



**WOODWAY PUBLIC SAFETY  
DEPARTMENT APPLICATION**

Name: \_\_\_\_\_

Complete and Return By: \_\_\_\_\_

There will only be one test date available. You will receive an email with the date and time once your application is submitted and processed

1. PHYSICAL AGILITY TEST

Date: To Be Determined

Time: To Be Determined

McLennan Community College Emergency Services Education Center

**You must pass the physical agility test to continue to the written test.**

WRITTEN TEST

Date: Same day as physical agility test

Time: Immediately following physical agility test

McLennan Community College Emergency Services Education Center

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**WOODWAY PUBLIC SAFETY DEPARTMENT  
REQUIREMENTS**

We are a Public Safety Department. This means our officers are cross-trained as both Police Officers and Fire Fighters and First Responders. Although we do not require applicants to be certified in either field to be hired, both certifications must be obtained by successfully completing the Police Academy, the Fire Academy, all state testing, and all field training. Physical requirements must be accomplished in both academies. It is the responsibility of the employee to make certain that these requirements are met (i.e. - mile and a half run in 14 minutes or less).

• **AGE:**

Applicant must be (21) years of age at the time of testing or may be (18) years of age if the applicant has obtained one of the following:

- 1) An Associate's Degree or 60 hours of college credits from an accredited college or university, or
- 2) Has received an honorable discharge from the armed forces of the U.S. after at least 2 years of active service.

- **CITIZENSHIP:**

Applicant must be a citizen of the United States.

- **BACKGROUND:**

- ✓ Must have not ever been on, or currently on, court-ordered community supervision or probation for a criminal offense.
- ✓ Must not currently be under indictment for any criminal offense.
- ✓ Must have not been convicted of a Class A misdemeanor or its equivalent within the last 10 years.
- ✓ Must have not been convicted of a Class B misdemeanor or its equivalent in the last 10 years.
- ✓ Must have not been convicted at any time of a felony offense.
- ✓ Must have not been arrested on any family violence offense.
- ✓ Must have not been arrested for the offense of Driving While Intoxicated or Driving under the Influence.
- ✓ Must have not been discharged from any military service under less than honorable conditions at any time.
- ✓ Must not have had a license issued by any Law Enforcement Commission (from any state) denied by find order or revoked, or have an involuntary surrender of a license currently in effect.
- ✓ Must not be prohibited by state or federal law from operating a motor vehicle.
- ✓ Must not be prohibited by state or federal law from possessing firearms or ammunition.

- **DRUG USE:**

Drug use will be dealt with on an individual basis. (Any prior chemical use is not acceptable)

- **EDUCATION:**

High school diploma or GED required. Completion of at least thirty (30) hours of college level coursework preferred. Military experience may be substituted for college hours.

- **HEALTH:**

Applicant's vision must be correctable to 20/20 in both eyes with no color blindness, and hearing must be normal in both ears. Applicant must be able to pass a complete physical with height/weight being proportional. Appearance of mouth must be normal. Properly restored or filled teeth are acceptable.

- **DRIVING RECORD:**

Applicant must have a valid Texas Driver's License with no more than three (3) moving violations in any two-year period and be eligible to obtain a Class B license during fire training. For our records, a Defensive Driving Course taken for the purpose of dismissing a citation will count as a moving violation. Accidents will be reviewed on an individual basis.

- **RESIDENCE:**

All members of the Department shall reside within twenty (20) aerial miles from the Public Safety Department.

- **POLYGRAPH:**

Applicants shall be required to successfully pass a polygraph.

- **NEPOTISM:**

Relatives of the first, second, and third degree (consanguinity or affinity) shall not be employed by, appointed, or promoted into any position (including full-time, part-time, regular, and temporary) within the Department. If employees become related after employment, it will be the responsibility of the employees affected to immediately notify their supervisor(s) and to come into compliance with this policy within sixty (60) days.

**Woodway Fact Sheet:**

This fact sheet is provided to answer the many commonly asked questions concerning the Woodway Public Safety Department. We hope this will adequately answer questions you may have. If not, please contact Assistant Chief Todd Gill. Thank you.

**What will my salary be?**

Salary for Public Safety Officer I position begins at \$58,963.00 per year during Police Academy. After completion of the Police Academy, salary increases to \$64,974.00 and is subject to increase based on merit evaluation up to \$68,821.00. Upon certification as a paid Fire Fighter, salary increases \$3.82/hr.

Current 2 year officer- Range \$68,498.00 per year - \$77,973.00 per year +Fire Pay (\$3.82-8.81/hr.)  
Current 5 year officer- Range \$77,976.00 per year - \$84,668.00 per year +Fire Pay (\$3.82-8.81/hr.)  
Amounts are based on annual evaluations.

Certificate/Education will be paid annually by separate check in mid-late November. Employees will only be paid for highest certificate/degree held.

<u>EDUCATION</u>	<u>RATE PER MONTH</u>
PhD.....	200.00
Master.....	150.00
Bachelor.....	100.00
Associates.....	50.00

<u>PUBLIC SAFETY CERTIFICATES</u>	<u>RATE PER MONTH</u>
Master Peace Officer.....	85.00
Advanced Peace Officer.....	65.00
Intermediate Peace Officer.....	45.00
Basic Peace Officer.....	0.00

<u>LONGEVITY PAY</u>	<u>RATE PER MONTH</u>
Officer.....	7.50

**Example:**

5 yr. Officer = 450.00  
10 yr. Officer = 900.00  
20 yr. Officer = 1800.00

## What benefits will I receive?

- **VACATION:** You will receive 80 hours paid vacation every year for the first five years. During the next five to fifteen years, you will receive fifteen days paid vacation. At fifteen years and over, you will receive twenty days paid vacation.
- **HOLIDAYS:** Employees receive 13 paid holidays per year. It is not always possible to take the day off on the actual holiday. Holiday time may be reserved for up to 90 days following the holiday. Vacation and holiday time may be taken upon approval of written request.
- **SICK LEAVE:** You will earn six hours of sick leave each month. Sick leave may be used after the first six-month period of probation. This time may accumulate and be carried over to the next year.
- **INSURANCE:** You will be provided life, health and dental insurance. Presently, the premium for the employee is paid by the City of Woodway. The spouse and family may be covered by the City policy as well, but the employee must pay part of the premium. This amount may vary with annual changes in coverage.
- **UNIFORMS:** Police uniforms, fire gear, and various equipment will be provided. Uniform cleaning is also provided.

## What are the normal working hours?

Currently, officers work four (4) 12 hour shifts with rotating days off. No shift has Saturday and Sundays off constantly, although these 2 days may be off as part of the rotation. Shifts are scheduled as 7AM-7PM and 7PM-7AM and 3PM -3AM - Assignment is by bid and based on seniority.

## Is my schedule subject to change?

Yes. This is an emergency department, open 24 hours a day, seven days a week. To provide such continuous service, it may be necessary to rearrange personnel. Every attempt is made to provide as much advance notice as possible, but sometimes illness or family emergencies make it necessary to make changes on short notice.

## Am I subject to on-call?

Yes, all personnel are expected to carry a pager on off duty time and respond to emergency call-outs. Annual evaluations include response to Fire/Rescue calls off duty. Emergency situations such as SWAT call-outs, major fires, or extended rescues can result in the entire department being called in.

## Will I be paid Over-Time?

Over-time or Comp-time is paid at a rate of time and a half.

## **What kind of people will I deal with?**

Part of the challenge of being a Public Safety Officer is the continual variety of situations and persons to be dealt with. They can range from calm and polite to hysterical and irate. This diversity is what keeps the job interesting.

## **What are the steps in the hiring process?**

1. Pick up a packet from the department and review all the information provided.
2. Sign up for the written and physical agility tests.
3. Provide your driver's license information. Review must be within departmental guidelines.
4. Complete and return the full application.
5. Complete and pass both written and physical agility tests.
6. Pass review board.
7. Pass background investigation.
8. Pass a polygraph
9. Job will be offered, pending successful results from the physical and psychological screening.

**The City of Woodway has a City Council-City Manager form of government.**

## **PUBLIC SAFETY OFFICER PHYSICAL AGILITY APPLICANT INFORMATION SHEET**

The following information is supplied so that you may be aware of what is expected at the Woodway Public Safety Department Physical Agility Test. Before you can participate in the tests, you will be required to sign a liability release form which exempts the City of Woodway from liability for any injury you might receive as a result of your desire to become a Public Safety Officer. This form will be provided by WPSD Administrative staff.

The Agility Test is divided into four (4) parts:

- 500 Meter row (2:27 or less females/2:08 or less for males)
- 1 mile run (11:40 minutes)
- Obstacle Course
- Suspect Identification/Firearm Operation

**We recommend loose, comfortable clothing.**

**Woodway Public Safety Department  
Applicant Internet Use Questionnaire**

Applicant Name: \_\_\_\_\_

1. Do you have a current personal internet webpage, including Twitter, Facebook or other similar pages?

Yes                       No

If the answer is yes, what is that website, including the web address and username that will allow the Police Dept. access during your background investigation?

Address: \_\_\_\_\_

Username: \_\_\_\_\_

2. Have you ever posted images or content, or has your image ever been posted on the internet in a way that would be considered inappropriate or at odds with the values of the Woodway Public Safety Department including nudity, semi-nudity or depictions of any illegal, immoral or otherwise inappropriate conduct on your part?

Yes                       No

If the answer is yes, explain whether the posting still exists, the nature of the posting and the web address, usernames and passwords where the posting is or was located.

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

By my below signature, I affirm the truthfulness and completeness of the responses given above and authorize the Woodway Public Safety Department to access and view any personal webpage's I have as a part of the background investigation being conducted on me as an applicant for the Woodway Public Safety Department.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## **STUDY GUIDES**

You can check out a study guide at the dispatch window.  
There is a \$5.00 deposit. Please bring cash or a check only.  
You can return the guide on test day, and your cash or check will  
be returned to you at that time.

# **IMPORTANT INFORMATION**

## **TCOLE Personal History Statement Template Instructions**

The attached Personal History Statement (PHS) is intended as a sample of what TCOLE considers to be the minimum information necessary to meet the required background investigation (BI) for any law enforcement licensee appointed to an agency, as defined under TCOLE Rule 211.1(a)(8).

Agency administrators may add additional information or agency identifiers without deletion or elimination of any information in this document. They may also decide at which stage in the pre-appointment process the PHS/BI will be completed as long as it is done before the applicant is appointed. The objective is to help the agency's chief administrator to make an informed decision based on factual and verifiable information.

The PHS/BI is an auditable document which must be retained along with all other required TCOLE appointment documents through the licensee's employment and five (5) years after he or she leaves the agency. For training academies, the record must be retained for five (5) years from the last date at the academy.

# TEXAS COMMISSION ON LAW ENFORCEMENT

## TCOLE

**AGENCY NAME:**

APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS

Appointment/Employment

Name:

Date Issued:

Complete and Return By:

I am applying for:

Peace Officer

PID #:

County Jailer

PID #:

Telecommunicator

PID #:

Civilian Employment

## **Personal History Statement Instructions**

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects, so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required– modify list as necessary.*

Completed Personal History Statement

Copy of your Social Security card

Original certified copy of your birth certificate (no photo copy)

Copy of your valid Texas driver license or a copy of another State's driver license (applicant must possess a valid Texas driver license prior to being offered employment)

Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service

Sealed original certified copy of your college transcript (no photo copy)

Photocopy of your college diploma

Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only)

Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only)

Copy of your DD-214 and/or other military discharge documents (if applicable)

Original certified copy of your Naturalization papers, if applicable (no photo copy)

Copy of current proof of automobile liability insurance

Copy of a TCOLE approved Firearms Qualifications within the last 12 months

10. If you have questions, please contact your assigned background investigator.

11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to your assigned background investigator.

## Instructions to the Applicant

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer, jailer, or telecommunicator in Texas.

I am a citizen of the United States of America.

I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.

I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation, or deferred adjudication for a Class A misdemeanor or a felony.

During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation, or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

### DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- Be as complete, honest, and specific as possible in your responses.

### Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

(Name of Law Enforcement Agency)

### AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the \_\_\_\_\_ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**SECTION 1: PERSONAL**

Last Name: First Name: Middle Name: Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

Place of Birth (City, County, State, Country):

Physical Description:

Height: Weight: Hair Color: Eye Color:

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Have you ever attended a basic licensing course? Yes No

If yes, provide the PID you were assigned:

**A.** Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

**B.** Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?

Yes            No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

**A. Name of Agency:** \_\_\_\_\_ **Position Applied For:** \_\_\_\_\_

Date Applied: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Investigator's Name (if known): \_\_\_\_\_

Contact Number, (ext): \_\_\_\_\_ Email: \_\_\_\_\_

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

<b>Steps:</b>	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
<b>Status:</b>	Hired	On List	Withdrawn	Disqualified		

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**B. Name of Agency:** \_\_\_\_\_ **Position Applied For:** \_\_\_\_\_

Date Applied: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Investigator's Name (if known): \_\_\_\_\_

Contact Number, (ext): \_\_\_\_\_ Email: \_\_\_\_\_

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

<b>Steps:</b>	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
<b>Status:</b>	Hired	On List	Withdrawn	Disqualified		

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**C. Name of Agency:** \_\_\_\_\_ **Position Applied For:** \_\_\_\_\_

Date Applied: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Investigator's Name (if known): \_\_\_\_\_

Contact Number, (ext): \_\_\_\_\_ Email: \_\_\_\_\_

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

<b>Steps:</b>	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
<b>Status:</b>	Hired	On List	Withdrawn	Disqualified		



## SECTION 2: RELATIVES AND REFERENCES

### IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers.

N/A      **A. Father's Name:** \_\_\_\_\_      D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A      **B. Step-Father's Name:** \_\_\_\_\_      D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A      **C. Mother's Name:** \_\_\_\_\_      D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A      **D. Step-Mother's Name:** \_\_\_\_\_      D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A **E. Spouse/Registered Domestic Partner's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Marriage:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A **F. Father-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **G. Mother-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **H. Former Spouse/Cohabitant's Name(s):**

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A I. Former Spouse/Cohabitant's Name(s):

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

**J. BROTHERS AND SISTERS:** List all living siblings, including half-siblings, foster siblings, etc.

N/A 1. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 2. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 3. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 4. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 5. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 6. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

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

N/A 1. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A      **2. Name:**      Male      Female  
D.O.B.:      Custodial parent or guardian (if other than you):  
Address:  
City:      State:      Zip:  
Contact Number:      Email:

N/A      **3. Name:**      Male      Female  
D.O.B.:      Custodial parent or guardian (if other than you):  
Address:  
City:      State:      Zip:  
Contact Number:      Email:

N/A      **4. Name:**      Male      Female  
D.O.B.:      Custodial parent or guardian (if other than you):  
Address:  
City:      State:      Zip:  
Contact Number:      Email:

N/A      **5. Name:**      Male      Female  
D.O.B.:      Custodial parent or guardian (if other than you):  
Address:  
City:      State:      Zip:  
Contact Number:      Email:

N/A      **6. Name:**      Male      Female  
D.O.B.:      Custodial parent or guardian (if other than you):  
Address:  
City:      State:      Zip:  
Contact Number:      Email:

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**L. REFERENCES:** List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere.

**1. Name:**      Address:  
City:      State:      Zip:  
Company/Work Address:  
City:      State:      Zip:  
Home Phone:      Work Phone:      Cell Phone:      Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

**2. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company/Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

**3. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company/Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

**4. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company/Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

**5. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company/Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

6. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Company/Work Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
 How long have you known this person? \_\_\_\_\_

7. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Company/Work Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
 How long have you known this person? \_\_\_\_\_

8. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Company/Work Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
 How long have you known this person? \_\_\_\_\_

**SECTION 3: EDUCATION**

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

Check applicable: High School Diploma GED Discharge documents from armed services with 2 years active duty

**List high schools attended or where you obtained your GED:**

1. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No  
 2. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No

**List all colleges or universities attended:**

1. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Degree Earned: \_\_\_\_\_ Total Units Earned: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Degree Earned: \_\_\_\_\_ Total Units Earned: \_\_\_\_\_

3. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Degree Earned: \_\_\_\_\_ Total Units Earned: \_\_\_\_\_

---

**List any trade, vocational, or business schools/institutes attended:**

1. Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of school or training: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Did you complete the course?      Yes      No

2. Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of school or training: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Did you complete the course?      Yes      No

3. Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of school or training: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Did you complete the course?      Yes      No

---

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school?      Yes      No

If yes, describe in detail below. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.



**SECTION 4: RESIDENCES**

**LIST OF RESIDENCES**

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

**1. Current Residence Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live: \_\_\_\_\_

**2. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**3. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**4. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
N/A Name(s) of those with whom you live: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_

**5. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
N/A Name(s) of those with whom you live: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_

**6. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
N/A Name(s) of those with whom you live: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_

**7. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
N/A Name(s) of those with whom you live: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

2. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

3. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

4. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

5. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

6. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):



**3. Name of Employer or Military Unit:**

**From:**

**To:**

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

---

**4. Period of Unemployment**

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

---

**5. Name of Employer or Military Unit:**

**From:**

**To:**

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

---

**6. Period of Unemployment**

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

---

7. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

8. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

9. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

10. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

11. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

12. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

13. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

14. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

15. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

16. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

17. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

18. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions). Yes No

19. Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes No

20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes No

21. Have you ever resigned without giving two weeks-notice? Yes No

22. Have you ever resigned in lieu of termination? Yes No

23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? Yes No



24. Were you ever the subject of a written complaint at work?      Yes      No
25. Have you ever been counseled at work due to lateness or absences?      Yes      No
26. Did you ever receive an unsatisfactory performance review?      Yes      No
27. Have you ever sold, released, or given away legally confidential information?      Yes      No
28. Have you ever called in sick when you were neither sick nor caring for a sick family member?      Yes      No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered "Yes" to any of Questions 18 – 28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

---

Has your work performance ever been affected by your use of alcohol or drugs?      Yes      No

When?      Name of Employer:

In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?      Yes      No

When?      Name of Employer:

### SECTION 6: MILITARY EXPERIENCE

(Complete for all branches of the military served. Add pages if necessary).

1. Are you required to register for the Selective Service?      Yes      No

2. If yes, have you registered?      Yes      No

If no, explain:

Branch of Service:      Dates Served From:      To:

Type of Discharge:      Entry Level      Honorable      General      Other than Honorable

Re-entry Code (1 – 4) if applicable; refer to your DD-214:

3. Are you currently participating in one of the following?      Military Reserve      National Guard

If checked, date obligation ends:

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?      Yes      No

5. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance?      Yes      No

If you answered "Yes" to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.

## SECTION 7: FINANCIAL

### INCOME AND EXPENSES:

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

1. From your employer(s), what is your monthly income?

2. Do you have income other than from your salary or wages?      Yes      No

If yes, fill in amount:                      per month      Explain:

3. Approximately how much do you spend each month? (Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have).

4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?      Yes      No

5. Have any of your bills ever been turned over to a collection agency?      Yes      No

6. Have you ever had purchased goods repossessed?      Yes      No

7. Have your wages ever been garnished?      Yes      No

8. Have you ever been delinquent on income or other tax payments?      Yes      No

9. Have you ever failed to file income tax or cheated/lie on an income tax form?      Yes      No

10. Have you ever had an employment bond refused?      Yes      No

11. Have you ever avoided paying any lawful debt by moving away?      Yes      No

12. Have you ever defaulted on a loan, including a student loan?      Yes      No

13a. Have you ever borrowed money to pay for a gambling debt?      Yes      No

13b. If "Yes," do you currently have any outstanding debts as a result of gambling?      Yes      No

14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?  
Yes      No

15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?  
Yes      No

16. Have you written three or more bad checks in a one-year period?      Yes      No



5. Have you ever been placed on court probation as an adult?      Yes      No
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?  
Yes      No
7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult?      Yes      No
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?  
Yes      No
9. Have the police ever been called to your home for any reason?      Yes      No
10. Have you or your spouse/partner ever been referred to Child Protective Services?      Yes      No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order?      Yes      No
12. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?      Yes      No
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance?      Yes      No
14. Have you ever filed a false insurance or workers' compensation claim?      Yes      No

If you answered "Yes" to any of Questions 5 – 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

---

### Undetected Acts – Part 1

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

15. Annoying/obscene phone calls      Yes      No
16. Assault (use of force or violence upon another)      Yes      No
17. Assault on a family member (use of force or violence upon a family member)      Yes      No
18. Brandishing a weapon (any type of weapon)      Yes      No
19. Carrying a concealed weapon without a permit      Yes      No
20. Contributing to the delinquency of a minor      Yes      No
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel)      Yes      No
22. Driving under the influence of alcohol and/or drugs      Yes      No

- |  |     |    |     |    |
|--|-----|----|-----|----|
| 23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) |     |    | Yes | No |
| 24. Hit and run collision (no injuries)  | Yes | No |     |    |
| 25. Hunting or fishing without a license   | Yes | No |     |    |
| 26. Illegal gambling   | Yes | No |     |    |
| 27. Impersonating a peace officer  | Yes | No |     |    |
| 28. Indecent exposure (including flashing or mooning)  | Yes | No |     |    |
| 29. Joyriding (using a car or other vehicle without owner's permission)                                | Yes | No |     |    |

**Undetected Acts – Part 1**

At any time in your life, have you **ever** committed any of the following?

- |   |     |    |  |  |
|---|-----|----|--|--|
| 30. Arson (intentionally destroying property by setting a fire)                           | Yes | No |  |  |
| 31. Assault with a deadly weapon  | Yes | No |  |  |
| 32. Theft of a vehicle and/or vehicle parts   | Yes | No |  |  |
| 33. Burglary (entering a structure or vehicle to commit theft or other crime)             | Yes | No |  |  |
| 34. Child molestation (performing unlawful acts with a child)                             | Yes | No |  |  |
| 35. Accessing, producing, or possessing child pornography                                 | Yes | No |  |  |
| 36. Injury to a child, elderly, and/or disabled   | Yes | No |  |  |
| 37. Embezzlement (theft of money or other valuables entrusted to you)                     | Yes | No |  |  |
| 38. Felony drunk driving (involving injuries)   | Yes | No |  |  |
| 39. Forcible rape or other act of unlawful intercourse/sexual activity                    | Yes | No |  |  |
| 40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) | Yes | No |  |  |
| 41. Hit and run (with injuries)   | Yes | No |  |  |
| 42. Hate crime  | Yes | No |  |  |
| 43. Insurance fraud   | Yes | No |  |  |
| 44. Theft (value of over \$500 and/or any firearm)  | Yes | No |  |  |
| 45. Murder, homicide, or attempted murder   | Yes | No |  |  |
| 46. Perjury (lying under oath)  | Yes | No |  |  |
| 47. Possession of an explosive/destructive device   | Yes | No |  |  |
| 48. Robbery (theft from another person using a weapon, force, or fear)                    | Yes | No |  |  |
| 49. Stalking  | Yes | No |  |  |
| 50. Blackmail or extortion  | Yes | No |  |  |
| 51. Any other act amounting to a felony   | Yes | No |  |  |

If you answered "YES" to **any** of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

---

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

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

**52. Within the past three years**, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs?      Yes      No

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

---

**53. Prior to the past three years (check all that apply):**

I have never used any drug recreationally.

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

If you have, give details including drug(s) used, most recent date used, and circumstances:



**List your current liability insurance on your vehicle(s):**

4. Type of Coverage:      Insured                      Bonded                      Cash Deposit  
Vehicle Make/Model:                                      Year:                                      Vehicle License:  
Insurance Company:                                      Policy Number:                                      Expires:  
Address:  
City:                                      State:                                      Zip:                                      Contact Number:

5. Type of Coverage:      Insured                      Bonded                      Cash Deposit  
Vehicle Make/Model:                                      Year:                                      Vehicle License:  
Insurance Company:                                      Policy Number:                                      Expires:  
Address:  
City:                                      State:                                      Zip:                                      Contact Number:

6. Type of Coverage:      Insured                      Bonded                      Cash Deposit  
Vehicle Make/Model:                                      Year:                                      Vehicle License:  
Insurance Company:                                      Policy Number:                                      Expires:  
Address:  
City:                                      State:                                      Zip:                                      Contact Number:

7. Type of Coverage:      Insured                      Bonded                      Cash Deposit  
Vehicle Make/Model:                                      Year:                                      Vehicle License:  
Insurance Company:                                      Policy Number:                                      Expires:  
Address:  
City:                                      State:                                      Zip:                                      Contact Number:

---

**List all traffic citations, excluding parking citations, that you have received within the past seven years:**

8. Nature of Violation:  
Location (Street, City, State, Zip):  
Date Violation Occurred:                                      Action Taken:      Not Guilty                      Fined                      Traffic School                      Dismissed



**9. Nature of Violation:**

Location (Street, City, State, Zip):

Date Violation Occurred:                      Action Taken:    Not Guilty            Fined            Traffic School            Dismissed

**10. Nature of Violation:**

Location (Street, City, State, Zip):

Date Violation Occurred:                      Action Taken:    Not Guilty            Fined            Traffic School            Dismissed

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following? (Check all that apply).

Failed to appear                      Failed to complete traffic school                      Failed to pay the required fine

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years?                      Yes                      No

**If yes, give details:**

**11. Date:**                      Location (Street, City, State, Zip):

Police Report?    Yes            No                      Injury or Non-Injury?            Injury            Non-Injury

Law Enforcement Agency:

**12. Date:**                      Location (Street, City, State, Zip):

Police Report?    Yes            No                      Injury or Non-Injury?            Injury            Non-Injury

Law Enforcement Agency:

**13. Date:**                      Location (Street, City, State, Zip):

Police Report?    Yes            No                      Injury or Non-Injury?            Injury            Non-Injury

Law Enforcement Agency:

**14. Date:**                      Location (Street, City, State, Zip):

Police Report?    Yes            No                      Injury or Non-Injury?            Injury            Non-Injury

Law Enforcement Agency:



**SECTION 10: SOCIAL MEDIA SITES**

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat etc.)?      Yes      No

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.

## SECTION 11: ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.).
- Identify the corresponding section, question number, and specific item being referenced.

**SECTION 12: CERTIFICATION**

I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary public in and for, State of \_\_\_\_\_.

My commission expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Signature of Notary

Notary Seal or Stamp: