



## **Gainesville Police Department**

### **Background Investigation Personal Data Information**

## INSTRUCTIONS

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. Any information that is omitted will slow the progress of your background investigation. Note: 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.

Information provided in the Personal Data packet must be printed legibly or electronically completed via MS Word, Versions 2003-2007 or higher. The MS Word version may be electronically saved for your personal convenience. 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 24 and 25.

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 24 and 25). 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.

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.

## 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
- ORIGINAL college transcript
- 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, 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

*~ Thank you for your interest in becoming a member of the Gainesville Police Department ~*

**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.*

## PERSONAL DATA

TODAY'S DATE: / /		POSITION APPLIED FOR:	
YOUR FULL LEGAL NAME :		ALIAS OR FORMER NAME(S):	
DATE OF BIRTH: / /		SOCIAL SECURITY NUMBER: - -	
STREET ADDRESS:	CITY:	STATE:	ZIP:
DRIVER'S LICENSE # :		STATE OF ISSUANCE:	
HOME PHONE: ( ) -	CELL PHONE: ( ) -	PRIMARY E-MAIL ADDRESS:	
MOTHER'S NAME AND ADDRESS:			
FATHER'S NAME AND ADDRESS:			
MARITAL STATUS (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			

## 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

\*THIS INFORMATION IS FOR IDENTIFICATION PURPOSES ONLY

## 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

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

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

List any technical skills you have, whether or not acquired through formal education or training:

---



---



---



---

**PROFESSIONAL LICENSES**

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 date of expiration:

TYPE	STATE	EXPIRATION DATE
TYPE	STATE	EXPIRATION DATE

Have you ever had a professional license suspended or revoked? Yes  No

If yes, explain:

---

---

Have you ever been refused a surety bond or been refused employment that required a surety bond? Yes  No

If yes, explain:

---

---

**SOCIAL NETWORKING ACCOUNTS**

List any internet profiles (i.e. Twitter, eBay, Myspace, Facebook, LinkedIn) that you have and your e-mail address(s):

---

---

**ORGANIZATIONS**

List all organizations, societies, clubs and associations, past or present, in which you have held membership:

---

---

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:

---

---

---

## 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

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

Have you ever taken a polygraph examination or computerized voice stress analysis (CVSA)? Yes  No

If yes, indicate where, when, and why:

WHERE	WHEN	WHY

## 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 24-25.

(1)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
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:		

(2)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
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:		

(3)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
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 (continued)

(4)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
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:		

(5)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
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:		

(6)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
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 (continued)

(7)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
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:		

(8)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
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:		

(9)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
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 (continued)**

(10)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
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:		

(11)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
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:		

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 or suspension?

Yes  No  If yes, explain below:

---



---



---

**MILITARY SERVICE**

Have you ever served in any branch of the U.S. military? Yes  No  If yes, which branch(es)?

**Dates of Service (Indicate whether Active Duty or Reserve):**

<i>Beginning</i> _____	<i>Ending</i> _____	<i>Type of Duty</i> _____
<i>Beginning</i> _____	<i>Ending</i> _____	<i>Type of Duty</i> _____
<i>Beginning</i> _____	<i>Ending</i> _____	<i>Type of Duty</i> _____

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:

**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:

**DRIVING HISTORY (continued)**

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
----------------	-------------------	------

---

---

---

---

---

---

---

---

---

---

---

---

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):

---

---

---

---

---

---

---

---

## CRIMINAL ACTIVITY

Indicate if you have ever **committed**, been **arrested**, or been **charged** for any of the crimes listed below. Provide explanation on Supplemental Information pages 24-25.

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.

	COMMITTED		ARRESTED		CHARGED		AGE AT TIME
Burglary	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Armed Robbery/Robbery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Illegal Possession of Narcotics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sale of Narcotics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
DWI or DUI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Passing Worthless/Bad Checks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Auto Theft	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Assault/Battery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Domestic Battery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Murder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Shoplifting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Theft	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Theft from an Employer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Vandalism	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Rape/Other Sex Crime(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Indecent Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Perjury/False Statements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Possession/Distribution of Child Pornography	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Computer Related Crimes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Child Abuse/Neglect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Forgery/Uttering a Forgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Prostitution/Soliciting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any Other Criminal Offense:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Have you been under investigation by any law enforcement agency for **any** crime in the past? This includes any investigation of a criminal nature and does not include crimes such as speeding, careless driving, etc.

Yes  No  If yes, provide explanation below:

---



---



---

**CRIMINAL ACTIVITY (continued)**

**NOTE: If you are arrested or detained by a law enforcement agency at any time after completing this packet, while still involved in the GPD hiring process, it is your responsibility to notify the Personnel Unit of the Gainesville Police Department at 352-393-7595. Failure to do so will result in the immediate disqualification from the hiring process.**

Have you ever been arrested, charged, issued a notice to appear, cited, or pled no contest for any offense? Provide an explanation of any of the above to include the initial charge, charges that may have been reduced, and the disposition of each charge on pages 24-25.

*(For police officer applicants, this includes any sealed or expunged records)*

Yes  No  If yes, list the following:

ARRESTING AGENCY	CHARGE	CITY/COUNTY/STATE	DATE
------------------	--------	-------------------	------

---

---

---

---

Were you ever convicted, had adjudication withheld, pled no contest, or had any type of pre-trial diversion regardless of whether probation was imposed, for any of the previously listed offenses, or any other offenses that may not have been listed?

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:

---

---

---

## DRUG ACTIVITY

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 <input type="checkbox"/> No <input type="checkbox"/>			
Hashish	Yes <input type="checkbox"/> No <input type="checkbox"/>			
PCP/Angel Dust	Yes <input type="checkbox"/> No <input type="checkbox"/>			
STP/Speed	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mushrooms/Psilocybin	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Heroin	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cocaine	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Crack	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Opium	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Medication Not Prescribed to You	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Steroids	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Prescription Drug Abuse/Pill-Popping	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ice	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ecstasy	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Speedballs	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Rohypnol (Ruffies)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Inhalants	Yes <input type="checkbox"/> No <input type="checkbox"/>			
LSD	Yes <input type="checkbox"/> No <input type="checkbox"/>			
GHB/GBL	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Methamphetamine	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other (list):	Yes <input type="checkbox"/> No <input type="checkbox"/>			

If you have sold, purchased, 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:

\$10,000    
 \$5,000    
 \$3,000    
 \$2,000    
 \$1,000    
 \$500    
 \$300    
 \$200    
 \$100    
 Less than \$100    
 None

---



---



---



**DRUG ACTIVITY (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

---

---

---

**ON-THE-JOB USE OF ALCOHOL**

Have you ever held a job where the use of alcohol (on-the-job) was common practice?

Yes  No  If yes, provide explanation 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:

---

---

---

**CIVIL COURT AND CREDIT HISTORY**

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 FROM EMPLOYER(S)**

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

---

---

---

**CONVERSION OF MONEY FROM EMPLOYER(S)**

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

---



---



---

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.*

---



---



---

## 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.

(1)

DATES OF RESIDENCE:		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
<i>From</i>	<i>To</i>			
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)

(2)

DATES OF RESIDENCE:		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
<i>From</i>	<i>To</i>			
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:				

(3)

DATES OF RESIDENCE:		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
<i>From</i>	<i>To</i>			
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:				

(4)

DATES OF RESIDENCE:		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
<i>From</i>	<i>To</i>			
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)

(5)

DATES OF RESIDENCE:		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
<i>From</i>	<i>To</i>			
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:				

(6)

DATES OF RESIDENCE:		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
<i>From</i>	<i>To</i>			
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:				

(7)

DATES OF RESIDENCE:		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
<i>From</i>	<i>To</i>			
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)

(8)

DATES OF RESIDENCE:		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
<i>From</i>	<i>To</i>	COUNTY:	STATE:	ZIP:
STREET ADDRESS:		CITY:		
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:				

## PERSONAL REFERENCES

List five (5) responsible people, other than relatives, past employers, or supervisors, who have personal knowledge of your qualifications for employment.

(1)

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

(2)

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

**PERSONAL REFERENCES (continued)**

(3)

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

(4)

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

(5)

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

**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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you ever furnished drugs or other contraband to someone in your custody?                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you ever lied or misrepresented facts to a supervisor?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Have you ever stolen or taken anything of value that was in your possession or from someone in your custody? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**PREVIOUS LAW ENFORCEMENT EXPERIENCE (continued)**

- 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 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:

---

---

---

---

---

---

---

---

**SUPPLEMENTAL INFORMATION**

Use this section to explain or expand upon any previously asked question. Please indicate the page number and topic that you are explaining:



**SUPPLEMENTAL INFORMATION (continued)**

**PERSONAL DATA PACKET 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.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

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