

APPLICATION FOR EMPLOYMENT  
CITY OF RALSTON, NEBRASKA

EQUAL OPPORTUNITY EMPLOYER

**POLICE OFFICER**

Social Security Number

\_\_\_\_\_

Ralston Police Department  
7400 Main Street  
Ralston, NE 68127

Have you ever been employed by the City of Ralston?  Yes  No If yes, Dates: \_\_\_\_\_

**MINIMUM QUALIFICATIONS:**

**EDUCATION:** Nebraska State Statute 81-1410 states that a qualified candidate must have graduated from high school or must possess certification of an educational development of at least a high school graduation level.

Do you have a high school diploma or G.E.D.?  Yes  No

**DRIVER'S LICENSE:** An applicant must possess a valid current driver's license throughout the entire selection process.

Do you have a current valid driver's license?  Yes  No DL # \_\_\_\_\_

**AMERICANS WITH DISABILITIES ACT SUPPLEMENT: READ BEFORE SIGNING**

I have read the Application Supplement, which lists the essential functions for the position of Police Officer. I am able to perform these essential functions with or without reasonable accommodation as provided by the Americans with Disabilities Act.

\_\_\_\_\_  
(Applicant Signature) (Date)

**VETERAN'S PREFERENCE:** To claim 5 veteran's preference points, you must submit proof of service (such as a DD-214) that includes date of induction, date of honorable separation and Social Security number. You must have completed more than 180 consecutive days of active duty. To receive credit for disability, you must submit proof of eligibility from the Veteran's Administration dated within the last 12 months.

Do you qualify for Veteran's Preference Points?  Yes  No Disability?  Yes  No

**READ BEFORE SIGNING**

I understand that any false information I record in this application will be sufficient reason for rejection of my application or termination of my employment. I herewith authorize and request each and every former employer, person, firm or corporation to answer any and all questions that may be asked and herewith hold such persons harmless for giving any and all information within their knowledge or records.

Sign here in Ink: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATIONS MUST BE SIGNED AND DATED IN ORDER TO BE CONSIDERED**

**Ralston Police Department**

## Background/Personal History Statement

### INSTRUCTIONS TO THE APPLICANT

The information you provide in the Personal History Statement will be used in the investigation into your background to assist in determining your suitability for the position of **Police Officer** with the Ralston Police Department. Please fill out the questionnaire completely and accurately.

Please print in **black ink** or type your responses. You must respond to **ALL** questions. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, **use page 39** on this form and identify the additional information by the category.

**Disqualification:** It is to your advantage to respond openly. There are very few automatic reasons for rejection of employment. Even issues of prior misconduct such as drug use, theft or arrest, in and of themselves, are not automatically disqualifying. However, deliberate misstatements, omissions, or falsehoods, can and often result in your application being rejected, regardless of the nature or reason for the omission. Any unfavorable factors in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job of **Police Officer**.

Bear in mind that all statements are subject to verification through your background investigation and/or polygraph exam. You must account for all time periods in your background and it is your responsibility to update your background investigator of any changes that arise after you having submitted this Personal History Statement.

Your signature below indicates that you fully understand the procedures and responsibilities stated above.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

## **IMPORTANT REMINDERS**

When listing addresses, include: full street address, apartment numbers, City, State, and zip code. Also include area codes with all phone numbers.

While your background investigation is in progress, **it is your responsibility to immediately report to your background investigator any changes in your status including, but not limited to:**

- Change in name
- Change in address
- Change in contact information
- Any contact with a law enforcement agency
- Citations
- Arrests
- Criminal or civil complaints
- Changes in employment (to include: termination, suspension, reprimand, and any internal investigations.)

## **DOCUMENTS REQUIRED**

- Original or Certified Copy of Birth Certificate
- Naturalization Document (if applicable)
- Certificate of Citizenship (if applicable)
- Birth Abroad to U.S. Citizen (if applicable)
- Adoption papers (if applicable)
- Marriage license(s)
- Divorce decree(s)
- Legal name change documents
- Bankruptcy papers
- Driver's License
- Passport
- Social Security Card
- Prior Law Enforcement Certificates
- Selective Service Verification
- Military DD214 (undeleted Member 4), Other Military Separation Documents
- High School Diploma
- College Diploma, if applicable

Your signature below indicates that you fully understand the procedures and responsibilities stated above.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

# Personal History Statement

Personal Information:			
Name: Last/First/Middle	Social Security Number:		
Other Names You Have Used or Been Known By (Including Maiden Names, Adoptive Name & Nicknames):			
Current Address:			
Driver's License Number/State:	Home/Cell Telephone:	Work Telephone:	
Birthdate (MM/DD/YYYY):	Birthplace (City, County, State, Country):		
Email Address:	List All Other E-mail Addresses:		

For Purposes of Identification:					
Gender:	Race (Optional):	Height:	Weight:	Hair Color:	Eye Color:
List any distinguishing marks, scars, or tattoos:					

Relatives:	
Spouse/Domestic Partner Name:	Address:
Email:	Phone Number:
Length of Relationship:	Is there, or has there ever been, a Protective Order/Restraining Order in effect involving you and this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>

Former Spouse/Former Domestic Partner Name:	Address:
Email:	Phone Number:
Length of Relationship:	Is there, or has there ever been, a Protective Order/Restraining Order in effect involving you and this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Relatives Continued:

Mother Name:	Address:
Email:	Phone Number:
Is there, or has there ever been, a Protective Order/Restraining Order in effect involving you and this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Father Name:	Address:
Email:	Phone Number:
Is there, or has there ever been, a Protective Order/Restraining Order in effect involving you and this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Sibling(s) (Still Living) Name:	Address:
Email:	Phone Number:
Is there, or has there ever been, a Protective Order/Restraining Order in effect involving you and this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Sibling(s) (Still Living) Name:	Address:
Email:	Phone Number:
Is there, or has there ever been, a Protective Order/Restraining Order in effect involving you and this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Sibling(s) (Still Living) Name:	Address:
Email:	Phone Number:
Is there, or has there ever been, a Protective Order/Restraining Order in effect involving you and this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## References:

List only persons you have known for at least six months. Do NOT list relatives, former employers, teachers, or doctors. List a minimum of **six** references.

Name:	Address:	Email:
Telephone(s):	Place of Employment:	

Name:	Address:	Email:
Telephone(s):	Place of Employment:	

Name:	Address:	Email:
Telephone(s):	Place of Employment:	

Name:	Address:	Email:
Telephone(s):	Place of Employment:	

Name:	Address:	Email:
Telephone(s):	Place of Employment:	

Name:	Address:	Email:
Telephone(s):	Place of Employment:	

Name:	Address:	Email:
Telephone(s):	Place of Employment:	

Name:	Address:	Email:
Telephone(s):	Place of Employment:	

Name:	Address:	Email:
Telephone(s):	Place of Employment:	

## Educational History:

List all schools you attended, beginning with high school.

School	Complete Address	Dates Attended	GPA	Diploma/Degree

List any awards or merits you have received during your educational career:

List any activities you have been involved in throughout your educational career:

List any school suspensions, expulsions, or discipline of any kind:

Have you ever been placed on academic probation or disciplinary probation? Yes  No

## School References:

List teachers or counselors in schools that you have attended in the last three years that are willing to provide you a reference.

Name	School	Address	Email	Telephone

**Special Skills:**

List any skills you feel would advance your performance in the position you have applied for. Also list any certifications or licenses that you possess.


**Foreign:**

Do you have any foreign language ability? Yes  No   
If yes, complete below.

Language	Read	Write	Speak	Comprehension
<i>Example: Spanish</i>	<i>Fluent</i>	<i>Good</i>	<i>Fluent</i>	<i>Good</i>

Have you ever traveled outside the U.S.? Yes  No

Details:

--

During your travel abroad, did you have any contact with a law enforcement entity? Yes  No

Details:

--

**Volunteer Work:**

List all volunteer and community service you have participated in. Include only volunteer work within the last five years.

Organization	Details	Contact Person (Name/Email)



## Residences:

List all of the addresses where you have lived in the last seven (7) years. Begin with your present address and list backwards. If the residence is a military base/post, identify the name of the base, nearest city/state/zip. **If you need more space, use page 39.**

Current Address:			
Rental/Mortgage Company or Name of Landlord:		Address/Phone/Email/Fax:	
Move-in Date:	Move-out Date:	Reason for Moving:	
Roommate(s) Name/Nature of Relationship:		Telephone:	Email:
Roommate(s) Name/Nature of Relationship:		Telephone:	Email:
Roommate(s) Name/Nature of Relationship:		Telephone:	Email:
Explain any late payments, judgments, or forfeiture of deposit(s):			
Did Police or Fire ever respond for any reason? If yes, provide details.			

Address:			
Rental/Mortgage Company or Name of Landlord:		Address/Phone/Email/Fax:	
Move-in Date:	Move-out Date:	Reason for Moving:	
Roommate(s) Name/Nature of Relationship:		Telephone:	Email:
Roommate(s) Name/Nature of Relationship:		Telephone:	Email:
Roommate(s) Name/Nature of Relationship:		Telephone:	Email:
Explain any late payments, judgments, or forfeiture of deposit(s):			
Did Police or Fire ever respond for any reason? If yes, provide details.			

## Residences (Continued):

Address:		
Rental/Mortgage Company or Name of Landlord:		Address/Phone/Email/Fax:
Move-in Date:	Move-out Date:	Reason for Moving:
Roommate(s) Name/Nature of Relationship:	Telephone:	Email:
Roommate(s) Name/Nature of Relationship:	Telephone:	Email:
Roommate(s) Name/Nature of Relationship:	Telephone:	Email:
Explain any late payments, judgments, or forfeiture of deposit(s):		
Did Police or Fire ever respond for any reason? If yes, provide details.		

Address:		
Rental/Mortgage Company or Name of Landlord:		Address/Phone/Email/Fax:
Move-in Date:	Move-out Date:	Reason for Moving:
Roommate(s) Name/Nature of Relationship:	Telephone:	Email:
Roommate(s) Name/Nature of Relationship:	Telephone:	Email:
Roommate(s) Name/Nature of Relationship:	Telephone:	Email:
Explain any late payments, judgments, or forfeiture of deposit(s):		
Did Police or Fire ever respond for any reason? If yes, provide details.		

## Residences (Continued):

Address:		
Rental/Mortgage Company or Name of Landlord:		Address/Phone/Email/Fax:
Move-in Date:	Move-out Date:	Reason for Moving:
Roommate(s) Name/Nature of Relationship:	Telephone:	Email:
Roommate(s) Name/Nature of Relationship:	Telephone:	Email:
Roommate(s) Name/Nature of Relationship:	Telephone:	Email:
Explain any late payments, judgments, or forfeiture of deposit(s):		
Did Police or Fire ever respond for any reason? If yes, provide details.		

Address:		
Rental/Mortgage Company or Name of Landlord:		Address/Phone/Email/Fax:
Move-in Date:	Move-out Date:	Reason for Moving:
Roommate(s) Name/Nature of Relationship:	Telephone:	Email:
Roommate(s) Name/Nature of Relationship:	Telephone:	Email:
Roommate(s) Name/Nature of Relationship:	Telephone:	Email:
Explain any late payments, judgments, or forfeiture of deposit(s):		
Did Police or Fire ever respond for any reason? If yes, provide details.		

## Residences (Continued):

Address:		
Rental/Mortgage Company or Name of Landlord:		Address/Phone/Email/Fax:
Move-in Date:	Move-out Date:	Reason for Moving:
Roommate(s) Name/Nature of Relationship:	Telephone:	Email:
Roommate(s) Name/Nature of Relationship:	Telephone:	Email:
Roommate(s) Name/Nature of Relationship:	Telephone:	Email:
Explain any late payments, judgments, or forfeiture of deposit(s):		
Did Police or Fire ever respond for any reason? If yes, provide details.		

Have you ever been asked to leave a residence:    Yes     No

Details:

Have you ever left a residence owing rent, utilities, or other household expenses?    Yes     No

Details:

Have you ever had any problems with rental management or staff?    Yes     No

Details:

Have any complaints ever been made against you by other tenants or neighbors?    Yes     No

Details:

## Employment History:

Beginning with your current employment, list ALL employment you have ever had. Include military service, full-time, part-time, seasonal, temporary, and cash paying employment. Also include periods of unemployment in excess of 30 days. **If more space is needed, use page 39.**

Have you ever been terminated, suspended, or permitted to resign in lieu of termination from any job? Yes  No

Details:

Name of Current Employer:		Type of Employment (Full, Part, Temp, Seasonal, Self-Emp):	
Complete Address:		Phone Number:	
Position/Title:		Wage/Salary:	
Duties:			
Supervisor's Name, Email, Phone:		Coworker's Name, E-mail, Phone:	
Dates of Employment:	Start (MM/YY):	End (MM/YY):	
Reason for Leaving:			
Under what circumstances did your employment end?			
<input type="checkbox"/> Resigned with 2 weeks notice	<input type="checkbox"/> Quit without notice	<input type="checkbox"/> Asked to leave/resign	
<input type="checkbox"/> Laid Off	<input type="checkbox"/> Terminated	<input type="checkbox"/> Contract Ended	
Were you ever disciplined (verbal, written, reprimand, suspension)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:			

## Employment History (Continued):

Employer:		Type of Employment (Full, Part, Temp, Seasonal, Self-Emp):	
Complete Address:		Phone Number:	
Position/Title:		Wage/Salary:	
Duties:			
Supervisor's Name, Email, Phone:		Coworker's Name, E-mail, Phone:	
Dates of Employment:	Start (MM/YY):	End (MM/YY):	
Reason for Leaving:			
Under what circumstances did your employment end?			
<input type="checkbox"/> Resigned with 2 weeks notice <input type="checkbox"/> Quit without notice <input type="checkbox"/> Asked to leave/resign <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Contract Ended			
Were you ever disciplined (verbal, written, reprimand, suspension)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Details:			

Employer:		Type of Employment (Full, Part, Temp, Seasonal, Self-Emp):	
Complete Address:		Phone Number:	
Position/Title:		Wage/Salary:	
Duties:			
Supervisor's Name, Email, Phone:		Coworker's Name, E-mail, Phone:	
Dates of Employment:	Start (MM/YY):	End (MM/YY):	
Reason for Leaving:			
Under what circumstances did your employment end?			
<input type="checkbox"/> Resigned with 2 weeks notice <input type="checkbox"/> Quit without notice <input type="checkbox"/> Asked to leave/resign <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Contract Ended			
Were you ever disciplined (verbal, written, reprimand, suspension)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Details:			

## Employment History (Continued):

Employer:		Type of Employment (Full, Part, Temp, Seasonal, Self-Emp):	
Complete Address:		Phone Number:	
Position/Title:		Wage/Salary:	
Duties:			
Supervisor's Name, Email, Phone:		Coworker's Name, E-mail, Phone:	
Dates of Employment:	Start (MM/YY):	End (MM/YY):	
Reason for Leaving:			
Under what circumstances did your employment end?			
<input type="checkbox"/> Resigned with 2 weeks notice <input type="checkbox"/> Quit without notice <input type="checkbox"/> Asked to leave/resign <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Contract Ended			
Were you ever disciplined (verbal, written, reprimand, suspension)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Details:			

Employer:		Type of Employment (Full, Part, Temp, Seasonal, Self-Emp):	
Complete Address:		Phone Number:	
Position/Title:		Wage/Salary:	
Duties:			
Supervisor's Name, Email, Phone:		Coworker's Name, E-mail, Phone:	
Dates of Employment:	Start (MM/YY):	End (MM/YY):	
Reason for Leaving:			
Under what circumstances did your employment end?			
<input type="checkbox"/> Resigned with 2 weeks notice <input type="checkbox"/> Quit without notice <input type="checkbox"/> Asked to leave/resign <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Contract Ended			
Were you ever disciplined (verbal, written, reprimand, suspension)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Details:			

## Employment History (Continued):

Employer:		Type of Employment (Full, Part, Temp, Seasonal, Self-Emp):	
Complete Address:		Phone Number:	
Position/Title:		Wage/Salary:	
Duties:			
Supervisor's Name, Email, Phone:		Coworker's Name, E-mail, Phone:	
Dates of Employment:	Start (MM/YY):	End (MM/YY):	
Reason for Leaving:			
Under what circumstances did your employment end?			
<input type="checkbox"/> Resigned with 2 weeks notice <input type="checkbox"/> Quit without notice <input type="checkbox"/> Asked to leave/resign <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Contract Ended			
Were you ever disciplined (verbal, written, reprimand, suspension)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Details:			

Employer:		Type of Employment (Full, Part, Temp, Seasonal, Self-Emp):	
Complete Address:		Phone Number:	
Position/Title:		Wage/Salary:	
Duties:			
Supervisor's Name, Email, Phone:		Coworker's Name, E-mail, Phone:	
Dates of Employment:	Start (MM/YY):	End (MM/YY):	
Reason for Leaving:			
Under what circumstances did your employment end?			
<input type="checkbox"/> Resigned with 2 weeks notice <input type="checkbox"/> Quit without notice <input type="checkbox"/> Asked to leave/resign <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Contract Ended			
Were you ever disciplined (verbal, written, reprimand, suspension)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Details:			



## Employment History (Continued):

Employer:		Type of Employment (Full, Part, Temp, Seasonal, Self-Emp):	
Complete Address:		Phone Number:	
Position/Title:		Wage/Salary:	
Duties:			
Supervisor's Name, Email, Phone:		Coworker's Name, E-mail, Phone:	
Dates of Employment:	Start (MM/YY):	End (MM/YY):	
Reason for Leaving:			
Under what circumstances did your employment end?			
<input type="checkbox"/> Resigned with 2 weeks notice <input type="checkbox"/> Quit without notice <input type="checkbox"/> Asked to leave/resign <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Contract Ended			
Were you ever disciplined (verbal, written, reprimand, suspension)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Details:			

Employer:		Type of Employment (Full, Part, Temp, Seasonal, Self-Emp):	
Complete Address:		Phone Number:	
Position/Title:		Wage/Salary:	
Duties:			
Supervisor's Name, Email, Phone:		Coworker's Name, E-mail, Phone:	
Dates of Employment:	Start (MM/YY):	End (MM/YY):	
Reason for Leaving:			
Under what circumstances did your employment end?			
<input type="checkbox"/> Resigned with 2 weeks notice <input type="checkbox"/> Quit without notice <input type="checkbox"/> Asked to leave/resign <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Contract Ended			
Were you ever disciplined (verbal, written, reprimand, suspension)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Details:			

## Employment History (Continued)

Have you ever been involved in a verbal or physical altercation with a supervisor, coworker, subordinate, or customer?

Yes  No

Details:

Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a coworker, superior, subordinate, or customer?

Yes  No

Details:

Have you ever been the subject of a written complaint at work? Yes  No

Details:

Have you ever been counseled at work due to lateness or absences? Yes  No

Details:

Did you ever receive an unsatisfactory performance review? Yes  No

Details:

In the last five years, have you missed work or been late to work due to drug or alcohol consumption and the after-effects?

Yes  No

Details:

Has your work performance ever been affected by your use of alcohol/drugs? Yes  No

Details:

## Military History:

Document any time spent in any branch of the military, regardless of time served. If you have no military history, please mark No and proceed to the next section. You will need to provide your DD214 (undeleted, long form-Member 4) and any separation documents. Start with your current assigned organization.

Have you ever served in the military?      Yes       No

Are you currently on active duty status?      Yes       No

If yes, document the date your obligation ends (MM/DD/YY):

Branch:	Organization:	Address:
Begin (MM/YY):	End (MM/YY):	Position Held:
Duties:		
Commander:	Address:	Phone/Email:
First Line Supervisor:	Address:	Phone/E-mail:
List any disciplinary action received:		
List any commendations or awards received:		
Type of Discharge:		

Branch:	Organization:	Address:
Begin (MM/YY):	End (MM/YY):	Position Held:
Duties:		
Commander:	Address:	Phone/Email:
First Line Supervisor:	Address:	Phone/E-mail:
List any disciplinary action received:		
List any commendations or awards received:		
Type of Discharge:		

## Military History (Continued)

Have you ever been the subject of any judicial disciplinary action? Yes  No

Details:

Have you ever been the subject of any non-judicial disciplinary action? Yes  No

Details:

Were you ever court-martialed? Yes  No

Details:

Have you ever received any letters of counseling or reprimands? Yes  No

Details:

Have you ever received an Article 15? Yes  No

Details:

Have you ever been restricted to base/post for any reason? Yes  No

Details:

Were you ever denied a security clearance, or had a clearance revoked/suspended/downgraded? Yes  No

Details:

Have you ever taken military property without permission for personal use, to sell, or give away? Yes  No

Details:

During your military service, did you ever engage in any acts of prostitution, legally or illegally (i.e. escort services, massage parlors, etc.)?

Yes  No

Details:

Under current law, all male U.S. citizens between 18 and 25 years old are required to register with the Selective Service within 30 days of their 18<sup>th</sup> birthday. Have you complied with this law?

Yes  No  N/A

## Law Enforcement History:

Document all law enforcement agencies with which you have applied to, taken a written exam for, or been hired by. Please mark N/A if not applicable to you.

N/A

Name of Law Enforcement Agency:	Address:
Date Applied (MM/YY):	Background Investigator/Email/Phone:
Position Applied For:	
Check each step in the process that you have completed:	
<input type="checkbox"/> Application	<input type="checkbox"/> Written Exam
<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Chief/Sheriff Interview
<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological
<input type="checkbox"/> PAT	<input type="checkbox"/> Oral Board
<input type="checkbox"/> Conditional Offer	<input type="checkbox"/> Polygraph
<input type="checkbox"/> Final Offer	
Status (check all that apply):	
<input type="checkbox"/> Hired	<input type="checkbox"/> On Eligibility List
<input type="checkbox"/> List Expired	<input type="checkbox"/> Unknown
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified

Name of Law Enforcement Agency:	Address:
Date Applied (MM/YY):	Background Investigator/Email/Phone:
Position Applied For:	
Check each step in the process that you have completed:	
<input type="checkbox"/> Application	<input type="checkbox"/> Written Exam
<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Chief/Sheriff Interview
<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological
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<input type="checkbox"/> Conditional Offer	<input type="checkbox"/> Polygraph
<input type="checkbox"/> Final Offer	
Status (check all that apply):	
<input type="checkbox"/> Hired	<input type="checkbox"/> On Eligibility List
<input type="checkbox"/> List Expired	<input type="checkbox"/> Unknown
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified

## Law Enforcement History (Continued):

Name of Law Enforcement Agency:	Address:			
Date Applied (MM/YY):	Background Investigator/Email/Phone:			
Position Applied For:				
Check each step in the process that you have completed:				
<input type="checkbox"/> Application	<input type="checkbox"/> Written Exam	<input type="checkbox"/> PAT	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Polygraph
<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Chief/Sheriff Interview	<input type="checkbox"/> Conditional Offer		
<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Final Offer		
Status (check all that apply):				
<input type="checkbox"/> Hired	<input type="checkbox"/> On Eligibility List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	
<input type="checkbox"/> List Expired	<input type="checkbox"/> Unknown			

Name of Law Enforcement Agency:	Address:			
Date Applied (MM/YY):	Background Investigator/Email/Phone:			
Position Applied For:				
Check each step in the process that you have completed:				
<input type="checkbox"/> Application	<input type="checkbox"/> Written Exam	<input type="checkbox"/> PAT	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Polygraph
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<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Final Offer		
Status (check all that apply):				
<input type="checkbox"/> Hired	<input type="checkbox"/> On Eligibility List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	
<input type="checkbox"/> List Expired	<input type="checkbox"/> Unknown			

## Law Enforcement History (Continued):

Name of Law Enforcement Agency:	Address:			
Date Applied (MM/YY):	Background Investigator/Email/Phone:			
Position Applied For:				
Check each step in the process that you have completed:				
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<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Final Offer		
Status (check all that apply):				
<input type="checkbox"/> Hired	<input type="checkbox"/> On Eligibility List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	
<input type="checkbox"/> List Expired	<input type="checkbox"/> Unknown			

Name of Law Enforcement Agency:	Address:			
Date Applied (MM/YY):	Background Investigator/Email/Phone:			
Position Applied For:				
Check each step in the process that you have completed:				
<input type="checkbox"/> Application	<input type="checkbox"/> Written Exam	<input type="checkbox"/> PAT	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Polygraph
<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Chief/Sheriff Interview	<input type="checkbox"/> Conditional Offer		
<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Final Offer		
Status (check all that apply):				
<input type="checkbox"/> Hired	<input type="checkbox"/> On Eligibility List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	
<input type="checkbox"/> List Expired	<input type="checkbox"/> Unknown			

## Law Enforcement History (Continued):

Name of Law Enforcement Agency:	Address:			
Date Applied (MM/YY):	Background Investigator/Email/Phone:			
Position Applied For:				
Check each step in the process that you have completed:				
<input type="checkbox"/> Application	<input type="checkbox"/> Written Exam	<input type="checkbox"/> PAT	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Polygraph
<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Chief/Sheriff Interview	<input type="checkbox"/> Conditional Offer		
<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Final Offer		
Status (check all that apply):				
<input type="checkbox"/> Hired	<input type="checkbox"/> On Eligibility List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	
<input type="checkbox"/> List Expired	<input type="checkbox"/> Unknown			

Name of Law Enforcement Agency:	Address:			
Date Applied (MM/YY):	Background Investigator/Email/Phone:			
Position Applied For:				
Check each step in the process that you have completed:				
<input type="checkbox"/> Application	<input type="checkbox"/> Written Exam	<input type="checkbox"/> PAT	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Polygraph
<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Chief/Sheriff Interview	<input type="checkbox"/> Conditional Offer		
<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Final Offer		
Status (check all that apply):				
<input type="checkbox"/> Hired	<input type="checkbox"/> On Eligibility List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	
<input type="checkbox"/> List Expired	<input type="checkbox"/> Unknown			



## Law Enforcement History (Continued):

Name of Law Enforcement Agency:	Address:			
Date Applied (MM/YY):	Background Investigator/Email/Phone:			
Position Applied For:				
Check each step in the process that you have completed:				
<input type="checkbox"/> Application	<input type="checkbox"/> Written Exam	<input type="checkbox"/> PAT	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Polygraph
<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Chief/Sheriff Interview	<input type="checkbox"/> Conditional Offer		
<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Final Offer		
Status (check all that apply):				
<input type="checkbox"/> Hired	<input type="checkbox"/> On Eligibility List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	
<input type="checkbox"/> List Expired	<input type="checkbox"/> Unknown			

Name of Law Enforcement Agency:	Address:			
Date Applied (MM/YY):	Background Investigator/Email/Phone:			
Position Applied For:				
Check each step in the process that you have completed:				
<input type="checkbox"/> Application	<input type="checkbox"/> Written Exam	<input type="checkbox"/> PAT	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Polygraph
<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Chief/Sheriff Interview	<input type="checkbox"/> Conditional Offer		
<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Final Offer		
Status (check all that apply):				
<input type="checkbox"/> Hired	<input type="checkbox"/> On Eligibility List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	
<input type="checkbox"/> List Expired	<input type="checkbox"/> Unknown			

## Motor Vehicle Information:

Current Driver's License Number & State:	Expiration Date:
Endorsements:	Class:

List any other states in which you have been licensed to operate a motor vehicle:	
Driver's License Number & State:	Expiration Date:
Driver's License Number & State:	Expiration Date:
Driver's License Number & State:	Expiration Date:

Has your driver's license ever been suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:		

Have your driving privileges ever been revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:		

Have you been involved in any traffic collisions in the last three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:		

Is your vehicle(s) properly registered and do you have current insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Company:		

List your current vehicle(s) information		
Vehicle Make/Model	Vehicle Year	Vehicle License Plate/State
Vehicle Make/Model	Vehicle Year	Vehicle License Plate/State
Vehicle Make/Model	Vehicle Year	Vehicle License Plate/State
Vehicle Make/Model	Vehicle Year	Vehicle License Plate/State
Vehicle Make/Model	Vehicle Year	Vehicle License Plate/State

### Civil Lawsuits:

Civil action includes, but is not limited to: auto accidents, order for protection/harassment, child custody, paternity, support, divorce, small claims, credit or bank litigation, student loans, etc.

Incident	Month	Year	City	County	State

### Theft History:

Since the age of 16, have you stolen money or property from an employer?      Yes       No

Details:

Since the age of 16, have you stolen money or property from anyone?      Yes       No

Details:

Have you ever shoplifted?      Yes       No

Details:

Have you ever skipped out on a restaurant bill?      Yes       No

Details:

Have you ever accepted services and not rendered payment (i.e. taxi fare, home repair service, etc.)?       Yes       No

Details:

## Criminal & Traffic History:

This section requires you to report citations, detentions, arrests, and convictions, including diversion programs that were or were not successfully completed. You must list ALL traffic tickets and/or convictions including juvenile offenses and any dismissed charges.

Offense:	Date (MM/YY):	Arresting Agency:
City:	County:	State:
Details:		
Disposition (Check all that apply): <input type="checkbox"/> Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		
Warrant Issued Regarding this Offense: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Offense:	Date (MM/YY):	Arresting Agency:
City:	County:	State:
Details:		
Disposition (Check all that apply): <input type="checkbox"/> Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		
Warrant Issued Regarding this Offense: <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Criminal & Traffic History (Continued):

Offense:	Date (MM/YY):	Arresting Agency:
City:	County:	State:
Details:		
Disposition (Check all that apply): <input type="checkbox"/> Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		
Warrant Issued Regarding this Offense: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Offense:	Date (MM/YY):	Arresting Agency:
City:	County:	State:
Details:		
Disposition (Check all that apply): <input type="checkbox"/> Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		
Warrant Issued Regarding this Offense: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Offense:	Date (MM/YY):	Arresting Agency:
City:	County:	State:
Details:		
Disposition (Check all that apply): <input type="checkbox"/> Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		
Warrant Issued Regarding this Offense: <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Criminal & Traffic History (Continued):

Offense:	Date (MM/YY):	Arresting Agency:
City:	County:	State:
Details:		
Disposition (Check all that apply): <input type="checkbox"/> Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		
Warrant Issued Regarding this Offense: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Offense:	Date (MM/YY):	Arresting Agency:
City:	County:	State:
Details:		
Disposition (Check all that apply): <input type="checkbox"/> Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		
Warrant Issued Regarding this Offense: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Offense:	Date (MM/YY):	Arresting Agency:
City:	County:	State:
Details:		
Disposition (Check all that apply): <input type="checkbox"/> Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		
Warrant Issued Regarding this Offense: <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Criminal & Traffic History (Continued):

Offense:	Date (MM/YY):	Arresting Agency:
City:	County:	State:
Details:		
Disposition (Check all that apply):		
<input type="checkbox"/> Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		
Warrant Issued Regarding this Offense:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Offense:	Date (MM/YY):	Arresting Agency:
City:	County:	State:
Details:		
Disposition (Check all that apply):		
<input type="checkbox"/> Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		
Warrant Issued Regarding this Offense:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

**If more space is required, use page 39**

## Criminal & Traffic History (Continued):

Have you ever been fingerprinted for any reason outside of employment?

Yes

No

Details:

To your knowledge, have you ever been investigated by any Federal, State, City, or County law enforcement agency?

Yes

No

Details:

To your knowledge, have you ever been listed as a suspect in any investigation?

Yes

No

Details:

Have you ever been placed on court probation?

Yes

No

Details:

Have you ever been involved in a child abuse/child neglect investigation?

Yes

No

Details:

Have you or your spouse ever been referred to Child Protective Services?

Yes

No

Details:

Have you ever been the subject of a protective order/harassment order/restraining order?

Yes

No

Details:

In the last five years, have you used any physical force against another person?

Yes

No

Details:

Have you ever engaged in a sexual act for which you have either paid for or traded something of value for?

Yes

No

Details:



## Criminal & Traffic History (Continued):

Have you ever provided a sex act for payment or trade? Yes  No

Details:

Have you ever been involved in a sexual encounter in which the other party did not give consent, or was unable to give consent (i.e. intoxicated, asleep, etc.)?

Yes  No

Details:

Have you ever fraudulently received welfare, unemployment compensation, workers compensation, or other state or federal assistance?

Yes  No

Details:

Have you ever filed a false insurance or workers compensation claim?  Yes  No

Details:

Have you ever been refused a permit to carry a concealed weapon?  Yes  No

Details:

Have you ever been refused a license to purchase a firearm?  Yes  No

Details:

### Involvement in Criminal Acts

At any time in your life, have you EVER committed any of the following acts? NOTE: You must not withhold any information regarding your involvement in any of the following acts, even if state law relieved you from reporting the detention, arrest, or conviction that arose from it. Mark YES or NO

Offense	YES	NO
Animal Abuse/Neglect		
Annoying, Obscene, or Harassing Contacts by Phone or Electronic Communication Device		
Battery/Assault		
Brandishing a Weapon ( <i>Any type of weapon</i> )		
Carrying a Concealed Weapon Without a Permit		
Contributing to the Delinquency of a Minor		
Defrauding an Innkeeping ( <i>Not paying for food/room/board at hotel, campground, etc.</i> )		
Driving Under the Influence of Alcohol and/or Drugs		
Public Intoxication		
Filing a False Police Report		
Hit and Run Collision		
Illegal Gambling		
Illegal Hunting and/or Fishing ( <i>without a license, out of season, etc.</i> )		
Impersonating a Police Officer		
Indecent Exposure and/or Lewd/Obscene Conduct		
Intentionally Writing a Bad Check		
Unauthorized Use of Motor Vehicle ( <i>joy riding, without owner's permission</i> )		

Involvement in Criminal Acts (Continued)		
Offense	YES	NO
Unlawful Intrusion ( <i>peeping</i> )		
Theft		
Possession of Alcohol as a Minor		
Possession of a Falsified/Altered Identification, Including the Use of Another Person's ID		
Possession of Stolen Property		
Prostitution or Soliciting Prostitution		
Reckless Driving/Willful Reckless Driving		
Resisting Arrest		
Obstructing an Officer or Government Entity ( <i>including running from the police</i> )		
Trespassing		
Vandalism ( <i>including tagging, egging, pumpkin smashing</i> )		
Arson		
Assault with a Deadly Weapon		
Burglary		
Child Molestation ( <i>including fondling</i> )		
Elder Abuse/Neglect ( <i>Physical or Financial</i> )		
Embezzlement		
Forcible Rape		
Forgery		
Fraudulent Use of a Credit, ATM, or Debit Card		
Hate Crime		
Illegal Sex Acts		
Murder, Attempted Murder		
Lying Under Oath		
Possession of an Explosive Device		
Robbery ( <i>forcible theft</i> )		
Stalking		
Theft from a Motor Vehicle		
Viewing or Possessing Child Pornography		

If you answered yes to any of the above listed items, you are required to fully explain the circumstances, including dates, names of others involved and disposition. If more space is needed, use page 39.

Details:

### Domestic Violence

Domestic Violence can be defined as any act of violence (threat of or actual) including but not limited to, bodily injury or threat of bodily injury with or without a dangerous instrument, sexual battery, physical restraint, property crime directed at the victim, violation of a court order or protection or similar order, or death perpetrated by an individual upon his or her **INTIMATE PARTNER**. **If more space is needed, please use page 39.**

Have you ever committed an act of domestic violence?

Yes  No

Details:

Have you ever hit or physically overpowered a spouse or romantic partner?

Yes  No

Details:

Have you ever been involved in a domestic disturbance that required third party intervention?

Yes  No

Details:

Have you ever been involved in any domestic violence incident where police responded and a written report of the incident was not completed?

Yes  No

Details:

Have you ever provided a sex act for payment or trade?

Yes  No

Details:

### Drugs/Narcotics History:

For the purpose of this section, illegal drugs include the unauthorized use of prescription medications and over the counter drugs (used against guidelines). It also includes the illegal use of any substance for the purpose of getting high.

Have you ever used (check all that apply):

<input type="checkbox"/> Acid	<input type="checkbox"/> Adderall (For non-medicinal purposes)
<input type="checkbox"/> Amphetamines/Methamphetamines (Uppers, Speed)	<input type="checkbox"/> Barbituates/Benzodiazepines (Downers)
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Crack Cocaine
<input type="checkbox"/> Designer Drugs (Synthetic Heroin, etc.)	<input type="checkbox"/> Dextromethorphan (Cough syrup, for non-medicinal purpose)
<input type="checkbox"/> Ecstasy	<input type="checkbox"/> GHB/GBL/Rohypnol (Date rape drug)
<input type="checkbox"/> Glue, Paint, or any substance containing Toluene	<input type="checkbox"/> Hallucinogens (Peyote, LSD, Mushrooms)
<input type="checkbox"/> Hashish/Hashish Oil	<input type="checkbox"/> Heroin/Opium
<input type="checkbox"/> Household Products (bath salts, cleaning products, etc.)	<input type="checkbox"/> Inhalants (Aerosol dusters, spray paint, etc.)
<input type="checkbox"/> Ketamine	<input type="checkbox"/> K2 (Synthetic Marijuana)
<input type="checkbox"/> Marijuana (Include legal use)	<input type="checkbox"/> Mescaline
<input type="checkbox"/> Molly	<input type="checkbox"/> Morphine
<input type="checkbox"/> PCP/Angel Dust	<input type="checkbox"/> Prescription Medications (for non-medicinal purposes)

## Drugs/Narcotics History (Continued):

Have you ever used (check all that apply):

<input type="checkbox"/> Quaaludes	<input type="checkbox"/> Steroids/Performance Enhancing Drugs
<input type="checkbox"/> Tetrahydrocannabinol (THC)	<input type="checkbox"/> Whippets (Nitrous Oxide)
<input type="checkbox"/> Other	

If you checked "yes" to any of the items listed above, document details below. Include the drug name, dates of use, frequency of use, last used, and circumstances.

Have you EVER engaged in any of the activities listed below involving drugs/narcotics/illegal substances/prescription drugs (for non-medical purposes)?

Sold  
  Manufactured  
  Purchased  
  Provided  
  Carried/Held for Another

If you checked any of the items above, provide details including drug type, time period, and circumstances:

Have you ever taken any prescription medication that had been prescribed to someone else?  Yes    No

Details:

Have you ever given medication which was prescribed to you to someone else?  Yes    No

Details:

## Alcohol Consumption History:

How often do you drink alcohol?

On average, how many alcoholic beverages do you consume during one occasion?

When was the last time that you were drunk?

Did you drink alcohol when you were underage?

How many times did you drink alcohol without parent permission before you turned 21?

Have you ever purchased or otherwise supplied alcohol for minors?

## Financial History

Are you currently in good financial standing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you plan on filing for bankruptcy in the near future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any bills turned over to a collection agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever purchased any goods that were later repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have your wages ever been garnished or assigned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been delinquent on any federal or state taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever failed to file your income taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever lied on your income taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever defaulted on (failed to pay) a loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently in violation of a court ordered payment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever written a bad check that you did not make good on?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you gamble?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain the frequency:		
Do you have any family or financial problems associated with gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever borrowed money to pay a gambling debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding debts as a result of gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outside of the employment you currently hold, do you have any other sources of income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

If you checked "yes" to any of the items listed above, document details below.

**Additional Information:**

Are you active on any social media, networking, or dating websites? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, document which sites:
Do you have any beliefs (moral, religious, etc.) which would prevent you from fully performing the duties of Police Officer, including working on weekends, evenings, holidays and overnight shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
If it became necessary for you to take a human life in the course of your duties as a Police Officer, would you have any beliefs (moral, religious, etc.) that would prevent you from doing so? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why do you believe a career in law enforcement is the right path for you?
What have you done both mentally and physically to prepare yourself for a career in law enforcement?

**TO BE COMPLETED FOLLOWING YOUR BACKGROUND INTERVIEW**

I hereby certify that all of the above questions have been answered to the best of my knowledge, and I have provided all the information requested of me. I understand that any omissions, misrepresentations, false answers, or deceptions may be the basis for my rejection/termination from employment with the Ralston Police Department.

Signature \_\_\_\_\_  
(Do not sign until instructed by your background investigator)

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_  
(Applicant's Name)

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

## Additional Details:

This space is provided for you to document any additional information. Please notate page number and section pertinent to your explanation. You may attach additional pages if necessary.

## City of Ralston

### Authorization for Release of Personal Information

Name: Last/First/Middle:	Social Security Number:
Current Address:	Date of Birth (MM/DD/YYYY):

This release, when presented by a duly authorized representative of the Ralston Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Ralston Police Department: **Employment, Educational, Medical, Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.**

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Ralston Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Ralston Police Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Ralston Police Department. I understand that all materials pertaining to this background investigation become the property of the Ralston Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a police officer and I am currently serving in the capacity of a police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_, )

:ss

County of \_\_\_\_\_, )

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

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



## Use of Credit Reports for Employment Purposes Authorization to Be Signed as a Condition of Employment

By completing and signing this document, I agree that the Ralston Police Department may obtain a consumer credit report or other information regarding me and may consult its own files for my credit report. I understand that this information will be used only for employment purposes.

Please fill out this document completely.

NOTE: The information contained in your consumer credit report is deemed substantially job related and will therefore be used as part of your pre-employment background investigation with the Ralston Police Department. The reason for relying on this information is to assist the Ralston Police Department with the judgement and decision-making elements of your background investigation. Failure to complete this document will remove you from further consideration for employment with the Ralston Police Department.

Name: Last/First/Middle:	Social Security Number:
Current Address:	Date of Birth (MM/DD/YYYY):
Driver's License Number / Issuing State:	Phone Number:

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

State of \_\_\_\_\_, )

:ss

County of \_\_\_\_\_, )

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

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

**NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.**

The Ralston Police Department is an Equal Opportunity Employer.