[](http://r20.rs6.net/tn.jsp?f=001oTJDp4WQmRpC0N39Km9gfEP7HL16SggfUwVC6pi1Xcvjvru7ZICcv4IQ9sxH6dR-U38qBrItj1213MGxb9vrB0Uy0My9iBVzCVTIhuTqCz3WoKOcFWIwMddgpahRePPtPHBLepjjTPpjWqfx_OAJdljLL2S-L_bz&c=Yjl39dtIJbStOb5nC8R3PFZHd9ncLMCQxEF18-gJ_KuVDKFQ6wHFDQ==&ch=xRn8K57WzYsH7yLAirWEL3x57M3tS-vDXymXHdwfXl0HBRocL9Q-ow==)

Gainesville Police Department

**Background Packet**

**Personal Data Information**



[](http://r20.rs6.net/tn.jsp?f=001oTJDp4WQmRpC0N39Km9gfEP7HL16SggfUwVC6pi1Xcvjvru7ZICcv4IQ9sxH6dR-U38qBrItj1213MGxb9vrB0Uy0My9iBVzCVTIhuTqCz3WoKOcFWIwMddgpahRePPtPHBLepjjTPpjWqfx_OAJdljLL2S-L_bz&c=Yjl39dtIJbStOb5nC8R3PFZHd9ncLMCQxEF18-gJ_KuVDKFQ6wHFDQ==&ch=xRn8K57WzYsH7yLAirWEL3x57M3tS-vDXymXHdwfXl0HBRocL9Q-ow==)

# 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 toprovide 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,



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 section on pages 38 and 39.
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 (pages 38 and 39). 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:

1. Verification of qualifying credentials
2. Personal Statement
3. Personal History
4. Education History
5. Employment History
6. Family History
7. Residential History
8. Social Media Review
9. Driving History
10. Drug and Alcohol History
11. Civil Records Review
12. Criminal Records Review
13. Personal Reference and Acquaintances
14. IRS and Credit records review
15. Current and Previous Landlords
16. Current and Previous Neighbors
17. Home Visit Interview (sworn-employees)
18. Polygraph Examination
19. Psychological Examination (sworn-employees)
20. Medical Examination

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

* 1. I understand that **misstatements, falsifications, or omissions may be grounds for disqualification from the selection process or termination of employment if hired.**
  2. 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.
  3. I understand that the Gainesville Police Department will review all my publicly posted social media accounts during the process of the background investigation.
  4. 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.

|  |
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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](mailto: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)  RECRUITER       EVENT       WEBSITE  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 ADDITOINAL EMAILS ASSOCIATED TO YOU) | | | | |
| MOTHER’S NAME AND ADDRESS: | | | | | | | | |
|  | | | | | | | | |
| FATHER’S NAME AND ADDRESS: | | | | | | | | |
|  | | | | | | | | |
| MARITAL STATUS (check one): | | | | | | | | |
| SINGLE | MARRIED | | DIVORCED | | SEPARATED | | WIDOWED | |
| 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** | | | | | | | | |

WITH WHOM DO YOU RESIDE? GIVE NAMES AND RELATIONSHIPS:

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# 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 |
|  |  |  |  |  |

# EDUCATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SELECT THE HIGHEST YEAR OR LEVEL OF EDUCATION YOU HAVE COMPLETED: | | | | | | | | | | | | | | | |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | 16 | 17 | Associates | Bachelors | Masters | | Ph.D./J.D. |
| DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A GED? Yes  No | | | | | | | | | | | | | | | |
| LIST THE SCHOOL NAME, LOCATION, AND YEAR YOU GRADUATED HIGH SCHOOL OR RECEIVED THE GED CERTIFICATE: | | | | | | | | | | | | | | | |
| NAME OF SCHOOL | | | | | | | | LOCATION | | | | | | DATE | |
|  | | | | | | | |  | | | | | |  | |

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| --- | --- | --- | --- | --- |
| IF YOU ATTENDED COLLEGE, LIST THE NAME(S) OF THE COLLEGE OR UNIVERSITY, THE LOCATION, AND THE YEAR(S) THAT YOU ATTENDED/GRADUATED, YOUR MAJOR, AND NUMBER OF CREDIT HOURS OR TYPE OF DEGREE YOU OBTAINED: | | | | |
| COLLEGE/UNIVERSITY | LOCATION | MAJOR | YEARS ATTENDED | DEGREE OR CREDIT HOURS EARNED |
|  |  |  |  |  |
| COLLEGE/UNIVERSITY | LOCATION | MAJOR | YEARS ATTENDED | DEGREE OR CREDIT HOURS EARNED |
|  |  |  |  |  |
| COLLEGE/UNIVERSITY | LOCATION | MAJOR | YEARS ATTENDED | DEGREE OR CREDIT HOURS EARNED |
|  |  |  |  |  |
| COLLEGE/UNIVERSITY | LOCATION | MAJOR | YEARS ATTENDED | DEGREE OR CREDIT HOURS EARNED |
|  |  |  |  |  |

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| --- | --- | --- |
| 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 |
|  |  |  |
| TYPE OF TRAINING | NAME OF SCHOOL | DATE ATTENDED |
|  |  |  |

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

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

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

|  |
| --- |
|  |

# 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, SATE 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

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

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|  |

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”:

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| --- |
| 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 OF SERVICE, THE EVENT TYPE/BUSSINESS NAME, AND A BRIEF DESCIRPTION OF THE TYPE OF SERVICE PROVIDED.

|  |  |  |
| --- | --- | --- |
| DATE OF SERVICE | EVENT TYPE/BUSINESS NAME | DESCRITPION |
|  |  |  |
|  |  |  |
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# 

# 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, 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 ENFORCMENT 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 38 AND 39.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DATES OF EMPLOYMENT: | | | SALARY: | | | |
| *From* | *To* | | *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: | | | |
|  | | |  | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| DATES OF EMPLOYMENT: | | | SALARY: | | | |
| *From* | *To* | | *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: | | | |
|  | | |  | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| DATES OF EMPLOYMENT: | | | SALARY: | | | |
| *From* | *To* | | *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: | | | |
|  | | |  | | | |

# EMPLOYMENT HISTORY CONTINUED

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DATES OF EMPLOYMENT: | | | SALARY: | | | |
| *From* | *To* | | *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: | | | |
|  | | |  | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| DATES OF EMPLOYMENT: | | | SALARY: | | | |
| *From* | *To* | | *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: | | | SALARY: | | | |
| *From* | *To* | | *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: | | | |
|  | | |  | | | |

# EMPLOYMENT HISTORY CONTINUED

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DATES OF EMPLOYMENT: | | | SALARY: | | | |
| *From* | *To* | | *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: | | | |
|  | | |  | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| DATES OF EMPLOYMENT: | | | SALARY: | | | |
| *From* | *To* | | *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: | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| DATES OF EMPLOYMENT: | | | SALARY: | | | |
| *From* | *To* | | *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: | | | |
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# EMPLOYMENT HISTORY CONTINUED

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| --- | --- | --- | --- | --- | --- | --- |
| DATES OF EMPLOYMENT: | | | SALARY: | | | |
| *From* | *To* | | *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: | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| DATES OF EMPLOYMENT: | | | SALARY: | | | |
| *From* | *To* | | *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: | | | |
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| --- |
| 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: |
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| --- |
| HAVE YOU EVER RECEIVED ANY DISCIPLINARY ACTION FROM AN EMPLOYER SUCH AS A WRITTEN NOTICE OR SUSPENSION?  YES  NO  IF YES, EXPLAIN BELOW: |
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|  |

# MILITARY HISTORY

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| --- |
| HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. MILITARY? YES  NO  IF YES, WHICH BRANCH(ES)? |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATES OF SERVICE (INDICATE WHETHER **ACTIVE DUTY** OR **RESERVE**): | | | | | |
| *BEGINNING* |  | *ENDING* |  | *TYPE OF DUTY* |  |
| *BEGINNING* |  | *ENDING* |  | *TYPE OF DUTY* |  |
| *BEGINNING* |  | *ENDING* |  | *TYPE OF DUTY* |  |
| LIST PRINCIPAL DUTIES: | | | | | |
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| --- |
| DID YOU RECEIVE ANYTHING LESS THAN AN HONORABLE DISCHARGE? YES  NO  IF YES, EXPLAIN: |
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| --- |
| 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: |
|  |
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|  |

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”:

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# 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 |
| 1. HAVE YOU EVER FURNISHED DRUGS OR OTHER CONTRABAND TO SOMEONE IN YOUR CUSTODY? | YES  NO |
| 1. HAVE YOU EVER LIED OR MISREPRESENTED FACTS TO A SUPERVISOR? | YES  NO |
| 1. HAVE YOU EVER STOLEN OR TAKEN ANYTHING OF VALUE THAT WAS IN YOUR POSSESSION OR FROM SOMEONE IN YOUR CUSTODY? | YES  NO |
| 1. HAVE YOU EVER BEEN CHARGED OR CONVICTED OF CONTEMPT OF COURT? | YES  NO |
| 1. HAVE YOU EVER ACCEPTED A BRIBE? | YES  NO |
| 1. HAVE YOU EVER TAMPERED WITH, OR DESTROYED, EVIDENCE? | YES  NO |
| 1. 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 |
| 1. HAVE YOU EVER REMOVED OR STOLEN ANYTHING OF VALUE WHILE ON DUTY? | YES  NO |
| 1. HAVE YOU EVER LIED UNDER OATH? | YES  NO |
| 1. HAVE YOU EVER TAKEN ANY LAW ENFORCEMENT ACTION AGAINST A PERSON BASED ON ETHNIC, RELIGIOUS, OR RACIAL PREJUDICES? | YES  NO |
| 1. HAVE YOU EVER BEEN A SUBJECT TO 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: |
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# FAMILY HISTORY

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SPOUSE’S OCCUPATION SPOUSE’S EMPLOYER WORK PHONE

LIST FORMER SPOUSE’S NAME, ADDRESS, PHONE NUMBER, DATES OF MARRIAGE/DIVORCE AND LOCATION OF DIVORCE RECORD:

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| --- |
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LIST ALL DEPENDENTS INCLUDING THOSE THAT MAY NOT LIVE IN YOUR HOUSEHOLD:

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| --- | --- | --- |
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| NAME DATE OF BIRTH RESIDENT’S ADDRESS | | |
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| NAME DATE OF BIRTH RESIDENT’S ADDRESS | | |
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| NAME DATE OF BIRTH RESIDENT’S ADDRESS | | |
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| NAME DATE OF BIRTH RESIDENT’S ADDRESS | | |
|  |  |  |
| NAME DATE OF BIRTH RESIDENT’S ADDRESS | | |

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

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| --- | --- | --- | --- |
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| NAME RELATIONSHIP ADDRESS PHONE | | | |
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| NAME RELATIONSHIP ADDRESS PHONE | | | |
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| NAME RELATIONSHIP ADDRESS PHONE | | | |
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| NAME RELATIONSHIP ADDRESS PHONE | | | |
|  |  |  |  |
| NAME RELATIONSHIP ADDRESS PHONE | | | |

# 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: | | *Rent*  *Own* |  | |
| *From* | *To* |
| 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: | | | | |
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| --- | --- | --- | --- | --- |
| DATES OF RESIDENCE: | | *Rent*  *Own* |  | |
| *From* | *To* |
| 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): | | |
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| NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE: | | | | |
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| --- | --- | --- | --- | --- |
| DATES OF RESIDENCE: | | *Rent*  *Own* |  | |
| *From* | *To* |
| STREET ADDRESS: | CITY: | COUNTY: | STATE: | ZIP: |
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| IF APARTMENT, NAME OF COMPLEX: | | NAME OF LANDLORD (IF APPLICABLE): | | |
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| LANDLORD’S MAILING ADDRESS (IF APPLICABLE): | | LANDLORD’S PHONE NUMBER (IF APPLICABLE): | | |
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| NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE: | | | | |
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# RESIDENTIAL HISTORY CONTINUED

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATES OF RESIDENCE: | | *Rent*  *Own* |  | |
| *From* | *To* |
| 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): | | |
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| NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE: | | | | |
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| --- | --- | --- | --- | --- |
| DATES OF RESIDENCE: | | *Rent*  *Own* |  | |
| *From* | *To* |
| STREET ADDRESS: | CITY: | COUNTY: | STATE: | ZIP: |
|  |  |  |  |  |
| IF APARTMENT, NAME OF COMPLEX: | | NAME OF LANDLORD (IF APPLICABLE): | | |
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| LANDLORD’S MAILING ADDRESS (IF APPLICABLE): | | LANDLORD’S PHONE NUMBER (IF APPLICABLE): | | |
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| NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE: | | | | |
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| --- | --- | --- | --- | --- |
| DATES OF RESIDENCE: | | *Rent*  *Own* |  | |
| *From* | *To* |
| 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): | | |
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| NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE: | | | | |
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# RESIDENTIAL HISTORY CONTINUED

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATES OF RESIDENCE: | | *RENT*  *OWN* |  | |
| *FROM* | *TO* |
| 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): | | |
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| NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE: | | | | |
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| --- | --- | --- | --- | --- |
| DATES OF RESIDENCE: | | *RENT*  *OWN* |  | |
| *FROM* | *TO* |
| 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): | | |
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| NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE: | | | | |
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# 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):

|  |  |  |
| --- | --- | --- |
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| PLATFORM USER NAME EMAIL ADDRESS | | |
|  |  |  |
| PLATFORM USER NAME EMAIL ADDRESS | | |
|  |  |  |
| PLATFORM USER NAME EMAIL ADDRESS | | |
|  |  |  |
| PLATFORM USER NAME EMAIL ADDRESS | | |

# 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: |
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| --- |
| 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: |
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| --- | --- | --- |
| 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 |
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# DRIVING HISTORY CONTINUED

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| --- |
| 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): |
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# CIVIL COURT

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| --- |
| 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: |
|  |
|  |
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# CONVERSION OF PROPERTY/GOODS 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 |
|  | | | | | | | |
|  | | | | | | | |
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# CONVERSION OF MONEY FROM EMPLOYERS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  | | | | | | | |
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# 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 |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |

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| --- |
| DID ANY OF YOUR FORMER EMPLOYERS HAVE RULES ABOUT ACCEPTING GRATUITIES?  YES  NO  IF YES, EXPLAIN RULES BELOW. SOME EXAMPLES WOULD INCLUDE: *NO RULES AT ALL, GRATUITIES LIMITED TO GIFTS UNDER $ \_\_\_\_\_\_ IN VALUE, GRATUITIES LIMITED TO MEALS OR FOOD/DRINKS CONSUMED AT ONE SITTING,* OR *NO GRATUITIES ALLOWED.* |
|  |
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|  |

# ALCOHOL

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| --- |
| DID YOU EVER OPERATE 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: |
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|  |
| --- |
| DID YOU EVER CALL IN SICK BECAUSE OF A HANGOVER?  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: |
|  |

# 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 38 AND 39.

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.

***CHARGED*** – YOU WERE ISSUED A “NOTICE TO APPEAR” OR OTHER TYPE OF SUMMONS OR CITATION THAT REQUIRED YOU TO APPEAR IN COURT TO ANSWER TO A CRIMINAL CHARGE.

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| --- | --- | --- | --- | --- |
|  | 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 |  |
| PROSTITUTION/SOLICITING | 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 |  |

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| HAVE YOU BEEN UNDER INVESTIGATION BY ANY LAW ENFORCEMENT AGENCY FOR **ANY** CRIME IN THE PAST OR PRESENT? THIS INCLUDES ANY INVESTIGATION OF A CRIMINAL NATURE. THIS DOES NOT INCLUDE CRIMES SUCH AS SPEEDING, CARELESS DRIVING, ETC. |
| YES  NO  IF YES, PROVIDE EXPLANATION BELOW: |
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# CRIMINAL HISTORY CONTINUED

*(The questions includes any sealed or expunged records)*

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| HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OR NOLO CONTENDER TO A MISDEMEANOR?  YES  NO  IF YES, EXPLAIN BELOW: |
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| --- |
| HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OT NOLO CONTENDER TO A FELONY?  YES  NO  IF YES, EXPLAIN BELOW: |
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| HAVE YOU EVER SERVED A SENTENCING BY THE COURT?  YES  NO  IF YES, EXPLAIN BELOW: |
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| --- |
| WERE YOU EVER ARRESTED AS A JUVENILE?  YES  NO  IF YES, EXPLAIN BELOW: |
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| |  |  | | --- | --- | | 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 |  |  | | --- | | EXPLAIN ANY “YES” ANSWERS (PLEASE SEE PAGES 38 AND 39 FOR ADDITIONAL SHEETS IF NECESSARY): | |  | |  |  CRIMINAL HISTORY CONTINUED  |  | | --- | | 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: | |
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**THEFTS**

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|  | 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? | 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 PAGES 38 AND 39 FOR ADDITIONAL SHEETS IF NECESSARY):

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# SECURITY

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| --- | --- |
|  | 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 PAGES 38 AND 39 FOR ADDITIONAL SHEETS IF NECESSARY):

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# DRUG HISTORY

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| LIST BELOW ANY AND ALL DRUG USAGE. PROVIDE ADDITIONAL INFORMATION REGARDING DRUG USAGE ON THE SUPPLEMENTAL INFORMATION PAGES 38 AND 39.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 |  |  |  |
| ECSTACY | 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

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| HAVE YOU EVER USED ANY ILLEGAL DRUGS NOT PREVIOUSLY LISTED?  YES  NO  IF YES, PROVIDE EXPLANATION BELOW: |
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TYPE OF DRUG LAST TIME USED NUMBER OF TIMES USED

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

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| --- |
| ARE YOU CURRENTLY USING ANY ILLEGAL DRUGS?  YES  NO  IF YES, PROVIDE EXPLANATION BELOW: |
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TYPE OF DRUG LAST TIME USED NUMBER OF TIMES USED

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TYPE OF DRUG LAST TIME USED NUMBER OF TIMES USED

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

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

DESCRIBE THE TYPE OF DRUG AND THE CIRCUMSTANCES:

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| 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 |
|  | | | | | | | | | |
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| 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: | | | | | | | | | |
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| 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 |
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|  | 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 PAGES 38 AND 39 FOR ADDITIONAL SHEETS IF NECESSARY):

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# REFERENCES AND ACQUAINTANCES

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

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

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| **PAGE #** | **QUESTION:** |

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# SUPPLEMENTAL INFORMATION

**INSTRUCTIONS: Please indicate the page number and question that corresponds to your additional sheet. Please make as many copies as needed.**

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| **PAGE #** | **QUESTION:** |

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# 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 Departments 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

[](http://r20.rs6.net/tn.jsp?f=001oTJDp4WQmRpC0N39Km9gfEP7HL16SggfUwVC6pi1Xcvjvru7ZICcv4IQ9sxH6dR-U38qBrItj1213MGxb9vrB0Uy0My9iBVzCVTIhuTqCz3WoKOcFWIwMddgpahRePPtPHBLepjjTPpjWqfx_OAJdljLL2S-L_bz&c=Yjl39dtIJbStOb5nC8R3PFZHd9ncLMCQxEF18-gJ_KuVDKFQ6wHFDQ==&ch=xRn8K57WzYsH7yLAirWEL3x57M3tS-vDXymXHdwfXl0HBRocL9Q-ow==)

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](mailto:gpdrecruit@cityofgainesville.org)

Officer Amanda Figueredo

Email: [figueredoam@cityofgainesville.org](mailto:figueredoam@cityofgainesville.org)

Contact: 352-393-7533

Officer Ernest Graham

Email: [grahame@cityofgainesville.org](mailto:grahame@cityofgainesville.org)

Contact: 352-393-7532

Mr. Ray Barber

Email: [barberr1@cityofgainesville.org](mailto:barberr1@cityofgainesville.org)

Contact: 352-393-7534

Ms. Patty Barritt

Email: [barrittpa@cityofgainesville.org](mailto:barrittpa@cityofgainesville.org)

Contact: 352-393-7531

Sergeant Joseph Castor

Email: [castorjj@cityofgainesville.org](mailto:castorjj@cityofgainesville.org)

Contact: 352-393-7613

Lieutenant M.J Brown

Email: [brownmj@cityofgainesville.org](mailto:brownmj@cityofgainesville.org)

Contact: 352-393-7770