



Granger Police Department

Community, Integrity, Trust

Job Title:	Lateral Police Officer	Job Category:	Law Enforcement
Department:	Granger Police Department	Location:	Granger, Washington
Salary Range:	\$48,000 to \$53,712 DOQ 2019 wages <i>Contract is currently under negotiations</i>	Position Type:	Full Time/Regular
Date posted:	March 18, 2020	Posting Expires:	Until Position Filled

Applications Accepted By:

Accepted in person at:

Granger City Hall or Granger Police Department
 102 Main Street
 Granger WA 98932
 (509) 854-2656

For more information:

Granger Civil Service Commission
 Norma Martinez, Secretary
 (509) 854-1725

Job Description

About City of Granger

The City of Granger is found in Yakima County servicing a rapidly growing population of approximately 3,900 within the city limits. Granger is an active community hosting major events such as the city's Cherry Festival, the Menudo Festival, and many yearly events. The City of Granger proudly represents its culturally diverse community and works closely with the Granger School District, Granger Chamber of Commerce, Granger Lions Club, and a longtime Latino bilingual radio station, KDNA. The City of Granger is minutes away from neighboring cities such as Sunnyside, Zillah, Toppenish, and Yakima. Additionally, the Yakima Valley is known for its diverse activities to include but not limited to fishing, hiking, hunting, cycling, wine tours, and home to the Central Washington State Fair.

Benefits

- 3% increase to base salary for education incentive and specialty positions.
- LEOFF 2 retirement.
- Civil Service and Union Membership (Teamsters Local #760).
- Supplemental retirement package with Washington Teamsters Welfare Trust.
- \$1.50 an hour paid by city into Washington Teamster Welfare Trust for every hour worked up to 186 hrs a month.
- All jumpsuits, uniforms, and equipment, including PPE, to be provided by the department.
- Take home patrol vehicle after meeting departmental residency requirements.
- Various Leaves which include: Vacation, Sick, and Comp. Vacation and Sick accrue at 12 hours a month.
- Maximum 640 hours of Sick Accrual and 360 hours of Vacation Accrual.
- Vacation buyback of up to 80 hours.
- Ten paid holidays and one floating holiday (personal) per year. Holidays may be turned into Vacation or Cashed Out at the straight time.



Granger Police Department

Community, Integrity, Trust

- Maximum of 80hrs comp which may be used as Vacation or Cash Out.
- Insurance premium paid up to 98% by the city and 2% by employee. Short Term Disability included.
- AFLAC optional
- Training and development opportunities provided by department.

Distinguishing Features of Work

This is general duty police work involving the protection of life and property, enforcement of laws and ordinances, maintenance of order, and presentation and investigation of crimes. Work is performed according to departmental regulations and procedures prescribed by superior officers and normally consists of routine patrol, traffic regulation, and crime prevention and investigation activities within a designated area on an assigned shift in patrol cars or on foot. Work involves a substantial element of personal danger and employees must be able to act without direct supervision and to exercise independent discretion in meeting emergencies.

All assignments in this class involve responsibility for recognizing the social importance of police functions, for tactful and courteous treatment of the public, and for conscientious and efficient performance of duties under little direct supervision. Employees may be assigned to work on special assignments which call upon specialized abilities and knowledge usually attained through experience as a uniformed police officer and general or special instructions received from superior officers who review work by personal inspection of reports and general approval of the effectiveness of the employee and the entire police service.

Examples of Work Performed (Illustrative Only)

- Patrols the city on foot or in an automobile to preserve law and order, to prevent and discover the commission of a crime(s), to enforce traffic and parking regulations, answers calls for service.
- Conducts preliminary investigations at a crime scene, administers first aid, gathers evidence, obtains witness statements, makes arrests, and takes prisoners/witnesses/victims to the station for questioning or booking, testifies in a court of law.
- Directs traffic, reports/investigates motor vehicle collisions, interviews witnesses, gathers information to make dispositions and refers them to the proper jurisdiction.
- When assigned to detective duties: searches crime scenes for and preserves physical evidence, locates and interviews witnesses, interrogates suspects, collects sworn statements from victims/witnesses/suspects, assists the preparation of cases for court, prepares case summaries and informs the prosecuting authority of the body of evidence available and of witnesses, testifies concerning results of the investigation.

Examples Of Work Performed continued

- Arranges for technical assistance such as that provided by a specialist in ballistics, identification, laboratory analysis, or toxicology.



Granger Police Department

Community, Integrity, Trust

- Checks pawnshops/second hand stores/junk shops for stolen property, investigates bad check complaints, investigates reports of and attempts to locate missing persons, makes specialized vice investigations and apprehends violators.

Required Knowledge, Skills, and Abilities

- Good general intelligence and emotional stability.
- Keen sense of observation and good memory.
- Knowledge of first aid principals and ability to learn proper application readily (During probationary period first aid certificates shall be acquired).
- Ability to cope with situations firmly, courteously, tactfully, and with respect for the rights of others.
- Ability to analyze situations quickly, calmly, and objectively, and to determine the proper course of action.
- Ability to understand and carry out oral and written instructions.
- Ability to write and speak effectively.
- Ability to learn quickly and interpret and apply effectively modern approved principles, practices, and procedures of police work, principles of crime investigations, techniques of interrogation and identification, and preservation of evidence, applicable Federal and State Laws and City Ordinances, and regulations and procedures of the Granger Police Department.
- Ability to develop skill in the use of firearms with semi-annual qualifications, non-lethal equipment or other PPE (Personal Protective Equipment), and defensive tactics.
- Ability to develop a touch typing skill of 20 GWPM (Gross Words Per Minute) within the probationary period at the employee's time & expense.
- Ability to operate a patrol car in a safe manner with due regard for the public and to successfully pass an EVOC (Emergency Vehicle Operators Course) Course on an annual or semi-annual basis.

Minimum Requirements

- Pursuant to RCW 41.12.070, applicant must be a United States Citizen who can read and write the English language.
- Must possess a valid Washington State Driver's License at the time of employment.
- Must be at least 21 years of age at the time of application.
- Must possess a high school diploma or GED.
- Must meet the medical and physical requirements as prescribed in Rule 16 of the Granger Civil Service Manual.
- Must be of good moral character and of temperate and industrious habits.
- Must be of good health with weight proportionate to height.
- Must have no felony convictions or misdemeanor convictions involving theft, larceny, moral turpitude, controlled substances, driving under the influence of alcohol/marijuana and/or other drugs, hit & run or reckless driving.



Granger Police Department

Community, Integrity, Trust

- Evidence of any other violation of criminal or traffic statute or ordinances which in the opinion of the Commission renders the applicant unfit as a Law Enforcement Officer shall be cause to deny an application or remove an individual from further consideration.
- Must be willing to work weekends, holidays, and rotating shifts.
- Must be approved for employment after a thorough background investigation.
- Must sign a pre-employment contract for the reimbursement of hiring and training expenses.

Lateral Entry Requirements

- Must possess a Washington State Criminal Justice Commission Basic Law Enforcement Academy Certificate (Peace Officer Certification).
- Must have completed his/her probationary period inclusive with one year of regular/full-time service at a bona fide law enforcement agency in the State of Washington.
- Must not have had a break in service for more than 24 months prior to hire date.
- Must consent to a complete background check.
- Successfully pass a pre-employment polygraph examination.
- Successfully be cleared for employment by a psychological evaluation.



Instructions to the Applicant

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

1. Completion of this request in a **timely manner** is mandatory if you wish to be considered for employment with this agency.
2. **All statements are subject to verification.**
3. **Deliberate inaccuracies or incomplete statements** may bar or remove you from employment.
4. **All time periods** in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor 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 a Police Officer.

For example, being fired from a job or having an arrest record is not in itself 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.

Please **print in ink or type** your responses to this questionnaire. 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 reverse side of the page and identify the additional information by question number.

BOTTOM LINE: *Be as complete, honest and specific as possible in your responses.*

The completed personal history statement is to be returned to the City of Granger, Granger Civil Service Commission or the Granger Police Department.

Attach copies of the following documents to your personal history form:

- *Social Security Card*
- *Washington State Drivers License*
- *Birth Certificate (certified copy)*
- *Form DD214 (for military service)*
- *Transcripts of college grades (a certified copy sent from registrars office)*

I have read and understand the above instructions:

Applicant's Signature _____ *Date* _____

Signature of Witnessing Officer _____ *Date* _____



WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

In exchange for the consideration by the Granger Police Department of my application for employment, I authorize you to provide to the Granger Police Department any and all information you might have concerning me, my work record, my reputation, my military service record, and my financial status, including any information that may be deemed confidential or privileged. This information is necessary for the Department to determine my qualifications and fitness for the position which I am seeking with the Granger Police Department.

I understand my rights under Title 5, United States Code, Section 552(a), the "Privacy Act of 1974", and waive those rights with the understanding that information furnished will be used by the Granger Police Department in conjunction with the application and future employment with the Department.

I further release the provider of this information from any and all liability or damages which may result from the furnishing of the information requested above.

I further authorize the release of any information received by the Department in the evaluation of my application (including the release of all test results) for employment to another law enforcement agency.

I further agree that a photocopy reproduction of this Waiver and Authorization to Release Information shall for all intents and purposes be treated as an original. This Waiver and Authorization shall be valid for a period of one hundred and eighty (180) days from the date written below.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

DATED this _____ day of _____, 2_____.

Applicant:

Type or Print Name

Social Security Number

Signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____.

Notary Public in and for the State of Washington.
Residing in _____
My Commission Expires: _____

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

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

- 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 25.

<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		

Initial this page to indicate that you have provided complete and accurate information: _____

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		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		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				

Initial this page to indicate that you have provided complete and accurate information: _____

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		

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

Page 6 of 26

SECTION 2: RELATIVES AND REFERENCES *continued*

13: IMMEDIATE FAMILY (Section 1: Children) *continued*

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

14: REFERENCES

List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME		HOME 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?	
B) NAME		HOME 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?	
C) NAME		HOME 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?	

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 2: RELATIVES AND REFERENCES (Section 4: References) continued					
D) NAME		HOME 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		HOME 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		HOME 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		HOME 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		HOME 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		HOME 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		HOME 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?	

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: EDUCATION

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

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

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 Crime Justice Basic 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		
		CONTACT NUMBER ()		
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		
		CONTACT NUMBER ()		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: EDUCATION *continued*

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 during the last ten years or since age 15. 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 25.

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:				

Initial this page to indicate that you have provided complete and accurate information: _____

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:

SECTION 4: RESIDENCE *continued*

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 25.

A) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
B) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
C) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
D) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
E) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
F) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL

23. Have you ever been evicted or asked to leave a residence?..... Yes No

24. Have you ever left a residence owing rent?..... Yes No

If you answered yes to Questions 23 and/or 24, explain (include when, where and circumstances):

SECTION 6 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 25.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List ALL periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
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)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:			

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
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)		2)		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					

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
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)		2)		REASON FOR LEAVING	

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 6: EXPERIENCE AND EMPLOYMENT *continued*

25. JOB EXPERIENCE *continued*

F) 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
--	--	------	----

G) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
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)		2)	REASON FOR LEAVING

H) 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
--	--	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
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)		2)	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
--	--	------	----

K) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
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)		2)	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
--	--	------	----

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
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)		2)		REASON FOR LEAVING	

N) 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					

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
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)		2)		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
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)		2)		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 |

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

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
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. 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 26–36, explain (Include when, where and circumstances; indicate corresponding number):

.....

.....

.....

37. 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?		

38. 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	

39. 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	

40. Have you ever applied to any other law enforcement 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, 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 25. 		

A) NAME OF AGENCY			DATE APPLIED	
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/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

40. Have you ever applied to any other law enforcement agency? *continued*

B) NAME OF AGENCY				DATE APPLIED	
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/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <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	
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/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

SECTION 6: MILITARY EXPERIENCE

41. Are you required to register for the Selective Service? Yes No
 If yes, have you registered? Yes No
 If no, explain:

42. BRANCH OF SERVICE	43. DATES OF SERVICE From _____ To _____
44. 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:	
45. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:	
46. 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered yes to Questions 46 and/or 47, explain (include dates and circumstances):

SECTION 7: FINANCIAL

48. 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.

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

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

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

52. Have your wages ever been garnished? Yes No

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

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

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

56. Have you ever avoided paying any lawful debt by moving away? Yes No

57. Have you ever defaulted on (failed to pay) a loan?..... Yes No

58. Have you ever borrowed money to pay for a gambling debt? Yes No

If yes, do you currently have any outstanding debts as a result of gambling? Yes No

59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?..... Yes No

60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? Yes No

61. Have you written three or more bad checks in a one-year period? Yes No

If you answered yes to any of Questions 49–61, explain (include when, where, and why; indicate corresponding number):

.....
.....
.....
.....
.....
.....
.....
.....

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a peace officer position, you are required to disclose any of the following which occurred on or after your 15th birthday, 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 25.

62. 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	
DISPOSITION OR PENALTY	
D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

63. Have you ever been placed on court probation as an adult? Yes No
64. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? Yes No
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? Yes No
66. Have the police ever been called to your home for any reason? Yes No
67. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: LEGAL *continued*

- 68. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?..... Yes No
- 69. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?..... Yes No
- 70. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? Yes No
- 71. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered yes to any of Questions 63–71, explain (include court case or document, dates, and circumstances; indicate corresponding number):

.....

.....

.....

.....

.....

72: UNDETECTED ACTS – PART 1

At any time, have you ever committed any of the following misdemeanors?

- A) Annoying / obscene phone calls..... Yes No
- B) Battery (use of force or violence upon another)..... Yes No
- C) Brandishing a weapon (any type of weapon)..... Yes No
- D) Carrying a concealed weapon without a permit..... Yes No
- E) Contributing to the delinquency of a minor Yes No
- F) Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes No
- G) Driving under the influence of alcohol and/or drugs..... Yes No
- H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)..... Yes No
- I) Hit & run collision (no injuries)..... Yes No
- J) Hunting/fishing without a license Yes No
- K) Illegal gambling..... Yes No
- L) Impersonating a peace officer (pretending to be a police officer)..... Yes No
- M) Indecent exposure (including flashing or mooning)..... Yes No
- N) Joyriding (using a car or other vehicle without owner's permission)..... Yes No
- O) Petty theft (value up to \$400, including shoplifting/switching price tags) Yes No
- P) Possession of alcohol as a minor Yes No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: LEGAL *continued*

72. UNDETECTED ACTS – PART 1: *continued*

- q) Possession of falsified or altered identification, including use of another person's ID (for any reason)..... Yes No
- r) Possession of stolen property (including vehicles)..... Yes No
- s) Prostitution or soliciting a prostitute Yes No
- t) Resisting arrest (including running from the police) Yes No
- u) Trespassing Yes No
- v) Vandalism (including "tagging," malicious mischief and/or property damage) Yes No
- w) Intentionally writing a bad check..... Yes No
- x) Filing a false police report Yes No
- y) Any other act amounting to a misdemeanor within the past seven years Yes No

If you answered yes to any item(s) in Question 72, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (72-A, etc.) for each explanation.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

73. UNDETECTED ACTS – PART 2

At any time in your life have you ever committed any of the following?

- A) Arson (intentionally destroying property by setting a fire)..... Yes No
- B) Assault with a deadly weapon Yes No
- C) Theft of a vehicle and/or vehicle parts Yes No
- D) Burglary (entering a structure or vehicle to commit theft or other crime) Yes No
- E) Child molestation (performing unlawful acts with a child)..... Yes No
- F) Accessing and/or possessing child pornography Yes No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: LEGAL *continued*

Questions 74 and 75 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, etc)
- Barbiturates (Downers)
- Cocaine / Crack Cocaine
- Designer Drugs
(Ecstasy, Synthetic Heroin, etc.)
- GHB (Date Rape Drug)
- Glue
- Hallucinogens
(Peyote, LSD, Mushrooms)
- Hashish / Hashish Oil
- Heroin / Opium
- Marijuana
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)

74. *Within the past 10 years*, have you used any drug(s) as indicated above? Yes No

If yes, give details, including drug(s) used and circumstances:

.....
.....
.....

75. *Prior to the past 10 years* (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, most recent date used, and circumstances.

.....
.....
.....
.....
.....

76. Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- 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.

.....
.....
.....
.....

SECTION 9: MOTOR VEHICLE OPERATION

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

78. 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

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

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

.....

.....

.....

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

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

.....

.....

.....

81. 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
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
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
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
ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ()

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 9: MOTOR VEHICLE OPERATION *continued*

82. List all traffic citations, excluding parking citations, you have received within the past seven years:

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

d) 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:

83. Have you been involved as the driver in a motor vehicle accident within the past seven years? 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	

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

IF YES, GIVE REASON:

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

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

IF YES, GIVE REASON:

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

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 9: MOTOR VEHICLE OPERATION (continued)

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

SECTION 10: OTHER TOPICS

- 86. Have you ever been refused a permit to carry a concealed weapon? Yes No
- 87. 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? Yes No
- 88. 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? Yes No
- 89. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No
- 90. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No

If you answered yes to any of Questions 86-90, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

91. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL

DATE

Initial this page to indicate that you have provided complete and accurate information: _____

