□ □ □

☐ N/A **J. Children**

List all of your living children 16 years of age and older, 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.

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

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

14. REFERENCES

List 5 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or house mates, or other individuals listed elsewhere.

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

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

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

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

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

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

29. Have you ever quit without giving proper notice? ☐ Yes ☐ No

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

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

32. Were you ever the subject of a written complaint at work? ☐ Yes ☐ No

33. Have you ever been counseled at work due to lateness or absences? ☐ Yes ☐ No

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

35. Have you ever sold, released, or given away legally confidential information? ☐ Yes ☐ No

36. 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 26–36**, explain (include when, where and circumstances; indicate corresponding number):

37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? ☐ Yes ☐ No
If yes, how often?

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

WHEN?	NAME OF EMPLOYER

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

WHEN?	NAME OF EMPLOYER

40. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)? ☐ Yes ☐ No

- If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).
- **All agencies MUST be listed** regardless **of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on page 15.

A) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL	

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

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

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

40. Have you **ever** applied to any other law enforcement agency… *continued*

B) NAME OF AGENCY			DATE APPLIED
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
CITY	STATE	ZIP	CONTACT NUMBER ( ) / EXT
POSITION APPLIED FOR			EMAIL

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

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

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

C) NAME OF AGENCY			DATE APPLIED
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
CITY	STATE	ZIP	CONTACT NUMBER ( ) / EXT
POSITION APPLIED FOR			EMAIL

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

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

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

SECTION 6: MILITARY EXPERIENCE

41. Are you required to register for the Selective Service? ..... ☐ Yes ☐ No
If yes, have you registered? ..... ☐ Yes ☐ No
If no, explain:

42. BRANCH OF SERVICE	43. DATES OF SERVICE From To

44. TYPE OF DISCHARGE: ☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable
Re-entry Code (1–4) if applicable – *refer to your DD-214:*

45. Are you currently participating in one of the following? ☐ Military Reserve ☐ National Guard If checked, date obligation ends:

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

47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? ..... ☐ Yes ☐ No

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

Initial this page to indicate that you have provided complete and accurate information: _____

49. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

50. Have you ever been refused a driver's license by any state? ☐ Yes ☐ No

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

51. Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

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

52. Do you currently have liability insurance on your vehicle(s) ☐ Yes ☐ No

INSURANCE COMPANY/AGENT NAME					
ADDRESS (NUMBER / STREET	CITY		STATE	ZIP	CONTACT NUMBER

SECTION 7: MOTOR VEHICLE OPERATION *continued*

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

A) NATURE OF VIOLATION | LOCATION (STREET) CITY STATE

DATE VIOLATION OCCURRED: Month Year

ACTION TAKEN: ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

B) NATURE OF VIOLATION | LOCATION (STREET) CITY STATE

DATE VIOLATION OCCURRED: Month Year

ACTION TAKEN: ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

C) NATURE OF VIOLATION | LOCATION (STREET) CITY STATE

DATE VIOLATION OCCURRED: Month Year

ACTION TAKEN: ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

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

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

If checked, explain circumstances:

Initial this page to indicate that you have provided complete and accurate information: _____

54. Have you been involved as the driver in a motor vehicle accident within the past seven years? ☐ Yes ☐ No
If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT ☐ YES ☐ NO	LAW ENFORCEMENT AGENCY		☐ INJURY ☐ NON-INJURY	

B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT ☐ YES ☐ NO	LAW ENFORCEMENT AGENCY		☐ INJURY ☐ NON-INJURY	

C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT ☐ YES ☐ NO	LAW ENFORCEMENT AGENCY		☐ INJURY ☐ NON-INJURY	

55. Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☐ No

IF YES, GIVE REASON:

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

56. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ☐ Yes ☐ No

IF YES, GIVE REASON:

INSURANCE COMPANY

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

SECTION 8: OTHER TOPICS

57. Have you ever been refused a permit to carry a concealed weapon? ☐ Yes ☐ No

58. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No

59. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No

60. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ☐ Yes ☐ No

61. Have you ever hit or physically overpowered a spouse or romantic partner? ☐ Yes ☐ No

If you answered yes to any of **Questions 57–61**, give details including dates and circumstances; indicate corresponding number.

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 11: CERTIFICATION

63. 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 IN FULL	DATE

ADDITIONAL INFORMATION

Use this section to add any additional information you did not have space for in any part of the previous forms.