

James Brawner
Constable

Jon R. Baker
Chief Deputy



Employment Application Of:

Position applied for:

Deputy _____

Clerical _____

NOTICE

THIS APPLICATION MUST BE FILLED OUT FROM THE COVER SHEET TO THE LAST SHEET BEFORE IT IS TURNED IN. ANY NOTARIZATIONS REQUIRED ARE YOUR RESPONSIBILITY. IF IT IS NOT FILLED OUT COMPLETELY AND ALL REQUIRED DOCUMENTATION ATTACHED, IT WILL BE DISCARDED. NO EXCEPTIONS!!

Basic Minimum Qualifications

To be considered for employment with this agency, you must:

- Be at least 21 years of age, unless applying for a clerical position.
- Have no more than 20/200 vision that is correctable to 20/20.
- No past convictions for Driving While Intoxicated (DWI or DUI).
- No more than three moving violations within the last 2 years.
- Possess a valid, current Texas Driver's License.
- Not have ANY felony convictions.
- Not have any misdemeanor convictions for any offense involving moral turpitude.
- Be a United States citizen. (Born or Naturalized)
- Possess a high school diploma or G.E.D.
- If prior military service, possess an honorable discharge.
- Be prepared to purchase regulation departmental uniforms (\$200 Minimum).
- Maintain a working telephone.

I have read and understand the information contained on this information sheet:

Applicant

Our hiring policy is simple:

WE FOLLOW THE LAW!

This company hires lawful workers only – U.S citizens or nationals and non-citizens with valid work authorization – without discrimination.

Federal immigration law requires all employers to verify both the identity and employment eligibility of all persons hired to work in the United States.

In its efforts to meet the law's requirements, this company is participating in the Basic Pilot program established by the Department of Homeland Security and the Social Security Administration (SSA) to aid employers in verifying the employment eligibility of all newly-hired employees. Our participation in the pilot program does not exempt us from the obligation to complete a Form I-9 for everyone we hire.

For additional information on the verification program contact:

Department of Homeland Security,
SAVE Branch
425 I Street, NW (ULLB 1st Floor)
Washington, DC 20536
Phone (888) 464-4218

SSA, Office of Program Benefits Policy
6401 Security Blvd.
760 Altmeyer
Baltimore, MD 21235

Nuestra poliza de empleo es simple:

NOSOTROS SEGUIMOS LA LEY!

Sin desriminación, esta compañía emplea solamente trabajadores legales – ciudadanos o nacionales de los Estados Unidos y extranjeros con autorización de trabajo.

La Ley Federal del Inmigración y Nacionalidad requiere que todas las empresas verifiquen la identidad y elegibilidad de las personas que buscan empleo en los Estados Unidos.

En su esfuerzo de cumplir los requisitos de la Ley esta compañía participa en un programa Piloto Basico de verificación de empleo, establecido por El departamento de la Seguridad de la Patria en conjunto con la Administración de Seuro Social en esta forma los empleadores, verficaran la elegibilidad de todos los nuevos aplicantes. Nuestra participación en este programa piloto, hace que no exista ningun tipo de excepcion en la Ley, tenemos la obligación de completar el formulario I-9 para toda persona que nosotros empleamos.

For additional information on the verification program contact:

Department of Homeland Security,
SAVE Branch
425 I Street, NW (ULLB 1st Floor)
Washington, DC 20536
Phone (888) 464-4218

SSA, Office of Program Benefits Policy
6401 Security Blvd.
760 Altmeyer
Baltimore, MD 21235

Brazoria County, Texas

NOTICE TO APPLICANTS FOR EMPLOYMENT
(Workers' Compensation-Effective June 13, 2006)

BRAZORIA COUNTY ("COUNTY") HAS WORKERS' COMPENSATION INSURANCE. THIS MEANS THAT WHEN COUNTY EMPLOYEES ARE INJURED ON THE JOB, OR SUFFER A WORK-RELATED ILLNESS, THEY WILL BE ENTITLED TO MEDICAL AND TEMPORARY INCOME DISABILITY BENEFITS. THE COUNTY, AS THE EMPLOYER, PAYS ALL PREMIUMS DUE. IN OTHER WORDS WORKERS' COMPENSATION INSURANCE OFFERS COUNTY EMPLOYEES VALUABLE FINANCIAL PROTECTION AT NO COST TO THEM.

GIVEN THE COUNTY'S ASSUMED FINANCIAL RESPONSIBILITIES IN PROVIDING THIS PROTECTION TO ITS EMPLOYEES, IT IS APPROPRIATE THAT THE COUNTY TAKE STEPS TO ASSURE THAT NO FRAUDULENT CLAIMS FOR SUCH BENEFITS ARE ACCEPTED. ONE OF THESE STEPS IS TO OBTAIN PRIOR INJURY INFORMATION ON ITS NEW EMPLOYEES FROM THE TEXAS WORKERS' COMPENSATION COMMISSION ("COMMISSION"). THIS MEANS THAT WHEN COUNTY EMPLOYEES ARE FIRST HIRED THEY'RE REQUIRED, AS A CONDITION FOR CONTINUED EMPLOYMENT, TO GIVE WRITTEN AUTHORIZATION (USING THE FORM PROVIDED FOR THIS PURPOSE) TO THE COMMISSION FOR ITS RELEASE TO THE COUNTY INFORMATION ON TWO OR MORE GENERAL INJURY CLAIMS THEY HAVE FILED, IF ANY, DURING THE FIVE (5) YEARS PRECEDING THEIR EMPLOYMENT WITH THE COUNTY.

IN INSTITUTING THIS REQUIREMENT THE COUNTY CERTIFIES TO THE COMMISSION THAT IT IS COVERED UNDER SECTION 402.087 OF THE TEXAS LABOR CODE AND U.S.C. 12101 OF THE AMERICANS WITH DISABILITIES ACT OF 1990.

IF YOU HAVE ANY QUESTIONS REGARDING THIS REQUIREMENT PLEASE ASK A REPRESENTATIVE OF THE COUNTY'S HUMAN RESOURCES DEPARTMENT (Phone # 979/864-1809).

AS EVIDENCED BY MY SIGNATURE BELOW I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS NOTICE; AND, AGREE TO ABIDE BY ITS REQUIREMENTS IN THE EVENT I BECOME EMPLOYED BY THE COUNTY.

Signature: _____ Date: _____

Printed Name: _____

**THESE RULES WILL BE FOLLOWED WHILE WEARING THE
DEPARTMENTAL UNIFORM REGARDLESS OF ON OR OFF DUTY**

MALE UNIFORMED EMPLOYEES

- a) The hair shall be clean, well groomed, and neat. It must not contain an apparently excessive amount of grease, creams, oils, gels, and/or spray.
- b) Hair will be groomed so that the outline of the entire ear will be visible.
- c) The thickness and/or bulk on the side of the head above the ear will not exceed ½ inch.
- d) The hair on top of the head will present a groomed appearance.
- e) The hair on the back will not touch the collar except the closely cut hair on the back of the neck.
- f) Hair on the back of the head in either a block or conventional style will present a tapered appearance. The thickness of the hair at the back hairline will not exceed ¼ inch. The thickness and/or bulk of the hair at the base of the skull shall not exceed ½ inch.
- g) Hair in front will be groomed so that it does not fall below the eyebrows and will not protrude below the band of properly worn headgear.
- h) The wearing of a wig or hairpiece by male personnel while in uniform or on duty is prohibited except to cover natural baldness or physical disfigurement caused by accident or medical procedure. When worn it will conform to the standard haircut criteria as stated.
- i) Hair will not be worn in braids, ducktail, pageboy, flips, Mohawk, cornrows, punk or any bulky style.
- j) If an individual chooses to wear sideburns, they will be neatly trimmed and tapered in the same manner as the haircut. Sideburns will not extend below the lowest part of the exterior ear opening, will be an even width (not flared) and will end with a clean- horizontal line.
- k) Hair will not be streaked or dyed to abnormal color.
- l) No extreme or abnormal hairstyles within these guidelines will be permitted.
- m) Mustaches, if worn, will not droop or hang below the corner of the lips.
- n) Earrings will not be worn while in uniform, either on or off duty.
- o) Necklaces, if worn, shall be concealed while in the departmental uniform.

UNIFORMED FEMALE EMPLOYEES

- a) The hair must be clean, well groomed and neat. It must not contain an apparent excessive amount of grease, oil, creams, gels, and/or spray.
- b) The hair in front will be groomed so that it does not fall below the eyebrows and will not protrude below the back of properly worn headgear.
- c) The hair will not extend in length, on back and sides, below the bottom of the collar.
- d) Hair that is worn up must be styled in such a manner as to prevent any loose hair.
- e) Hair will not be worn in braids, ducktail, comrows, pigtails, dog-ears, ponytails, and/or punk rock type hairstyles (a braided bun is acceptable).
- f) Hair will not be dyed or streaked in an abnormal color.
- g) If a wig or wiglet is worn, it must conform to the same standards required for natural hair. It should be of good quality and proper fit.
- h) Extreme or abnormal hairstyles within these guidelines will not be permitted.

Instructions to Applicant

- Print or type answers to all questions as completely as possible.
- If you have served with the armed forces, enclose a certified copy of your completed military history. (DD-214). Applicants with less than an honorable discharge will automatically be rejected.
- Attach a certified copy of your birth certificate.
- Attach a copy of your high school (GED) or college diploma.
- If you are already a licensed peace officer or licensed county jailer, attach a copy of your license.
- If you have been previously charged, arrested or convicted of any misdemeanor or felony you must attach a certified copy of the disposition from the appropriate authority (county, district clerk, etc.)
- ANY ATTACHED ITEMS THAT ARE NOT ON THE LIST (RESUMES, CERTIFICATES, ETC) WILL NOT BE DISCARDED UPON RECEIPT OF THE COMPLETED APPLICATION.

Any and all items submitted with this application become the property of the Brazoria County Precinct 4 Constable Office. The Constable may at his discretion, reject this application for employment. No explanation or reason shall be required in any case.

Place all copies of documents in the following order and check to be certain that you have included all the required papers and documents.

- Completed application
- Military history (DD-214)
- Birth Certificate
- High School Diploma/ GED or college diploma
- Copy of peace office or jailer license
- Copy of F-5 (Report of Separation) if previously Served with a law enforcement agency
- Copy of Driver's License
- Copy of Social Security Card
- Certified copy of case disposition(s) (if applicable)
- Copy of Credit Report (if required)
- Authority to release information signed and notarized
-

Check off the above when completed. If applicable place an x in the box
ALL documents shall be firmly attached to the application

In consideration for rights and privileges of employment with the Brazoria County Precinct 4 Constable Office agree to conform to the rules and regulations of the Brazoria County Precinct 4 Constable Office, and I understand that my compensation and position can be modified and that my employment can be terminated with or without cause, with or without notice, at any time, at option of the Constable. I also understand that no employee or representative of the Brazoria County Precinct 4 Constable Office other than the Chief Deputy or the Constable has any authority to enter into agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I hereby authorize any properly designated Brazoria County Precinct 4 Constable Office Official to conduct any necessary investigation in connection with the date and information given herein, investigation in connection with the date and information given herein. I also authorize the references listed to give the Department any and all information concerning my previous employment and I release all parties from liability for any damage that may result from furnishing it to the Department.

I certify that all the information contained in this application is true and correct, and I understand that any misstatement or omission of information is grounds for dismissal in accordance with the department policy.

I further agree to keep the department informed of my current telephone number and address, both mailing and/or residence.

I attest to the fact that this application was completed by me.

Date: _____

Signature: _____

ATTENTION

THIS RELEASE MUST BE NOTARIZED PRIOR TO YOUR SUBMITTING THE APPLICATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Brazoria County Precinct 4 Constable Office and it's authorized representatives bearing this release, or a copy thereof, within one year to its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance athletic personal history and disciplinary records medical records and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records and any school, college, university, or other educations institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me my heirs, family or associates because of compliance with this authorization and request to release information or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this day _____ day of _____ in and for _____ county, in the State of _____.

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____

APPLICANT SIGNATURE & NOTARY SIGNATURE ONLY ON THIS FORM



Brazoria County Precinct Four Constable's Office
Office of Constable James Brawner
121 N 10th Street
West Columbia, Texas 77486
979-345-2115

Dear Sir or Madam,

I am a former or current employee of your company/agency and have made an application for employment with the Brazoria County Precinct 4 Constable's Office. In order for the Constable's Office to further assess my qualifications it is necessary that they promptly receive from you, written verification of my previous employment and any information regarding. Accordingly, it is evidence by my notarized signature below, I hereby request and authorize you, your representative, or agent to release to the Brazoria County Precinct 4 Constable's Office all employment information it has requested below. Furthermore, I hereby waive all rights and claims I made have regarding the seeking, gathering, release and use of such information.

Sincerely,

Signature: _____

(Personalized Seal)

State of Texas County of _____

Sworn to and subscribed before me on the _____ day of _____, 20__

by _____

Notary Public's Signature: _____

Name: _____

Dates of Employment: _____

DOB: _____

Reason for Leaving: _____

Social Security No.: _____

Job Classification: _____

Eligible for Re-Hire: YES NO

Primary Duties Performed: _____

PLEASE FAX YOUR REPLY TO THE BRAZORIA COUNTY PRECINCT 4 CONSTABLE'S OFFICE AT 979-345-6434. YOUR COOPERATION IS APPRECIATED AS DEPARTMENTAL POLICY PROHIBITS PROCEEDING FORWARD WITH BACKGROUND INVESTIGATIONS UNTIL SUCH TIME AS THE REPLY IS RETURNED. THANK YOU

NEW EMPLOYEE INFORMATION

Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ [attach copy to application]

Driver's License Number: _____ [attach copy to application]

Beneficiary:

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Relationship: _____

Driver's License Number: _____ State: _____

Dependent coverage on medical insurance? Yes No

If yes, dependent's names and date of birth:

Name: _____

D.O.B. _____

Relationship: _____

Name: _____

D.O.B. _____

Relationship: _____

{Use another sheet if necessary}

IMPORTANT INFORMATION

TCOLE Personal History Statement Template Instructions

The attached Personal History Statement (PHS) is intended as a sample of what TCOLE considers to be the minimum information necessary to meet the required background investigation (BI) for any law enforcement licensee appointed to an agency, as defined under TCOLE Rule 211.1(a)(8).

Agency administrators may add additional information or agency identifiers without deletion or elimination of any information in this document. They may also decide at which stage in the pre-appointment process the PHS/BI will be completed as long as it is done before the applicant is appointed. The objective is to help the agency's chief administrator to make an informed decision based on factual and verifiable information.

The PHS/BI is an auditable document which must be retained along with all other required TCOLE appointment documents through the licensee's employment and five (5) years after he or she leaves the agency. For training academies, the record must be retained for five (5) years from the last date at the academy.

TEXAS COMMISSION ON LAW ENFORCEMENT

TCOLE

AGENCY NAME:

APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS

Appointment/Employment

Name:

Date Issued:

Complete and Return By:

I am applying for:

Peace Officer PID #:

County Jailer PID #:

Telecommunicator PID #:

Civilian Employment

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects, so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required– modify list as necessary.*

Completed Personal History Statement

Copy of your Social Security card

Original certified copy of your birth certificate (no photo copy)

Copy of your valid Texas driver license or a copy of another State's driver license (applicant must possess a valid Texas driver license prior to being offered employment)

Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service

Sealed original certified copy of your college transcript (no photo copy)

Photocopy of your college diploma

Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only)

Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only)

Copy of your DD-214 and/or other military discharge documents (if applicable)

Original certified copy of your Naturalization papers, if applicable (no photo copy)

Copy of current proof of automobile liability insurance

Copy of a TCOLE approved Firearms Qualifications within the last 12 months

10. If you have questions, please contact your assigned background investigator.

11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to your assigned background investigator.

Instructions to the Applicant

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer, jailer, or telecommunicator in Texas.

I am a citizen of the United States of America.

I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.

I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation, or deferred adjudication for a Class A misdemeanor or a felony.

During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation, or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- Be as complete, honest, and specific as possible in your responses.

Disclosure of Medically Related Information

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

SECTION 1: PERSONAL

Last Name: First Name: Middle Name: Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

Place of Birth (City, County, State, Country):

Physical Description:

Height: Weight: Hair Color: Eye Color:

Have you ever attended a basic licensing course? Yes No

If yes, provide the PID you were assigned:

A. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

B. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?

Yes No

- If yes, list ALL agencies 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 you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

A. Name of Agency: _____ **Position Applied For:** _____

Date Applied: _____ Address: _____

City: _____ State: _____ Zip: _____

Background Investigator's Name (if known): _____

Contact Number, (ext): _____ Email: _____

Check each step in the process that you completed, and your status:

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

B. Name of Agency: _____ **Position Applied For:** _____

Date Applied: _____ Address: _____

City: _____ State: _____ Zip: _____

Background Investigator's Name (if known): _____

Contact Number, (ext): _____ Email: _____

Check each step in the process that you completed, and your status:

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

C. Name of Agency: _____ **Position Applied For:** _____

Date Applied: _____ Address: _____

City: _____ State: _____ Zip: _____

Background Investigator's Name (if known): _____

Contact Number, (ext): _____ Email: _____

Check each step in the process that you completed, and your status:

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

SECTION 2: RELATIVES AND REFERENCES

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 you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers.

N/A **A. Father's Name:** _____ D.O.B.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A **B. Step-Father's Name:** _____ D.O.B.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A **C. Mother's Name:** _____ D.O.B.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A **D. Step-Mother's Name:** _____ D.O.B.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A **E. Spouse/Registered Domestic Partner's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Marriage:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A **F. Father-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **G. Mother-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **H. Former Spouse/Cohabitant's Name(s):**

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A I. Former Spouse/Cohabitant's Name(s):

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

J. BROTHERS AND SISTERS: List all living siblings, including half-siblings, foster siblings, etc.

N/A 1. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 2. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 3. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 4. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 5. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 6. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

K. 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

N/A 1. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A **2. Name:** Male Female
D.O.B.: Custodial parent or guardian (if other than you):
Address:
City: State: Zip:
Contact Number: Email:

N/A **3. Name:** Male Female
D.O.B.: Custodial parent or guardian (if other than you):
Address:
City: State: Zip:
Contact Number: Email:

N/A **4. Name:** Male Female
D.O.B.: Custodial parent or guardian (if other than you):
Address:
City: State: Zip:
Contact Number: Email:

N/A **5. Name:** Male Female
D.O.B.: Custodial parent or guardian (if other than you):
Address:
City: State: Zip:
Contact Number: Email:

N/A **6. Name:** Male Female
D.O.B.: Custodial parent or guardian (if other than you):
Address:
City: State: Zip:
Contact Number: Email:

L. 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.

1. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)?
How long have you known this person?

2. Name: _____ **Address:** _____
City: _____ State: _____ Zip: _____
Company/Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____
How long have you known this person? _____

3. Name: _____ **Address:** _____
City: _____ State: _____ Zip: _____
Company/Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____
How long have you known this person? _____

4. Name: _____ **Address:** _____
City: _____ State: _____ Zip: _____
Company/Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____
How long have you known this person? _____

5. Name: _____ **Address:** _____
City: _____ State: _____ Zip: _____
Company/Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____
How long have you known this person? _____

6. Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Company/Work Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

How do you know this person (friend, teacher, family, co-worker)? _____
 How long have you known this person? _____

7. Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Company/Work Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

How do you know this person (friend, teacher, family, co-worker)? _____
 How long have you known this person? _____

8. Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Company/Work Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

How do you know this person (friend, teacher, family, co-worker)? _____
 How long have you known this person? _____

SECTION 3: EDUCATION

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

Check applicable: High School Diploma GED Discharge documents from armed services with 2 years active duty

List high schools attended or where you obtained your GED:

1. Name: _____ City: _____ State: _____
 From: _____ To: _____ Did you graduate? Yes No
 2. Name: _____ City: _____ State: _____
 From: _____ To: _____ Did you graduate? Yes No

List all colleges or universities attended:

1. Name: _____ City: _____ State: _____
 From: _____ To: _____ Type of Degree Earned: _____ Total Units Earned: _____
 2. Name: _____ City: _____ State: _____
 From: _____ To: _____ Type of Degree Earned: _____ Total Units Earned: _____

3. Name: _____ City: _____ State: _____
 From: _____ To: _____ Type of Degree Earned: _____ Total Units Earned: _____

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

1. Name: _____ From: _____ To: _____
 Type of school or training: _____ City: _____ State: _____
 Did you complete the course? Yes No

2. Name: _____ From: _____ To: _____
 Type of school or training: _____ City: _____ State: _____
 Did you complete the course? Yes No

3. Name: _____ From: _____ To: _____
 Type of school or training: _____ City: _____ State: _____
 Did you complete the course? Yes No

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 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: RESIDENCES

LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. 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 the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Current Residence Address:

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr., rent collector, or owner: _____ Email: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

N/A Name(s) of those with whom you live: _____

2. Former Address:

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr., rent collector, or owner: _____ Email: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

N/A Name(s) of those with whom you live: _____

Reason for moving: _____

3. Former Address:

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr., rent collector, or owner: _____ Email: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

N/A Name(s) of those with whom you live: _____

Reason for moving: _____

4. Former Address:

City: _____ State: _____ Zip: _____
If renting; property manager, rent collector, or owner: _____ Contact Number: _____
Address of property mgr., rent collector, or owner: _____ Email: _____
City: _____ State: _____ Zip: _____
From: _____ To: _____
N/A Name(s) of those with whom you live: _____
Reason for moving: _____

5. Former Address:

City: _____ State: _____ Zip: _____
If renting; property manager, rent collector, or owner: _____ Contact Number: _____
Address of property mgr., rent collector, or owner: _____ Email: _____
City: _____ State: _____ Zip: _____
From: _____ To: _____
N/A Name(s) of those with whom you live: _____
Reason for moving: _____

6. Former Address:

City: _____ State: _____ Zip: _____
If renting; property manager, rent collector, or owner: _____ Contact Number: _____
Address of property mgr., rent collector, or owner: _____ Email: _____
City: _____ State: _____ Zip: _____
From: _____ To: _____
N/A Name(s) of those with whom you live: _____
Reason for moving: _____

7. Former Address:

City: _____ State: _____ Zip: _____
If renting; property manager, rent collector, or owner: _____ Contact Number: _____
Address of property mgr., rent collector, or owner: _____ Email: _____
City: _____ State: _____ Zip: _____
From: _____ To: _____
N/A Name(s) of those with whom you live: _____
Reason for moving: _____

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

2. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

3. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

4. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

5. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

6. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

3. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

4. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

5. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

6. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

7. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

8. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

9. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

10. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

11. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

12. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

13. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

14. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

15. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

16. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

17. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

18. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions). Yes No

19. Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes No

20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes No

21. Have you ever resigned without giving two weeks-notice? Yes No

22. Have you ever resigned in lieu of termination? Yes No

23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? Yes No

24. Were you ever the subject of a written complaint at work? Yes No
25. Have you ever been counseled at work due to lateness or absences? Yes No
26. Did you ever receive an unsatisfactory performance review? Yes No
27. Have you ever sold, released, or given away legally confidential information? Yes No
28. 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 18 – 28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

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

When? Name of Employer:

In the past ten 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

(Complete for all branches of the military served. Add pages if necessary).

1. Are you required to register for the Selective Service? Yes No

2. If yes, have you registered? Yes No

If no, explain:

Branch of Service: Dates Served From: To:

Type of Discharge: Entry Level Honorable General Other than Honorable

Re-entry Code (1 – 4) if applicable; refer to your DD-214:

3. Are you currently participating in one of the following? Military Reserve National Guard

If checked, date obligation ends:

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

5. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? Yes No

If you answered "Yes" to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.

SECTION 7: FINANCIAL

INCOME AND EXPENSES:

For each of the following questions, fill in the amounts to the nearest dollar.

1. From your employer(s), what is your monthly income?

2. Do you have income other than from your salary or wages? Yes No

If yes, fill in amount: per month Explain:

3. Approximately how much do you spend each 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 obligations you may have).

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

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

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

7. Have your wages ever been garnished? Yes No

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

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

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

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

12. Have you ever defaulted on a loan, including a student loan? Yes No

13a. Have you ever borrowed money to pay for a gambling debt? Yes No

13b. If "Yes," do you currently have any outstanding debts as a result of gambling? Yes No

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

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

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

5. Have you ever been placed on court probation as an adult? Yes No
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?
Yes No
7. 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
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?
Yes No
9. Have the police ever been called to your home for any reason? Yes No
10. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order? Yes No
12. 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
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? Yes No
14. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered "Yes" to any of Questions 5 – 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

Undetected Acts – Part 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

15. Annoying/obscene phone calls Yes No
16. Assault (use of force or violence upon another) Yes No
17. Assault on a family member (use of force or violence upon a family member) Yes No
18. Brandishing a weapon (any type of weapon) Yes No
19. Carrying a concealed weapon without a permit Yes No
20. Contributing to the delinquency of a minor Yes No
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes No
22. Driving under the influence of alcohol and/or drugs Yes No

- | | | | | |
|--|-----|----|-----|----|
| 23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | | | Yes | No |
| 24. Hit and run collision (no injuries) | Yes | No | | |
| 25. Hunting or fishing without a license | Yes | No | | |
| 26. Illegal gambling | Yes | No | | |
| 27. Impersonating a peace officer | Yes | No | | |
| 28. Indecent exposure (including flashing or mooning) | Yes | No | | |
| 29. Joyriding (using a car or other vehicle without owner's permission) | Yes | No | | |

Undetected Acts – Part 1

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

- | | | | | |
|---|-----|----|--|--|
| 30. Arson (intentionally destroying property by setting a fire) | Yes | No | | |
| 31. Assault with a deadly weapon | Yes | No | | |
| 32. Theft of a vehicle and/or vehicle parts | Yes | No | | |
| 33. Burglary (entering a structure or vehicle to commit theft or other crime) | Yes | No | | |
| 34. Child molestation (performing unlawful acts with a child) | Yes | No | | |
| 35. Accessing, producing, or possessing child pornography | Yes | No | | |
| 36. Injury to a child, elderly, and/or disabled | Yes | No | | |
| 37. Embezzlement (theft of money or other valuables entrusted to you) | Yes | No | | |
| 38. Felony drunk driving (involving injuries) | Yes | No | | |
| 39. Forcible rape or other act of unlawful intercourse/sexual activity | Yes | No | | |
| 40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) | Yes | No | | |
| 41. Hit and run (with injuries) | Yes | No | | |
| 42. Hate crime | Yes | No | | |
| 43. Insurance fraud | Yes | No | | |
| 44. Theft (value of over \$500 and/or any firearm) | Yes | No | | |
| 45. Murder, homicide, or attempted murder | Yes | No | | |
| 46. Perjury (lying under oath) | Yes | No | | |
| 47. Possession of an explosive/destructive device | Yes | No | | |
| 48. Robbery (theft from another person using a weapon, force, or fear) | Yes | No | | |
| 49. Stalking | Yes | No | | |
| 50. Blackmail or extortion | Yes | No | | |
| 51. Any other act amounting to a felony | Yes | No | | |

If you answered "YES" to **any** of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

Amphetamines/Methamphetamine Uppers, Speed, Crank, etc.	Heroin/Opium
Barbiturates (Downers)	Marijuana
Cocaine/Crack Cocaine	Mescaline
Designer Drugs (Ecstasy, Synthetic Heroin, etc.)	Morphine
GHB (Date Rape Drug)	PCP/Angel Dust
Glue	Quaaludes
Hallucinogens (Peyote, LSD, Mushrooms)	Steroids
Hashish/Hashish Oil	Tetrahydrocannabinol (THC)

52. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? Yes No

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

53. Prior to the past three years (check all that apply):

I have never used any drug recreationally.

I have tried or used one or more drugs listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.).

If you have, give details including drug(s) used, most recent date used, and circumstances:

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

4. Type of Coverage: Insured Bonded Cash Deposit
Vehicle Make/Model: Year: Vehicle License:
Insurance Company: Policy Number: Expires:
Address:
City: State: Zip: Contact Number:

5. Type of Coverage: Insured Bonded Cash Deposit
Vehicle Make/Model: Year: Vehicle License:
Insurance Company: Policy Number: Expires:
Address:
City: State: Zip: Contact Number:

6. Type of Coverage: Insured Bonded Cash Deposit
Vehicle Make/Model: Year: Vehicle License:
Insurance Company: Policy Number: Expires:
Address:
City: State: Zip: Contact Number:

7. Type of Coverage: Insured Bonded Cash Deposit
Vehicle Make/Model: Year: Vehicle License:
Insurance Company: Policy Number: Expires:
Address:
City: State: Zip: Contact Number:

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

8. Nature of Violation:
Location (Street, City, State, Zip):
Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

9. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

10. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

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

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

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years? Yes No

If yes, give details:

11. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

12. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

13. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

14. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

SECTION 10: SOCIAL MEDIA SITES

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat etc.)? Yes No

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.

SECTION 11: ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.).
- Identify the corresponding section, question number, and specific item being referenced.

SECTION 12: CERTIFICATION

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 of Applicant

Date

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

Notary public in and for, State of _____.

My commission expires: _____ / _____ / _____.

Printed Name of Notary

Signature of Notary

Notary Seal or Stamp: