

HENDERSON POLICE DEPARTMENT



PERSONAL HISTORY QUESTIONNAIRE

APPLICANT'S NAME: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

POSITION APPLIED FOR: _____

DATE COMPLETED: _____

HENDERSON POLICE DEPARTMENT

Read Carefully

The Henderson Police Department has established Hiring Standards that are applied to all applicants in a fair and equitable manner. The information you provide in this Personal History Questionnaire will be used in the investigation into your background to assist in determining your suitability for a position with the Henderson Police Department.

The Henderson Police Department Hiring Standards are confidential and they are not to be communicated with anyone outside the Background Investigations Division.

It is to your advantage to answer questions openly and honestly. Any negative factor in your background will be evaluated in terms of circumstances and facts surrounding its occurrence, as well as the degree of relevance to the job you are applying for. Many more people are not accepted because of omission and concealment than because of previous behavior. While indiscretions or other situations in your life history may or may not be condoned, deception will not be tolerated.

This Investigation depends upon information that you supply. It is mutually beneficial to complete the questionnaire by giving complete addresses, including zip codes, telephone numbers, and area codes, where applicable.

Please fill out the following questionnaire completely and accurately. Keep in mind that:

1. The completion of this questionnaire is mandatory.
2. The listed attachments are required—where applicable.
3. All statements are subject to verification through investigation and polygraph.
4. Deliberate inaccuracies or omissions may bar you or remove you from future testing.
5. All time periods in your background must be accounted for.
6. All information will be reviewed with you during your Background Investigation Interview.

If you are having problems completing this questionnaire, please contact the Background Investigations Unit (702) 267-4530.

If there is not enough room to complete any section of the Personal History Questionnaire, additional pages may be attached. Intentionally omitting information will result in disqualification.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

HENDERSON POLICE DEPARTMENT

The following items must be attached to your questionnaire:

- Copy of Birth certificate and/or Proof of U.S. Citizenship
- Copy of Driver's License (front & back)
- Copy of Social Security Card
- Copy of Driving History/Abstract from each state that you were licensed to drive.
- Copy of Marriage and/or Divorce Decrees from each marriage.
- Copy of High School Diploma, GED and College Certificates.
- Sealed Transcripts (Closed/Sealed Envelope from academic institution) of all high school, training schools, colleges and universities.
- Copy of DD214, if prior military
- Copy of Personnel File, Internal Affairs File, and all Evaluations from previous law enforcement agencies where employed, if applicable.
- Names, addresses, phone numbers, social security numbers, dates of birth of spouse and/or cohabitant (current & past) and persons that you have a child in common with.
- If subject to a Court Order requiring Child Support, provide proof that you are current.
- If you have declared Bankruptcy, provide copies of discharge and also the actual bankruptcy.
- Copy of Selective Service Registration Card.
- Copy of current proof of automobile insurance (including policy number and expiration date).

DO NOT SEPARATE THIS BOOKLET

ATTACH ALL CONTINUATION PAGES TO THE BACK OF QUESTIONNAIRE

ALL COPIES OF DOCUMENTS MUST BE MADE PRIOR TO MEETING WITH YOUR BACKGROUND INVESTIGATOR

POLICE OFFICER APPLICANTS – * Bring this Completed Questionnaire and any attachments, when you meet with your Background Investigator*****

ALL OTHER POLICE DEPARTMENT APPLICANTS - *Bring This Completed Questionnaire & Attachments on the day of your Selection Interview*****

Sincerely,

Jutta G. Chambers
Chief of Police

Dane Mattoon, Lieutenant
Professional Standards

Mary Jo Jaques, Inv.
Background Investigations

Barry Tirk, Inv.
Background Investigations

Ken Kerby, Inv.
Background Investigations

HENDERSON POLICE DEPARTMENT

APPLICANT BACKGROUND QUESTIONNAIRE

POSITION APPLIED FOR	DATE
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GENERAL INSTRUCTIONS: Print or type an answer to every question. If a question does not apply to you, indicate N/A in the blank space. If there is insufficient space for your answers, attach additional sheets with appropriate references to the question numbers. **Failure to state all facts or the omission of material information will disqualify you for any employment with the Henderson Police Department.** All responses made by you will be strictly confidential.

GENERAL INFORMATION

1. Last Name			First Name			Middle Name			2. Male <input type="checkbox"/>		Female <input type="checkbox"/>	
3. Alias (es), Nicknames, Maiden Name, other changes in name						4. Social Security Number			5. Telephone Number			
6. Current Residence Address (Street, City, State)									7. Zip Code			
8. Date of Birth (Month-Day-Yr.)			9. Age		10. Place of Birth (City, County, State)							
11. Height		12. Weight		13. Color of Eyes		14. Color of Hair		15. Scars, Distinguishing Marks, Tattoos				
16. U.S.Citizen		17. Native Citizen		18. Naturalized Certificate Number			19. Date, Place, and Court					

20. EDUCATION

High School/ Address, Zip Code		Dates Attended		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		If not, have you a GED of High School Proficiency Certificate? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Names of Colleges/ Universities Attended Address, Zip Codes		Dates Attended		Course of Study/ Major		Units Completed Semester Quarter		Type of Degree	Date

<p>Have you ever received any disciplinary action, suspension or expulsion from any type of school or training? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If "YES," list the name of the school/training and explain.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>

HENDERSON POLICE DEPARTMENT

21. FOREIGN LANGUAGE: Enter foreign language and indicate your knowledge of each by placing an "X" in the proper column.

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

22. SPECIAL QUALIFICATIONS AND SKILLS

Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires. (Except vehicle operator's license)

List all special skills you possess

Are you a Certified Peace Officer? YES NO (If yes, please complete the following)

Issuing State _____ Certificate No. _____ Date of Issue _____

23. MARITAL STATUS

SINGLE ENGAGED MARRIED DIVORCED SEPARATED WIDOWED

	NAME OF SPOUSE	ADDRESS (Street, City, State, Zip) PHONE #	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DATE OF MARRIAGE	DATE OF DIVORCE
	Current Marriage					
Previous Marriage						
Previous Marriage						

SPOUSE'S EMPLOYER

Name of Company	Job Title	Name of Supervisor
Address (Street, City, State, Zip Code)		Telephone Number

24. CHILDREN AND DEPENDENTS

List ALL natural, step and adopted children, as well as, any person(s) who are legally dependent upon you for support, EXCEPT your husband or wife.

NAME	BIRTH		RESIDENCE		SUPPORTED BY WHOM
	DATE	PLACE	ADDRESS	WITH WHOM	

HENDERSON POLICE DEPARTMENT

25. CREDIT AND INCOME

Do you or your spouse have any other source(s) of income? YES NO
If "YES", give total amount and sources.

Have you ever had any credit problems? YES NO
(i.e. bankruptcy, delinquent accounts, liens, charge-offs, repossessions, foreclosures, etc.)
If "YES", list dates and details.

Have you ever had your wages garnished? YES NO
If yes, explain.

Have you ever been evicted from a residence? YES NO
If yes, explain.

Have you ever had a check returned for non-sufficient funds? YES NO
If yes, explain.

Are you able to pay all of your monthly bills on time? YES NO
If no, explain.

Have you ever had a civil judgment or tax lien filed against you? YES NO
If yes, explain.

Are you presently required to pay spousal or child support? YES NO
If yes, list to whom and if payments are current.

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26. FAMILY REFERENCES (List ALL immediate relatives: Parents, guardians, step-parents, foster parents, brothers, sisters, "in-laws")

Relationship	Name	Age	Street Address, City, State, Zip	Home Telephone	Occupation
Do you have any relatives currently employed by the City of Henderson?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, list name(s). <hr/> <hr/>					

27. RESIDENCES (List ALL residences since the age of 16, beginning with your current address. Please include military.)

Month and Year From	To	Street Address, City, State, Zip	County	Military Installation	Police Contact
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

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28. MILITARY RECORD (Please attach copy of DD-214)

Branch of Service	Date Entered	Date Separated	Kind of Discharge <input type="checkbox"/> Honorable <input type="checkbox"/> BCD <input type="checkbox"/> Undesirable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Other
Are you currently a member of the U.S. Reserve or the National Guard? YES <input type="checkbox"/> NO <input type="checkbox"/>			Do you have any other type of military obligation? (e.g. R.O.T.C., Inactive Reserve) YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever received any disciplinary actions while in the military (such as a Letter of Counseling, Letter of Reprimand, Admonishment, Court-Martial, Article 15, or Captain's Mast)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<hr/> <hr/>			
While in the military, were you ever Absent Without Leave (AWOL, missed formation, etc)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain.			
<hr/> <hr/>			
While in the military, were you ever incarcerated? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain.			
<hr/> <hr/>			
While in the military, were you ever reduced in rank as a punishment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain.			
<hr/> <hr/>			

29. CRIMINAL HISTORY

Have you ever been arrested, detained by Police, cited into court, or had any Police contact (excluding Traffic Citations)? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", complete the following (list juvenile & adult occurrences).					
Date	Location	Arresting Agency	Original Charge	Charge Reduced To	Disposition
Have you ever been a complainant, victim, or witness to a major crime? If so, describe case details including crime, location, responding law enforcement agency, your role, etc. <input type="checkbox"/> YES <input type="checkbox"/> NO					
<hr/> <hr/>					

HENDERSON POLICE DEPARTMENT

Criminal History Continued

<p>Have you ever had a warrant for your arrest, Failure to Appear, or Summons for anything including traffic? If yes, explain. YES <input type="checkbox"/> NO <input type="checkbox"/></p> <hr/> <hr/>
<p>Have you ever filed or been the subject of a protective order (i.e. restraining order, stalking order, etc)? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain.</p> <hr/> <hr/>
<p>Have the police ever responded to your residence in regards to a report of a disturbance? If yes, list when and where; give details. YES <input type="checkbox"/> NO <input type="checkbox"/></p> <hr/> <hr/>
<p>Have you been convicted of a felony crime or any crime which requires registration? If yes, explain. YES <input type="checkbox"/> NO <input type="checkbox"/></p> <hr/> <hr/>
<p>Have you ever used a fraudulent document to obtain money? If yes, explain. YES <input type="checkbox"/> NO <input type="checkbox"/></p> <hr/> <hr/>
<p>Have you ever filed a false claim to receive money or gratuity? If yes, explain. YES <input type="checkbox"/> NO <input type="checkbox"/></p> <hr/> <hr/>
<p>Have you ever written a check using another person's name? If yes, explain. YES <input type="checkbox"/> NO <input type="checkbox"/></p> <hr/> <hr/>
<p>Have you ever filed a false police report? If yes, explain. YES <input type="checkbox"/> NO <input type="checkbox"/></p> <hr/> <hr/>

HENDERSON POLICE DEPARTMENT

Criminal History Continued

Have you ever <u>intentionally</u> damaged property of another person? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever been accused of any misconduct? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever been involved in a physical altercation in which any kind of weapon was used? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever tampered with or damaged public or private property? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever injured or caused the death of another person? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
As an adult, have you ever had any sexual involvement with a person under the age of eighteen (18)? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever sexually assaulted another person? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever paid for sex? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	

HENDERSON POLICE DEPARTMENT

Criminal History Continued

Have you ever engaged in prostitution? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever slapped, punched, kicked, pushed, or otherwise injured a romantic partner? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever slapped, punched, kicked, pushed, or otherwise injured a cohabitant? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever attempted or threatened to physically harm another person? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you participated in a riot or civil disturbance? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you, your spouse, or any members of your family including in-laws, ever been a member or an associate of any street gang, organized crime group, militant group, racial supremacist group, or any other subversive group? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have any of your immediate family members ever been in a correctional facility for any reason? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	

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Criminal History Continued

Have you ever stolen anything? If yes, explain. Include the most expensive thing you have taken & value.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever assisted anyone in stealing merchandise or money? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever been placed on probation for any charge or violation? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
When was the last time you were involved in ANY activity that could be perceived by police as an illegal act? Explain and give dates:	
<hr/> <hr/>	
Have you ever been <u>arrested</u> on a charge of Domestic Battery/Domestic Violence? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever been <u>convicted</u> on a charge of Domestic Battery/Domestic Violence? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever been the <u>victim</u> of Domestic Battery/Domestic Violence? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	

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30. ILLEGAL DRUG USE

TYPE OF DRUG	PRIOR USE	TOTAL TIMES USED	DATE LAST USED	SOLD	TOTAL TIMES SOLD
Cannabis Substances (Marijuana, Hashish, Hashish Oil, THC, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Hallucinogens (LSD, PCP, Peyote, Mushrooms, Mescaline, Ecstasy, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Stimulants (Cocaine, Rock, Crank, Crack, Crystal, Angel Dust, Speed, Amphetamines, Methamphetamines, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Depressants (Tranquilizers, Barbiturates, Valium, Methaqualone, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Narcotics (Codeine, Morphine, Heroin, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Inhalants (Glue, Gasoline, Spray paint, Acetone, Nitrous Oxide, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Anabolic Steroids	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Explanation:

Have you ever used someone else's prescription drug (Lortab, Vicodin, antibiotics, allergy medication, etc)?
 If yes, explain. YES NO

Have you ever knowingly allowed anyone to possess or use illegal drugs in your home or vehicle?
 If yes, explain. YES NO

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Drug Use Continued

What is the total amount of money you have spent on illegal drugs? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever used drugs or alcohol to take advantage of someone? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever operated a motor vehicle under the influence of drugs? If yes, explain & provide dates.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
When was the last time you were present when others were using illegal drugs? Explain & provide dates.	
<hr/> <hr/>	
Have you ever manufactured, grown, or produced a drug or controlled substance? If yes, explain & provide dates.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever bought, sold, or delivered a drug or controlled substance? If yes, explain & provide dates.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	

31. GAMBLING

Do you gamble? If yes, to what degree & how often	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
What is the most you have won overall?	
<hr/> <hr/>	

HENDERSON POLICE DEPARTMENT

Gambling Continued

What is the most you have lost overall? <hr/>
Have you ever had to borrow money to cover a gambling debt? If yes, explain. YES <input type="checkbox"/> NO <input type="checkbox"/> <hr/> <hr/>

32. DRIVER'S INFORMATION

(List ALL driving violations and traffic accidents, excluding parking tickets, since you started driving.)

Date	Location & Agency	Cited?	Violation Charged	Collision Related	Court Disposition
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Current Driver's License State _____ Expiration date _____ Number _____		Previous Driver's License (list all states/countries in which you were licensed) _____ _____			
Has your Driver's License, or your privilege to operate a motor vehicle, ever been suspended or revoked, or have you ever been refused a driver's license? If "YES", explain in detail on separate sheet and attach. YES <input type="checkbox"/> NO <input type="checkbox"/>					

33. EMPLOYMENT HISTORY

List your complete work history starting with current position and working backwards. List each promotion separately. Account for all time frames including unemployment, and/or when attending school, volunteer work and U.S. Military service. If more space is needed, attach additional sheets and use the same format.

Do you have any objections to our contacting your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", why? <hr/>

Mo. /Yr. TO	Mo. /Yr.	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)		Telephone Number	Name of Supervisor
Salary \$ PER	Names of 3 Co-workers			
Reason for leaving:				

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Employment History Continued

Mo. /Yr.	Mo. /Yr.	Employer (Business/ Agency name)	Title	Name employed under
TO				
Hours per Week		Address (Street, City, State, Zip)	Telephone Number	Name of Supervisor
Salary \$ PER		Names of 3 Co-workers		
Reason for leaving:				
Mo./Yr.	Mo./Yr.	Employer (Business/ Agency name)	Title	Name employed under
TO				
Hours per Week		Address (Street, City, State, Zip)	Telephone Number	Name of Supervisor
Salary \$ PER		Names of 3 Co-workers		
Reason for leaving:				
Mo./Yr.	Mo./Yr.	Employer (Business/ Agency name)	Title	Name employed under
TO				
Hours per Week		Address (Street, City, State, Zip)	Telephone Number	Name of Supervisor
Salary \$ PER		Names of 3 Co-workers		
Reason for leaving:				
Mo./Yr.	Mo./Yr.	Employer (Business/ Agency name)	Title	Name employed under
TO				
Hours per Week		Address (Street, City, State, Zip)	Telephone Number	Name of Supervisor
Salary \$ PER		Names of 3 Co-workers		
Reason for leaving:				

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Employment History Continued

Mo./Yr. TO	Mo./Yr.	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)		Telephone Number	Name of Supervisor
Salary \$ PER	Names of 3 Co-workers			
Reason for leaving:				
Mo./Yr. TO	Mo./Yr.	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)		Telephone Number	Name of Supervisor
Salary \$ PER	Names of 3 Co-workers			
Reason for leaving:				
Mo./Yr. TO	Mo./Yr.	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)		Telephone Number	Name of Supervisor
Salary \$ PER	Names of 3 Co-workers			
Reason for leaving:				
Mo./Yr. TO	Mo./Yr.	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)		Telephone Number	Name of Supervisor
Salary \$ PER	Names of 3 Co-workers			
Reason for leaving:				

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Employment History Continued

Mo./Yr. TO	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)	Telephone Number	Name of Supervisor
Salary \$ PER	Names of 3 Co-workers		
Reason for leaving:			

Did you ever leave a job to avoid being fired? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Were you ever discharged, terminated, or forced to resign from any job? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever taken anything from any employer without their permission (office supplies, cash, tools, food, property, etc)? If yes, explain & provide dates.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever been accused of stealing from an employer (office supplies, cash, tools, food, property, etc)? If yes, explain & provide dates.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever misused your employee privileges? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever purposely damaged company merchandise/property? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	

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Employment History Continued

Have you ever filed for or received Worker's Compensation for an on-the-job injury? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever filed for or received unemployment compensation? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever been investigated by your supervisor or employer for improper conduct (illegal activities, sexual harassment, etc)? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
List any employer that will give a different version as to why you separated from employment.	
<hr/> <hr/>	
Have you ever received a written/oral reprimand, suspension, or warning at any place of employment? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever committed or threatened to commit physical harm against a co-worker or supervisor? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever been involved in an argument where you raised your voice or used insulting language towards a co-worker or supervisor? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you worked without reporting it, while collecting unemployment benefits? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	

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Employment History Continued

<p>Would your current employer rate your work as satisfactory? If no, explain.</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
<p>How often are you late to work?</p>	
<hr/> <hr/>	

34. LAW ENFORCEMENT EXPERIENCE—IF APPLICABLE

(Current & former Police Officers and Corrections Officers must answer all the questions listed below)

<p>Are there any ongoing Internal Affairs complaints against you? If yes, explain.</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
<p>Have you ever been the subject of an Internal Affairs Investigation? If yes, explain & indicate disposition.</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
<p>Have you ever had a grievance filed against you? If yes, explain.</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
<p>Have you ever received a reprimand or counseling? If yes, explain.</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
<p>Have you committed perjury or lied under oath? If yes, explain.</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	

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Law Enforcement History Continued

Have you ever kept any evidence for your own use? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever taken a bribe? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever engaged in any sexual activity while on duty? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever used excessive force? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever falsified a report? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	
Have you ever been involved in a deadly force situation? If yes, explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<hr/> <hr/>	

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35. PERSONAL REFERENCES (List at least five persons NOT RELATED to you and NOT FORMER EMPLOYERS)

Name	Address (Street, City, State, Zip)	Home Phone	Work Phone	Occupation	Years Known

36. Are there any other factors in your background which you feel may be discovered in our investigation that may impact your suitability for employment? YES NO

If "YES", please explain:

37. LIST ALL LAW ENFORCEMENT OR GOVERNMENTAL AGENCIES TO WHICH YOU HAVE APPLIED.
(Include full mailing address. Attach additional sheets if necessary)

AGENCY & ADDRESS	POSITION	DATE OF APPLICATION	STATUS
			<input type="checkbox"/> SUBMITTED APPLICATION <input type="checkbox"/> TOOK WRITTEN TEST <input type="checkbox"/> HIRED/JOB OFFER MADE <input type="checkbox"/> BACKGROUND INV. DONE <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> OTHER _____
			<input type="checkbox"/> SUBMITTED APPLICATION <input type="checkbox"/> TOOK WRITTEN TEST <input type="checkbox"/> HIRED/JOB OFFER MADE <input type="checkbox"/> BACKGROUND INV. DONE <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> OTHER _____
			<input type="checkbox"/> SUBMITTED APPLICATION <input type="checkbox"/> TOOK WRITTEN TEST <input type="checkbox"/> HIRED/JOB OFFER MADE <input type="checkbox"/> BACKGROUND INV. DONE <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> OTHER _____
			<input type="checkbox"/> SUBMITTED APPLICATION <input type="checkbox"/> TOOK WRITTEN TEST <input type="checkbox"/> HIRED/JOB OFFER MADE <input type="checkbox"/> BACKGROUND INV. DONE <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> OTHER _____

I swear that all information provided is complete and accurate. I further recognize that any intentional deceptions or omissions are grounds for disqualification.

Signature _____ Date _____