

RESERVE APPLICATION AND PERSONAL HISTORY STATEMENT FOR:

FULL LEGAL NAME:	FIRST	MIDDLE	LAST
LAST 5 OF SSN:	DATE:		
Position:			
Posting ID:			
Due Date:			

INSTRUCTIONS

1. **Carefully read all instructions** and familiarize yourself with this form. You may find it helpful to review this form multiple times.
2. **Submit the original, keep a copy of the final version** for your records.
3. Carefully enter the information asked – **you must answer every single inquiry**. If an item does not apply to you, enter "N/A" (Not Applicable). If you cannot remember or obtain the information with reasonable diligence, **please indicate this on the application and answer it to the best of your ability**.
4. Be sure that you have completed the Certification section on the final page and have it notarized.
Print and mail your completed form to: Benton County Sheriff's Office
7122 W Okanogan Place, Bldg B, Kennewick WA 99336
5. We **WILL NOT** be able to make any modifications to your form once you submit it. Any changes will be made as an addendum. Please ensure that the form is completed to your full satisfaction before you send!

The information you provide in this Personal History Statement (PHS) will be used in the investigation into your background to assist in determining your suitability for the position with the Benton County Sheriff's Office that you have applied for.

Please fill out the ENTIRE questionnaire completely, accurately and truthfully. Keep in mind that:

1. The entire completion of this form is mandatory.
2. All statements are subject to verification on a polygraph examination at a later date.
3. Deliberate inaccuracies or omissions may bar or remove you from further testing and employment.
4. All time periods in your background must be accounted for.
5. Deliberate untruthfulness, omissions or misrepresentation of information constitutes grounds for disqualification from further testing or employment. You are encouraged to be completely truthful, detailed and accurate completing this form and throughout all phases of the background investigation process.

It is to your advantage to respond fully and factually. Any perceived negative factor in your background will be evaluated in light of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job you are applying for. For example, being fired from a job or having an arrest record is not in itself necessarily grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

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 the continuation sheet on Page 27 and identify the additional information with the question number. Follow carefully and completely subsection instructions, particularly in subsection 14 (References) and subsection 25 (Job Experience). **If you have any questions regarding this form, please call Lieutenant Mat Clarke at the Benton County Sheriff's Office (509) 735-6555.**

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

CS RV: _____	SO BKGD: _____	PRIOR BKGD _____	INVG: _____	SCORE: _____
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SECTION 1: PERSONAL					
1. YOUR FULL NAME					
LAST	FIRST	MIDDLE			
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY					
3. ADDRESS WHERE YOU RESIDE					
NUMBER / STREET				APT / UNIT	
CITY			STATE	ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE					
5. CONTACT NUMBERS					
HOME ()	WORK ()	EXT	OTHER ()	<input type="checkbox"/> CELL	<input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS					
HOME			BUSINESS		
7. If you were born outside of the United States, are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, are you a resident alien who is eligible and has applied for U.S. citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)				9. BIRTHDATE	10. SOCIAL SECURITY NUMBER
					- -
11. DRIVER'S LICENSE			12. PHYSICAL DESCRIPTION		
NO.	STATE	EXP	HEIGHT	WEIGHT	HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES
13. IMMEDIATE FAMILY
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable or if the individual is deceased. If more space is needed, continue your response on page 27.

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

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

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

Name: _____

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

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

<input type="checkbox"/> N/A E. Spouse / Registered Domestic Partner					
NAME / DATE OF BIRTH		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

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

<input type="checkbox"/> N/A H. Former Spouse(s) / Former Registered Domestic Partner(s)					
1) NAME / DATE OF BIRTH		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name: _____

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

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

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

N/A **J. Children**

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

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

Name: _____

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY (Section J. Children) *continued*

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

14. REFERENCES List 7–10 people who have known you for at least 5 years , such as social and family friends, co-workers, military acquaintances. <u>Do not include relatives, employers or housemates, or other individuals listed elsewhere.</u> Complete mailing address(es) required.					
A) NAME HOME PHONE () WORK PHONE ()	MAILING ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CELL PHONE () EMAIL	HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) HOW LONG HAVE YOU KNOWN THIS PERSON?			
B) NAME HOME PHONE () WORK PHONE ()	MAILING ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CELL PHONE () EMAIL	HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) HOW LONG HAVE YOU KNOWN THIS PERSON?			
C) NAME HOME PHONE () WORK PHONE ()	MAILING ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CELL PHONE () EMAIL	HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) HOW LONG HAVE YOU KNOWN THIS PERSON?			

Name: _____

SECTION 2: RELATIVES AND REFERENCES (Section 14. References) *continued*

D) NAME		MAILING ADDRESS (NUMBER / STREET / APT) CITY		STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT) CITY		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

E) NAME		MAILING ADDRESS (NUMBER / STREET / APT) CITY		STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT) CITY		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

F) NAME		MAILING ADDRESS (NUMBER / STREET / APT) CITY		STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT) CITY		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

G) NAME		MAILING ADDRESS (NUMBER / STREET / APT) CITY		STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT) CITY		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

H) NAME		MAILING ADDRESS (NUMBER / STREET / APT) CITY		STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT) CITY		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

I) NAME		MAILING ADDRESS (NUMBER / STREET / APT) CITY		STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT) CITY		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

J) NAME		MAILING ADDRESS (NUMBER / STREET / APT) CITY		STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT) CITY		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

Name: _____

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims at the background interview.

15. Check applicable: High School Diploma from an accredited U.S. institution GED

16. List high schools attended:

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

17. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

18. List any trade, vocational, or business schools/institutes attended:

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

19. Have you ever attended a Basic Law Enforcement or Fire Service Academy? Yes No

If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		

Name: _____

SECTION 3: EDUCATION

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences since age 16. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 27.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO
					Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					

B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

Name: _____

SECTION 4: RESIDENCE *continued*

21. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

Name: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (**Begin with your most current.** If more space is needed continue your response on page 27.) **Complete mailing address(es) required.**
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment.
- List your current (or most recent) supervisor for each job.
- List two (2) coworkers that would best know you and your work habits, productivity, behavior, etc.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
MAILING ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER ()	EXT	
JOB TITLE			SUPERVISOR EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		CONTACT NUMBER ()		EMAIL	
NAME 2)		CONTACT NUMBER ()		EMAIL	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:		REASON FOR WANTING TO LEAVE	

B) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
MAILING ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		CONTACT NUMBER ()		EMAIL	
NAME 2)		CONTACT NUMBER ()		EMAIL	
REASON FOR LEAVING					

D) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

Name: _____

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
MAILING ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		CONTACT NUMBER ()		EMAIL	
NAME 2)		CONTACT NUMBER ()		EMAIL	
REASON FOR LEAVING					

F) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
MAILING ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		CONTACT NUMBER ()		EMAIL	
NAME 2)		CONTACT NUMBER ()		EMAIL	
REASON FOR LEAVING					

H) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

I) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
MAILING ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		

Name: _____

NAMES OF CO-WORKERS 1)	CONTACT NUMBER ()	EMAIL
NAME 2)	CONTACT NUMBER ()	EMAIL
REASON FOR LEAVING		

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

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

N) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

Name: _____

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
MAILING ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		CONTACT NUMBER ()		EMAIL	
NAME 2)		CONTACT NUMBER ()		EMAIL	
REASON FOR LEAVING					

P) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
MAILING ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		CONTACT NUMBER ()		EMAIL	
NAME 2)		CONTACT NUMBER ()		EMAIL	
REASON FOR LEAVING					

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name: _____

35. Have you ever been named as a defendant in a previously adjudicated work-related civil lawsuit (regardless of outcome)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Is there a work-related civil lawsuit pending in which you have been named as a defendant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Do you have reason to believe a work-related lawsuit may be filed in the future in which you may be named as a defendant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many sick days have you used in the past five years which were not due to illness?		

If you answered yes to any of **Questions 26–39**, explain (include when, where and circumstances; indicate corresponding number):

40. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often?		
41. Has your work performance ever been affected by your use of alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	WHEN?	NAME OF EMPLOYER
42. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
	WHEN?	NAME OF EMPLOYER

43. Have you ever applied to any other law enforcement, fire service, or public safety-type agency (city, county, state or federal)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, list EVERY agency you have applied to and have advanced BEYOND an oral board (e.g., initial background investigation, etc.), starting with the most recent (give complete and accurate addresses). All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. If more space is needed, continue your response on page 27. 		

A) NAME OF AGENCY				DATE APPLIED	
MAILING ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> _____ <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

B) NAME OF AGENCY				DATE APPLIED	
MAILING ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	

Name: _____

POSITION APPLIED FOR	EMAIL
Check each step in the process that you completed, and your status:	
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> _____ <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified	
C) NAME OF AGENCY	
DATE APPLIED	
MAILING ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
CITY	STATE ZIP
	CONTACT NUMBER () EXT
POSITION APPLIED FOR	EMAIL
Check each step in the process that you completed, and your status:	
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> _____ <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified	

43a. List **ALL** public safety agencies that you have applied to in which you have NOT progressed past the written exam, physical ability test and/or oral board. All that is needed for these agencies is the agency name and approximate date of testing.

AGENCY NAME	APPROXIMATE DATE (Month/Year) OF TEST	CHECK BOX BELOW IF YOU ATTENDED AN ORAL BOARD INTERVIEW WITH THIS AGENCY
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
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		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

SECTION 6: MILITARY EXPERIENCE	
44. Are you required to register for the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have you registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain:	
45. BRANCH OF SERVICE	46. DATES OF SERVICE From _____ To _____
47. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable	
Re-entry Code (1–4) if applicable – refer to your DD-214:	
48. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:	

Name: _____

49. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No

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

If you answered yes to **Questions 49 and/or 50**, explain (include dates and circumstances):

SECTION 7: FINANCIAL

51. INCOME AND EXPENSES
For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income? \$ _____ per month

B) Do you have income other than from your salary or wages? Yes No
If yes, fill in amount: \$ _____ per month
Explain:

C) How much do you spend each month? \$ _____ per month
Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.

D) List Banks or Financial Institutions

A) BANK/FINANCIAL NAME	MAILING ADDRESS		STARTED	I HAVE ACCTS IN: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	CITY	STATE	ZIP	
B) BANK/FINANCIAL NAME	MAILING ADDRESS		STARTED	I HAVE ACCTS IN: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	CITY	STATE	ZIP	

52. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? Yes No

53. Have any of your bills ever been turned over to a collection agency? Yes No

54. Have you ever had purchased goods repossessed? Yes No

55. Have your wages ever been garnished? Yes No

56. Have you ever been delinquent on income or other tax payments? Yes No

57. Have you ever failed to file income tax or cheated/lie on an income tax form? Yes No

58. Have you ever had an employment bond refused? Yes No

Name: _____

59. Have you ever avoided paying any lawful debt by moving away?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60. Have you ever defaulted on (failed to pay) a loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61. Have you ever borrowed money to pay for a gambling debt?..... If yes, do you currently have any outstanding debts as a result of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
62. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Have you written three or more bad checks?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered **YES** to any of **Questions 52–64**, explain (include when, where, and why; indicate corresponding number):

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

Please disclose any of the following which occurred, *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 27.

65. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** Yes No

If yes, explain each incident.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	

Name: _____

DISPOSITION OR PENALTY	
D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

66. Have you ever been placed on court probation as an adult?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68. Have you ever been a party in a non-work related civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.) as either a plaintiff or defendant?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69. Have the police ever been called to your home for any reason?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70. Have you or your spouse/partner ever been referred to Child Protective Services?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72. 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
73. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
74. Have you ever filed a false insurance or workers' compensation claim?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 66–74**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

75. UNDETECTED ACTS – PART 1		
Have you <u>ever</u> committed any of the following misdemeanors?		
A) Annoying / obscene phone calls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Battery (use of force or violence upon another)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Brandishing a weapon (any type of weapon).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Contributing to the delinquency of a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name: _____

F) Defrauding an innkeeper (not paying for food or room at a hotel/motel).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Driving under the influence of alcohol and/or drugs.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Hit & run collision (no injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Hunting/fishing without a license.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Illegal gambling.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Impersonating a peace officer (pretending to be a police officer).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Indecent exposure (including flashing or mooning).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Joyriding (using a car or other vehicle without owner's permission).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Petty theft (value up to \$400, including shoplifting/switching price tags).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Possession of alcohol as a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Possession of falsified or altered identification, including use of another person's ID (for any reason).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of stolen property (including vehicles).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Prostitution or soliciting a prostitute.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Resisting arrest (including running from the police).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Vandalism (including "tagging," malicious mischief and/or property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Intentionally writing a bad check.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X) Filing a false police report.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y) Any other act amounting to a misdemeanor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 75**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (75-A, etc.) for each explanation.

Name: _____

Questions 77 and 78 ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- Amphetamines / Methamphetamines
(Uppers, Speed, Crank, Meth etc)
- Barbiturates (Downers)
- Cocaine / Crack Cocaine
- Designer Drugs
- Marijuana / TCH
- Hallucinogens
(Peyote, LSD, Mushrooms)
- Hashish / Hashish Oil
- Heroin / Opium
- Steroids
- Morphine
- PCP / Angel Dust
- Quaaludes

77. Have you used any drug(s) as indicated above? Yes No

If yes, give details, including drug(s) used, number of times, over what time period(s), and circumstances:

78. **Prior to the past six months** (check all that apply):

- I have **never** used any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances (for example, experimentation, at parties, concerts, special events, etc.).
- If checked, give details including drug(s) used, estimated number of times, over what time period(s), and circumstances.

79. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana (check all that apply)?

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

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

Name: _____

SECTION 9: MOTOR VEHICLE OPERATION

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

81. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

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

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

83. Has your driver's license ever been suspended or revoked? Yes No

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

84. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
MAILING ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ()
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
MAILING ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ()
C) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
MAILING ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ()
D) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
MAILING ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ()

85. List all traffic citations, excluding parking citations, you have received. List the citation or infraction AS ORIGINALLY ISSUED. If the citation/infraction was reduced to a lesser violation for whatever reason, please explain in #88a below.

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

Name: _____

B) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 5px;">DATE VIOLATION OCCURRED</td> <td style="width:30%; padding: 5px;">ACTION TAKEN</td> <td style="width:40%; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> Month Year </td> <td style="padding: 5px;"> <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed </td> <td style="padding: 5px;"></td> </tr> </table>	DATE VIOLATION OCCURRED	ACTION TAKEN		Month Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed				
DATE VIOLATION OCCURRED	ACTION TAKEN								
Month Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed								

c) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

86. Have you been involved as the driver in a motor vehicle accident/collision? Yes No

If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

87. Have you ever driven a vehicle without auto insurance, as required by law?..... Yes No

IF YES, GIVE REASON:

DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
Month Year				

88. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No

IF YES, GIVE REASON:

INSURANCE COMPANY	

DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
Month Year				

88a. Use this space for additional information you would like to include regarding your driving record.

Name: _____

SECTION 10: OTHER TOPICS	
89. Have you ever been refused a permit to carry a concealed weapon?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
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, sexual preference, or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
91. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
92. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
93. Have you ever hit or physically overpowered a spouse, romantic partner or roommate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered **YES** to any of **Questions 89–93**, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

CERTIFICATION

I hereby swear or affirm that there are no willful misrepresentations or omissions in, or falsifications of, the statements and answers in this Personal History Statement. I hereby certify that I have personally completed each page of this form and any supplemental pages(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I am aware that should an investigation disclose such misrepresentations, omissions, or falsifications in any documents I submit, or statements I make as part of the application, testing and/or hiring process, my application will be rejected and I will be disqualified from applying for any future position with the Benton County Sheriff’s Office. If, after my acceptance for employment, subsequent investigation should disclose misrepresentation, omission, or falsification, it will be just cause for my immediate dismissal. I understand that this is a continuing investigation and agree to notify the hiring agency of any information that may reflect any changes or additions in this Personal History Statement.

BY ENTERING YOUR FULL LEGAL NAME HERE, YOU ACKNOWLEDGE AND AGREE TO THE ABOVE CERTIFICATION:

Name: _____ Date: _____

THE FOLLOWING SIGNATURE SECTION IS TO BE COMPLETED AT A LATER DATE IN THE PRESENCE OF A WITNESS/BACKGROUND INVESTIGATOR:

SIGNATURE IN FULL	DATE
WITNESS/BACKGROUND INVESTIGATOR:	DATE

Name: _____

PERSONAL HISTORY STATEMENT



Authority for Release of Information

To: _____

Name: (last, first, middle) _____

DOB: (month/year) _____ SSN Partial-(Last four numbers only): _____

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to **any** duly authorized agent of the Benton County Sheriff's Office, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or rating); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wherever located.

Additionally, I also authorize and consent to a complete and full disclosure of Internal Affairs records (or other internal disciplinary records regardless of their title) including, but not limited to, Internal Affairs complaints, investigations, findings, records of disciplinary action, and disciplinary hearings. I hereby authorize the full and complete disclosure of these records whether they are unsealed, sealed, purged, or otherwise confidential due to previous agreements between myself and the entity holding the records. I reiterate, and emphasize that 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 a background investigation which may provide pertinent data for the Benton County Sheriff's Office to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, including all personnel files and documents, and the sources of information specifically identified herein.

I reiterate, and emphasize that 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 a background investigation which may provide pertinent data for consideration in determining my suitability for employment by the department. It is my specific intent to provide access to personal information, including all personnel files and documents, and the sources of information specifically identified herein.

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 by suitability for employment by the Benton County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Benton County Sheriff's Office, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his 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 sources of confidential information cannot be revealed to me.

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: _____

Must be signed in the presence of a notary:

Subscribed and sworn before me this

_____ day of _____ 20__

My commission expires _____ 20__

Notary: _____

Name: _____

PERSONAL HISTORY STATEMENT

****KEEP THIS FOR YOUR REFERENCE ****

Background Investigation Interview and Check List ---

The following is required when you come in for your Background Interview. Please review the list and bring the information with you. DO NOT MAIL ORIGINALS.

On the date of your background interview, please check in at the front desk for your interview. They will notify the Investigator you are here and complete taking your fingerprint cards.

Once the fingerprint cards are completed, you will then be directed to the lower lobby area. The Background Investigator will be with you shortly. If you have waited in the lobby for more than 15 minutes, please inform the Sheriff's Administration. Your patience is appreciated.

Provided	Item	Notes
	Birth Certificate(State Issued with Seal Only)	Hospital documentation not accepted
	Driver's License	If you have recently changed please bring the old license also.
	Social Security Card	
	High School Diploma	School District transcripts or GED Certificate also accepted
	College Diploma	
	College Transcripts	Official Transcripts Required
	DD214 Long Form	Military Applicants Only
	Auto Insurance Verification	All vehicles
	Copies of Performance Evals	
	Letter of Recommendation & Certificates	

Bring the Originals of the documents to your interview, they are required

****Copies will be made by the investigator and the originals returned to you. DO NOT MAIL ORIGINALS WITH APPLICATION****

Important Notes for the Background Interview:

Dress is Business Casual for the Interview
Please No Perfume and No Cologne
Appointments will be approximately 2-4 hours
Rescheduling will be required if you are more than 20 minutes late

Name: _____