IN A STORE?	YES ☐ NO ☐
DID YOU EVER FORGE A CHECK?	YES ☐ NO ☐
DID YOU EVER INTENTIONALLY WRITE A BAD CHECK/WORTHLESS CHECKS?	YES ☐ NO ☐
DID YOU EVER STEAL ANYTHING FROM A VEHICLE?	YES ☐ NO ☐
DID YOU EVER ACT AS A LOOKOUT WHEN ANYONE ELSE WAS STEALING?	YES ☐ NO ☐

EXPLAIN ANY "YES" ANSWERS (PLEASE SEE ADDITIONAL SUPPLEMENTAL PAGES IF NECESSARY):

SECURITY

	YES/NO
HAVE YOU EVER BEEN A MEMBER OF OR ASSOCIATED WITH ANY GROUP OR ORGANIZATION THAT ADVOCATES VIOLENT DISSENT OR THE OVERTHROW OF THIS GOVERNMENT OR ANY OTHER GOVERNMENT, TO INCLUDE ANY ACTS OF TERRORISM?	YES ☐ NO ☐
HAVE YOU EVER BEEN A MEMBER OF A GROUP OR ORGANIZATION ADVOCATING VIOLENCE, RACISM, OR OTHER ILLEGAL ACTIVITIES?	YES ☐ NO ☐
HAVE YOU EVER BEEN REFUSED A SECURITY CLEARANCE OR BOND?	YES ☐ NO ☐
HAVE YOU EVER BEEN INVOLVED IN ANY TYPE OF RIOT, ILLEGAL DEMONSTRATION, OR ILLEGAL STRIKE?	YES ☐ NO ☐
HAVE YOU EVER PARTICIPATED IN THE USE OR MANUFACTURE OF EXPLOSIVE DEVICES OR FIREBOMBS?	YES ☐ NO ☐
HAVE YOU ILLEGALLY ACCESSED OR ATTEMPTED TO ACCESS ANY INFORMATION TECHNOLOGY SYSTEM?	YES ☐ NO ☐

EXPLAIN ANY "YES" ANSWERS (PLEASE SEE ADDITIONAL SUPPLEMENTAL PAGES IF NECESSARY):

DRUG HISTORY

LIST BELOW ANY AND ALL DRUG USAGE. PROVIDE ADDITIONAL INFORMATION REGARDING DRUG USAGE ON THE SUPPLEMENTAL INFORMATION PAGES. INCLUDE A DESCRIPTION OF THE CIRCUMSTANCES, THE TYPE OF DRUG AND ANY ADDITIONAL EXPLANATION.

DRUG	USED	APPROXIMATE DATE FIRST USED	APPROXIMATE DATE LAST USED	NUMBER OF TIMES USED
MARIJUANA/THC/SALVIA	YES ☐ NO ☐			
HASHISH	YES ☐ NO ☐			
PCP/ANGEL DUST	YES ☐ NO ☐			
STP/SPEED	YES ☐ NO ☐			
MUSHROOMS/PSILOCYBIN	YES ☐ NO ☐			
HEROIN	YES ☐ NO ☐			
COCAINE	YES ☐ NO ☐			
CRACK	YES ☐ NO ☐			
OPIUM	YES ☐ NO ☐			
MEDICATION NOT PRESCRIBED TO YOU	YES ☐ NO ☐			
STEROIDS	YES ☐ NO ☐			
PRESCRIPTION DRUG ABUSE/PILL-POPPING	YES ☐ NO ☐			
ICE	YES ☐ NO ☐			
ECSTASY	YES ☐ NO ☐			
SPEEDBALLS	YES ☐ NO ☐			
ROHYPNOL (RUFFIES)	YES ☐ NO ☐			
INHALANTS	YES ☐ NO ☐			
LSD	YES ☐ NO ☐			
GHB/GBL	YES ☐ NO ☐			
METHAMPHETAMINE	YES ☐ NO ☐			
OTHER (LIST):	YES ☐ NO ☐			

DRUG HISTORY CONTINUED

HAVE YOU EVER USED ANY ILLEGAL DRUGS NOT PREVIOUSLY LISTED?

YES ☐ NO ☐ IF YES, PROVIDE EXPLANATION BELOW:

TYPE OF DRUG	LAST TIME USED	NUMBER OF TIMES USED
TYPE OF DRUG	LAST TIME USED	NUMBER OF TIMES USED

ARE YOU CURRENTLY USING ANY ILLEGAL DRUGS?

YES ☐ NO ☐ IF YES, PROVIDE EXPLANATION BELOW:

TYPE OF DRUG	LAST TIME USED	NUMBER OF TIMES USED
TYPE OF DRUG	LAST TIME USED	NUMBER OF TIMES USED

HOW MANY OF YOUR CURRENT FRIENDS OR ASSOCIATES USE ILLEGAL DRUGS?

WHEN WAS THE LAST TIME THAT SOMEONE USED ILLEGAL DRUGS IN YOUR PRESENCE?

DESCRIBE THE TYPE OF DRUG AND THE CIRCUMSTANCES:

IF YOU HAVE SOLD, PURCHASED, TRANSPORTED, AND/OR SUPPLIED ANY ILLEGAL DRUGS OR PRESCRIPTION MEDICATION (EVEN TO/FROM FRIENDS OR RELATIVES AT NO PROFIT TO YOURSELF), ESTIMATE THE DOLLAR AMOUNT THE ILLEGAL DRUGS OR MEDICATION WOULD HAVE BEEN WORTH (I.E. "STREET VALUE"); CHECK THE AMOUNT THAT IS THE CLOSEST REPRESENTATION AND EXPLAIN:

$5,000 ☐ $3,000 ☐ $2,000 ☐ $1,000 ☐ $500 ☐ $300 ☐ $200 ☐ $100 ☐ LESS THAN $100 ☐ NONE ☐

DRUG HISTORY CONTINUED

HAVE YOU EVER HELD A JOB WHERE THE USE OF ILLEGAL DRUGS DURING WORKING HOURS WAS COMMON PRACTICE?

YES ☐ NO ☐ IF YES, PROVIDE EXPLANATION BELOW:

HOW MANY TIMES HAVE YOU USED MARIJUANA OR OTHER ILLEGAL DRUGS DURING WORK HOURS, INCLUDING LUNCHES OR BREAKS? CHECK THE APPROXIMATE NUMBER AND EXPLAIN:

500 ☐ 400 ☐ 300 ☐ 200 ☐ 100 ☐ 75 ☐ 50 ☐ 25 ☐ 15 ☐ 10 ☐ 5 ☐ NONE ☐

HAVE YOU EVER USED PRESCRIPTION MEDICATION FOR REASONS OTHER THAN WHAT IT WAS ORIGINALLY PRESCRIBED FOR?

YES ☐ NO ☐ IF YES, PROVIDE EXPLANATION BELOW:

	YES/NO
HAVE YOU EVER SET UP A DRUG BUY FOR YOURSELF OR ANYONE ELSE?	YES ☐ NO ☐
HAVE YOU EVER OVERDOSED ON ILLEGAL DRUGS?	YES ☐ NO ☐
HAVE YOU EVER ILLEGALLY USED ANYONE ELSE'S DRUG PRESCRIPTION?	YES ☐ NO ☐
HAVE YOU EVER FORGED, ILLEGALLY OBTAINED, SOLD OR STOLEN A DRUG PRESCRIPTION?	YES ☐ NO ☐
HAVE YOU EVER PASSED OR ATTEMPTED TO PASS A FORGED OR STOLEN DRUG PRESCRIPTION?	YES ☐ NO ☐
HAVE YOU EVER STOLEN DRUGS FROM ANYONE?	YES ☐ NO ☐
DO YOU OWN/POSSESS ANY DRUG PARAPHERNALIA?	YES ☐ NO ☐

EXPLAIN ANY "YES" ANSWERS (PLEASE SEE ADDITIONAL SUPPLEMENTAL PAGES IF NECESSARY):

TATTOOS

DO YOU HAVE TATTOOS/BRANDS? **YES** ☐ **NO** ☐

DO YOU HAVE ANY TATTOOS/BRANDS THAT DEPICT OR SUPPORT CRIMINAL BEHAVIOR, DRUG USAGE, GANG AFFILIATION, NUDITY, PROFANITY, DEROGATORY, ETC.? **YES** ☐ **NO** ☐

DO YOU HAVE ANY TATTOOS/BRANDS ON YOUR NECK OR FACE? **YES** ☐ **NO** ☐

PLEASE DESCRIBE AND EXPLAIN EACH TATTOO AND ITS MEANING.

REFERENCES AND ACQUAINTANCES

LIST FIVE (5) RESPONSIBLE PEOPLE, *OTHER THAN PARTNERS, RELATIVES, PAST EMPLOYERS, OR SUPERVISORS*, WHO HAVE PERSONAL KNOWLEDGE OF YOUR QUALIFICATIONS FOR EMPLOYMENT. THESE PEOPLE MAY BE ASKED TO APPRAISE YOUR REPUTATION FOR HONESTY, TRUSTWORTHINESS, SOBRIETY, RELIABILITY, AND DISCRETION.

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

SUPPLEMENTAL INFORMATION

INSTRUCTIONS: PLEASE INDICATE THE PAGE NUMBER AND QUESTION THAT CORRESPONDS TO YOUR ADDITIONAL SHEET. PLEASE MAKE AS MANY COPIES AS NEEDED.

PLEASE PRINT

PAGE #	QUESTION:

SUPPLEMENTAL INFORMATION

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PLEASE PRINT

PAGE #	QUESTION:

GAINESVILLE POLICE DEPARTMENT

BACKGROUND PACKET & PERSONAL DATA INFORMATION

Notice: the gainesville police department has asked that you provide your social security number (SSN). The decision to provide your SSN is your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, the gainesville police department will use it for purposes of identification, and may share the information with other agencies for the same purpose. The gainesville police department's request for your SSN is authorized by state law because use of your SSN is imperative for the gainesville police department to fulfill its lawful duties and responsibilities.

Certification
(to be completed in the presence of a notary)

I,_____, hereby certify that all answers or statements in this personal data packet are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements, falsifications, or omissions herein may cause any offer of employment made by the city of gainesville to be withdrawn, or my employment with the city of gainesville terminated. I further understand that information provided herein is public record and may be subject to review upon request. I hereby certify that i have been given sufficient opportunity and time to review the questions and their intent, and that I have answered them correctly.

I do hereby authorize the gainesville police department to conduct a review of all records concerning myself, whether such records are of a public, private, or confidential nature to include all my publicly posted social media accounts.

Attention: please contact the gainesville police department's personnel services division if any of the above information changes at any time while you are still involved in the hiring process. If you have any contact with law enforcement at any time after completing this packet, it is your responsibility to notify the gainesville police department's personnel services division at 352-393-7595. Failure to do so may be grounds for disqualification from the selection process.

Printed name _____signature _____

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____, by _____, who is personally known or produced identification.

Type of identification produced: _____.

(seal)

_____
notary public signature

_____
printed name

Gainesville Police Department Mission Statement:

Serve the people, protect life, property, and rights. **Enforce** the law fairly and impartially.
Resolve problems by working in concert with our neighbors to identify issues and potential Solutions.

Personnel services division contacts for recruitment & hiring:

Gpd Recruiter
Email: gpdrecruit@cityofgainesville.org
Contact: 352-393-7533