

Congratulations, if you are receiving this packet you have successfully completed the written and physical standards of our hiring process. **The next phase** of our testing process is the completion of the Personal History Statement (PHS). This document is the primary tool used by our investigators when performing background investigations. **Completely read the entire document prior to completing it.**

The Personal History Statement is the most important document in the hiring process. **Total honesty and disclosure is expected. Failing to do so will result in disqualification from the hiring process or termination from employment.** If there are any questions about this document they should be directed to Officer David Hartman in the Training/Recruiting Office at 203.563.0252.

The **PHS** is to be **completed and returned** by mail (postmarked) or in person **no later than April 30th 2014.** Other requested documentation can be forwarded as soon as it becomes available.

All college transcripts are to be sent, by the college, to the Wilton Police Department. It is the responsibility of the applicant to contact the college and request that their transcripts are sent to:

The Wilton Police Department
240 Danbury Rd. Wilton, CT 06897
C/O Officer David Hartman

Failure to provide any of the required documentation, being deceitful in any way or omitting any required information will result in disqualification of an applicant for consideration for the position of Police Officer with the Town of Wilton.

NOTICE

The Wilton Police Department conducts detailed comprehensive background investigations of all applicants for Public Safety positions to determine their suitability for employment. We need information from you so that we can follow the laws that apply to selecting people for employment. If you do not answer ALL of these questions fully and honestly we cannot process your application.

We must have your Social Security Number (SSN) to properly identify and file your records. Other people might have the same or similar name and/or date of birth. The SSN has been used to keep records since 1943, at the direction of Executive Order 9397.

The Wilton Police Department might also use your SSN to identify you when obtaining information about you from law enforcement agencies, past/current employers, schools, banks, credit agencies and others that you know. Your SSN will only be used when the law allows us to do so. Data we collect by using your SSN might also be given to federal, state or local agencies to check for violations or for studies and statistics that will not identify you. We might also give information we have about you to federal, state or local agencies to conduct other lawful checks.

NOTICE

If any of the following occurs during the time you are active in our hiring process, you must notify the Wilton Police Department in writing:

- Name Change
- Change of Address or Telephone number
- Change of employer
- If you are arrested
- If you receive a criminal summons
- If you are sued
- If you receive a traffic citation
- If you become a subject of a disciplinary action at work
- If you are terminated from any employment
- Any other significant event that occurs in your life

Notification should be made to:

Recruiting Officer
Wilton Police Department
240 Danbury Rd.
Wilton, CT 06897

OFFICIAL USE ONLY:

Case Number: _____

Date of Application: _____

Personal History Statement For Uniformed and Sensitive Positions

**INFORMATION COLLECTED IN THIS BOOK IS FOR
INVESTIGATIVE PURPOSES.
THE WILTON POLICE DEPARTMENT IS AN EQUAL
OPPORTUNITY EMPLOYER**

IMPORTANT READ THIS FIRST!!!

No document that you prepare in the application process is more important than this Personal History Statement. You must follow the instructions to the letter. There are many more applicants for public safety jobs than available positions. Neither investigators nor Administrative staff will correct your responses. Your answers must be true, correct and complete when you print them. If you fail to follow these instructions, we will terminate the interview and it might not be rescheduled for an extended period of time because of the great number of applicants to be processed. Before printing answers in this book read ALL instructions. There are many documents that you must obtain and some of them are necessary before you can answer some questions.

YOU MUST PRINT ALL ENTRIES IN BLACK INK. Do not type or otherwise prepare this document except by printing it yourself.

YOU MUST HAVE THIS DOCUMENT NOTORIZED on the last page after thoroughly answering each question.

Print an entry in every section. If a section does not apply to you print "N/A" to indicate that it is not applicable to you. If you do not know the answer to a question after making every reasonable effort to get the information print "I do not know" in that section. When mentioning people, always fully identify them by their full name. Always give complete addresses. Do not assume that investigators will try to discern correct spelling, addresses, zip codes or phone numbers. This is your responsibility.

When completing the residence portion of this book, be sure to provide every address at which you have resided since your birth, and provide these addresses in reverse order from your current address to the address at the time of your birth. If necessary, call the appropriate person to get the correct address and the period during which you resided at any given address.

In the employment portion of this book, provide every employer where you have worked in your lifetime. Provide these employers in reverse order from your current employer to the first job that you ever held. For periods of unemployment simply write "Unemployed" and provide the dates. If you worked more than one job at a time, place the major job first and enter the secondary job in the next block. Failure to disclose all employers will be considered deception. If you run out of space in any section use the continuation pages provided at the back of the booklet.

ANSWER EACH QUESTION COMPLETELY AND HONESTLY. MORE APPLICANTS ARE NOT HIRED BECAUSE OF OMISSIONS OR CONCEALMENT THAN BECAUSE OF PREVIOUS BEHAVIOR. ANY OMISSION OR CONCEALMENT OF INFORMATION WILL BE CONSIDERED DECEPTION. WHILE MISTAKES, INDISCRETIONS OR OTHER SITUATIONS IN YOUR LIFE HISTORY MAY OR MAY NOT BE CONDONED, DECEPTION WILL NOT BE TOLERATED.

REQUIRED PAPERS AND DOCUMENTS

YOU MUST FURNISH COPIES OF THESE DOCUMENTS AS SOON AS PRACTICABLE

1. Birth Certificate (Notarized copy)
2. C.H.I.P. Card
3. High School Diploma or GED & Transcripts
4. College Transcripts mailed from the college to:

Recruitment Officer
Wilton Police Department
240 Danbury Rd. Wilton, CT 06897

5. DD-214 (Certificate of Discharge from the Armed Forces) **for each period of military service.** The DD-214 must be the copy that reflects "Re-entry Code."
6. Marriage License
7. Naturalization Certificate if applicable
8. Court Orders or papers such as those listed below. Even if not listed below, if you fail to bring all civil or criminal court papers to your interview the interview will be terminated
9. Social Security Card
10. Driver's License
11. Registration Certificates for all vehicles/vessels registered to you
12. Insurance cards for vehicles/vessels owned by you
13. Selective Service card or letter from selective service proving that you are registered (Male applicants only)
14. State and Federal income tax returns, including W-2s, for the past two (2) years

DO NOT SEND ORIGINALS.

ALL DOCUMENTS SHOULD BE COPIES NOT ORIGINALS.

WE WILL NOT MAKE COPIES FOR APPLICANTS AND RETURN ORIGINALS.

FAILURE TO SUPPLY THE LISTED DOCUMENTS WILL RESULT IN THE APPLICANT'S DISQUALIFICATION FOR EMPLOYMENT.

Personal Data (Continued)

23. If any child listed in #21 is not supported by you, list child name and name an address of person responsible for support

A. _____

B. _____

C. _____

D. _____

24. Are you receiving child support? Yes No

Are you paying child support? Yes No

To/From Whom Paid/Received	Amount Paid	Amount Received	Frequency Paid or received

25. Have you ever been involved in a paternity proceeding? Yes No (if yes enter details on continuation pages)

26. Parents: Print all information requested even if parent is deceased.

Mothers full name	Place of birth (City, State, Country)	Date of Birth
Home telephone number	Full address with zip code	If deceased list date of death
Fathers full name	Place of birth (City, State, Country)	Date of Birth
Home telephone number	Full address with zip code	If deceased list date of death

27. Were you reared by anyone other than your parents? Yes No (If yes provide the following)

Full name of person who reared you	Full address with zip code	Home telephone number
Relationship	Dates under this person's care	If deceased list date of death

28. List all social media accounts.

1. _____
2. _____
3. _____
4. _____

Family

29. List all, in the following order brothers, sisters and anyone else with whom you have ever resided or with whom a close relationship existed or exists. If deceased, so note next to name:

Relationship	Full name and date of birth	Complete full address

30. List any family member who is currently employed by the Wilton Police Department or who has ever been employed by the Wilton Police Department:

Relatives full name	Relationship	Complete current full address

31. Print all requested data concerning your Mother-in-law and Father-in-law even if deceased or divorced:

Full name of Father-in-law	Home telephone number with area code
Full Current Address	Cell or alternate phone number with area code
Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full name of Mother-in-law	Home telephone number with area code
Full Current Address	Cell or alternate phone number with area code
Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No	

32. List all people you have been in a dating relationship within the last three years.

Name First and Last	Address	Phone Numbers	Dates of the Relationship

Military Data

33. Branch of Service: Army Air Force Navy Marines Coast Guard

Primary MOS/AFSC: _____

Dates of Service: From: _____ To: _____ Type of Discharge: _____

If you are still on active duty, date you will be discharged: _____

Inactive Reserve Commitment until: _____ None

Include the name and contact information for direct supervisor or NCO.

Name	Mailing Address	Contact Phone number

Branch of Reserve Service: Army Air Force Navy Marines Coast Guard

Dates of Service: From: _____ To: _____ Rank Attained: _____

Primary MOS/AFSC: _____

Last or current Military Organization and full mailing Address: _____

National Guard Membership NONE Which State: _____

Include the name and contact information for direct supervisor or NCO.

Name	Mailing Address	Contact Phone number

Branch of Reserve Service: Army Air Force Navy Marines Coast Guard

Dates of Service: From: _____ To: _____ Rank Attained: _____

Primary MOS/AFSC: _____

Last or current Military Organization and full mailing address: _____

Include the name and contact information for direct supervisor or NCO.

Name	Mailing Address	Contact Phone number

Question 33-39 apply to all active or reserve military service. If you served in multiple branches, go to the end of this book and repeat these questions for each branch.

34. Type of Discharge: _____

35. Rank at Discharge: _____

36. Highest Rank attained: _____

37. Were you ever banned from re-enlistment? Yes (Explain) No

38. Have you ever been other than honorably discharged? Yes No

39. If you answered yes to question 32a explain below including type of discharge: _____

40. Were you subject to any military disciplinary action (Judicial or non-Judicial)? Yes (Explain) No

41. Were you ever counseled, reprimanded or otherwise put on notice? Yes (Explain) No

42. Were you ever the subject of any investigation by any military authorities? Yes (Explain) No

43. If you have a National Guard obligation print the obligation and the date it ends. None

44. Has your discharge ever been corrected, changed or upgraded? Yes (Explain) No

45. List all duty assignments in chronological order. Include Unit, address and your duties.

Example: Feb. 71-Feb. 74; Co. E., 123d Maint. Bn., APO NY 09326; Ansbach, Germany, Aircraft Repair Technician.

Selective Service

46. Present Selective Service Classification: _____

47. Date of Classification: _____ 48. Your Selective Service Number: _____

49. Local Board Number: _____ 50. Address of Local Board: _____

51. Have you ever been denied entry into any of the armed services? Yes (Explain) No

52. List any other Selective Service classification you ever had. _____

Financial Data

53. Do you presently hold active or silent controlling interest in any company? <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No
54. Do you have or have you ever had any wage garnishments of your salary? <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No
55. Have you ever been delinquent on income or other taxes? <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No
56. Have you ever had any collections or liens against you? <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No
57. Do you now have any judgments or other credit matters pending? <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No

58. Have you ever had any real or personal property repossessed?	<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No
59. Have you ever filed for or declared bankruptcy?	<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No

60. Your monthly Income from your primary job: \$ _____

61. Your spouse's income from their primary job: \$ _____

62. Do you or your spouse have any other sources of income? Yes (Explain) No
 Include source, self or spouse and monthly amount

Assets

63. List below all pertinent information concerning your assets

Asset	Balance
Savings Accounts (Institutions & Account Numbers)	
1.	\$
2.	\$
Checking Accounts (Institutions & Account Numbers)	
1.	\$
2.	\$
Real Estate Owned	\$
Stocks and Bonds	\$
Life Insurance (Cash value of whole life plan)	\$
Auto (Cash value)	\$
Other Assets (List)	\$
Total Assets	\$

Liabilities

64. List below all pertinent information concerning your debts and other liabilities

Creditor's Name	Account Number	Creditor's Address
A.		
B.		
C.		
D.		

Match accounts listed above with letter below (If Sears is "A" above then it is "A" below)

Date Account Opened	Original Balance	Present Balance	Monthly Payments	Purpose
A.	\$	\$	\$	
B.	\$	\$	\$	
C.	\$	\$	\$	
D.	\$	\$	\$	
Other Obligations		\$	\$	
		\$	\$	
Total Liabilities		\$	\$	

Liabilities (Continued)

65. Rate your present financial status: Excellent Good Fair Poor Other (Explain Below)

References

66. Give the data requested below on four personal references that are **not related to you** by blood or marriage. **DO NOT LIST PAST EMPLOYERS OR ANYONE MENTIONED ELSEWHERE IN THIS BOOK.**

Name: (Circle one) Mr. Mrs. Ms. Miss.	Full Address (including zip code)
Home Telephone number (including area code)	Number of years you have known this person
Occupation and Employer	Full Employment Address (including zip code)
Employment telephone number (including area code)	Pager/Cell phone number (including area code)
Name: (Circle one) Mr. Mrs. Ms. Miss.	Full Address (including zip code)
Home Telephone number (including area code)	Number of years you have known this person
Occupation and Employer	Full Employment Address (including zip code)
Employment telephone number (including area code)	Pager/Cell phone number (including area code)

Name: (Circle one) Mr. Mrs. Ms. Miss.	Full Address (including zip code)
Home Telephone number (including area code)	Number of years you have known this person
Occupation and Employer	Full Employment Address (including zip code)
Employment telephone number (including area code)	Pager/Cell phone number (including area code)
Name: (Circle one) Mr. Mrs. Ms. Miss.	Full Address (including zip code)
Home Telephone number (including area code)	Number of years you have known this person
Occupation and Employer	Full Employment Address (including zip code)
Employment telephone number (including area code)	Pager/Cell phone number (including area code)

Associates and Friends

67. Give the data requested below on three people with whom you have associated (People you have seen frequently during the past three years, **not including relatives, former employers or people mentioned elsewhere in this book**)

Name: (Circle one) Mr. Mrs. Ms. Miss.	Full Address (including zip code)
Home Telephone number (including area code)	Number of years you have known this person
Occupation and Employer	Full Employment Address including zip code
Employment telephone number including area code	Pager/Cell phone number including area code
Name: (Circle one) Mr. Mrs. Ms. Miss.	Full Address (including zip code)
Home Telephone number (including area code)	Number of years you have known this person
Occupation and Employer	Full Employment Address (including zip code)
Employment telephone number (including area code)	Pager/Cell phone number (including area code)
Name: (Circle one) Mr. Mrs. Ms. Miss.	Full Address (including zip code)
Home Telephone number (including area code)	Number of years you have known this person
Occupation and Employer	Full Employment Address (including zip code)
Employment telephone number (including area code)	Pager/Cell phone number (including area code)

Residence Data

68. Give the data requested below for ALL of your residences since birth. Start at your present address and work back in chronological order. Also give the name and present correct street address of one neighbor (Not necessarily a personal acquaintance), and the name and address of the realty company or property owner to whom you or your family pay or paid rent or a mortgage. **Include your mailing and street addresses for all periods of military service**

From:	To:	Full Address
Neighbor's Full Name		Neighbor's current address
Neighbor's current telephone number		Realty Company/Mortgage Holder
Second neighbor's Full Name		Second neighbor's current address
Second Neighbor's current telephone number		
Realty Company/Mortgage Holder telephone number		Realty Comp./Mortgage Holder's full address
Landlord Name		Landlord contact address and phone numbers

Check One: Rent Own reside here at no cost

Check One: Reside alone Reside with spouse/children (If any)

Reside with other: (Names) _____

List Prior addresses chronologically and account for all periods of your life. If you need more space use the continuation pages at the back of this book.

From:	To:	Full Address
Neighbor's Full Name		Neighbor's current address
Neighbor's current telephone number		Realty Company/Mortgage Holder
Second neighbor's Full Name		Second neighbor's current address
Second neighbor's current telephone number		
Realty Company/Mortgage Holder telephone number		Realty Company/Mortgage Holder's full address
Landlord Name		Landlord contact address and phone numbers
From:	To:	Full Address
Neighbor's Full Name		Neighbor's current address
Neighbor's current telephone number		Realty Company/Mortgage Holder
Second neighbor's Full Name		Second neighbor's current address

Education

69. Provide the data requested below for ALL schools you have attended since the ninth (9th) grade beginning with the most recent. Include colleges and universities as well as all business, trade and military schools. If you need more space use the continuation pages at the back of this book.

School Name: _____

Full Address: _____

Telephone with area code: _____ Dates attended from _____ to: _____

Scholastic Standing or GPA: _____

Diploma, Certificate or Degree Awarded: Yes No Specify: _____

School Name: _____

Full Address: _____

Telephone with area code: _____ Dates attended from _____ to: _____

Scholastic Standing or GPA: _____

Diploma, Certificate or Degree Awarded: Yes No Specify: _____

School Name: _____

Full Address: _____

Telephone with area code: _____ Dates attended from _____ to: _____

Scholastic Standing or GPA: _____

Diploma, Certificate or Degree Awarded: Yes No Specify: _____

School Name: _____

Full Address: _____

Telephone with area code: _____ Dates attended from _____ to: _____

Scholastic Standing or GPA: _____

Diploma, Certificate or Degree Awarded: Yes No Specify: _____

School Name: _____

Full Address: _____

Telephone with area code: _____ Dates attended from _____ to: _____

Education Continued

Scholastic Standing or GPA: _____

Diploma, Certificate or Degree Awarded: Yes No Specify: _____

70. Did you graduate from High School and receive a diploma? Yes No

71. Did you pass a G.E.D. test? Yes No

Name of Board of Education: _____

Address of Board of Education: _____

Date Diploma Issued: _____

72. If you took a G.E.D. test but answered "NO" to questions 70 or 71 explain below:

73. If you attended college list your areas of concentration:

74. Were you ever placed on academic probation, non-academic probation, suspension or expelled:
 Yes (Explain) No

75. If you attended a college but did not graduate, explain:

76. Do you hold any Certifications or special licenses? Yes No

Certification	Source	Date Received	Expiration Date

Employment History

77. Give the data requested below for your complete work history. Start at your present position and work back in chronological order. If you need more room use the continuation pages in the back of this book. Include all periods of military duty and periods of unemployment (Identify as such). Also, list all part time, temporary, vendor or volunteer employment whether or not taxes or other withholdings were taken from your wages. If you worked more than one job at a time list primary employment first then list all others.

You must report all employers. You must report all periods of unemployment. You must report all periods of self employment. You must report all periods in which you were paid unofficially.

Name of Employer	From: _____ To: _____
Check One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	Full address and telephone number of employer
Supervisor's Name and Title	Supervisor's Telephone:
Your Title/Position:	Describe your duties:
Your Salary: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Reason for leaving:
Name of Employer	From: _____ To: _____
Check One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	Full address and telephone number of employer
Supervisor's Name and Title	Supervisor's Telephone:
Your Title/Position:	Describe your duties:
Your Salary: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Reason for leaving:
Name of Employer	From: _____ To: _____
Check One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	Full address and telephone number of employer
Supervisor's Name and Title	Supervisor's Telephone:
Your Title/Position:	Describe your duties:
Your Salary: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Reason for leaving:

Name of Employer	From: _____ To: _____
Check One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	Full address and telephone number of employer
Supervisor's Name and Title	Supervisor's Telephone:
Your Title/Position:	Describe your duties:
Your Salary: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Reason for leaving:
Name of Employer	From: _____ To: _____
Check One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	Full address and telephone number of employer
Supervisor's Name and Title	Supervisor's Telephone:
Your Title/Position:	Describe your duties:
Your Salary: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Reason for leaving:
Name of Employer	From: _____ To: _____
Check One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	Full address and telephone number of employer
Supervisor's Name and Title	Supervisor's Telephone:
Your Title/Position:	Describe your duties:
Your Salary: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Reason for leaving:
Name of Employer	From: _____ To: _____
Check One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	Full address and telephone number of employer
Supervisor's Name and Title	Supervisor's Telephone:
Your Title/Position:	Describe your duties:
Your Salary: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Reason for leaving:
Name of Employer	From: _____ To: _____
Check One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	Full address and telephone number of employer
Supervisor's Name and Title	Supervisor's Telephone:

Your Title/Position:	Describe your duties:
Your Salary: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Reason for leaving:

Employment History (Continued)

78. What problem would result if we contact your present employer during your background investigation?

79. Are you receiving, have you applied for, do you intend to apply for or have you applied for and been denied: (Please explain all those that you check)

- Unemployment Compensation
 Government assistance
 AFDC
 Strike Benefits
 Other forms of assistance

80. Have you had any extended work absences for other than vacation? Yes (Explain) No

81. Have you, regardless of whether the matter is or was appealed, regardless of whether the matter is part of your official record, regardless of whether you believe or think that it might not still be in your file **(Circle Y or N)**:

- a. Ever been discharged (fired) from employment for any reason? **Y N**
b. Ever resigned (quit) after being told that your employer intended to discharge (fire) you for any reason? **Y N**
c. Ever resigned (quit) after being told that your employer intended to take disciplinary action against you? **Y N**
d. Ever resigned (quit) because you suspected your employer intended to discharge (fire) you for any reason? **Y N**
e. Ever resigned (quit) because you suspected your employer intended to take disciplinary action against you? **Y N**
f. Ever been reprimanded, counseled or otherwise put on notice by any employer? **Y N**

Explain all "Yes" (Y) answers:

Driving Record

82. Give the data requested below on **ALL** traffic violations or citations **including parking tickets** that you ever received. Include all charges for moving violations or other violations such as defective equipment.

Date	Charge	City/State	Police Agency	Disposition	Fine Amount	Points

83. Give the data requested below on all drivers' licenses that are now or have ever been issued to you from any jurisdiction even if the license is currently expired, suspended, revoked or otherwise not valid.

Issuing Jurisdiction	License Number	Expiration Date	Type of License

84. Is your license or privilege to drive **NOW**, or has your license or privilege to drive **EVER BEEN?**

Denied Refused Suspended Revoked Restricted for employment only Subject to other action

Explain all that are checked _____

85. Are your vehicle license plates **NOW** or have they **EVER BEEN:**

Denied Refused Suspended Revoked Flagged Subject to other action

Explain all that are checked _____

Driving Record (Continued)

86. Do you currently have a valid drivers' license? Yes No State: _____ Number: _____

87. Where you ever involved in a traffic accident? Yes No If yes, give complete details below for each accident. Include when, where, what happened, who was at fault, extent of injuries, any citations issued and the name of the law enforcement agency that responded/investigated the accident.

88. Enter the following information concerning all motor vehicles owned or operated by you.

Vehicle #1	Vehicle #2
Make:	Make:
Model:	Model:
Year:	Year:
License Plate Number:	License Plate Number:
State Registered:	State Registered:
Name, address, phone number of owner	Name, address, phone number of owner
<hr/>	
Vehicle #3	Vehicle #4
Make:	Make:
Model:	Model:
Year:	Year:
License Plate Number:	License Plate Number:
State Registered:	State Registered:
Name, address, phone number of owner	Name, address, phone number of owner

Public Safety Contacts (Continued)

91. Are you now or have you ever been, regardless of the way the incident was eventually resolved:

- Charged with an offense by any law enforcement authority Yes No
- On bail or personal recognizance or other conditional release from court ordered custody Yes No
- On Probation Yes No
- On Parole Yes No
- A plaintiff, defendant or respondent in any civil court action Yes No

Explain any "Yes" responses in question 91 in detail:

92. Have you ever been detained or questioned by a law enforcement officer? Yes No

Explain any "Yes" responses in question 85 in detail:

Miscellaneous

93. Do you belong to any organization or institution or do you adhere to any beliefs that in any way:

- Would limit or prohibit your use of firearms Yes No
 Would restrict or prohibit you from working on particular days or during particular hours Yes No
 Would restrict you from conforming to agency grooming standards Yes No

Explain yes answers in question 86 below.

94. Do you now, or have you ever, used, tried, experimented with or otherwise experienced:

- Marijuana in any form Yes No
 ANY other illegal drug Yes No
 Steroids Yes No
 Any legal prescription drug that was prescribed for someone else Yes No
 Any substance that was inhaled in order to obtain a "High" feeling Yes No

Explain any "Yes" answers in question 94 below **(YOU MUST PROVIDE APPROXIMATE DATES):**

95. To what Academic, Business, Fraternal, Labor, Professional, or other organizations do you belong?

Organization	Position Held	Member since

Miscellaneous (Continued)

96. If you have ever been issued a permit to carry a handgun on your person explain when, where and why:

97. Are you now, have you ever been or have you applied to any organization that seeks to overthrow the Constitutional form of Government of the United States by force, violence or other means?

Yes No

98. Have you ever or do you now support or adhere to the philosophies of any organization that seeks to overthrow the Constitutional form of Government of the United States by force, violence or other unlawful means?

Yes No

Explain any yes answers to questions 90 and 91 below in detail:

99. List any skills, experiences, or certificates that might be applicable to the position for which you applied:

Miscellaneous (Continued)

100. Did you ever apply for a position with?

Any Federal, State or Local Law Enforcement agency or Fire Dept? Yes No

Any federal position for which you were considered for or granted a security clearance Yes No

Agency to which you applied	Month and year of application	Results of application

Agency	Written Scores	Oral Exams Pass/Fail	Dropped from Process	On Eligibility List	Agility Exam Pass/Fail	Polygraph Exam Yes/No and Date	Background Check conducted?	Offers of Employment

101. Have you ever been denied employment or a security clearance by any agency? Yes No
If yes explain below.

Agency denying employment or clearance	Reason employment or clearance denied

102. List the names and addresses or stations of **no more than five** correctional officers, Emergency Medical Technicians, Fire Fighters, Police Officers or other Public Safety officials whom you know. If you do not personal know such people so state:

1.
2.
3.
4.
5.

Foreign Languages

103. Enter any foreign language and indicate your knowledge of each by circling the appropriate proficiency level:

Advanced – Equivalent to that of a well-educated, highly articulate native speaker.

General Proficiency – Participate effectively in most formal and informal conversations on practical, social and professional topics.

Elementary – Able to satisfy minimum courtesy requirements.

Language	Read	Speak	Understand	Write
	Adv Gen Elem	Adv Gen Elem	Adv Gen Elem	Adv Gen Elem
	Adv Gen Elem	Adv Gen Elem	Adv Gen Elem	Adv Gen Elem
	Adv Gen Elem	Adv Gen Elem	Adv Gen Elem	Adv Gen Elem
	Adv Gen Elem	Adv Gen Elem	Adv Gen Elem	Adv Gen Elem

Foreign Travel

104. Exclude foreign travel related to Military Service/Duties

Dates	Country	Purpose of travel
From: To:		

105. List any Hobbies, Sports and other Interests in which you are active:

Hobby, Sport or Interest	Length of Participation	Level of Proficiency

106. Are there incidents in your life not mentioned herein that reflect upon your suitability to perform the duties that you might be called upon to take or which might require further explanation? Explain a "Yes" response in detail below. If "No" indicate same: Yes No
