

This PHS is your first opportunity to show your attention to detail and ability to follow directions. Please read and follow the applicant instructions on the first page and instructions at the beginning of each section.

IMPORTANT

**BEFORE YOU START FILLING OUT THIS PHS,
SAVE IT TO YOUR DESKTOP AND RENAME IT
WITH YOUR LAST NAME, FIRST NAME AND
PHS**

DOE JOHN PHS

PERSONAL HISTORY STATEMENT (PHS)

Applicant Instructions DO NOT USE GOOGLE DOCS OR HANDWRITE RESPONSES

- This is **YOUR** background; therefore, you are responsible for providing complete and accurate information.
- DO NOT LEAVE ANY BOXES BLANK. ANSWER EACH QUESTION FULLY AND ACCURATELY. **YOU MUST INCLUDE VALID EMAIL ADDRESSES FOR ANYONE LISTED OVER THE AGE OF 18.**
- If a question does not apply to you, type “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- The information you provide in this PHS will be used in the background investigation to assist in determining your suitability for the position.
- Please double check all boxes have been answered/checked.
- **YOU WILL HAVE ONE WEEK TO COMPLETE YOUR PHS.** Once you have completed your PHS email it, along with your scanned waiver and any supplemental documents, to russell@bluelineinvestigations.org If you have any questions, please call Russell Ford at 719-331-1992.
- **Disqualification:** There are very few ***automatic*** reasons an applicant may be disqualified from the process. 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 disqualification, 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.

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.

AGENCY APPLIED TO:

SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST	FIRST	MIDDLE
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2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY

3. ADDRESS WHERE YOU RESIDE

NUMBER / STREET	APT / UNIT
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CITY	STATE	ZIP
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4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE

5. CONTACT NUMBERS

CELL	Home	OTHER	<input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> WORK
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6. EMAIL ADDRESS

HOME	BUSINESS
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7. LIST ALL SOCIAL MEDIA SITES YOU ARE INVOLVED IN:

8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)	9. BIRTHDATE	10. SOCIAL SECURITY NUMBER
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11. DRIVER'S LICENSE

NO.	STATE	EXP	
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SECTION 2: RELATIVEs and REFERENCES

12. 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 more space is needed, continue your response on page 23.

<input type="checkbox"/> N/A	A. Father
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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	B. Mother
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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	C. Step-Father
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NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
	WORK PHONE	CELL PHONE	EMAIL	

SECTION 2: RELATIVES and REFERENCES *continued***13. IMMEDIATE FAMILY *continued***

<input type="checkbox"/> N/A	D. Step-mother
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NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
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HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		

<input type="checkbox"/> N/A	E. Current Spouse
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NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
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HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		

YEARS OF MARRIAGE (IF APPLICABLE) LENGTH OF RELATIONSHIP	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you will need to provide a copy of the restraining order.			
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<input type="checkbox"/> N/A	F. Father-in-law
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NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
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HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		

<input type="checkbox"/> N/A	G. Mother-in-law
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NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
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HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		

<input type="checkbox"/> N/A	H. Former Spouse(s)
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1) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
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HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		

YEAR OF DISSOLUTION DATES OF RELATIONSHIP (INCLUDE MONTH AND YEAR)	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you will need to provide a copy of the restraining order. Initials: _____			
If you are divorced, you will need to provide a copy of the dissolution of marriage paperwork.				

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

YEAR OF DISSOLUTION DATES OF RELATIONSHIP (INCLUDE MONTH AND YEAR)	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you will need to provide a copy of the restraining order. Initials: _____ If you are divorced, you will need to provide a copy of the dissolution of marriage paperwork.
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SECTION 2: RELATIVES and REFERENCES continued14. IMMEDIATE FAMILY *continued*

N/A **I. Brothers and Sisters** – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	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
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	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
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	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
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	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
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	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
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	EMAIL		

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.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)		
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
		CONTACT NUMBER	EMAIL	

2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER		EMAIL	
3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER		EMAIL	
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER		EMAIL	
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER		EMAIL	
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER		EMAIL	
15. REFERENCES					
List 7 (seven) people who know you well, such as social and family friends, co-workers, military acquaintances. <u>Do not include relatives, employers or housemates, or other individuals listed elsewhere.</u>					
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?

SECTION 2: RELATIVES and REFERENCES (Section 15. References) continued

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, FAMILY FRIEND, CO- WORKER)				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, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
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, FAMILY FRIEND, CO- WORKER)				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, FAMILY FRIEND, CO- WORKER)				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, FAMILY FRIEND, CO- WORKER)				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, FAMILY FRIEND, CO- WORKER)				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, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

SECTION 3: EDUCATION**NOTE: You will be required to furnish proof to support all of your educational claims (Diploma, GED or Degree).**16. Check applicable: High School Diploma from an accredited U.S. institution GED**17. LIST HIGH SCHOOLS ATTENDED:**

A) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
STREET ADDRESS	CITY	STATE		DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
B) NAME		FROM	TO	
STREET ADDRESS	CITY	STATE		

18. LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

A) NAME	FROM (MONTH/YEAR)	TO (MONTH/YEAR)	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED WHAT YEAR?
ADDRESS (STREET, CITY, STATE, ZIP)				
B) NAME	FROM (MONTH/YEAR)	TO (MONTH/YEAR)	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED WHAT YEAR?
ADDRESS (STREET, CITY, STATE, ZIP)				
C) NAME	FROM (MONTH/YEAR)	TO (MONTH/YEAR)	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED WHAT YEAR?
ADDRESS (STREET, CITY, STATE, ZIP)				

19. LIST ANY TRADE, VOCATIONAL, OR BUSINESS SCHOOLS/INSTITUTES ATTENDED:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	TYPE OF SCHOOL OR TRAINING	ADDRESS (STREET, CITY, ZIP)	STATE
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	TYPE OF SCHOOL OR TRAINING	ADDRESS	STATE
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	TYPE OF SCHOOL OR TRAINING	ADDRESS (STREET, CITY, ZIP)	STATE

SECTION 3: EDUCATION continued20. Have you ever been disciplined, 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 any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences during the last Seven years. Provide *complete* addresses 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. If more space is needed continue on page 23.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER <input type="checkbox"/> N/A		
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 <input type="checkbox"/> N/A		
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:					
C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER <input type="checkbox"/> N/A		
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 <input type="checkbox"/> N/A		
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:

SECTION 4: RESIDENCE *continued*

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 22 and/or 23**, explain in detail (include when, where and circumstances). If more space is needed, continue your response on page 23.

SECTION 5: EXPERIENCE AND EMPLOYMENT

24. JOB EXPERIENCE

- Beginning with your most current job, list **ALL** jobs you have had for the past **10 years**, including part-time, temporary, self-employment, volunteer or Law Enforcement Explorer/Cadet. (If more space is needed continue your response on page 23)

25. If you EVER worked for any PUBLIC SAFETY OR LAW ENFORCEMENT AGENCY, regardless of when, you must list it here.

- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.
- Include contact information for co-workers.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR	
CITY		STATE	ZIP	SUPERVISOR CONTACT NUMBER	EXT
JOB TITLE				SUPERVISOR EMAIL	
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 AND CONTACT INFORMATION OF CO-WORKERS 1)		NAMES AND CONTACT INFORMATION OF CO-WORKERS 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) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR	
CITY		STATE	ZIP	SUPERVISOR CONTACT NUMBER	EXT
JOB TITLE				SUPERVISOR EMAIL	

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 AND CONTACT INFORMATION OF CO-WORKERS 1)		NAMES AND CONTACT INFORMATION OF CO-WORKERS 2)	REASON FOR LEAVING

D) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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E) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER	EXT
JOB TITLE			SUPERVISOR EMAIL	
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 AND CONTACT INFORMATION OF CO-WORKERS 1)		NAMES AND CONTACT INFORMATION OF CO-WORKERS 2)	REASON FOR LEAVING	

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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G) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER	EXT
JOB TITLE			SUPERVISOR EMAIL	
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 AND CONTACT INFORMATION OF CO-WORKERS 1)		NAMES AND CONTACT INFORMATION OF CO-WORKERS 2)	REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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I) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER	EXT
JOB TITLE			SUPERVISOR EMAIL	

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 AND CONTACT INFORMATION OF CO-WORKERS 1)		NAMES AND CONTACT INFORMATION OF CO-WORKERS 2) REASON FOR LEAVING

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
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K) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO	
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT
JOB TITLE		EMAIL		
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 AND CONTACT INFORMATION OF CO-WORKERS 1)		NAMES AND CONTACT INFORMATION OF CO-WORKERS 2)	REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
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M) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO	
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT
JOB TITLE		EMAIL		
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 AND CONTACT INFORMATION OF CO-WORKERS 1)		NAMES AND CONTACT INFORMATION OF CO-WORKERS 2)	REASON FOR LEAVING	

25. Have you ever been disciplined at work? (This includes verbal or written warnings, formal letters of 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

30. 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
31. Were you ever the subject of a written complaint at work? Yes No
32. Have you ever been counseled at work due to lateness or absences? Yes No
33. Did you ever receive an unsatisfactory performance review? Yes No
34. Have you ever sold, released, or given away legally confidential information? Yes No
35. Have you ever committed or been accused of misconduct, untruthfulness, or dishonesty, related to any job? Yes No

If you answered yes to any of **Questions 25–35**, thoroughly explain (indicate corresponding number; include when, where and circumstances). If more space is needed, continue your response on page 23.

36. Have you **EVER** applied for a position of trust with any **PUBLIC SAFETY** and/or **LAW ENFORCEMENT AGENCY** (city, county, state or federal)? Yes No

- Starting with the most recent, list EVERY agency you have applied to (give complete and accurate addresses).

-If you applied to a single agency more than once, you are required to list EACH time you applied
- **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 23.

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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Not Selected <input type="checkbox"/> Disqualified				

B) NAME OF AGENCY				DATE APPLIED
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER
POSITION APPLIED FOR		EMAIL		
Check each step in the process that you completed, and your status:				
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Not Selected <input type="checkbox"/> 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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Not Selected <input type="checkbox"/> Disqualified				

SECTION 6: MILITARY EXPERIENCE

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

38. BRANCH OF SERVICE	46A. DATES OF SERVICE	
	From	To
39. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1–4) if applicable – refer to your DD-214:		
40. Have you ever been the subject of any judicial or non-judicial disciplinary action (including: court martial, captain's mast, office hours, company punishment)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
41. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you answered yes to **Questions 40 and/or 41**, thoroughly explain (include dates and circumstances):

SECTION 7: FINANCIAL

42. 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 your salary or wages (including spouse income)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, fill in amount:.....	\$ _____ per month
Explain:	
43. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
44. Have any of your bills ever been turned over to a collection agency?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
45. Have you ever had purchased goods repossessed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
46. Have your wages ever been garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No	
47. Have you ever been delinquent on income or other tax payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
48. Have you ever had an employment bond refused? <input type="checkbox"/> Yes <input type="checkbox"/> No	
49. Have you ever avoided paying any lawful debt by moving away? <input type="checkbox"/> Yes <input type="checkbox"/> No	

50. Have you ever defaulted a loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Have you ever borrowed money to pay for a gambling debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you currently have any outstanding debts as a result of gambling?		
52. Have you ever spent money for illegal purposes (e.g., illegal drugs, purchase of fraudulent documents, etc.)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you ever intentionally written a bad check?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Have you ever filed for OR received unemployment benefits (Be sure to disclose if more than once)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56. Have you ever collected unemployment benefits while working beyond what is legally allowed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to any of Questions 43–56 , <u>thoroughly</u> explain (include when, where, and why; indicate corresponding number). If more space is needed, continue your response on page 23.		

SECTION 8: LEGAL

Disclosure of Convictions

This section requires you to report convictions which is an adjudication of guilt following a verdict of guilty by a court or jury, a plea of guilty, or a plea of nolo contendere. Conviction includes deferred judgments and deferred sentences and, in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**

57. Either as an adult or a juvenile, have you EVER been convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, explain each incident. If more space is needed, continue on page 23.

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	

SECTION 8: LEGAL CONTINUED

58. Have you ever been placed on court probation as an adult? Yes No
59. Have the police ever been called to your home for any reason? Yes No
60. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
61. Have you ever been the subject of a protective order/restraining order? Yes No
If yes, provide copy of restraining order.
62. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? Yes No
63. Have you ever filed a false insurance or workers' compensation claim? Yes No

SECTION 8: LEGAL continued

If you answered yes to any of **Questions 58–64**, thoroughly explain (include court case or document, dates, and circumstances; indicate corresponding number). If more space is needed, continue your response on page 23.

64. INVOLVEMENT IN CRIMINAL ACTS – PART 1

At any time in your life have you **EVER** committed any of the following: (**This includes any acts regardless if you were arrested, prosecuted, received any sort of deferred judgement or EVEN if the act was never detected or discovered**)

If you were involved in a crime and it was not listed in this section then list it on page 23. **NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

- A) Harassment-stalking Yes No
- B) Battery/Assault (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) Driving under the influence of alcohol and/or drugs Yes No
- G) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes No
- H) Hit & run collision (no injuries) Yes No
- I) Hunting/fishing without a license Yes No
- J) Illegal gambling Yes No

k) Impersonating a peace officer or public servant (pretending to be a police officer).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l) Indecent exposure (including flashing or mooning)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m) Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
n) Theft (value up to \$1500, including shoplifting/switching price tags, retail fraud)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o) Possession of alcohol as a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
p) Possession of falsified or altered identification, including use of another person's ID (for any reason).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
q) Possession of stolen property (including vehicles)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
r) Prostitution or soliciting a prostitute.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
s) Resisting arrest (including running from the police).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
t) Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
u) Vandalism (including "tagging," criminal mischief and/or property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
v) Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
w) Filing a false police report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
x) Sexual Assault	<input type="checkbox"/> Yes	<input type="checkbox"/> No
y) Unlawful Sexual Contact.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
z) Failure to register as a sex offender	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AA) Sexual exploitation of children.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BB) Pandering (Pimping)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
cc) Keeping a place of prostitution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
dd) Obstructing government operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EE) Concealing death.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FF) False report to authorities (providing a false name).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GG) Abuse of public records.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HH) Aiding escape.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
II) Possession of contraband in the 2 nd degree.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
JJ) Escape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
KK) Attempt to escape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LL) Violation of bail bond conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MM) Trading in public office.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NN) Failing to disclose a conflict of interest.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OO) First degree official misconduct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PP) Perjury in the 2 nd degree.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
QQ) Duty to report use of force by peace officers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RR) Bias-motivated crimes.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SS) Unlawful use of a controlled substance.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TT) Keeping, controlling, renting, or making available property for unlawful distribution/manufacture of a controlled substance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
UU) Indecent exposure.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VV) Any other act(s) amounting to a misdemeanor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 64**, **FULLY explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (64-A, etc.) for each explanation. Any of the above requested information that is not included in your explanation could be grounds for automatic disqualification.**

65. INVOLVEMENT IN CRIMINAL ACTS – PART 2

At any time in your life have you **EVER** committed any of the following : **(This includes any acts regardless if you were arrested, prosecuted, received any sort of deferred judgement or EVEN if the act was never detected or discovered)**

If you were involved in a crime and it was not listed in this section then list it on page 23. **NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

A) Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing and/or possessing child pornography.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Elder abuse/neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No

H) Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Vehicular assault (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Hit & run (with injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Insurance fraud.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Theft (value of over \$1,500 or any firearm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Perjury in the 1 st degree (lying under oath).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of an explosive/destructive device.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Impersonating a peace officer or firefighter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Any other act(s) amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any item(s) in Question 65, FULLY explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (65-A, etc.) for each explanation. Any of the above requested information that is not included in your explanation could be grounds for automatic disqualification.

SECTION 8: **LEGAL** *continued*

Questions 68 - 70 ask about your current and past **RECREATIONAL ILLEGAL** 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, etc)
- Barbiturates *(Downers)*
- Cocaine / Crack Cocaine
- Designer Drugs
(Ecstasy, Synthetic Heroin, etc.)
- GHB *(Date Rape Drug)*
- Glue
- Hallucinogens
(Peyote, LSD, Mushrooms)
- Hashish / Hashish Oil
- Heroin / Opium
- Steroids
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Synthetic Marijuana
- Marijuana/Tetrahydrocannabinol (THC)

68 (A) **Within the past five years**, have you used any drug(s) as indicated above for recreational purposes? Yes No

If yes, what drug was used and the last date of use:

69. (B) If you answered **yes** to use of **marijuana/Tetrahydrocannabinol (THC)** within the past **THREE MONTHS**, list the most recent date of use.

70. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

..... Yes No

If yes, select one or more of the following:

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished
- Carried or held for another

If you checked any items above, give the drug(s) involved, over what time period(s), and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

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

72. 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

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

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

74. Has your driver's license ever been suspended or revoked, even if by error? Yes No

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

SECTION 9: MOTOR VEHICLE OPERATION *continued*

75. List all traffic citations, excluding parking citations, you have received within the past seven (7) years: If more space is needed, continue your response on page 23.

A) NATURE OF VIOLATION			LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED	ACTION TAKEN			
	Month	Year	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School
	Month	Year	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Other	
B) NATURE OF VIOLATION			LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED	ACTION TAKEN			
	Month	Year	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School
	Month	Year	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Other	
C) NATURE OF VIOLATION			LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED	ACTION TAKEN			
	Month	Year	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School
	Month	Year	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Other	

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 <input type="checkbox"/> Other				
--	--	--	--	--	--	--

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:

76. Have you been involved as the driver in a motor vehicle accident within the past seven (5) years? Yes No
If yes, give details.

A) DATE		LOCATION (NUMBER / STREET / APT)	CITY, STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY		LAW ENFORCEMENT AGENCY	WERE YOU FOUND TO BE AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE YOU ISSUED A CITATION/SUMMONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
B) DATE		LOCATION (NUMBER / STREET / APT)	CITY, STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY		LAW ENFORCEMENT AGENCY	WERE YOU FOUND TO BE AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE YOU ISSUED A CITATION/SUMMONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
C) DATE		LOCATION (NUMBER / STREET / APT)	CITY, STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY		LAW ENFORCEMENT AGENCY	WERE YOU FOUND TO BE AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE YOU ISSUED A CITATION/SUMMONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

77. 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	

78. 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 9: MOTOR VEHICLE OPERATION *continued*

Use this space for additional information you would like to include regarding your driving record.

SECTION 10: OTHER TOPICS

79. Have you ever been refused a permit to carry a concealed weapon? Yes No
80. 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, disability, or advocates sedition, treason, insurrection against the United States of America? Yes No
81. 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
82. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No
83. Have you ever shoved, pushed, struck, hit, kicked, bitten, thrown objects at, threatened or damaged property of a spouse or romantic partner? Yes No

If you answered yes to any of **Questions 79–83**, thoroughly explain (including dates and circumstances; indicate corresponding number)

SECTION 11: CERTIFICATION

84. Are you willing to take a polygraph examination to verify all the information supplied in your application and personal history statement, **IF APPLICABLE?**
 Yes No

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 SPACE

- Use this space(s) to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, citations, or explanations to questions, etc.). **IMPORTANT: Identify the corresponding section, question and specific item being referenced.**

The personal history statement, the release waiver and supplemental documents must be emailed to Russell Ford at
russell@bluelineinvestigations.org