## Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of City of Goodland Police Officer.

- It is your responsibility to complete this form and provide all required information. Failure to complete this entire form will be grounds for automatic disqualification.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you have any problems completing any of this form, call the City of Goodland Police Department at (785) 890-4570.
- If you need more space for any response, use the last page of this form (page 27) and identify the additional information by the question number.

#### Disqualification

There are very few *automatic* bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, or even arrest or conviction are not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature 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.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

I have read and I understand the above instructions. *NOTE: You will be asked to sign and date this form at your initial investigator.	meeting with a background
Signature:	Date:

SECTION	1: PERSONAL							
1. YOUR FUL	L NAME							
LAST			FIRST			MIDDLE		
2. OTHER NA	AMES YOU HAVE USE	O OR BEEN KNOWN	BY (INCLUDE MAIDEN NAME	AND NICKNAMES)				
								N/A
3. ADDRESS	WHERE YOU LIVE	NUMBER / STREET	Г					
						APT / UNIT		
CITY						STATE	ZIP	
	DDDESS IE DIEEEDE	NT EPOM ABOVE (	FOR EXAMPLE, PO BOX)			OIME	211	
4. WAILING A	ADDICESS, II DII I EICEI	NT TROW ABOVE (I	OK EXAMPLE, FO BOX)					
E CONTACT	NUMBERS							
5. CONTACT	<b>\</b>	WORK (	,	FVT	OTHER (	□ c	ELL FAX	
HOME (	)	WORK	,	EXT	OTHER ( )		ELL FAX	
6. CONTACT	EMAIL		<b>7.</b> LIS	ST <b>ALL</b> PERSONAL EM	IAIL ADDRESSES (SEPAF	RATED BY COMMAS)		
8. CITIZENSH	HIP							
							□vaa	Пы
			and has applied for U.S. cit					∐ No □ No
9. BIRTH PLA	ACE (CITY / COUNTY /	STATE / COUNTRY	)					
10. BIRTHDAT	E (MM/DD/YYYY)	11. SOCIAL SECU	RITY NUMBER 12. DRIVE	ER'S LICENSE				
		_	- NUMB	BER:		STATE: EX	PIRES:	
13. PHYSICAL	L DESCRIPTION							
HEIGHT:		WEI	GHT:	HAIR CO	LOR:	EYE COLO	DR:	
SECTION	2: RELATIVES	AND REFER	ENCES					
14. IMMEDIA	TE FAMILY		<u> </u>					
• Pro	vide all applicable	information in	he spaces below.	Mark "Deceased,"	if appropriate.			
• Mar	rk "N/A" if a catego	ory is not applic	able. • I	If more space is n	eeded, continue on	page 27 – reference	e corresponding nu	umbers.
14.A Spouse	/ Registered Dome	stic Partner					Deceased	□ N/A
NAME	7		HOME ADDRESS (NUMBER / STREE	T / APT)	CITY		STATE ZIP	
	HOME PHONE		WORK ADDRESS (NUMBER / STREE	ET / SUITE)	CITY		STATE ZIP	
	( )							
	WORK PHONE		CELL PHONE	EMAIL	l		1 1	
	( )		( )					
	DATE OF MARRIAGE/REC	GISTRATION						
	/	/h *h * honoo			s there ever been, a re		· —	
	/	(MM/YYYY)		order in effect	involving you and thi	s individual?	Yes	No
14.B Former	Spouse / Former F	Registered Dome	stic Partner				Deceased	□ N/A
			HOME ADDRESS (NUMBER / STREE	ET / APT)	CITY		STATE ZIP	
NAME			HOWE ADDRESS (NOWBER / STREE		l l			
NAME			HOWE ADDRESS (NOWIBER / STREE					
NAME	HOME PHONE		WORK ADDRESS (NUMBER / STREE	ET / SUITE)	СІТУ		STATE ZIP	
NAME	HOME PHONE			ET / SUITE)	СІТУ		STATE ZIP	
NAME	HOME PHONE ( ) WORK PHONE			ET / SUITE)	СІТУ		STATE ZIP	
NAME	( )		WORK ADDRESS (NUMBER / STREE		СІТУ		STATE ZIP	
NAME	( )	SISTRATION	WORK ADDRESS (NUMBER / STREE	EMAIL	s there ever been, a re	netralning or store aver-		

SECTI	ON 2:	RELATIVES	AND REFER	E١	NCES cor	ntinued						
14.C P	arents /	Guardians										
Li	st <b>ALL</b> p	arents/guardi	ans, living or d	lec	eased, in	cluding biological	, adoptive, foste	er, step-p	oare	ents, in-laws, etc.		
14.C.1	Parent	/ Guardian:	☐ Mother [				☐ Step-father	☐ In-la				Deceased
NAME					HOME ADD	RESS (NUMBER / STF	REET / APT)		CI	TY	STATE	ZIP
		HOME PHONE			MAIL INC AF	DDRESS (IF DIFFEREI	NIT\		CIT	TV	STATE	ZID
		( )			WAILING AL	DDRESS (IF DIFFERE	NI)		CII	11	SIAIE	ZIF
		WORK PHONE			CELL PHON	IE	EMAIL					
		( )			( )							
14.C.2	Parent	/ Guardian:	☐ Mother [	7	Father [	Step-mother	Step-father	☐ In-la	aw	Other:		Deceased
NAME				_		RESS (NUMBER / STE				TY	STATE	ZIP
		HOME PHONE			MAILING AD	DRESS (IF DIFFERE	NT)		CI	TY	STATE	ZIP
		( )			OF L PHON		LEAGU					
		WORK PHONE			CELL PHON	IE .	EMAIL					
		,		_	[	70						
14.C.3 NAME	Parent	/ Guardian:	☐ Mother	_		Step-mother RESS (NUMBER / STR	Step-father	☐ In-la		Other:	STATE	☐ Deceased ZIP
						`	,					
		HOME PHONE			MAILING AD	DDRESS (IF DIFFERE	NT)		Cl	TY	STATE	ZIP
		( )										
		WORK PHONE			CELL PHON	IE	EMAIL					
14.C.4	Parent	/ Guardian:	☐ Mother [	_			Step-father	☐ In-la			loz, ze	Deceased
NAME					HOME ADDI	RESS (NUMBER / STE	REEL/API)		CI	TY	STATE	ZIP
		HOME PHONE			MAILING AD	DDRESS (IF DIFFERE	NT)		Cl	TY	STATE	ZIP
		( )				`	,					
		WORK PHONE			CELL PHON	IE	EMAIL		<u> </u>			
		( )			( )							
14.D Br	others / s	Sisters										□ N/A
Lis	st ALL L	.IVING sibling	s, including ha	ılf-:	siblings, s	tep-siblings, foste	er-siblings, etc.					
14.D.1	Sibling	: Brothe	r Sister		Half-broth	ner  Half-siste	er Other:					
NAME						RESS (NUMBER / STR			CI	TY	STATE	ZIP
		HOME PHONE			MAILING AD	DDRESS (IF DIFFEREI	NT)		CI	TY	STATE	ZIP
		( ) WORK PHONE			CELL PHON	IC	EMAIL					
		( )			( )		LWAIL					
14 D 2	Sibling	: Brothe	r Sister			ner  Half-siste	or Othor:					
NAME	Gillidie	. 🗀 Біоше				RESS (NUMBER / STE			Cl	TY	STATE	ZIP
		HOME PHONE			MAILING AD	DDRESS (IF DIFFERE	NT)		CI	TY	STATE	ZIP
		( )										
		WORK PHONE		1	CELL PHON	IE	EMAIL					
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SECTION 2:	<b>RELATIVES AND RI</b>	EFERE	NCES continued				
14.D.3 Sibling:	☐ Brother ☐ Sister	☐ Half	-brother Half-sister O	ther:			
NAME		AGE	HOME ADDRESS (NUMBER / STRE	EET / APT)	CITY	STATE	ZIP
	HOME PHONE		MAILING ADDRESS (IF DIFFEREN	T)	CITY	STATE	ZIP
	( )						
	WORK PHONE		CELL PHONE	EMAIL			
	( )		( )				
14.D.4 Sibling:	☐ Brother ☐ Sister	Half	-brother Half-sister O	ther:			
NAME		AGE	HOME ADDRESS (NUMBER / STRE	EET / APT)	CITY	STATE	ZIP
	HOME PHONE		MAILING ADDRESS (IF DIFFEREN	T)	CITY	STATE	ZIP
	( )						
	WORK PHONE		CELL PHONE	EMAIL			
	( )		( )				
	_						
14.E Children							□ N/A
			ural, adopted, step, and/or fo parent/guardian, if other than		other children who reside with you. F	Provide	the name
14.E.1 Child:	Son Daughter	Step-	Son Step-Daughter O	ther:			
NAME		AGE					
			ADDRESS (NUMBER / STREET / /	APT)	CITY	STATE	ZIP
			CONTACT NUMBER	EMAIL			
			( )				
14.E.2 Child:	Son Daughter	Othe	r:				
NAME		AGE	CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)			
			ADDRESS (NUMBER / STREET / ADDRESS)	APT)	CITY	STATE	ZIP
			CONTACT NUMBER	EMAIL			
			( )				
AAEA Childs	Dean December		, , , , , , , , , , , , , , , , , , ,				
14.E.3 Child: NAME	Son Daughter	Othe AGE	r: CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)			
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			ADDRESS (NUMBER / STREET / /	APT)	CITY	STATE	7IP
				,		J./til	
			CONTACT NUMBER	EMAIL			
			( )	EIVI (IE			
			,				
	Son Daughter	Othe		(IE OTHER THAN YOU)			
NAME		AGE	CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)			
			ADDD500 (AUU) (C	APT	Loury	0	Lare
			ADDRESS (NUMBER / STREET / )	API)	CITY	STATE	ZIP
			CONTACT NUMBER	EMAIL			
			( )				

SEC	TION 2: I	RELATIVES AND REFERENCE	ES continued				
<b>15.</b> LI	ST OF REFE						.,
•	co-work	<b>10</b> people who know you well, success. Do <b>NOT</b> include relatives, e	uch as close personal relationship imployers, housemates, or any in	os, social and fai dividuals listed e	mily friends, teachers, military collea elsewhere.	gues, ar	nd/or
45.4	NAME OF R	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
15.1							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		WORK PHONE	CELL PHONE	I FRANK			
		( )	( )	EMAIL			
		1 /	( )				
		How do you know this person?			How long have you known this person?		
	NAME OF R	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
15.2							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
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		WORK PHONE	CELL PHONE	EMAIL			
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		How do you know this person?			How long have you known this person?		
	NAME OF R	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
15.3							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		( )					
		WORK PHONE	CELL PHONE	EMAIL			
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		How do you know this person?			How long have you known this person?		
15.4	NAME OF R	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
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		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
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		How do you know this person?			How long have you known this person?		
15.5	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
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		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		WORK PHONE	CELL PHONE	EMAIL			
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		How do you know this person?			How long have you known this person?		
	NAME OF R	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
15.6							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		( )					
		WORK PHONE	CELL PHONE	EMAIL			
		( )	( )				
	How do you know this person?  How long have you known this person?						

SEC	CTION 2: RELATIVES AND REFEREN	GES continued					
15.7	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREE	T / APT)	CITY		STATE	ZIP
13.7							
	HOME PHONE	WORK ADDRESS (NUMBER / STREE	T / SUITE)	CITY		STATE	ZIP
	( )						
	WORK PHONE	CELL PHONE	EMAIL				
	( )	( )					
	How do you know this person?			How long ha	ve you known this person?		
15.8	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREE	T / APT)	CITY		STATE	ZIP
13.6							
	HOME PHONE	WORK ADDRESS (NUMBER / STREE	T / SUITE)	CITY		STATE	ZIP
	( )		I=				
	WORK PHONE	CELL PHONE	EMAIL				
	( )	( )					
	How do you know this person?			How long ha	ve you known this person?		
45.0	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREE	T / APT)	CITY		STATE	ZIP
15.9							
	HOME PHONE	WORK ADDRESS (NUMBER / STREE	T / SUITE)	CITY		STATE	ZIP
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	WORK PHONE	CELL PHONE	EMAIL			•	
	( )	( )					
	How do you know this person?			How long ha	ve you known this person?		
	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREE	T / APT)	CITY		STATE	ZIP
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15.10		WORK ADDRESS (NUMBER / STREE		CITY		STATE	ZIP
15.10							ZIP
15.10							ZIP
15.10	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREE	T / SUITE)				ZIP
15.10	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREE	T / SUITE)	CITY	ve you known this person?		ZIP
	HOME PHONE  ( )  WORK PHONE  ( )  How do you know this person?	WORK ADDRESS (NUMBER / STREE	T / SUITE)	CITY	ve you known this person?		ZIP
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SEC	HOME PHONE ( ) WORK PHONE ( ) How do you know this person?  CTION 3: EDUCATION NOTE: You will be required to furnis If more space is needed, continue your	WORK ADDRESS (NUMBER / STREE  CELL PHONE  ( )  h certified copies of transcriptoresponse on page 27.	T / SUITE)	How long ha		STATE	
SEC	HOME PHONE  ( )  WORK PHONE  ( )  How do you know this person?  CTION 3: EDUCATION  NOTE: You will be required to furnis  If more space is needed, continue your  CHECK APPLICABLE  MM/YYY	WORK ADDRESS (NUMBER / STREE  CELL PHONE ( )  h certified copies of transcriptoresponse on page 27.	T / SUITE)	CITY  How long ha		STATE	
SEC	HOME PHONE ( ) WORK PHONE ( ) How do you know this person?  CTION 3: EDUCATION NOTE: You will be required to furnis If more space is needed, continue your	WORK ADDRESS (NUMBER / STREE  CELL PHONE  ( )  h certified copies of transcriptoresponse on page 27.	T / SUITE)	How long ha		STATE	
SE(	HOME PHONE  ( )  WORK PHONE ( )  How do you know this person?  CTION 3: EDUCATION  NOTE: You will be required to furnis  If more space is needed, continue your  CHECK APPLICABLE  MM/YYY  High School Diploma:	WORK ADDRESS (NUMBER / STREE  CELL PHONE ( )  h certified copies of transcriptoresponse on page 27.	T / SUITE)	How long ha		STATE	
SE(	HOME PHONE  ( )  WORK PHONE  ( )  How do you know this person?  CTION 3: EDUCATION  NOTE: You will be required to furnis  If more space is needed, continue your  CHECK APPLICABLE  MM/YYY	WORK ADDRESS (NUMBER / STREE  CELL PHONE ( )  h certified copies of transcriptoresponse on page 27.	T / SUITE)	How long ha	all of your educational	claims	in Section 3.
SE(	HOME PHONE  ( )  WORK PHONE ( )  How do you know this person?  CTION 3: EDUCATION  NOTE: You will be required to furnis  If more space is needed, continue your  CHECK APPLICABLE  MM/YYY  High School Diploma:  LIST HIGH SCHOOL(S) ATTENDED	WORK ADDRESS (NUMBER / STREE  CELL PHONE ( )  h certified copies of transcriptoresponse on page 27.	T / SUITE)	How long ha		STATE	in Section 3.
SE(	HOME PHONE  ( )  WORK PHONE ( )  How do you know this person?  CTION 3: EDUCATION  NOTE: You will be required to furnis  If more space is needed, continue your  CHECK APPLICABLE  MM/YYY  High School Diploma:  LIST HIGH SCHOOL(S) ATTENDED	WORK ADDRESS (NUMBER / STREE  CELL PHONE ( )  h certified copies of transcriptoresponse on page 27.	T / SUITE)	How long ha	all of your educational	claims	in Section 3.
SE(	HOME PHONE  ( )  WORK PHONE ( )  How do you know this person?  CTION 3: EDUCATION  NOTE: You will be required to furnis  If more space is needed, continue your  CHECK APPLICABLE  MM/YYY  High School Diploma:  LIST HIGH SCHOOL(S) ATTENDED	WORK ADDRESS (NUMBER / STREE  CELL PHONE ( )  h certified copies of transcript response on page 27.  Y  GED:	T / SUITE)	How long ha	all of your educational	Claims TO (MM/V	in Section 3.
SE(	HOME PHONE  ( )  WORK PHONE ( )  How do you know this person?  CTION 3: EDUCATION  NOTE: You will be required to furnis  If more space is needed, continue your  CHECK APPLICABLE  MM/YYY  High School Diploma:  LIST HIGH SCHOOL(S) ATTENDED	WORK ADDRESS (NUMBER / STREE  CELL PHONE ( )  h certified copies of transcript response on page 27.  Y  GED:	T / SUITE)	How long ha	all of your educational	Claims TO (MM/V	in Section 3.
SE(	HOME PHONE  ( )  WORK PHONE ( )  How do you know this person?  CTION 3: EDUCATION  NOTE: You will be required to furnis  If more space is needed, continue your  CHECK APPLICABLE MM/YYY  High School Diploma:  IST HIGH SCHOOL(S) ATTENDED  NAME OF HIGH SCHOOL	WORK ADDRESS (NUMBER / STREE  CELL PHONE ( )  h certified copies of transcript response on page 27.  Y  GED:	T / SUITE)	How long ha	all of your educational	Claims TO (MM/A	in Section 3.
16. C	HOME PHONE  ( )  WORK PHONE ( )  How do you know this person?  CTION 3: EDUCATION  NOTE: You will be required to furnis  If more space is needed, continue your  CHECK APPLICABLE MM/YYY  High School Diploma:  IST HIGH SCHOOL(S) ATTENDED  NAME OF HIGH SCHOOL	WORK ADDRESS (NUMBER / STREE  CELL PHONE ( )  h certified copies of transcript response on page 27.  Y  GED:	T / SUITE)	How long ha	all of your educational	Claims TO (MM/A	in Section 3.

SEC	TION 3: I	EDUCATION continued					
18. LI		LEGES AND UNIVERSITIES ATTENDED					
	NAME OF C	OLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (M	M/YYYY)	TOTAL U	JNITS COMPLETED
18.1							☐ QTR SYSTEM ☐ SEM
		ADDRESS (NUMBER / STREET)					SYSTEM  YPE OF DEGREE EARNED
		ADDRESS (NOMBER / STREET)				11	TPE OF DEGREE EARNED
		CITY		STATE	ZIP	M	AJOR / AREA OF STUDY
	NAME OF C	COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (M	M/YYYY)	TOTALI	JNITS COMPLETED
18.2	TVAIVIL OF C	OLLEGE/ONIVEROIT	T I (OWI (IVIIIV) T T T T)	10 (10)	100/11/1/	TOTAL	QTR SYSTEM SEM
							- SYSTEM
		ADDRESS (NUMBER / STREET)				T	YPE OF DEGREE EARNED
		CITY		STATE	ZIP	M	AJOR / AREA OF STUDY
				OIMIL	2.11	140	NOOK / MEK OF GIOD!
	NAME OF C	OLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (M	M/YYYY)	TOTAL U	JNITS COMPLETED
18.3							☐ QTR SYSTEM ☐ SEM
		ADDRESS (NUMBER / STREET)				T	SYSTEM  YPE OF DEGREE EARNED
		NBBREOG (NOMBERT) OTREET)		THE OF BEOREE EARINES			
		CITY		STATE	ZIP	M	AJOR / AREA OF STUDY
	NAME OF C	L OLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (M	M/YYYY)	TOTAL	JNITS COMPLETED
18.4				(	,		☐ QTR SYSTEM ☐ SEM
							- SYSTEM  YPE OF DEGREE EARNED
		ADDRESS (NUMBER / STREET)				T	YPE OF DEGREE EARNED
		CITY		STATE	ZIP	M	AJOR / AREA OF STUDY
19. 11	ST ALL TRA	DE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUT	TES ATTENDED				
101 2		RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		MM/YYYY)	TO (MM/Y)	(YY)	DID YOU COMPLETE THE COURSE?
19.1		,,,		,	(1111, 1	,	
							☐ Yes ☐ No
		CITY	STA	ATE TY	PE OF SCHOOL	OR TRAIN	IING
	NAME OF T	RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (I	MM/YYYY)	TO (MM/Y)	(YY)	DID YOU COMPLETE THE COURSE?
19.2	TVAIVIL OF T	NADE, VOOATIONAE, ON BOSINESS SOFTOOLINGTTOTE	T NOW (I	viivi/ 1 1 1 1 )	10 (101101) 11	111)	
							☐ Yes ☐ No
		CITY	STA	ATE TY	PE OF SCHOOL	OR TRAIN	IING

SEC	SECTION 3: EDUCATION continued								
	Have you ever attended a Law Enforcement Basic Training Acaden IF YES, provide the following information:	my?					Yes No		
	NAME OF ACADEMY		FROM (MN	N/YYYY)	TO (MM/YYYY)	DID	OU PASS/GRADUATE?		
20.1							Yes No		
	LOCATION (CITY, STATE)	NAME OF TR	RAINING OFFICER /	ACADEMY COC	RDINATOR	CON	TACT NUMBER		
						(	)		
	NAME OF ACADEMY		FROM (MN	NYYYY)	TO (MM/YYYY)	DID \	OU PASS/GRADUATE?		
20.2							Yes No		
	LOCATION (CITY, STATE)	NAME OF TR	RAINING OFFICER /	ACADEMY COC	RDINATOR	CON	TACT NUMBER		
						(	)		
I	Have you ever been subject to any disciplinary action, including action any high school(s), college/university, business, trade school FYES, describe in detail below. Starting with high school, list any action(s) occurred, name of schools.	, or POST ba	isic course/acade	my? eived in any so					
	TION 4: RESIDENCE HISTORY								
<b>22.</b> L	IST OF RESIDENCES								
•	List all residences during the last 10 years or since age								
•	Provide <b>complete</b> addresses (include markers such as St				•	,			
•	If the residence is a military base, identify name of base in	address, r	nearest city, stat	e, and zip co	ode. Do <b>NO</b> T	list military ba	arracks mates		
	unless you shared individual quarters.  If more space is needed, continue your response on page	27.							
					<u> </u>				
22.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (I	MM/YYYY)	TO (MM/YYYY)		
	CITY	STATE	ZIP	IF RENTING:	PROPERTY MA	ANAGER, RENT C	OLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR O	WNER (NUMB	FR / STREET / APT	/ PO BOX)		CONTACT NUM	RER		
	TWILLIAM TO THE PROPERTY OF TH	WINEL (NOIND	LIC/OTICLET//II	, i o box,		( )	SER		
	CITY	STATE	ZIP	EMAIL		/ /			
	Name(s) of those with whom you live:								
22.2	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	IM/YYYY)	TO (MM/YYYY)		
	CITY	STATE	ZIP	IF RENTING:	PROPERTY MA	ANAGER, RENT C	OLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER. RENT COLLECTOR. OR O	WNER (NUMB	L ER / STREET / APT	/ PO BOX)		CONTACT NUM	BER		
						( )			
	CITY	STATE	ZIP	EMAIL		· · · · · ·			
	Name(s) of those with whom you lived:		l	1					
	Reason for moving:								

SEC	TION 4:	RESIDENCE HISTORY continued							
	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (N	MM/YYYY)
22.3									
	CITY		STATE	ZIP	IF RENTING:	PROPERTY MA	ANAGER. RENT C	OLLECT	ΓOR, OR OWNER
i			<u></u>						
	MAILING A	DRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	ER (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUM	BER	
							( )		
	CITY		STATE	ZIP	EMAIL				
	Name(s)	f those with whom you lived:							
	Reason fo	r moving:							
	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (N	MM/YYYY)
22.4									
	CITY		STATE	7IP	IF RENTING:	PROPERTY MA	ANAGER, RENT (	OLLECT	FOR, OR OWNER
	0.1.1		0.7.1.2						
	MAILING A	DRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	ER (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUM	BER	
							( )		
	CITY		STATE	ZIP	EMAIL				
'	Name(s) of those with whom you lived:								
	Reason fo	r moving:							
22.5	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (N	/IM/YYYY)	TO (N	MM/YYYY)
	OITY		OTATE	710	IE DENTING	DRODERTYM	ANIAOED DENT	011507	TOD OD OWNED
	CITY		STATE	ZIP	IF KENTING:	PROPERTY MA	ANAGER, RENT C	OLLEC	FOR, OR OWNER
	MAILING A	DRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	ER (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUM	BER	
							( )		
	CITY		STATE	ZIP	EMAIL		•		
	Name(s)	f those with whom you lived:							
	Reason fo	r moving:							
<b>23</b> . L	IST OF HOU	SEMATES							
•		contact information for all housemates listed in Ques			nave resided	during the	e past 10 year	s or si	ince age 15.
•		list anyone for whom you have already provided cor		ormation.					
•	If more space is needed, continue your response on page 27.								
	NAME OF H	OUSEMATE					CONTACT NUM	BER	
23.1							1		
		CURRENT ARRESTO IF DIFFERENT AND ARREST AT THE			OLTY		\ \ \	OTATE	710
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY			STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEN	D, HOUSE	EMATE ONLY, ETC.)	EMAIL				

SEC	TION 4:	RESIDENCES continued						
	NAME OF H	OUSEMATE			CONT	ACT NUM	MBER	
23.2					(	)		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL				
	NAME OF H	OUSEMATE			CONT	ACT NUM	//BER	
23.3					(	)		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL				
	NAME OF H	OUSEMATE			CONT	ACT NUM	MBER	
23.4					(	)		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL				
	NAME OF H	OUSEMATE			CONT	ACT NUM	/BER	
23.5	TO WILL OF T	OOOLMBATE.			1	1	NDLIC	
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		'	,	STATE	710
		CORRENT ADDRESS IF DIFFERENT (NUMBER / STREET / AFT)	CITT				SIAIE	ZIF
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL				
		TVATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEWATE ONLT, ETC.)		EWAIL				
23.6	NAME OF F	OUSEMATE			CONT	ACT NUM	MBER	
					(	)		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL				
23.7	NAME OF H	OUSEMATE			CONT	ACT NUM	MBER	
23.1					(	)		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL				•
				•				
24.	Have you e	ver been evicted or asked to leave a residence?						Yes No
25.	Have you e	ver left a residence owing rent, utilities, or other household expenses?	•••••					Yes No
li	f you answe	ered "YES" to Questions 24 and/or 25, explain (include when, where, and circumstan	ces):					

#### **SECTION 5: EXPERIENCE AND EMPLOYMENT** 26. JOB EXPERIENCE · List ALL jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.) • 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. If more space is needed, continue your response on page 27. NAME OF CURRENT EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY) 26.1 SUPERVISOR ADDRESS (NUMBER / STREET / SUITE / OR BASE) STATE ZIP CONTACT NUMBER JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) DUTIES / ASSIGNMENTS FT PT Temp Self-employed Volunteer REASON FOR WANTING TO LEAVE NAMES OF CO-WORKERS 2) Would there be a problem if we contact your current employer? IF YES, explain: PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY) 26.2 Student Between jobs Leave of absence Travel Other: NAME OF EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY) 26.3 ADDRESS (NUMBER / STREET / SUITE / OR BASE) SUPERVISOR STATE ZIP CONTACT NUMBER JOB TITLE / RANK EMAIL DUTIES / ASSIGNMENTS TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) FT PT Temp Self-employed Volunteer REASON FOR LEAVING NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY) 26.4 ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: \_

SEC	TION 5: EXPERIENCE AND EMPLOYM	MENT continued							
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (I	MM/YYYY)
26.5									
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR		
	CITY		STATE	ZIP		CONTACT	NUMBER		EXT
						( )			
	JOB TITLE / RANK					EMAIL			
	DUTIES / ASSIGNMENTS					,	CHECK ALL THAT APPL	,	7./-1
	NAMES OF CO-WORKERS				REASON FOR I		Γemp ☐ Self-emplo	yed [	volunteer
	1)	2)		- 1	REASON FOR I	LEAVING			
		2)							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (I	MM/YYYY)
26.6	Student Between jobs Leave of	f absence 🔲 Travel 🔲 Other:							
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO /	MM/YYYY)
26.7	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MIM/1111)	10 (1	viivi/ f f f f)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR		
	, , , , , , , , , , , , , , , , , , ,					00. 2			
	CITY		STATE	ZIP	)	CONTACT	NUMBER		EXT
						( )			
	JOB TITLE / RANK					EMAIL			
	DUTIES / ASSIGNMENTS			-	TYPE OF EMPL	OYMENT (	CHECK ALL THAT APPL	Y)	
					FT	PT 🔲	Γemp ☐ Self-emplo	yed	Volunteer
	NAMES OF CO-WORKERS	I			REASON FOR I	LEAVING			
	1)	2)							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (I	MM/YYYY)
26.8	Student Between jobs Leave of	f absence Travel Other:					, ,		·
26.9	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (I	MM/YYYY)
20.5									
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR		
	OUTV		IOTATE.	Laun		CONTACT			EVE
	CITY		STATE	ZIP		CONTACT	NUMBER		EXT
	JOB TITLE / RANK					( )			
	JOB ITTLE / IVAINI					LIVIAIL			
	DUTIES / ASSIGNMENTS			-	TYPE OF EMPL	OYMENT (	CHECK ALL THAT APPL	Y)	
						,	Γemp ☐ Self-emplo	,	Volunteer
	NAMES OF CO-WORKERS				REASON FOR I		,	,	
	1)	2)							
		<u> </u>							
<b>26.</b> 10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (I	MM/YYYY)
20.10	Student Between jobs Leave of	f absence							

SEC	TION 5: EXPERIENCE AND EMPLOYM	ENT continued							
00.44	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (I	MM/YYYY)
26.11									
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR		
	CITY		STATE	ZIP		, .	NUMBER		EXT
	IOD TITLE (DANK					( )			
	JOB TITLE / RANK					EMAIL			
	DUTIES / ASSIGNMENTS			ITV	PE OF EMPI	OVMENT (	CHECK ALL THAT APPL	V)	
	DOTIES / AGGIGNIVIENTS					,	Temp Self-emplo	-	□ Volunteer
	NAMES OF CO-WORKERS				ASON FOR L		Temp Gen emple	Jycu	Volunteer
	1)	2)							
	,	,							
26.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (I	MM/YYYY)
20.12	Student Between jobs Leave of	absence Travel Other:							
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (I	MM/YYYY)
26.13	TO WILL OF EAST EN ON WHEN THE OWN						THOM (MINUTETY)	10 (1	vv
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR		
	,								
	CITY		STATE	ZIP		CONTACT	NUMBER		EXT
	JOB TITLE / RANK					EMAIL			
	DUTIES / ASSIGNMENTS						CHECK ALL THAT APPL	•	
					FT	PT	Temp Self-emplo	oyed	Volunteer
	NAMES OF CO-WORKERS			RE	ASON FOR L	EAVING			
	1)	2)							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (I	MM/YYYY)
26.14	☐ Student ☐ Between jobs ☐ Leave of	absence Travel Other:							
26.15	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (I	MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR		
	CITY		STATE	ZIP		CONTACT	NUMBER		EXT
	CITY		STATE	ZIP		, ,			EXI
	JOB TITLE / RANK					( )			
	JOB ITTEL / IVINI					LIVIVUE			
	DUTIES / ASSIGNMENTS			TY	PE OF EMPL	OYMENT (	CHECK ALL THAT APPL	_Y)	
							Temp Self-emplo		Volunteer
	NAMES OF CO-WORKERS				ASON FOR L			•	
	1)	2)							
26.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (I	MM/YYYY)
20.10	☐ Student ☐ Between jobs ☐ Leave of	absence Travel Other:							

SEC	TION 5: EXPERIENCE AND EMPLOYMENT	<b>Γ</b> continued							
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (I	MM/YYYY)
26.17									
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR		
	CITY		STATE	ZIP		CONTACT	NUMBER		EXT
						( )			
	JOB TITLE / RANK					EMAIL			
	DUTIES / ASSIGNMENTS			TYPE	OF EMPLO	OYMENT (	CHECK ALL THAT APPL	Υ)	
	20112077100101111121110						Temp Self-emplo	,	□ Volunteer
	NAMES OF CO-WORKERS				SON FOR L		Temp	- Jyeu	
	1) 2)			KLAS	DON'T OK L	LAVING			
	1) 2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (I	MM/YYYY)
26.18	☐ Student ☐ Between jobs ☐ Leave of abse	ence Travel Other:							
00.40	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (I	MM/YYYY)
26.19									
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR		
	CITY		STATE	ZIP		CONTACT	NUMBER		EXT
						( )			
	JOB TITLE / RANK					EMAIL			
	DUTIES / ASSIGNMENTS			TYPE	OF EMPLO	OYMENT (	CHECK ALL THAT APPL	-Y)	
					FT 🗌	рт 🔲	Temp Self-emplo	oyed	Volunteer
	NAMES OF CO-WORKERS			REAS	SON FOR L	EAVING			
	1) 2)								
26.20	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (I	MM/YYYY)
20.20	Student Between jobs Leave of abse	ence Travel Other:							
	Have you ever been disciplined at work? (This include reprimands, suspensions, reductions in pay, reassign							$\Box$	es No
	Teprimarius, suspensions, reductions in pay, reassign	intents, or demotions.					•••••	Ш '	es 🔲 110
28.	Have you ever been fired, released from probation, o	or asked to resign from any place	of emplo	yment?.				🔲 Y	es No
29.	Were you ever involved in a physical/verbal altercati	ion with a supervisor, co-worker, o	or custor	mer?				🔲 Y	es No
30.	Have you ever quit without giving notice?							🔲 Y	es No
31.	Have you ever resigned in lieu of termination?							🔲 Y	es No
32.	Have you ever been accused of discrimination (such	as sexual harassment, racial hias	etc.)						
52.	by a co-worker, superior, subordinate or customer?							🔲 ү	es No
33.	Were you ever the subject of a written complaint at	work?						🔲 Ү	es No
34.	Have you ever been counseled at work due to latene	ess or absences?						🔛 Ү	es No

SEC	CTION 5: EXPERIENCE AND EMPLOYMENT continued				
35.	Did you ever receive an unsatisfactory performance review?	□No			
36.	Have you ever sold, released, or given away legally confidential information?	□ No			
37.	Have you ever called in sick when you were neither sick nor caring for a sick family member?	No			
	If you answered "YES" to any of Questions 28–38, explain (include when, where, and circumstances – reference corresponding numbers).				
38.	In the past three years, have you missed days or been late to work due to drug or alcohol consumption?	□ No			
39.	Has your work performance ever been affected by your use of alcohol or drugs?	□ No			
	IF YES, when? Name of employer:				
40.	In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?	□No			
	Name of employer.				
41.	<ul> <li>Have you <i>ever</i> applied for <i>any</i> position at another law enforcement agency (city, county, state, or federal)?</li></ul>				
41.1	NAME OF LAW ENFORCEMENT AGENCY  DATE APPLIED (MM/YYYY)				
	ADDRESS (NUMBER / STREET)  BACKGROUND INVESTIGATOR'S NAME (IF KNO	OWN)			
	CITY STATE ZIP CONTACT NUMBER EX	Т			
	( )				
	POSITION APPLIED FOR EMAIL				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:				
	STEP: Application Written Physical Ability Oral Polygraph Background Chief's Oral Conditional Offer STATUS: Hired On Eligibility List Withdrawn Disqualified List Expired				

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued					
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	Y)
41.2						
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	R	EXT
				( )		
	POSITION APPLIED FOR		EMAIL	,		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	ranh	☐ Background	☐ Chief's Ora	al Conditional Of	ffer
	STATUS: Hired On Eligibility List Withdrawn Disqualified	•	_		<u> </u>	
	NAME OF LAW ENFORCEMENT AGENCY	LIST L	Aprieu		DATE ADDITION (MANAGO)	NO.
41.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	Υ)
	<u> </u>					
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)
	<u> </u>					
	CITY	STATE	ZIP	CONTACT NUMBE	iR	EXT
				( )		
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	graph	☐ Background	Chief's Ora	al Conditional Of	ffer
	STATUS: Hired On Eligibility List Withdrawn Disqualified [	List E	xpired			
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	Y)
41.4					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	R	EXT
				( )		
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	graph	Background	☐ Chief's Ora	al Conditional Of	ffer
	STATUS: Hired On Eligibility List Withdrawn Disqualified [	List E	xpired			
	NAME OF LAW ENFORCEMENT AGENCY		•		DATE APPLIED (MM/YYY	Y)
41.5					1	• /
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)
	NESTECO (NOMEEN OTTEEN)			Brokerteerd in	VEOTION TOTO TO MILE (II	ratovit)
	CITY	STATE	7ID	CONTACT NUMBE	:D	EXT
	CITI	SIAIL	ZIF		.IX	LAT
	POSITION APPLIED FOR		EMAIL	( )		
	POSITION AFFLIED FOR		EIVIAIL			
	OUTOK FACULOTED IN THE DOCCEOUTHAT VOLUCIONE PTED. AND VOLUCIONE					
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:				. 🗆	,,
	STEP: Application Written Physical Ability Oral Poly		_	☐ Chief's Ora	al U Conditional Of	ner
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	xpired			

SE	CTION 5: EXPERIENCE AND EMPLOYMENT continued					
41.6	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
41.0					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF KNO	WN)
	CITY	STATE	ZIP	CONTACT NUMB	ER EXT	-
				( )		
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:  STEP: Application Written Physical Ability Oral Po	olvaroph	□ Packgroups	L Chiof's Or	cal Conditional Offer	
	STATUS:  Hired On Eligibility List Withdrawn Disqualified		_	I Giller's Oi	ai 🔲 Conditional Offer	
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
11.7					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	   IVESTIGATOR'S NAME (IF KNO	WN)
	CITY	STATE	ZIP	CONTACT NUMB	ER EXT	
				( )		
	POSITION APPLIED FOR		EMAIL	•	•	
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Po		_	I ☐ Chief's Or	al Conditional Offer	
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List I	Expired			
SE	CTION 6: MILITARY EXPERIENCE					
42.	Have you ever served in the military?				Yes	☐ No
43.	If you answered "YES" to Question 44, include the following service information:					
	BRANCH OF SERVICE			FROM (MM/YYY	Y) TO (MM/YYYY)	
				/	/	
	TYPE OF DISCHARGE					
		ther than	Honorable)	☐ Bad Cond	uct Dishonorable	
	Re-entry Code (1–4) if applicable – refer to your DD-214:					
44.	Are you currently participating in one of the following?	/AAA / / DD	/\au\.			
	Military Reserve National Guard IF CHECKED, date obligation ends	(ועוועון)	/ Y Y ):			
45.	Have you ever been the subject of any judicial or non-judicial disciplinary action (			•	_	
	office hours, company punishment)?				Yes	☐ No
46.	Were you ever denied a security clearance, or had a clearance revoked, suspende	d, or dow	ngraded?		Yes	☐ No
47.	Have you ever taken military property without permission for personal use, to sel	l, or to giv	ve away?		Yes	No
SE	CTION 6: MILITARY EXPERIENCE continued					
	If you answered "YES" to any of <b>Questions 45–47</b> , explain (include dates and circu	ımstances	5).			

		7: FINANCIAL			
48.		each of the following questions (48 A, B, C), fill in the amounts to the nearest dollar.			
		<b>Question 48C:</b> Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan paym intenance, entertainment, etc., as well as any other obligations you may have.	ents, food, g	gas and (	car
		A) From your employer(s), what is your take-home monthly income?	\$	_ per m	onth
		B) Do you have other sources of income? (IF YES, fill in amount and explain.)	\$	_ per m	onth
		Explain:			
		C) How much do you spend each month?	\$	_ per m	onth
49.	Have y	ou ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	[	Yes	□No
50.	Have a	nny of your bills ever been turned over to a collection agency?	[	Yes	☐ No
51.	Have y	ou ever had purchased goods repossessed?	[	Yes	☐ No
52.	Have y	our wages ever been garnished?	[	Yes	□ No
53.	Have y	ou ever been delinquent on income or other tax payments?	[	Yes	□ No
54.	Have y	ou ever failed to file income tax or cheated/lied on an income tax form?	[	Yes	☐ No
55.	Have y	ou ever had an employment bond refused?	[	Yes	☐ No
56.	Have y	ou ever avoided paying any lawful debt by moving away?	[	Yes	□ No
57.	Have y	ou ever defaulted on (failed to pay) a loan?	[	Yes	□ No
58.		ou ever borrowed money to pay for a gambling debt?  do you currently have any outstanding debts as a result of gambling?			□ No □ No
59.	Have y	ou ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	[	Yes	☐ No
60.	Have y	ou ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	[	Yes	☐ No
61.	Have y	rou written three or more bad checks in a one-year period?	[	Yes	☐ No
	If you	answered "YES" to any of <b>Questions 49–61</b> , explain (include when, where, and why – reference corresponding numbers).			

# **SECTION 8: LEGAL Disclosure of Arrests and Convictions** This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, 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. If more space is needed, continue your response on page 27. Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? IF YES, explain each incident: ARRESTING OR DETAINING AGENCY CHARGE APPROX DATE (MM/YYYY) 62.1 / DISPOSITION OR PENALTY CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY 62.2 **DISPOSITION OR PENALTY** CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY 62.3 / **DISPOSITION OR PENALTY** Have you ever been placed on court probation? Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? \_\_\_\_\_\_\_Yes Have the police ever been called to your home for any reason? Have you or your spouse/partner ever been referred to Child Protective Services? 67.

Have you ever been the subject of an emergency protective order/restraining order/stay-away order?

SEC	CTION 8: LEGAL continued	
69.	Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	□No
70.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	□No
71.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	□No
72.	Have you ever filed a false insurance or workers' compensation claim?	No
-	If you answered "YES" to any of <b>Questions 63–72</b> , explain (include court case or document, dates, and circumstances – reference corresponding numb	ers).
	Involvement in Criminal Acts – Part 1  Have you committed any of the following acts in your LIFETIME?	
•	<ul> <li>You MUST include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/ Police Cadet / Reserve or part-time Police Officer.</li> <li>NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it.</li> </ul>	e law
73.1	Animal abuse and/or neglect	☐ No
73.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	□No
73.3	Battery (use of force or violence upon another)	□No
73.4	Brandishing a weapon (any type of weapon)	☐ No
73.5	Carrying a concealed weapon without a permit	☐ No
73.6	Contributing to the delinquency of a minorYes	☐ No
73.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	□No
73.8	Driving under the influence of alcohol and/or drugs	□No
73.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	□No
73.10	Filing a false police report	☐ No
73.11		□No
73.12	Illegal gambling	☐ No
73.13	Illegal hunting and/or fishing (for example, without a license, out of season)	☐ No

SEC	FION 8: LEGAL continued
73.14	Impersonating a peace officer (pretending to be a police officer)
73.15	Indecent exposure and/or lewd or obscene conduct
73.16	Intentionally writing a bad check
73.17	Joyriding (using a car or other vehicle without owner's permission)
73.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)
73.19	Petty theft (value up to \$999.00, including shoplifting/switching price tags)
73.20	Possession of alcohol as a minor
73.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)
73.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)
73.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)
73.24	Reckless driving
73.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)
73.26	Trespassing
73.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)
73.28	Any other act amounting to a misdemeanor
-	If you answered "YES" to ANY of the item(s) in Question 73, fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g., 73.5) for each explanation.  If more space is needed, continue your response on page 27.
► In	volvement in Criminal Acts – Part 2
74.	At any time in your life, have you EVER committed any of the following acts?
	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.
74.1	Arson (intentionally destroying property by setting a fire)
74.2	A 10 - 96 - 4 - 41
	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)

SECT	ION 8: LEGAL continued	
74.4	Burglary (entering a structure or vehicle to commit theft or other crime)	☐ No
74.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	☐ No
74.6	Abuse and/or neglect (physical and/or financial) against and elderly or disabled person?	□No
74.7	Embezzlement (theft of money or other valuables entrusted to you)	□No
74.8	Felony drunk driving (involving injuries)	□No
74.9	Forcible rape	□No
74.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	□No
74.11	Fraudulent use of a credit, ATM, debit, and/or check card	□No
74.12	Felony theft (value of over \$1000)	□No
74.13	Hit & run (with injuries)	□No
74.14	Hate crime	□No
74.15	Illegal sex acts	☐ No
74.16	Insurance fraud	☐ No
74.17	Murder, homicide, or attempted murder	☐ No
74.18	Perjury (lying under oath)	□No
74.19	Possession of an explosive/destructive device	□No
74.20	Robbery (theft from another person using a weapon, force, or fear)	☐ No
74.21	Stalking	□No
74.22	Theft of a vehicle and/or vehicle parts	□No
74.23	Viewing and/or possessing child pornography	□No
74.24	Any other act amounting to a felony	□No
•	If you answered "YES" to <b>ANY</b> of the item(s) in <b>Question 74</b> , fully explain circumstances, including dates, names of individuals involved and resolution. Reference the corresponding number (e.g., 74.3) for each explanation.  If more space is needed, continue your response on page 27.	d,
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	CTION 8: LEGAL continued	
<b>•</b>	Illegal Use of Drugs	
•	For the purpose of responding to the following questions, "illegal drugs" is or over-the-counter drugs; it also includes the illegal use of any other subdrugs that are illegal under Kansas laws or Federal laws.  Your responses should include — but not be limited to — your use of a	bstance for the purpose of getting "high." Any "Illegal Drugs" are defined as
ľ		
	Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc)	Marijuana (with or without a prescription)
	Barbiturates ( <i>Downers</i> )	► Mescaline
	Cocaine / Crack Cocaine	► Morphine
	► Designer Drugs (Ecstasy, Synthetic Heroin, etc.)	► PCP / Angel Dust
	► GHB (Date Rape Drug)	► Quaaludes
	► Hallucinogens (Peyote, LSD, Mushrooms)	► Steroids
	► Hashish / Hashish Oil	► Tetrahydrocannabinal (THC)
	► Heroin / Opium	<ul> <li>Glue, paint, or any substance containing toluene</li> </ul>
	Prior to the past six months:  I HAVE NEVER USED ANY DRUG RECREATIONALLY.  I HAVE TRIED OR USED ONE OR MORE DRUGS, BUT ONLY UNITEXPERIMENTATION, AT PARTIES, CONCERTS, SPECIAL EVENT.  IF YOU CHECKED BOX 2, give details including drug(s) used, most recent date used.  A. First Date Used?  B. Last date used?  C. Number of times used?  D. Method of administration (i.e., injected, inhaled, step in the past of the pas	ed, and circumstances:  moked, pill, capsule, etc.)
77.	Have you <i>EVER</i> engaged in any of the activities listed below involving drugs, narral a prescription:  Sold Manufactured Purchased Furnished  IF ANY ITEM IS CHECKED, give details including <i>drug(s) involved, over what time</i>	_

				nds, acquaintances, hou medications?							Yes	□No
	ii 1L3, explaili.											
SEC	TION 9: MOTO	OR VEHICLE IN	FORMATION									
79.	Current Driver's Li	icense:										
	STATE OF ISSUE	LICENSE NUMBER		EXPIRATION DATE (MM/D	DD/YYYY)	NAME UNDE	R WHICH L	ICENSE	WAS GRANTE	D		
				1 1								
80.	List other states w	here you have be	en licensed to operate	e a motor vehicle:								
	STATE OF ISSUE	LICENSE NUMBER	(IF KNOWN)	TYPE OF LICENSE		NAME UNDE	R WHICH L	ICENSE	WAS GRANTE	:D		
-												
81.	Have you ever ho	an refused a driver	r's license hy any state	e?							□ vor	П No
			e, and circumstances)							••••••	🗀 163	
	120) expiaii (	olude illien, illien	c, and on ournotarioes,	•								
82.	Has your driver's l	icense ever been s	suspended, revoked, o	or cancelled?							🗌 Yes	□No
	IF YES, explain (inc	clude when, where	e, and circumstances)	:								
			1.17									
83.	List your current li	-	on your vehicle(s).	VEHICLE MAKE			YEAR (YY	YY)	VEHICLE LIC	ENSE		
83.1	☐ Insured	Bonded	Cash Deposit					,				
	INSURANCE COMP	PANY			POLICY N	UMBER	1		ı	EXPIRATI		MM/DD/YYYY)
	ADDDEOG (AU MOE	D/OTDEET)		CITY			STATE	ZIP		CONTAC	/ /	
	ADDRESS (NUMBE	K/STREET)		CITY			SIAIE	ZIP		( )		
	TYPE OF COVERAG	GE		VEHICLE MAKE			YEAR (YY	YY)	VEHICLE LIC	` ′		
83.2	☐ Insured		Cash Deposit									
	INSURANCE COMP	PANY		•	POLICY N	UMBER				EXPIRATI		MM/DD/YYYY)
	ADDRESS (NUMBE	R/STREET)		CITY			STATE	ZIP		CONTAC	/ /	
		.,,								( )		
00.0	TYPE OF COVERAG			VEHICLE MAKE			YEAR (YY	YY)	VEHICLE LIC	ENSE		
83.3	Insured	Bonded	Cash Deposit		DOI:00	UMDEE.				EVB:::	011.0:==	M1/60 3 3 3 3 7 7
	INSURANCE COMP	ANY			POLICY N	UMBER				EXPIRATI	ON DATE (	MM/DD/YYYY)
	ADDRESS (NUMBE	R/STREET)		CITY			STATE	ZIP		CONTACT	γ γ Γ NUMBER	
										( )		

SEC	TION 9: MOTOR VEHICLE OPERATION cont	inued						
84.	List all traffic citations, excluding parking citations, you	ı have received	within the past sev	en years.				
04.4	NATURE OF VIOLATION		LOCATION (STREET	Γ)	CITY			STATE
84.1								
	Month: Year:	ACTION TAKEN	l Not Guilty	Fined	☐ Traffic	: School	Dismisse	d
	NATURE OF VIOLATION		LOCATION (STREET		CITY			STATE
84.2								
	DATE VIOLATION OCCURRED	ACTION TAKEN						
	Month: Year:		Not Guilty  LOCATION (STREET	Fined	☐ Traffic	School	Dismisse	STATE
84.3	NATURE OF VIOLATION		LOCATION (STREE	1)	CITT			SIAIE
	DATE VIOLATION OCCURRED	ACTION TAKEN						
	Month: Year:		Not Guilty	Fined	☐ Traffic	School	Dismisse	d
85.	Has a traffic citation ever resulted in a warrant or caus	ed your driver's	license to he with	held due to th	ne following (check	all that apply).		
05.			vehicle liability insu		Failed to Pay the			
	IF CHECKED, explain circumstances:	eu to maintain v	reflicie liability liisu	rance _	I failed to Fay tile	Required Fille		
	ii Checkeb, explain circumstances.							
_								
								_
	Have you been involved as the driver in a motor vehicle	e accident <i>withi</i>	n the past seven ye	ears?			Yes	No
	F YES, give details below.  DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)			Г	CITY			STATE
86.1	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)				CITY			STATE
	POLICE REPORT LAW ENFORCEMENT AG	GENCY			AT FAULT?	WAS THE ACC	IDENT?	
	☐ Yes ☐ No				☐ Yes ☐ N	lo 🔲 Injui	y 🔲 Non-i	
86.2	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)				CITY	· ·		STATE
	POLICE REPORT LAW ENFORCEMENT AG	GENCY			AT FAULT?	WAS THE ACC	IDENT?	
	☐ Yes ☐ No				☐ Yes ☐ N	lo 🔲 Injui	y 🔲 Non-i	njury
06.2	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)				CITY	L		STATE
86.3	/	OENOV			AT FALL TO	WAS THE ACC	IDENTO	
	POLICE REPORT LAW ENFORCEMENT AG	SENCY			AT FAULT?  Yes N		y 🔲 Non-i	niurv
						,	,	,,
87.	Have you ever driven a vehicle without auto insurance	e, as required by	law?				Yes	□No
	IF YES, GIVE REASON					FROM (MM/YYYY)	TO (MM/YY	YY)
						/	/	
88.	Have you ever been refused automobile liability insura	ance or a hond	or had them cancel	lled?			Yes	По
00.	IF YES, GIVE REASON	ance of a bollu,	or mad them cancel				DATE (MM/	_
							/	,
		INSURANCE	COMPANY					

SE	CTION 10: OTHER TOPICS
89.	Have you ever been refused a permit to carry a concealed weapon?
90.	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, or disability?
91.	Have you ever hit or physically overpowered a spouse or romantic partner?
92.	Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?
93.	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?
	If you answered "YES" to any of <b>Questions 89–93</b> , give details including dates and circumstances – <i>reference corresponding numbers</i> ).
SE	CTION 11: CERTIFICATION
94.	I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.
	Signature in Full: ▶ Date:

Use the following page to continue any of your responses.

Be sure to reference corresponding numbers.

## ADDITIONAL COMMENTS

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Reference the corresponding questions and/or specific items.
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.