



Nampa Police Department
211 12th Avenue South, Nampa, Idaho 83651

Emergency 911
Dispatch 208-465-2257
Detectives 208-468-5680
Records 208-468-5676
Fax 208-465-2213

**Background Packet
Police Volunteer**

AUTHORIZATION AND REQUEST FOR RELEASE OF INFORMATION

To Whom It May Concern: I, _____, am an applicant for the position of _____ in Nampa, Idaho. I understand that Nampa Police Department (agency) needs to thoroughly investigate my employment background and personal history to evaluate my qualifications and fitness to hold the position of _____. I acknowledge that it is in the public's interest that all relevant information concerning my background and my employment history be disclosed to Nampa Police Department.

Pursuant to Idaho Code 44-201(2), I hereby authorize any representative of Nampa Police Department bearing this Authorization, to obtain any and all information in your files pertaining to my employment, my personal history, and any information such persons believe to be relevant to this inquiry (whether written, verbal or otherwise). I also 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 Chief of Police, whether said records are public, private or of a confidential nature, excluding only my medical records. The intent of this authorization is to give my consent for full and free access to all information regarding my history and my personal life, for the specific purpose of a background investigation that will provide complete information for Chief of Police to consider in determining my suitability to be employed as a _____. It is my specific intent to provide complete and unrestricted access to all information about me, however personal, or confidential it may be or appear to be.

I consent to your release of any and all public and private information (whether written or oral of any nature whatsoever) that you may have concerning me, my work record, my personal background, reputation, my military service records, criminal history records (both adult and juvenile whether sealed or not), records of the U.S. Veteran's Administration, educational records, financial records, lawsuits, complaints or grievances filed by or against me, the records or recollections of any persons, including but not limited to attorneys at law or other counsel, whether representing me or another person in any case, either administrative, criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed, however characterized, excluding only my medical records.

Also in accordance with Idaho Code 44-201, I hereby release you, your organization, your employees, agents and all other persons or entities who provide information (of any nature) regarding me, from liability or damages that may result from furnishing information requested, including any liability or damage pursuant to any state or federal law or any state or federal constitution. I hereby release you, any custodian of any relevant records, and any and all officers, employees, or related personnel, both individually and collectively, from any and all liability or for damages of any kind, however characterized, which may at any time result to me, my spouse, my heirs, my family or others because of compliance with this authorization, regardless of any prior agreement I may have had with you or other persons or entities to the contrary.

For and in consideration of acceptance and processing of my application for this position, I agree to hold Nampa Police Department and all of its agents and employees (however characterized) harmless from any and all claims or liability in any way associated with my application for this position and in any way connected with the decision whether or not to appoint me as a _____. I understand that, in the event information surfaces as a result of this background investigation in which my current or former employer have a business interest in knowing, such information may be turned over to proper authorities, including but not limited to, my current or former employers(s).

I understand my rights under Title 5, United States Code 552a, the Privacy Act of 1974, with regard to access and to disclosure of records and information about me, and I waive any and all such rights whether based upon that statute or any other statute, constitution or agreement, with the understanding that any information furnished will be used by Chief of Police to make decisions regarding my fitness to hold the office of _____.

I further acknowledge that a photocopy or FAX copy of this Authorization will be as valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This Authorization is valid for a period of (1) one year from the date of my signature. Should there be any questions as to the validity of this Authorization, you may contact me at the address and telephone number listed below.

I agree to indemnify and hold harmless any and all persons or entities (however characterized) to whom this Authorization is presented and their agents or employees (however characterized), from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of providing any information in response to this Authorization.

I, _____, understand that as an applicant for employment with the Nampa Police Department, an extensive background investigation is necessary.

I further understand that should any information come to the attention of the Nampa Police Department during the processing of my application and/or background investigation, which may be adverse to the standards of the department, the Chief of Police has the authority to disqualify me from further consideration.

I additionally understand and accept as a condition for further consideration for the position which I am seeking, that should the Chief of Police decide to terminate consideration of my employment based on adverse information, the information is confidential, and I waive the right to know such information and/or source.

Applicant _____

Date _____

Name (Printed)

Date

Signature

Please print legibly ALL names including maiden name, alias, adoptive, marital and nicknames, however characterized, that you use or have previously been known by during your life:

Last	First	Middle	Suffix

Current Address:		Date of Birth:	
Home Phone:	Cell Phone:	SSN:	Drivers License #

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

My commission expires on _____.

Note this form must be signed in front of a notary public. **Do not sign until witnessed by notary.**

VERUM*MUNERIS*VIRTUS
TRUTH*COURAGE*SERVICE

CHECKLIST

Date Received

1. Driver's License	
2. Social Security Card	
3. Vehicle Registration	
4. Proof of vehicle insurance	
5. Special Training Certificates (CPR, First Aid, etc.)	

IDAHO PERSONAL HISTORY STATEMENT
GENERAL INSTRUCTIONS FOR COMPLETING
POST PERSONAL HISTORY STATEMENT

POSITION: _____

*****IMPORTANT*****

Prior to beginning to fill out the Personal History Statement, make sure you possess the general position requirements for volunteer, described below. If you do not meet these general requirements, processing of your application cannot be initiated.

- (1) You must possess a valid driver's license from your state of residence and meet all the qualifications for an operator license in Idaho.
- (2) If applying for position as police volunteer, you must be 18 years of age or older.

The following information is applicable to ALL positions with the Nampa Police Department:

Please note that all the information provided on this Personal History Statement is confidential and will only be used for the purpose of this background investigation to assist in determining your suitability for employment with the Nampa Police Department.

Please print in ink or type your responses to each question. Please fill out the questionnaire completely and accurately. 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 additional information sections or the reverse side of the page and identify the additional information by indicating the question number. Illegible responses will only delay completion of your background investigation.

1. The completion of this form is mandatory, in accordance with Section 1002(a)(5) of the Regulations of the Commission of Peace Officer Standards and Training.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from volunteering.
4. All time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factors in your background will be evaluated in terms of the circumstances and facts surrounding their occurrence, and the degree of relevance to the job of a Police Officer or any other position with the Nampa Police Department. For example, being fired from a job or having an arrest record is not, in and of itself, grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will be made of the relevance of these facts to the requirements of the job. However, should you choose not to respond openly to any negative factors or other questions, or attempt to conceal by any means, any relevant information, your background will be terminated immediately and your name removed from the eligibility list.

The Americans with Disabilities Act prohibits employers from making medically-related inquiries prior to a Conditional Offer of Employment. Therefore, if you are completing this personal history statement before you have received a conditional offer of employment, do not divulge information concerning physical or medical conditions, either past or present.

I hereby certify that I have read and understand all above information on this Personal History Statement;

Signature of applicant: _____

Date: _____

SECTION 2: RELATIVES AND REFERENCES *continued*13. IMMEDIATE FAMILY *continued*

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		

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? Yes <input type="checkbox"/> No <input type="checkbox"/>				

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		

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		

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? Yes <input type="checkbox"/> No <input type="checkbox"/>				
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? Yes <input type="checkbox"/> No <input type="checkbox"/>				

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

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

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

SECTION 2: RELATIVES AND REFERENCES *continued*

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

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

14. REFERENCES

List 5 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?

SECTION 2: RELATIVES AND REFERENCES (Section 14. 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?	

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:					

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 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- List jobs you have had in last 10 years, 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.

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				F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/>	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain:			

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

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				F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/>	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

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

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				F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/>	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*25. JOB EXPERIENCE *continued*

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

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					F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/>	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		

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

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					F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/>	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		

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

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					F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/>	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		

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

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)..... Yes No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? Yes No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes No

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

29. Have you ever quit without giving proper notice? Yes No
30. Have you ever resigned in lieu of termination? Yes 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? Yes No
32. Were you ever the subject of a written complaint at work? Yes No
33. Have you ever been counseled at work due to lateness or absences? Yes No
34. Did you ever receive an unsatisfactory performance review? Yes No
35. Have you ever sold, released, or given away legally confidential information? Yes No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes 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? Yes No
- If yes, how often?

38. Has your work performance ever been affected by your use of alcohol or drugs? Yes 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? Yes No

WHEN?	NAME OF EMPLOYER
-------	------------------

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 _____
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44. TYPE OF DISCHARGE: Entry Level Honorable General OTH (Other than Honorable) Bad Conduct Dishonorable
 Re-entry Code (1–4) if applicable – refer to your DD-214:

45. Are you currently participating in one of the following? Military Reserve 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)? Yes No

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

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

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

As an applicant, 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

SECTION 8: LEGAL *continued*

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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
66. Have the police ever been called to your home for any reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
67. Have you or your spouse/partner ever been referred to Child Protective Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
68. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
70. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
71. Have you ever filed a false insurance or workers' compensation claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

SECTION 8: LEGAL *continued*

72. UNDETECTED ACTS – PART 1

Since becoming an adult have you committed any of the following?

A) Annoying / obscene phone calls	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B) Battery (use of force or violence upon another)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

c) Brandishing a weapon (any type of weapon).....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Carrying a concealed weapon without a permit.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Contributing to the delinquency of a minor.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) Defrauding an innkeeper (not paying for food or room at a hotel/motel).....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g) Driving under the influence of alcohol and/or drugs.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself).....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i) Hit & run collision (no injuries).....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j) Hunting/fishing without a license.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k) Illegal gambling.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
l) Impersonating a peace officer (pretending to be a police officer).....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
m) Indecent exposure (including flashing or mooning).....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
n) Joyriding (using a car or other vehicle without owner's permission).....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
o) Petty theft (value up to \$999, including shoplifting/switching price tags).....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
p) Possession of alcohol as a minor.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
q) Possession of falsified or altered identification, including use of another person's ID (for any reason).....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
r) Possession of stolen property (including vehicles).....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
s) Prostitution or soliciting a prostitute.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
t) Resisting arrest (including running from the police).....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
u) Trespassing.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
v) Vandalism (including "tagging," malicious mischief and/or property damage).....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
w) Intentionally writing a bad check.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
x) Filing a false police report.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
y) Any other act amounting to a misdemeanor within the past seven years.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 8: LEGAL *continued*

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.

76. HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE? Yes No

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

77. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? Yes No

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

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

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

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

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

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

SECTION 9: MOTOR VEHICLE OPERATION *continued*

79. 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 Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed <input type="checkbox"/>		

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

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

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:

80. 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 YES <input type="checkbox"/> NO <input type="checkbox"/>	LAW ENFORCEMENT AGENCY		INJURY <input type="checkbox"/>	NON-INJURY <input type="checkbox"/>

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

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

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
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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

SECTION 9: MOTOR VEHICLE OPERATION *continued*

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

