

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

Date Received: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## CITY OF WHITESBORO, TEXAS

<h3>ENTRY-LEVEL POLICE PATROL APPLICATION</h3>
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CITY OF WHITESBORO  
Police Department  
113 West Main St  
P.O. Box 340  
Whitesboro, TX 76273  
(903) 564-3585



## **\*\*\* IMPORTANT INFORMATION \*\*\***

The City of Whitesboro requires that all applicants for employment complete and submit a proper application in order to be considered for employment.

It is important that you carefully read all instructions before completing this application and honestly answer all questions as instructed. This is a detailed document, which requires some research on your part, as well as effort in obtaining and furnishing all required documentation. If the question is not applicable to you, you should enter N/A in the space provided. Answers such as "Will explain in person" are not acceptable and will be considered as a "Cause for Rejection".

Please remit your completed application either by personal delivery or U.S. Mail to the following address:

**CITY OF WHITESBORO  
POLICE DEPARTMENT  
113 West Main Street  
P.O. Box 340  
Whitesboro TX, 76273**

## **INSTRUCTIONS**

**\*\*\*Please read these instructions before proceeding\*\*\***

These instructions are provided as a guide to assist you in properly completing your application. It is essential that all the information provided be accurate and truthful in all respects. This document will be used as the basis for a thorough background investigation to determine your eligibility for further consideration as a perspective employee or the City of Whitesboro.

1. Your application must be printed legibly and in ink.
2. All questions **must be answered completely** and honestly.
3. If a question is not applicable to you, enter N/A in the space provided.
4. If there is not sufficient space provided for you to provide all required information, use additional sheets. Be sure to clearly reference the appropriate section and question number for the information provided.
5. **Read all directions before answering a question to avoid mistakes.**
6. It is your responsibility to provide correct in current addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification.
7. A complete and accurate application will greatly aid in expediting the background investigation process.
8. **Any omission or falsification will result in disqualification from further consideration for employment.**
9. The following must be included with your application:

INITIAL THIS PAGE TO INDICATE THAT YOU HAVE READ THE INSTRUCTIONS: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT – PEACE OFFICER



- a. A certified copy of your birth certificate.
- b. A certified copy of your naturalization papers (if applicable).
- c. A copy of all high school transcripts to include grades and credits earned.
- d. Copies of all completion documents and/or grades from all the Vocational Schools attended.
- e. Copies of all college and or university transcripts to include grades and credits earned.
- f. Copies of all college and or university certificates and degrees earned.
- g. Copy of Certificate of Release or Discharge from Active Duty (DD 214) if you have served in the Armed Forces. **(DD 214 must show the Type of Separation, Character of Service and the Narrative Reason for Separation.)**
- h. Copies of all Marriage Certificates and /or Decrees of Divorce, if applicable.

**Disqualification:**

There are very few *automatic* bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction 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 of 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.

***BOTTOM LINE: Be as complete, honest and specific as possible in your responses.***

## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

**SECTION 1: PERSONAL**

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER/STREET		APT/UNIT	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME	WORK	EXT	OTHER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. IF YOU WERE BORN OUTSIDE OF THE UNITED STATES, ARE YOU A U.S. CITIZEN?.....			YES NO
IF NOT, ARE YOU A RESIDENT ALIEN WHO IS ELIGIBLE TO AND HAS APPLIED FOR U.S. CITIZENSHIP.....			YES NO
8. BIRTHPLACE (CITY/COUNTY/STATE/COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY #
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE EXP	HEIGHT WEIGHT	HAIR COLOR EYE COLOR

**SECTION 2: RELATIVES AND REFERENCES****13. 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

☐ N/A**A. FATHER**

NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		

☐ N/A**B. STEP- FATHER**

NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		

☐ N/A**C. MOTHER**

NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		

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## APPLICATION FOR EMPLOYMENT – PEACE OFFICER



<input type="checkbox"/> N/A		D. STEP-MOTHER			
NAME		HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
HOME PHONE		WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
WORK PHONE		CELL PHONE	EMAIL		
<input type="checkbox"/> N/A		E. SPOUSE			
NAME		HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
HOME PHONE		WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
WORK PHONE		CELL PHONE	EMAIL		
<input type="checkbox"/> N/A		F. FATHER-IN-LAW			
NAME		HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
HOME PHONE		WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
WORK PHONE		CELL PHONE	EMAIL		
<input type="checkbox"/> N/A		G. MOTHER-IN-LAW			
NAME		HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
HOME PHONE		WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
WORK PHONE		CELL PHONE	EMAIL		
<input type="checkbox"/> N/A		H. FORMER SPOUSES (ATTACH ADDITIONAL SHEETS IF NECESSARY)			
1. NAME		HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
HOME PHONE		WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
WORK PHONE		CELL PHONE	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining order or stay-away order in effect for this individual?				<input type="checkbox"/> Yes <input type="checkbox"/> No
2. NAME		HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
HOME PHONE		WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
WORK PHONE		CELL PHONE	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining order or stay-away order in effect for this individual?				<input type="checkbox"/> Yes <input type="checkbox"/> No

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## APPLICATION FOR EMPLOYMENT – PEACE OFFICER



## SECTION 2: RELATIVES AND REFERENCES

IMMEDIATE FAMILY *continued*☐ N/A

I. BROTHERS AND SISTERS – LIST ALL LIVING SIBLINGS, INCLUDING HALF-SIBLINGS, STEP-SIBLINGS, FOSTER SIBLINGS, ECT. IF SIBLING IS A CHILD UNDER THE AGE OF 18 PLEASE NOTE NEXT TO NAME. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

1. NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		
2. NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		
3. NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		
4. NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		
5. NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		
6. NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		
7. NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		

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## APPLICATION FOR EMPLOYMENT – PEACE OFFICER



## SECTION 2: RELATIVES AND REFERENCES

IMMEDIATE FAMILY *continued*

☐ N/A J. 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. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

1. NAME	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
CHILDS AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CONTACT NUMBER	EMAIL		
2. NAME	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
CHILDS AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CONTACT NUMBER	EMAIL		
3. NAME	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
CHILDS AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CONTACT NUMBER	EMAIL		
4. NAME	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
CHILDS AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CONTACT NUMBER	EMAIL		
5. NAME	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
CHILDS AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CONTACT NUMBER	EMAIL		
6. NAME	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
CHILDS AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CONTACT NUMBER	EMAIL		
7. NAME	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
CHILDS AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CONTACT NUMBER	EMAIL		

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## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

SECTION 2: RELATIVES AND REFERENCES *continued*

## 14. 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 ON THE APPLICATION.

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, CO-WORKER ECT.)			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, CO-WORKER ECT.)			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, CO-WORKER ECT.)			HOW LONG HAVE YOU KNOWN THIS PERSON?	
D. 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, CO-WORKER ECT.)			HOW LONG HAVE YOU KNOWN THIS PERSON?	
E. 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, CO-WORKER ECT.)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

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## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

SECTION 2: RELATIVES AND REFERENCES *continued.*

F. 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, CO-WORKER ECT.)			HOW LONG HAVE YOU KNOWN THIS PERSON?	
G. 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, CO-WORKER ECT.)			HOW LONG HAVE YOU KNOWN THIS PERSON?	
H. 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, CO-WORKER ECT.)			HOW LONG HAVE YOU KNOWN THIS PERSON?	
I. 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, CO-WORKER ECT.)			HOW LONG HAVE YOU KNOWN THIS PERSON?	
J. 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, CO-WORKER ECT.)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

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## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

**SECTION 3: EDUCATION****NOTE: YOU WILL BE REQUIRED TO FURNISH TRANSCRIPTS OR OTHER PROOF TO SUPPORT ALL OF YOUR EDUCATIONAL CLAIMS**15. CHECK APPLICABLE: ☐ HIGH SCHOOL DIPLOMA FROM AN ACCREDITED U.S. INSTITUTION ☐ GED**16. LIST HIGH SCHOOL ATTENDED: (ATTACH ADDITIONAL SHEETS IF NECESSARY)**

A. NAME		FROM	TO
CITY	STATE	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
B. NAME		FROM	TO
CITY	STATE	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**17. LIST ALL COLLEGES OR UNIVERSITIES ATTENDED: (ATTACH ADDITIONAL SHEETS IF NECESSARY)**

A. NAME	FROM	TO	TOTAL UNITS EARNED
CITY	STATE	TYPE OF DEGREE EARNED.	
B. NAME	FROM	TO	TOTAL UNITS EARNED
CITY	STATE	TYPE OF DEGREE EARNED.	
C. NAME	FROM	TO	TOTAL UNITS EARNED
CITY	STATE	TYPE OF DEGREE EARNED.	

**18. LIST ANY TRADE, VOCATIONAL OR BUSINESS SCHOOLS/INSTITUTES ATTENDED: INCLUDE POLICE ACADEMY (ATTACH ADDITIONAL SHEETS IF NECESSARY)**

A. NAME	FROM	TO	TYPE OF SCHOOL
CITY	STATE	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
B. NAME	FROM	TO	TYPE OF SCHOOL
CITY	STATE	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
C. NAME	FROM	TO	TYPE OF SCHOOL
CITY	STATE	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
D. NAME	FROM	TO	TYPE OF SCHOOL
CITY	STATE	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

SECTION 3: EDUCATION *CONTINUED*

19. 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 AND ALL DISCIPLINARY ACTIONS RECEIVED IN AND SCHOOL OR EDUCATIONAL INSTITUTION. INCLUDE WHEN THE DISCIPLINARY ACTION(S) OCCURRED, NAME OF SCHOOL(S), AND EXPLANATION OF CIRCUMSTANCES. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

## SECTION 4: RESIDENCE

## 20. LIST OF RESIDENCES

LIST ALL RESIDENCES DURING THE LAST TEN (10) YEARS OR SINCE AGE 15. PROVIDE COMPLETE ADDRESSES (INCLUDE MARKERS SUCH AS STREET, DRIVE, ROAD, EAST, WEST ECT., AND UNIT OR APARTMENT NUMBER). DO NOT USE P.O. BOXES.

IF THE RESIDENCE IS A MILITARY BASE, IDENTIFY NAME OF BASE IN ADDRESS, NEAREST CITY, STATE AND ZIP CODE. DO NOT LIST MILITARY BARRACKS MATES UNLESS YOU SHARED INDIVIDUAL QUARTERS.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

A. ADDRESS WHERE YOU NOW LIVE (NUMBER/STREET/APT)

FROM

TO

CITY

STATE

ZIP

IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER/STREET/APT)

CONTACT NUMBER

CITY

STATE

ZIP

EMAIL

NAMES OF THOSE WITH WHOM YOU LIVE:

B. FORMER ADDRESS (NUMBER/STREET/APT)

FROM

TO

CITY

STATE

ZIP

IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER/STREET/APT)

CONTACT NUMBER

CITY

STATE

ZIP

EMAIL

NAMES OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

SECTION 4: RESIDENCE *continued*

C. FORMER ADDRESS (NUMBER/STREET/APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					
D. FORMER ADDRESS (NUMBER/STREET/APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					
E. FORMER ADDRESS (NUMBER/STREET/APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					
F. FORMER ADDRESS (NUMBER/STREET/APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					

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## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

**SECTION 4: RESIDENCE****21. LIST OF RESIDENCES**

PROVIDE CONTACT INFORMATION FOR ALL HOUSEMATES LISTED IN QUESTION 20 WITH WHOME YOU HAVE RESIDED DURING THE PAST TEN YEARS, OR SINCE THE AGE OF 15. DO NOT LIST ANYONE FOR WHOM YOU HAVE ALREADY PROVIDED THE CONTACT INFORMATION. ATTACH ADDITIONAL SHEETS IF NECESSARY

A. NAME	CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY STATE ZIP			
CONTACT NUMBER	EMAIL	NATURE OF RELATIONSHIP		
B. NAME	CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY STATE ZIP			
CONTACT NUMBER	EMAIL	NATURE OF RELATIONSHIP		
C. NAME	CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY STATE ZIP			
CONTACT NUMBER	EMAIL	NATURE OF RELATIONSHIP		
D. NAME	CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY STATE ZIP			
CONTACT NUMBER	EMAIL	NATURE OF RELATIONSHIP		
E. NAME	CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY STATE ZIP			
CONTACT NUMBER	EMAIL	NATURE OF RELATIONSHIP		

22. HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE A RESIDENCE?..... ☐ YES ☐ NO

23. HAVE YOU EVER LEFT A RESIDENCE OWING RENT?..... ☐ YES ☐ NO

IF YOU ANSWERED YES TO QUESTIONS 23 AND/OR 24, EXPLAIN. (INCLUDE WHEN, WHERE AND CIRCUMSTANCES). ATTACH ADDITIONAL SHEETS IF NECESSARY

## APPLICATION FOR EMPLOYMENT – PEACE OFFICER



## SECTION 5: EXPERIENCE AND EMPLOYMENT

## 24. JOB EXPERIENCE

LIST ALL JOBS YOU HAVE HAD, INCLUDING PART-TIME, TEMPORARY, SELF-EMPLOYMENT AND VOLUNTEER. (BEGIN WITH YOUR MOST CURRENT. ATTACH ADDITIONAL SHEETS IF NECESSARY.)

IF YOU HAVE MILITARY EXPERIENCE, INCLUDING RESERVE DUTY, ENTER YOUR MILITARY BASE, ASSIGNMENTS OR UNIT OF ASSIGNMENT.

LIST ALL PERIODS OF UNEMPLOYMENT.

A. NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER/STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER		EXT
DUTIES/ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS 1.		2.		REASON FOR WANTING TO LEAVE	
WOULD THERE BE A PROBLEM IF WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN:			
B. NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER/STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER		EXT
DUTIES/ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS 1.		2.		REASON FOR WANTING TO LEAVE	
WOULD THERE BE A PROBLEM IF WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN:			
C. NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER/STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER		EXT
DUTIES/ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS 1.		2.		REASON FOR WANTING TO LEAVE	
WOULD THERE BE A PROBLEM IF WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN:			

## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

D. NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER/STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER		EXT
DUTIES/ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS		2.		REASON FOR WANTING TO LEAVE	
1.					
WOULD THERE BE A PROBLEM IF WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN:			
E. NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER/STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER		EXT
DUTIES/ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS		2.		REASON FOR WANTING TO LEAVE	
1.					
WOULD THERE BE A PROBLEM IF WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN:			
F. NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER/STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER		EXT
DUTIES/ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS		2.		REASON FOR WANTING TO LEAVE	
1.					
WOULD THERE BE A PROBLEM IF WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN:			

## APPLICATION FOR EMPLOYMENT – PEACE OFFICER



SECTION 5: EXPERIENCE AND EMPLOYMENT <i>continued</i>					
G. NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER/STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER		EXT
DUTIES/ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS 1.		2.		REASON FOR WANTING TO LEAVE	
WOULD THERE BE A PROBLEM IF WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN:			
H. NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER/STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER		EXT
DUTIES/ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS 1.		2.		REASON FOR WANTING TO LEAVE	
WOULD THERE BE A PROBLEM IF WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN:			
I. NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER/STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER		EXT
DUTIES/ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS 1.		2.		REASON FOR WANTING TO LEAVE	
WOULD THERE BE A PROBLEM IF WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN:			
25. HAVE YOU EVER BEEN DISCIPLINED AT WORK? (THIS INCLUDES WRITTEN WARNINGS, FORMAL LETTERS OR COUNSELING, REPRIMANDS, SUSPENSIONS, REDUCTIONS IN PAY REASSIGNMENTS OR DEMOTIONS)..... <input type="checkbox"/> YES <input type="checkbox"/> NO					
26. HAVE YOU EVER BEEN FIRED, RELEASED FROM PROBATION OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					
27. WERE YOU EVER INVOLVED IN A PHYSICAL/VERBAL ALTERCATION WITH A SUPERVISOR, CO-WORKER OR CUSTOMER?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					
28. HAVE YOU EVER QUIT WITHOUT GIVING PROPER NOTICE?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					
29. HAVE YOU EVER RESIGNED IN LIEU OF TERMINATION?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					

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## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

30. HAVE YOU EVER BEEN ACCUSED OF DISCRIMINATION (SUCH AS SEXUAL HARASSMENT, RACIAL BIAS, SEXUAL ORIENTATION HARASSMENT, ECT.) BY A CO-WORKER, SUPERVISOR, SUBORDINATE OR CUSTOMER?..... ☐ YES ☐ NO

31. WHERE YOU EVER THE SUBJECT OF A WRITTEN COMPLAINT AT WORK?..... ☐ YES ☐ NO

32. HAVE YOU EVER BEEN COUNSELED AT WORK DUE TO LATENESS OR ABSENCE?..... ☐ YES ☐ NO

33. DID YOU EVER RECEIVE AN UNSATISFACTORY PERFORMANCE REVIEW?..... ☐ YES ☐ NO

34. HAVE YOU EVER SOLD, RELEASED OR GIVEN AWAY CONFIDENTIAL INFORMATION?..... ☐ YES ☐ NO

35. 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 25-35, EXPLAIN. (INCLUDE WHEN, WHERE AND CIRCUMSTANCES; INDICATE CORRESPONDING NUMBER.

36. 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?

37. HAS YOUR WORK PERFORMANCE EVER BEEN AFFECTED BY YOUR USE OF ALCOHOL OR DRUGS?..... ☐ YES ☐ NO

WHEN?

NAME OF EMPLOYER

38. 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

39. 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. ATTACH ADDITIONAL SHEETS IF NECESSARY.

A. NAME OF AGENCY

DATE APPLIED

ADDRESS (NUMBER/STREET)

BACKGROUND INVESTIGATOR (IF KNOWN)

CITY

STATE

ZIP

CONTACT NUMBER

EXT

CURRENT STATUS OF APPLICATION:

B. NAME OF AGENCY

DATE APPLIED

ADDRESS (NUMBER/STREET)

BACKGROUND INVESTIGATOR (IF KNOWN)

CITY

STATE

ZIP

CONTACT NUMBER

EXT

CURRENT STATUS OF APPLICATION:

## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

C. NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
CURRENT STATUS OF APPLICATION:					
D. NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
CURRENT STATUS OF APPLICATION:					
E. NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
CURRENT STATUS OF APPLICATION:					
F. NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
CURRENT STATUS OF APPLICATION:					
G. NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
CURRENT STATUS OF APPLICATION:					

## APPLICATION FOR EMPLOYMENT – PEACE OFFICER



## SECTION 6: MILITARY EXPERIENCE

40. ARE YOU REQUIRED TO REGISTER FOR THE SELECTIVE SERVICE?..... ☐ YES ☐ NO  
 IF YES, HAVE YOU REGISTERED?..... ☐ YES ☐ NO  
 IF NO, EXPLAIN:

41. BRANCH OF SERVICE

42. DATES OF SERVICE

FROM :

TO:

43. TYPE OF DISCHARGE:

44. ARE YOU CURRENTLY PARTICIPATING IN ONE OF THE FOLLOWING?

☐ MILITARY RESERVE ☐ NATIONAL GUARD ☐ NATIONAL GUARD

IF CHECKED, DATE OBLIGATION ENDS:

45. 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

46. WERE YOU EVER DENIED A SECURITY CLEARANCE, OR HAD A CLEARANCE REVOKED, SUSPENDED OR DOWNGRADED?..... ☐ YES ☐ NO

IF YOU ANSWERED YES TO QUESTIONS 45 AND/OR 46, EXPLAIN (INCLUDE DATES AND CIRCUMSTANCES, ATTACH ADDITIONAL SHEETS IF NECESSARY):

## SECTION 7: FINANCIAL

## 47. INCOME AND EXPENSES

FOR EACH OF THE FOLLOWING QUESTIONS FILL IN THE AMOUNTS TO THE NEAREST DOLLAR

A. FROM YOUR EMPLOYER(S), WHAT IS YOUR TAKE-HOME MONTHLY INCOME?.....\$\_\_\_\_\_ PER MONTH

B. DO YOU HAVE INCOME OTHER THAN FROM YOU SALARY OR WAGES?..... ☐ YES ☐ NO

IF YES, FILL IN AMOUNT.....\$\_\_\_\_\_ PER MONTH

EXPLAIN:

C. HOW MUCH DO YOU SPEND EACH MONTH?.....\$\_\_\_\_\_ PER MONTH

ESTIMATE YOUR MONTHLY LIVING EXPENSES; INCLUDE HOUSING, UTILITIES, CREDIT CARDS OR OTHER LOAN PAYMENTS, FOOD, GAS AND CAR MAINTENANCE, ECT., AS WELL AS ANY OTHER OBLIGATION(S) YOU MAY HAVE.

48. HAVE YOU EVER FILED FOR OR DECLARED BANKRUPTCY (CHAPTER 7, 11 OR 13)?..... ☐ YES ☐ NO

49. HAVE ANY OF YOUR BILLS EVER BEEN TURNED OVER TO A COLLECTION AGENCY?..... ☐ YES ☐ NO

50. HAVE YOU EVER HAD PURCHASED GOODS REPOSSESSED?..... ☐ YES ☐ NO

51. HAVE YOUR WAGES EVER BEEN GARNISHED?..... ☐ YES ☐ NO

52. HAVE YOU EVER BEEN DELINQUENT ON INCOME OR OTHER TAX PAYMENTS?..... ☐ YES ☐ NO

53. HAVE YOU EVER FAILED TO FILE INCOME TAX OR CHEATED/LIED ON AN INCOME TAX FORM?..... ☐ YES ☐ NO

54. HAVE YOU EVER HAD AN EMPLOYMENT BOND REFUSED?..... ☐ YES ☐ NO

55. HAVE YOU EVER AVOIDED PAYING ANY LAWFUL DEBT BY MOVING AWAY?..... ☐ YES ☐ NO

56. HAVE YOU EVER DEFAULTED ON (FAILED TO PAY) A LOAN?..... ☐ YES ☐ NO

57. HAVE YOU EVER BORROWED MONEY TO PAY FOR A GAMBLING DEBT?..... ☐ YES ☐ NO

IF YES, DO YOU CURRENTLY HAVE ANY OUTSTANDING DEBTS AS A RESULT OF GAMBLING?..... ☐ YES ☐ NO

58. HAVE YOU EVER SPENT MONEY FOR ILLEGAL PURPOSES (E.G., ILLEGAL DRUGS, PROSTITUTION, PURCHASE OF FRAUDULENT DOCUMENTS, ECT.?)..... ☐ YES ☐ NO

59. HAVE YOU EVER FAILED TO MAKE OR BEEN LATE ON A COURT ORDERED PAYMENT (E.G., CHILD SUPPORT, ALIMONY, RESTITUTION, ECT.)..... ☐ YES ☐ NO

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## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

**SECTION 7: FINANCIAL** *continued*60. HAVE YOU WRITTEN THREE OR MORE BAD CHECKS IN A ONE-YEAR PERIOD?..... ☐ YES ☐ NO

IF YOU ANSWERED YES TO AN OF QUESTIONS 48-59, EXPLAIN. (INCLUDE WHEN, WHERE AND WHY; INDICATE CORRESPONDING NUMBER. ATTACH ADDITIONAL SHEETS IF NECESSARY):

**SECTION 8: LEGAL****DISCLOSURE OF ARREST AND CONVICTIONS**AS AN APPLICANT FOR A PEACE OFFICER POSITION, YOU ARE REQUIRED TO DISCLOSE ANY OF THE FOLLOWING WHICH OCCURRED ON OR AFTER YOUR 15<sup>TH</sup> BIRTHDAY, EVEN IF THE RECORDS WERE SEALED, DISMISSED OR PARDONED:

ALL DETENTIONS OR ARREST, WHETHER THEY RESULTED IN A CONVICTION OR NOT

ALL CONVICTIONS

ALL DIVERSION PROGRAMS THAT WERE NOT SUCCESSFULLY COMPLETED

ATTACH ADDITIONAL SHEETS IF NECESSARY:

61. EITHER AS AN ADULT OR A JUVENILE, HAVE YOU EVER BEEN DETAINED FOR INVESTIGATION, HELD ON SUSPICION, QUESTIONED, FINGERPRINTED, ARRESTED, INDICTED, CRIMINALLY CHARGED, OR CONVICTED OF ANY MISDEMEANOR OR FELONY OFFINSE IN TEHIS STATER OR IN ANY OTHER LEGAL JURISDICTION (INCLUDING OFFENSES PUNISHABLE UNDER THE UNIFORM CODE OF MILITARY JUSTICE)?..... ☐ YES ☐ NO

IF YES, EXPLAIN EACH INCIDENT:

A. APPROXIMATE DATE

ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

B. APPROXIMATE DATE

ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

C. APPROXIMATE DATE

ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

SECTION 8: LEGAL *continued*

62. HAVE YOU EVER BEEN PLACED ON COURT PROBATION AS AN ADULT?..... ☐ YES ☐ NO
63. 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
64. HAVE YOU EVER BEEN A PARTY IN A CIVIL LAWSUIT (E.G., SMALL CLAIMS ACTIONS, DISSOLUTIONS, CHILD CUSTODY PATERNITY)?..... ☐ YES ☐ NO
65. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON?..... ☐ YES ☐ NO
66. HAVE YOU OR YOUR SPOUSE/PARTNER EVER BEEN REFERRED TO CHILD PROTECTIVE SERVICES?..... ☐ YES ☐ NO
67. HAVE YOU EVER BEEN THE SUBJECT OF AN EMERGENCY PROTECTIVE ORDER/RESTRAINING ORDER/STAY-AWAY ORDER?..... ☐ YES ☐ NO
68. HAVE YOU SETTLED ANY CIVIL SUIT IN WHICH YOU, YOUR INSURANCE COMPANY, OR ANYONE ELSE ON YOUR BEHALF WAS REQUIRED TO MAKE A PAYMENT TO THE OTHER PARTY?..... ☐ YES ☐ NO
69. HAVE YOU EVER FRAUDULENTLY RECEIVED WELFARE, UNEMPLOYMENT COMPENSATION, WORKERS' COMPENSATION OR OTHER STATED OR FEDERAL ASSISTANCE?..... ☐ YES ☐ NO
70. HAVE YOU EVER FILED A FALSE INSURANCE OR WORKERS' COMPENSATION CLAIM?..... ☐ YES ☐ NO

IF YOU ANSWERED YES TO ANY OF QUESTIONS 62-70, EXPLAIN. (INCLUDE COURT CASE OR DOCUMENT, DATES AND CIRCUMSTANCES; INDICATE CORRESPONDING NUMBER. ATTACH ADDITIONAL SHEETS IF NECESSARY)

## 71. UNDETECTED ACTS – PART 1

WITHIN THE PAST SEVEN (7) YEARS OR AT ANY TIME AFTER YOU WERE FIRST EMPLOYED IN LAW ENFORCEMENT, HAVE YOU EVER COMMITTED ANY OF THE FOLLOWING MISDEMEANORS?

- A. ANNOYING/OBSCENE PHONE CALLS..... ☐ YES ☐ NO
- B. BATTERY (USE OF FORCE OR VIOLENCE UPON ANOTHER)..... ☐ YES ☐ NO
- C. BRANDISHING A WEAPON (ANY TYPE OF WEAPON)..... ☐ YES ☐ NO
- D. CARRYING A CONCEALED WEAPON WITHOUT A PERMIT..... ☐ YES ☐ NO
- E. CONTRIBUTING TO THE DELINQUENCY OF A MINOR..... ☐ YES ☐ NO
- F. DEFRAUDING AN INNKEEPER (NOT PAYING FOR FOOD OR ROOM AT A MOTEL/HOTEL)..... ☐ YES ☐ NO
- G. DRIVING UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS..... ☐ YES ☐ NO
- H. DRUNK IN PUBLIC (BEING SO INTOXICATED IN A PUBLIC PLACE THAT YOU'RE NOT ABLE TO CARE FOR YOURSELF)..... ☐ YES ☐ NO
- I. HIT AND RUN COLLISION (NO INJURIES)..... ☐ YES ☐ NO
- J. HUNTING/FISHING WITHOUT A LICENSE..... ☐ YES ☐ NO
- K. ILLEGAL GAMBLING..... ☐ YES ☐ NO
- L. IMPERSONATING A PEACE OFFICER (PRETENDING TO BE A POLICE OFFICER)..... ☐ YES ☐ NO
- M. INDECENT EXPOSURE (INCLUDING FLASHING OR MOONING)..... ☐ YES ☐ NO
- N. JOYRIDING (USING A CAR OR OTHER VEHICLE WITHOUT OWNER'S PERMISSION)..... ☐ YES ☐ NO
- O. PETTY THEFT (VALUE UP TO \$400, INCLUDING SHOPLIFTING/SWITCHING PRICE TAGS)..... ☐ YES ☐ NO
- P. POSSESSION OF ALCOHOL AS A MINOR..... ☐ YES ☐ NO
- Q. POSSESSION OF FALSIFIED OR ALTERED IDENTIFICATION, INCLUDING USE OF ANOTHER PERSON'S ID (FOR ANY REASON)..... ☐ YES ☐ NO
- R. POSSESSION OF STOLEN PROPERTY (INCLUDING VEHICLES)..... ☐ YES ☐ NO
- S. PROSTITUTION OR SOLICITING A PROSTITUTE..... ☐ YES ☐ NO
- T. RESISTING ARREST (INCLUDING RUNNING FROM THE POLICE)..... ☐ YES ☐ NO

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## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

SECTION 8: LEGAL *continued*71. UNDETECTED ACTS – PART 1 *continued*

- U. TRESSPASSING..... ☐ YES ☐ NO
- V. VANDALISM..... ☐ YES ☐ NO
- W. INTENTIONALLY WRITING A BAD CHECK..... ☐ YES ☐ NO
- X. FILING A FALSE POLICE REPORT..... ☐ YES ☐ NO
- Y. ANY OTHER ACT AMOUNTING TO A MISDEMEANOR WITHIN THE PAST SEVEN YEARS..... ☐ YES ☐ NO

IF YOU ANSWERED YES TO ANY ITEM(S) IN QUESTION 71, FULLY EXPLAIN CIRCUMSTANCES, INCLUDING DATE(S), NAMES OF INDIVIDUALS INVOLVED, AND RESOLUTION. INDICATE THE CORRESPONDING LETTER (71-A, ECT.) FOR EACH EXPLANATION. ATTACH ADDITIONAL SHEETS IF NECESSARY.

## 72. UNDETECTED ACTS – PART 2

AT ANY TIME IN YOUR LIFE HAVE YOU EVER COMMITTED ANY OF THE FOLLOWING?

- A. ARSON (INTENTIONALLY DESTROYING PROPERTY BY SETTING A FIRE)..... ☐ YES ☐ NO
- B. ASSAULT WITH A DEADLY WEAPON..... ☐ YES ☐ NO
- C. THEFT OF A VEHICLE AND/OR VEHICLE PARTS..... ☐ YES ☐ NO
- D. BURGLARY (ENTERING A STRUCTURE OR VEHICLE TO COMMIT THEFT OR OTHER CRIME)..... ☐ YES ☐ NO
- E. CHILD MOLESTATION (PERFORMING UNLAWFUL ACTS WITH A CHILD)..... ☐ YES ☐ NO
- F. ACCESSING AND/OR POSSESSING CHILD PORNOGRAPHY..... ☐ YES ☐ NO
- G. ELDER ABUSE/NEGLECT..... ☐ YES ☐ NO
- H. EMBEZZLEMENT (THEFT OF MONEY OR OTHER VALUABLES ENTRUSTED TO YOU)..... ☐ YES ☐ NO
- I. FELONY DRUNK DRIVING (INVOLVING INJURIES/THIRD OR MORE ARREST)..... ☐ YES ☐ NO
- J. FORCIBLE RAPE OR OTHER ACT OF UNLAWFUL INTERCOURSE..... ☐ YES ☐ NO
- K. FORGERY (FALSIFYING ANY TYPE OF DOCUMENT, CHECK, CERTIFICATE, LICENSE, CURRENCY, ECT.)..... ☐ YES ☐ NO
- L. HIT AND RUN (WITH INJURIES)..... ☐ YES ☐ NO
- M. HATE CRIME..... ☐ YES ☐ NO
- N. INSURANCE FRAUD..... ☐ YES ☐ NO
- O. GRAND THEFT (VALUE OF OVER \$400 OR ANY FIREARM)..... ☐ YES ☐ NO
- P. MURDER, HOMICIDE OR ATTEMPTED MURDER..... ☐ YES ☐ NO
- Q. PERJURY (LYING UNDER OATH)..... ☐ YES ☐ NO
- R. POSSESSION OF AN EXPLOSIVE/DESTRUCTIVE DEVICE..... ☐ YES ☐ NO
- S. ROBBERY (THEFT FROM ANOTHER PERSON USING A WEAPON, FORCE OR FEAR)..... ☐ YES ☐ NO

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## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

SECTION 8: LEGAL *continued*72. UNDETECTED ACTS – PART 2 *continued*T. STALKING..... ☐ YES ☐ NOU. BLACKMAIL OR EXTORTION..... ☐ YES ☐ NOV. ANY OTHER ACT AMOUNTING TO A FELONY..... ☐ YES ☐ NO

IF YOU ANSWERED YES TO ANY ITEM(S) IN QUESTION 72, FULLY EXPLAIN CIRCUMSTANCES, INCLUDING DATE(S), NAMES OF INDIVIDUALS INVOLVED, AND RESOLUTION. INDICATE THE CORRESPONDING LETTER (72-A, ECT.) FOR EACH EXPLANATION. ATTACH ADDITIONAL SHEETS IF NECESSARY.

QUESTIONS 73 AND 74 ASK ABOUT YOUR CURRENT AND PAST RECREATIONAL DRUG USE. THIS COVERS THE USE OF ANY DRUG, INCLUDING THE UNAUTHORIZED USE OF PRESCRIPTION DRUGS OR OVER-THE-COUNTER DRUGS. YOUR ANSWERS SHOULD INCLUDE, **BUT NOT BE LIMITED TO**, YOUR USE OF ANY OF THE FOLLOWING DRUGS:

AMPHETAMINES / METHAMPHETAMINES (UPPERS, SPEED, CRANK, ECT.)  
 BARBITUATES (DOWNERS)  
 COCAINE / CRACK COCAINE  
 HALLUCINOGENS (PEYOTE, LSD, MUSHROOMS)  
 HASHISH / HASHISH OIL  
 HEROIN / OPIUM  
 MARIJUANA  
 PCP / ANGEL DUST

DESIGNER DRUGS (ECSTASY, SYNTHETIC HEROIN, ECT.)  
 GHB (DATE RAPE DRUG)  
 Mescaline  
 MORPHINE  
 QUAALUDES  
 STEROIDS  
 TETRAHYDROCANNABINAL (THC)  
 GLUE

73. WITHIN THE PAST SIX (6) MONTHS, HAVE YOU USED ANY DRUG(S) AS INDICATED ABOVE?..... ☐ YES ☐ NOIF YES, GIVE DETAILS INCLUDING DRUG(S) USED AND CIRCUMSTANCES: ATTACH ADDITIONAL SHEETS IF NECESSARY

74. PRIOR TO THE PAST SIX (6) MONTHS (CHECK THE ONE THAT APPLIES):

☐ I HAVE **NEVER** USED ANY DRUG RECREATIONALLY☐ I HAVE TRIED OR USED ONE OR MORE DRUGS, BUT ONLY UNDER **LIMITED** CIRCUMSTANCES (FOR EXAMPLE, EXPERIMENTATION, AT PARTIES, CONCERTS, SPECIAL EVENTS ECT.)IF CHECKED, GIVE DETAILS INCLUDING DRUG(S) USED, MOST RECENT DATE USED AND CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

SECTION 8: LEGAL *continued*

75. HAVE YOU EVER ENGAGED IN ANY OF THE ACTIVITIES LISTED BELOW FOR DRUGS, NARCOTICS OR ILLEGAL SUBSTANCES, INCLUDING MARIJUANA?

☐ SOLD      ☐ PURCHASED      ☐ CULTIVATED      ☐ MANUFACTURED      ☐ FURNISHED      ☐ CARRIED OR HELD FOR ANOTHER

 IF YOU CHECKED ANY OF THE ITEMS ABOVE, GIVE DETAILS INCLUDING DRUG(S) INVOLVED, OVER WHAT TIME PERIOD(S) AND CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS IF NECESSARY.

## SECTION 9: MOTOR VEHICLE OPERATION

76. CURRENT DRIVER'S LICENSE NUMBER      STATE OF ISSUE      EXPIRATION DATE      NAME UNDER WHICH LICENSE WAS GRANTED

77. 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 GRANTED AND LICENSE NUMBER, IF KNOWN

 78. HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE?..... ☐ YES ☐ NO  
 IF YES, EXPLAIN (INCLUDE WHEN, WHERE AND CIRCUMSTANCES):

 79. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?..... ☐ YES ☐ NO  
 IF YES, EXPLAIN (INCLUDE WHEN, WHERE AND CIRCUMSTANCES):

80. LIST YOUR CURRENT LIABILITY INSURANCE ON YOUR VEHICLE(S) ATTACH ADDITIONAL SHEETS IF NECESSARY:

A. TYPE OF COVERAGE <input type="checkbox"/> INSURANCE <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT		VEHICLE MAKE	YEAR	VEHICLE LICENSE	STATE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES	
ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER
B. TYPE OF COVERAGE <input type="checkbox"/> INSURANCE <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT		VEHICLE MAKE	YEAR	VEHICLE LICENSE	STATE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES	
ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER

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## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

**SECTION 9: MOTOR VEHICLE OPERATION** *continued*

D. TYPE OF COVERAGE <input type="checkbox"/> INSURANCE <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT		VEHICLE MAKE	YEAR	VEHICLE LICENSE	STATE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES	
ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER
E. TYPE OF COVERAGE <input type="checkbox"/> INSURANCE <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT		VEHICLE MAKE	YEAR	VEHICLE LICENSE	STATE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES	
ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER
81. LIST ALL TRAFFIC CITATIONS, EXCLUDING PARKING CITATIONS, YOU HAVE RECEIVED WITHIN THE PAST SEVEN (7) YEARS. ATTACH ADDITIONAL SHEETS IF NECESSARY:					
A. NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
DATE VIOLATION OCCURRED MONTH                      YEAR		ACTION TAKEN <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> TRAFFIC SCHOOL <input type="checkbox"/> DISMISSED			
B. NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
DATE VIOLATION OCCURRED MONTH                      YEAR		ACTION TAKEN <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> TRAFFIC SCHOOL <input type="checkbox"/> DISMISSED			
C. NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
DATE VIOLATION OCCURRED MONTH                      YEAR		ACTION TAKEN <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> TRAFFIC SCHOOL <input type="checkbox"/> 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.) <input type="checkbox"/> FAILED TO APPEAR <input type="checkbox"/> FAILED TO COMPLETE TRAFFIC SCHOOL <input type="checkbox"/> FAILED TO PAY THE REQUIRED FINE					
IF CHECKED, EXPLAIN CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS IF NECESSARY:					
82. HAVE YOU EVER BEEN INVOLVED AS THE DRIVER IN A MOTOR VEHICLE ACCIDENT WITHIN THE PAST SEVEN (7) YEARS?..... <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS.					
A. DATE	LOCATION (NUMBER/STREET/APT)		CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY			<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
B. DATE	LOCATION (NUMBER/STREET/APT)		CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY			<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
C. DATE	LOCATION (NUMBER/STREET/APT)		CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY			<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

INITIAL THIS PAGE TO INDICATE THAT YOU HAVE PROVIDED COMPLETE AND ACCURATE INFORMATION: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT – PEACE OFFICER

SECTION 9: MOTOR VEHICLE OPERATION *continued*83. HAVE YOU EVER DRIVEN A VEHICLE WITHOUT AUTO INSURANCE, AS REQUIRED BY LAW?..... ☐ YES ☐ NO

IF YES, GIVE REASON, INCLUDE DATE:

84. HAVE YOU EVER BEEN REFUSED AUTOMOBILE LIABILITY INSURANCE OR A BOND, OR HAD THEM CANCELLED?..... ☐ YES ☐ NO

IF YES, GIVE REASON, INCLUDE DATE:

INSURANCE COMPANY

USE THIS SPACE FOR ADDITIONAL INFORMATION YOU WOULD LIKE TO INCLUDE REGARDING YOUR DRIVING RECORD. ATTACH ADDITIONAL SHEETS IF NECESSARY.

## SECTION 10: OTHER TOPICS

85. HAVE YOU EVER BEEN REFUSED A PERMIT TO CARRY A CONCEALED WEAPON?..... ☐ YES ☐ NO86. 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 GROUP, NATIONALITY, GENDER, SEXUAL PREFERENCE OR DISABILITY?..... ☐ YES ☐ NO87. DO YOU HAVE, OR HAVE YOU EVER HAD, A TATOO 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 GROUP, NATIONALITY, GENDER, SEXUAL PREFERENCE OR DISABILITY?..... ☐ YES ☐ NO88. SINCE THE AGE OF 16, HAVE YOU EVER BEEN INVOLVED IN AN ANGER-PROVOKED PHYSICAL FIGHT, CONFRONTATION OR OTHER VIOLENT ACT?... ☐ YES ☐ NO89. HAVE YOU EVER HIT OR PHYSICALLY OVERPOWERED A SPOUSE OR ROMANTIC PARTNER?..... ☐ YES ☐ NO

IF YOU ANSWERED YES TO ANY OF QUESTIONS 85-89, GIVE DETAILS INCLUDING DATES AND CIRCUMSTANCES; INDICATE CORRESPONDING NUMBER. ATTACH ADDITIONAL SHEETS IF NECESSARY.

## SECTION 11: CERTIFICATION

90. 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

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ADDITIONAL SPACE

UTILIZE THIS PAGE AS NEEDED TO INCLUDE ADDITIONAL INFORMATION THAT DOES NOT FIT ELSEWHERE ON THIS FORM. (E.G., ADDITIONAL FAMILY MEMBERS, SCHOOLS, RESIDENCES, EMPLOYERS, EXPLANATION TO QUESTIONS, ECT.)  
IDENTIFY THE CORRESPONDING QUESTION AND SPECIFIC ITEM BEING REFERENCED.

APPLICATION FOR EMPLOYMENT – PEACE OFFICER



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ATTACH A 3X5 PICTURE OF YOURSELF BETWEEN THESE  
LINES THAT HAS BEEN TAKEN WITHIN THE PAST 60-DAYS

\*\*\*NO SUNGLASSES, CAPS, HATS\*\*\*

---

INCLUDE COPIES OF THE FOLLOWING DOCUMENTS, IF APPLICABLE, WHEN SUBMITTING THIS APPLICATION:

DOCUMENT	SUBMITTED	AWAITING RECEIPT
BIRTH CERTIFICATE		
HIGH SCHOOL TRANSCRIPT		
GED CERTIFICATE		
COLLEGE TRANSCRIPT		
MARRIAGE CERTIFICATE		
DISSOLUTION OF MARRIAGE DOCUMENTS		
MILITARY SEPARATION (DD 214 FORM)		
NATURALIZATION PAPERS		
PROFESSIONAL CERTIFICATIONS		

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## APPLICATION FOR EMPLOYMENT – PEACE OFFICER



## AUTHORITY FOR RELEASE OF INFORMATION

NAME:		
LAST:	FIRST:	MIDDLE:
SOCIAL SECURITY NUMBER		DATE OF BIRTH (mm/dd/yyyy)

I, DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL RECORDS, OR ANY PART THEREOF, CONCERNING MYSELF, BY AND TO ANY DULY AUTHORIZED AGENT OF THE CITY OF WHITESBORO, TEXAS, WHETHER THE SAID RECORDS ARE OF PUBLIC, PRIVATE OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECORDS OF EDUCATIONAL INSTITUTIONS, FINANCIAL OR CREDIT INSTITUTIONS, INCLUDING RECORDS OF DEPOSIT, WITHDRAWALS AND OR BALANCES OF CHECKING AND SAVINGS ACCOUNTS, AND LOANS, AND ALSO THE RECORDS OF COMMERCIAL AND/OR RETAIL CREDIT AGENCIES (INCLUDING CREDIT REPORTS AND/OR RATINGS); PUBLIC UTILITY COMPANIES; EMPLOYMENT AND/OR PRE-EMPLOYMENT RECORDS; REAL AND PERSONAL PROPERTY TAX STATEMENTS AND RECORDS, AND OTHER FINANCIAL STATEMENTS AND RECORDS WHEREVER FILED; RECORDS OF COMPLAINT, ARREST, TRIAL AND/OR CONVICTIONS FOR ALLEGED OR ACTUAL VIOLATIONS OF THE LAW, INCLUDING CRIMINAL, CIVIL AND/OR TRAFFIC RECORDS; THE RESULTS OF ANY POLYGRAPH EXAMINATIONS; RECORDS OF COMPLAINT OF A CIVIL NATURE MADE BY OR AGAINST ME, WHERESOEVER LOCATED, AND TO INCLUDE THE RECORDS AND RECOLLECTIONS OF ATTORNEYS AT LAW, OR OF OTHER COUNSEL, WHETHER REPRESENTING ME OR ANOTHER PERSON IN ANY CASE WHICH I PRESENTLY HAVE, OR HAVE HAD AN INTEREST.

I, REITERATE, AND EMPHASIZE THAT THE INTENT OF THIS AUTHORIZATION IS TO PROVIDE FULL AND FREE ACCESS TO THE BACKGROUND AND HISTORY OF MY PERSONAL LIFE, FOR THE SPECIFIC PURPOSE OF PURSUING A BACKGROUND AND HISTORY OF MY PERSONAL LIFE, FOR THE SPECIFIC PURPOSE OF PURSUING A BACKGROUND INVESTIGATION WHICH MAY PROVIDE PERTINENT DATA FOR THE CITY OF WHITESBORO, TEXAS TO CONSIDER IN DETERMINING MY SUITABILITY FOR EMPLOYMENT. IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONAL INFORMATION, HOWEVER, PERSONAL OR CONFIDENTIAL IT MAY APPEAR TO BE, AND THE SOURCES OF INFORMATION SPECIFICALLY IDENTIFIED HEREIN.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A PERSONAL HISTORY BACKGROUND INVESTIGATION WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY, IN WHOLE OR IN PART, UPON THIS RELEASE AUTHORIZATION WILL BE CONSIDERED IN DETERMINING MY SUITABILITY FOR EMPLOYMENT WITH THE CITY OF WHITESBORO, TEXAS. I FURTHER UNDERSTAND THAT ALL MATERIALS PERTAINING TO THIS BACKGROUND INVESTIGATION BECOME THE PROPERTY OF THE CITY OF WHITESBORO, TEXAS AND WILL NOT BE RETURNED TO ME.

I AGREE TO INDEMNIFY AND HOLD HARMLESS THE PERSON TO WHOM THIS REQUEST IS PRESENTED AND HIS/HER AGENTS AND EMPLOYEES, FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST. I FURTHER UNDERSTAND THAT IN THE EVENT MY APPLICATION IS DISQUALIFIED, THE SOURCES OF CONFIDENTIAL INFORMATION SHALL NOT BE REVEALED TO ME.

A PHOTO COPY OF THIS DOCUMENT SHALL BE CONSIDERED VALID AS AN ORIGINAL, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

SIGNED THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

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

\_\_\_\_\_  
Signature

SWORN TO AND SUBSCRIBED BEFORE ME, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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

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# APPLICATION FOR EMPLOYMENT – PEACE OFFICER



NAME (LAST, FIRST, MIDDLE INIT.)	
SOCIAL SECURITY NUMBER	
DEPARTMENT REQUESTING RECORDS	

I UNDERSTAND THAT A REPORT IS SUBMITTED TO THE COMMISSION EACH TIME I RESIGN OR AM TERMINATED FROM EMPLOYMENT OR APPOINTMENT WITH A LAW ENFORCEMENT AGENCY.

I UNDERSTAND THE REPORT MUST INCLUDE AN EXPLANATION OF THE CIRCUMSTANCES OF MY RESIGNATION OR TERMINATION.

I UNDERSTAND THE CHIEF ADMINISTRATOR OF EACH LAW ENFORCEMENT AGENCY WITH WHICH I APPLY FOR EMPLOYMENT MAY REQUEST THE CONTENTS OF EACH REPORT THAT PERTAINS TO RESIGNATION OR TERMINATION DUE TO SUBSTANTIATED INCIDENTS OF EXCESSIVE FORCE OR VIOLATIONS OF LAW OTHER THAN TRAFFIC OFFENSES.

I UNDERSTAND THE COMMISSION IS NOT LIABLE FOR CIVIL DAMAGES FOR PROVIDING INFORMATION CONTAINED IN A REPORT CONCERNING THE CIRCUMSTANCES CITED ABOVE, WHEN A WRITTEN REQUEST, ON AGENCY LETTERHEAD, FROM A CHIEF ADMINISTRATOR AND THIS RELEASE IS PRESENTED TO THE COMMISSION; AND

I UNDERSTAND A LAW ENFORCEMENT AGENCY, CHIEF ADMINISTRATOR OF A LAW ENFORCEMENT AGENCY OR OTHER LAW ENFORCEMENT OFFICIAL IS NOT LIABLE FOR CIVIL DAMAGES FOR A REPORT MADE BY THAT AGENCY OR PERSON IF THE REPORT IS MADE IN GOOD FAITH.

I EXPRESSLY WAIVE MY RIGHT TO HOLD THE COMMISSION, LAW ENFORCEMENT AGENCY, CHIEF ADMINISTRATOR OF THE LAW ENFORCEMENT AGENCY, OR OTHER LAW ENFORCEMENT OFFICIAL LIABLE FOR CIVIL DAMAGES FOR THE CONTENTS OF REPORTS CONCERNING MY RESIGNATION OR TERMINATION AS A PEACE OFFICER, RESERVE LAW ENFORCEMENT OFFICER, COUNTY JAILER, OR PUBLIC SECURITY OFFICER WHICH ARE ON FILE WITH THE COMMISSION, IF THE LAW ENFORCEMENT AGENCY, CHIEF ADMINISTRATOR OF THE LAW ENFORCEMENT AGENCY, OR OTHER LAW ENFORCEMENT OFFICIAL MADE THE REPORT IN GOOD FAITH; AND

I EXPRESSLY WAIVE MY RIGHT TO HOLD THE COMMISSION, LAW ENFORCEMENT AGENCY, CHIEF ADMINISTRATOR OF LAW ENFORCEMENT AGENCY, OR OTHER LAW ENFORCEMENT OFFICIAL LIABLE FOR CIVIL DAMAGES FOR ANY ACTION BASED ON INFORMATION CONTAINED IN MY REPORTS CONCERNING THE CIRCUMSTANCE OF MY RESIGNATION OR TERMINATION FROM PRIOR EMPLOYMENT OR APPOINTMENT WITH A LAW ENFORCEMENT AGENCY.

I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS. I HEREBY AUTHORIZE THE COMMISSION TO RELEASE ALL REPORTS CONCERNING MY RESIGNATION OR TERMINATION PERTAINING TO CIRCUMSTANCES CITED ABOVE AS A PEACE OFFICER, RESERVE LAW ENFORCEMENT OFFICER, COUNTY JAILER, OR PUBLIC SECURITY OFFICER WHICH ARE ON FILE WITH THE COMMISSION TO THE DEPARTMENT NAMED ABOVE.

Signature of Licensee

Date

SWORN TO AND SUBSCRIBED BEFORE ME, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
NOTARY PUBLIC IN AND FOR, STATE OF TEXAS

My Commission Expires

Printed Name of Notary

Notary Seal or Stamp

Signature of Notary

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