

WARREN COUNTY SHERIFF'S OFFICE



APPLICATION FOR EMPLOYMENT



WARREN COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION FORM



The Warren County Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any legally protected status.

NOTICE: The following additional documents must be attached to this application: official copy of birth certificate, copy of high school diploma, official copy of high school transcript, official copy of college transcript, copy of Social Security card, copy of drivers license, and copy of military D.D.-214 (if in the military).

DATE: _____ EMAIL ADDRESS: _____

NAME OF APPLICANT: _____

POSITION APPLYING FOR: Deputy Sheriff Communications Dispatcher Other: (Type below)
 Office Associate Court Security Officer

DO NOT APPLY IF: You have a felony conviction
 You have any conviction for the sale or trafficking of illegal substances
 You have any conviction of domestic violence

INSTRUCTIONS

Application must be typed or printed legibly in black ink. All questions must be answered. **Applications which are not complete will not be considered.** If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with the question. Do not write in the shaded areas.

Return this application to: Warren County Sheriff's Office
 429 East 10th Street, Suite 102
 Bowling Green, Kentucky 42101
 (270) 842-1633

PERSONAL HISTORY

1. Full Name: _____

Last Name
First
Middle
Abbreviation
2. Date of Birth _____
3. Social Security Number: _____
4. Current Street Address: _____

City
County
State
Zip Code
Phone Number

5. Other: List all other names you have used including circumstances and time periods. For example: maiden name, former names, alias, nicknames. Include copy of legal documents for formal name change.

Name	Circumstances	Dates From	Dates To

6. Place of Birth: _____

City
County
State
Country (if not USA)

7. Are you a United States citizen? Yes No
 If naturalized, please provide: Date _____ Place _____
 Court _____ Naturalization Number _____

8. Marital Status: Married Divorced Separated Widowed Never Married
9. Do you have or have you ever applied for a passport? Yes No Passport No. _____

10. Height _____ Weight _____ Hair Color _____ Eye Color _____

11. Spouse's Name: _____

Current Spouse's Street Address _____

City _____ County _____ State _____

Zip Code _____ Phone Number _____

Spouse's Employer _____ Occupation _____

Spouse's Employment Address _____

12. Children:

Name	DOB	SS#	Address

13. Former Spouse:

Name _____				
Address _____				
_____	_____	_____	_____	_____
City	County	State	Zip Code	Phone Number

Name _____				
Address _____				
_____	_____	_____	_____	_____
City	County	State	Zip Code	Phone Number

Note: Questions 14, 15, 16, and 17 includes one or more times, including experimentation.

14. Do you now, or have you possessed, used, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroids, or any drug of similar nature.

Yes

No

If yes, please complete the following:

a. Drug:

b. Circumstances:

c. Number of times possessed/used/supplied/sold: _____

d. First time possessed/used/supplied/sold: _____

e. Last time possessed/used/supplied/sold: _____

15. Do you currently use any narcotic or controlled substance, such as those listed in question 14 or have you used such a narcotic or controlled substance within the last year? Yes No

16. Do you drink alcoholic beverages? Yes No

If yes, to what degree?

17. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician?
Yes No If yes, explain.

18. Briefly explain your reasons for applying for this position:

19. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

EDUCATION / TRAINING

20.

High School Name/Address	Dates Attended		Did you graduate
	From	To	

21.

College Name/Address	Dates Attended Month/Year		Credit Hours Earned		Type of Degree
	From	To	Qtr	Sem	

Attach diploma and official transcripts of all schools to this application.

Major _____

Minor _____

22. Other Schools (Trade, Vocational, Business, Military, etc):

Name/Address	Dates Attended Month/Year		Credit Hours Earned	Area of Study	Did you Graduate	Type of Degree or Certificate
	From	To				

23. Describe any awards, honors, citations, or positions held in school organizations, and/or any other special recognition you received while attending school.

24. Indicate any foreign languages you can:

	Speak	Read	Write
Fluent			
Good			
Fair			

25. Indicate any law enforcement education or training:

26. Did you receive a certificate for this training? Yes No

27. Describe any special abilities, interests, and hobbies, including the degree of proficiency:

28. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where license was issued, and date current license expires (excluding vehicle operator's license).

29. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (Example: radio communications, breath testing, speed detection equipment, computers, firearms, etc)

EMPLOYMENT HISTORY

30. List chronologically all employment beginning with present employment, including summer and part time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name/Address of Employer	Dates Worked Month/Year		Salary	Title or Position	Name of Supervisor
	From	To			
Name: _____ Address: _____ City/State/Zip _____ Area Code & Phone Number _____			Annual Hourly	Full Time Part Time	
Reason for Leaving _____					

Name/Address of Employer	Dates Worked Month/Year		Salary	Title or Position	Name of Supervisor
	From	To			
Name: _____ Address: _____ City/State/Zip _____ Area Code & Phone Number _____			Annual Hourly	Full Time Part Time	
Reason for Leaving _____					

Name/Address of Employer	Dates Worked Month/Year		Salary	Title or Position	Name of Supervisor
	From	To			
Name: _____ Address: _____ City/State/Zip _____ Area Code & Phone Number _____			Annual Hourly	Full Time Part Time	
Reason for Leaving _____					

Name/Address of Employer	Dates Worked Month/Year		Salary	Title or Position	Name of Supervisor
	From	To			
Name: _____ Address: _____ City/State/Zip _____ Area Code & Phone Number _____			Annual Hourly	Full Time Part Time	
Reason for Leaving _____					

Name/Address of Employer	Dates Worked Month/Year		Salary	Title or Position	Name of Supervisor
	From	To			
Name: _____ Address: _____ City/State/Zip _____ Area Code & Phone Number _____			Annual Hourly	Full Time Part Time	
Reason for Leaving					

Name/Address of Employer	Dates Worked Month/Year		Salary	Title or Position	Name of Supervisor
	From	To			
Name: _____ Address: _____ City/State/Zip _____ Area Code & Phone Number _____			Annual Hourly	Full Time Part Time	
Reason for Leaving					

Name/Address of Employer	Dates Worked Month/Year		Salary	Title or Position	Name of Supervisor
	From	To			
Name: _____ Address: _____ City/State/Zip _____ Area Code & Phone Number _____			Annual Hourly	Full Time Part Time	
Reason for Leaving					

Name/Address of Employer	Dates Worked Month/Year		Salary	Title or Position	Name of Supervisor
	From	To			
Name: _____ Address: _____ City/State/Zip _____ Area Code & Phone Number _____			Annual Hourly	Full Time Part Time	
Reason for Leaving					

31. May we contact your present employer? Yes No
32. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No
33. Have you resigned, or left a job by mutual agreement following allegation of misconduct or unsatisfactory job performance? Yes No
34. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No
35. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No If yes, please provide name and address of business, corporation, or organization and describe your relationship or position.
36. Have you ever been denied employment by a criminal justice agency? Yes No
If yes, give agency name and details.
37. Do you object to wearing a uniform? Yes No
38. Do you object to working nights? Yes No
39. Do you object to working on rotating shifts? Yes No
40. Do you object to occasionally being away from home over night and for other periods of time attending meetings, acquiring training, and otherwise performing official duties? Yes No

RESIDENCES

41. List chronologically all places of residence for the past ten (10) years, including residences while at schools and in military. For college on campus residences, give college name, dormitory name, city, and state. If residences in military service cannot be shown as street address, indicate complete military designation and location by city and state. Do not give post office box numbers. Include all short term residences.

Dates		Street Address	Apt. No.	City	County	State	Zip
Month/Year							
From	To						

ARREST HISTORY/COURT DATA

42. Have you ever been arrested, charged, or received a notice or summons to appear for any criminal violation?
 Yes No
43. Have you ever received a ticket or been charged with a traffic violation?
 Yes No
44. To your knowledge, has any member of your family ever been arrested for anything other than traffic violations?
 Yes No If yes to questions 42, 43, or 44, list all such matters, even if not formally charged, no court appearance, found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture, or collateral. Include your juvenile record and records of your arrest which have been sealed, if any.

Applicant

Date	Police Agency/Location	Charge	Court/Location	Disposition

Immediate Relative (Parent, Sibling, Spouse, Child)

Date	Police Agency/Location	Charge	Court/Location	Disposition

Provide details for each response to questions 42, 43, or 44

45. Is any member of your immediate family currently in prison or on either probation or parole? If yes, provide name and details: Yes No
46. Have you or your spouse ever been a plaintiff or defendant in a court action? Yes No
 Explain:

47. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes No

Explain

48. Have you ever been fingerprinted for any reason (arrest, job application, military, etc)? Yes No

Explain

DRIVING HISTORY

49. Can you operate a motor vehicle? Yes No
50. Do you hold a Kentucky vehicle operator's license? Yes No License No. _____
51. Do you hold or have you ever held an operator's license in another state? Yes No
If yes, please provide state, name used and approximate dates license held.
52. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?
Yes No If yes, provide complete details including why your license was suspended/revoked.

MILITARY HISTORY

53. Have you ever served on active duty in the Armed Forces of the United States? Yes No
- Branch of Service _____ Highest Rank _____
- Serial # _____ Date From _____ Date To _____
- _____ Date From _____ Date To _____
- Date and type of discharge _____
54. Are you now or have you ever been a member of a Reserve unit or a National Guard unit? Yes No
- If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps.
55. Was any type of disciplinary action ever taken against you in the service? Yes No If yes, provide:
- Date _____ Place _____
- Nature of Offense _____
- Action Taken _____

56. Have you ever served in the armed forces of a foreign country? Yes No

If yes, specify country and date _____

57. List military units you were assigned to:

Branch	Unit	Location	From Mo/Yr	To Mo/Yr

58. List all medals and decorations awarded to you during your military service:

PERSONAL REFERENCES AND ACQUAINTANCES

59. Personal References: Give at least three (3) references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Name		Occupation		Years Known	
Home Address		Work Address			
City, State, Zip		City, State, Zip			
Home Phone		Work Phone			

Name		Occupation		Years Known	
Home Address		Work Address			
City, State, Zip		City, State, Zip			
Home Phone		Work Phone			

Name		Occupation		Years Known	
Home Address		Work Address			
City, State, Zip		City, State, Zip			
Home Phone		Work Phone			

Name		Occupation		Years Known	
Home Address		Work Address			
City, State, Zip		City, State, Zip			
Home Phone		Work Phone			

Name		Occupation		Years Known	
Home Address		Work Address			
City, State, Zip		City, State, Zip			
Home Phone		Work Phone			

Name		Occupation		Years Known	
Home Address		Work Address			
City, State, Zip		City, State, Zip			
Home Phone		Work Phone			

60. Social Acquaintances: Give at least three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Name		Occupation		Years Known	
Home Address		Work Address			
City, State, Zip		City, State, Zip			
Home Phone		Work Phone			

Name		Occupation		Years Known	
Home Address		Work Address			
City, State, Zip		City, State, Zip			
Home Phone		Work Phone			

Name		Occupation		Years Known	
Home Address		Work Address			
City, State, Zip		City, State, Zip			
Home Phone		Work Phone			

Name		Occupation		Years Known	
Home Address		Work Address			
City, State, Zip		City, State, Zip			
Home Phone		Work Phone			

Name		Occupation		Years Known	
Home Address		Work Address			
City, State, Zip		City, State, Zip			
Home Phone		Work Phone			

Name		Occupation		Years Known	
Home Address		Work Address			
City, State, Zip		City, State, Zip			
Home Phone		Work Phone			

61. List three neighbors who reside in your immediate residential area.

Name _____	
Address _____	Zip _____
Home Phone _____	Work Phone _____
This neighbor knows me	Does not know me

Name _____	
Address _____	Zip _____
Home Phone _____	Work Phone _____
This neighbor knows me	Does not know me

Name _____	
Address _____	Zip _____
Home Phone _____	Work Phone _____
This neighbor knows me	Does not know me

ORGANIZATION MEMBERSHIP	
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62. List all clubs and societies of which you are or have been a member.

Name of Club		Address	Describe Activity of Club
Present Member	Former Member		
Present Member	Former Member		
Present Member	Former Member		

63. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes ☐ No ☐

64. Have you ever made a financial or other material contribution to any organization of the type described in question 63 above? Yes No If yes, to question 63 or 64, answer questions 65 and 66.

65. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No

66. Did you intend to promote any unlawful aims of the organization? Yes No

If you answered yes to questions 63, 64, 65, or 66, please explain, include the name of the organization and location.

BUSINESS INTERESTS

67. Do you or have you ever owned any stock or interest in any firm, partnership, or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No

68. Are you now issued or have you ever been issued a license to engage in a business or profession?

Yes	No
-----	----

69. Was that license ever suspended or revoked? Yes No

If you answered yes to questions 67, 68, or 69, please provide details including type of license, agency that issued the license, effective date of the license and the license number.

CREDIT DATA

70. Do you have any sources of income other than your salary or the salary of your spouse? Yes No

Specify each with an estimated annual amount

71. If you have children, are you now supporting all children born to you, adopted by you, and/or any stepchildren?
 Yes No Does not apply If not, explain:

72. Are you or your spouse indebted to anyone? Yes No
 If yes, please list all debts. Be sure to include student loans and charge accounts.

Creditor	Address	Amount	Account Number

73. Have you, your spouse, or a company controlled by you ever filed for bankruptcy? Yes No

74. Have you, your spouse, or a company controlled by you ever had a legal judgment rendered against you for a debt? Yes No

If you answered yes to either question 73 or 74, please provide details.

Consumer Report Notice

Warren County Sheriff's Office

Notice to Applicant

The Warren County Sheriff's Office will rely upon a consumer credit report as part of the employment process. This notice is given in compliance of the Fair Credit Reporting Act.

Please sign below.

Detach and keep the duplicate notice located in the back of this application.

Signature

This copy stays with the application.

APPLICANT'S CERTIFICATION

I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Warren County Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct, and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the truthfulness of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Warren County Sheriff's Office. I also understand that the information I give on the employment application or the information discovered as a result of the background investigation may be shared with another law enforcement agency should I seek employment with that law enforcement agency and will be shared with the Kentucky Law Enforcement Council which oversees peace officer standards set forth by the Peace Officers Professional Standards and Certification Act.

I also understand that I may be required to furnish the Warren County Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment.

I further understand and agree that my employment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment with the Warren County Sheriff's Office.

I understand that my initial employment and continued employment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment.


I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Warren County Sheriff's Office.

I agree to conform to the rules, regulations, and orders of the Warren County Sheriff's Office and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Warren County Sheriff's Office at its discretion, at any time and without any prior notice to me.

Subscribed and sworn before me, this the _____ day of _____, 20_____

Signature of Applicant

Printed Name of Applicant

Official Seal 

Notary Public

Notary Public commissioned in the state of _____. My commission expires_____

Warren County Sheriff's Office

**PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF
INFORMATION**

I authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Warren County Sheriff's Office, or to any authorized agent of a criminal justice agency or any private agency upon request of the Warren County Sheriff's Office, whether the records are of a public, private, or confidential nature. I authorize copies of these records to be given to the Warren County Sheriff's Office or its agents.

The intent of this authorization is to give my consent for full and complete disclosure of the records of: educational institutions, financial or credit institutions, including records of loans, records of commercial or retail credit agencies, including credit reports and ratings, and other financial statements and records wherever filed, medical and psychiatric treatment or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, and employment and pre-employment records, including background reports, performance evaluations, complaints or grievances filed by or against me and the records and recollections of Attorneys at Law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered only in determining my suitability for employment by the Warren County Sheriff's Office. I also certify that any person or organization who may furnish such information concerning me shall not be held accountable for giving truthful information, and I release the person and organization from any and all liability which may be incurred as a result of furnishing such information.

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

Please Print

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Applicant's Signature: _____ Date: _____

Witness Name (Print): _____

Witness Signature: _____

REQUEST FOR DRIVING RECORD TRANSCRIPT

Name: _____

Date of Birth: _____ Sex: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Address: _____

City: _____ State: _____ Zip: _____

PURPOSE OF THIS REQUEST: Employment

I authorize you to furnish a copy of my driving record to the Warren County Sheriff's Office. A photocopy of this form will be valid as an original even though the photocopy does not contain an original writing of my signature.

SIGNATURE: _____ **DATE** _____

Warren County Sheriff's Office

AUTHORITY FOR RELEASE OF CONSUMER CREDIT REPORT

I authorize a review of and full disclosure of all my financial and credit records, including consumer credit reports, to any duly authorized agent of the Warren County Sheriff's Office, or to any authorized agent of a criminal justice agency or any private agency upon request of the Warren County Sheriff's Office, whether the records are of public, private, or confidential nature. I authorize copies of these records to be given to the Warren County Sheriff's Office or its agents.

I understand that any information obtained from these records will be considered only in determining my suitability for employment by the Warren County Sheriff's Office. I certify that any person or organization who may furnish such information concerning me shall not be held accountable for giving truthful information, and I release the person and organization from any and all liability which may be incurred as a result of furnishing such information.

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

Please Print

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Applicant's Signature: _____ Date: _____

Witness Name (Print): _____

Witness Signature: _____

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Notice to Applicant

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Applicant please detach and keep.

KENTUCKY LAW ENFORCEMENT COUNCIL

*Peace Officer Professional Standards
Telecommunicator Professional Standards
Court Security Professional Standards*

PRE-EMPLOYMENT Polygraph Questionnaire

FORM I-2

APPLICANT NAME: _____

Agency applying with: _____

Position applying for: _____

Date of Examination: _____

Assigned Time: _____

Testing Site: _____

GENERAL INSTRUCTIONS:

This questionnaire should be completed PRIOR to arriving at the test site. Please give this form to the examiner on the day of testing. If it is incomplete, the exam may be rescheduled.

Drug testing is customarily administered on the same day as polygraph examinations. If your agency has scheduled you for a drug screen, please arrive to the test site prepared to give a urinalysis sample.

Agencies must notify the KLEC office of cancellations a minimum of 24 hours in advance to avoid being charged a No Show fee. Notify your agency if you do not intend to keep your appointment.

Call the KLEC office at 859-622-6218 on the day of your appointment if you are running late or are lost.

INSTRUCTIONS TO JOB APPLICANT

Before completing the following questionnaire, it is important for you to understand the purpose of the polygraph examination you will be taking. Law enforcement officials are expected to have a high degree of honesty and integrity. If law enforcement agencies only hired people who had never made a mistake, done anything wrong, nor ever committed a crime, there would be no one in law enforcement positions. There are no perfect people.

The purpose of this questionnaire and the forthcoming polygraph examination is not to find the perfect person. This questionnaire and the polygraph examination have been designed to assist in identifying the honest person. Agencies seek people they can trust.

No law enforcement agency should hire someone that cannot be trusted. Your word is your bond. The law enforcement community, the court systems, and society as a whole must be able to trust their law enforcement officials. As you fill out this questionnaire, above all – be honest.

- While completing the questionnaire, answer all questions to the best of your ability. It is understood that no one can remember every detail or every exact date, but again, aim to answer to the best of your ability.
- If you do not understand a question, do not answer it. Put an asterisk (*) by the question number. The polygraph examiner will explain the question.
- The polygraph examiner will explain the process in detail. If you have questions, you will be given an opportunity to address those with your examiner. It is important that you discuss any concerns or questions prior to the polygraph examination.
- Do not lie in this questionnaire. Do not lie in the polygraph examination procedure.
- Lying is an intentional act. Do not intentionally leave out information. Do not intentionally misrepresent information.

Write in black or blue ink. Make comments as needed and write on the backside of these pages when necessary.

PERSONAL INFORMATION:

Full Legal Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Age: _____

Soc. Security #: _____ - _____ - _____

Place of Birth: _____
(City/State/County)

Current Address: _____
(Street) (City) (State) (Zip)

How long living at current address?: _____

Home phone number: (_____) _____ - _____

List all other states and/or countries in which you have lived: _____

Have you ever used a different name? Yes No

Have you ever used a different social security number? Yes No

Have you ever used a different date of birth? Yes No

Are you a U.S. citizen? Yes No

If yes, please check one: ☐ U.S. born
☐ U.S. naturalized
☐ Other: _____

Marital Status: ☐ Single
☐ Married
☐ Divorced
☐ Separated
☐ Other: _____

Have you ever taken a polygraph or other type of honesty test? Yes No

If "yes": 1.) _____
(Year) (Agency that administered test) (Purpose or Reason)

2.) _____
(Year) (Agency that administered test) (Purpose or Reason)

EDUCATION:

G.E.D.?	Yes	No	Name of school: _____ Year Obtained: _____
High School Graduate?	Yes	No	Name of school: _____ Year Graduated: _____
2-Year College Degree?	Yes	No	Name of school: _____ Field of study: _____ Year Graduated: _____
4-Year College Degree?	Yes	No	Name of school: _____ Field of study: _____ Year Graduated: _____
Graduate Degree?	Yes	No	Name of school: _____ Field of study: _____ Year Graduated: _____

Other Specialty Training and/or Certifications:

EMPLOYMENT HISTORY - MILITARY:

Are you currently or have you ever served in the military? Yes No

If no, please go to the next section.

Branch of Service: _____ Highest Rank: _____

Enlistment Date: ____/____/____ (Anticipated) Discharge Date: ____/____/____

Type of Discharge: _____

Have you ever received any form of disciplinary action (court martial, article 15, demotions, violations of uniform code, etc.) while in the military? Yes No

If yes, please explain: _____

What is the most serious infraction you committed in the military, whether detected or undetected? _____

EMPLOYMENT HISTORY:

Have you previously submitted an application for employment with this agency? Yes No

If yes, list the approximate date(s): _____

List all law enforcement agencies you have submitted an application with in the past:

- 1.) _____ Year submitted: _____
- 2.) _____ Year submitted: _____
- 3.) _____ Year submitted: _____
- 4.) _____ Year submitted: _____

Current Employer: _____ Hire Date: _____
(Month) (Year)

Position/Title: _____

Previous Employers: *Start with the most recent. Use reverse side of this sheet if space is not adequate.*

- a.) _____
(Employer) Start: (Month) (Year) End: (Month) (Year)
- b.) _____
(Employer) Start: (Month) (Year) End: (Month) (Year)
- c.) _____
(Employer) Start: (Month) (Year) End: (Month) (Year)
- d.) _____
(Employer) Start: (Month) (Year) End: (Month) (Year)
- e.) _____
(Employer) Start: (Month) (Year) End: (Month) (Year)

List any job in which you have been fired, asked to resign or forced to leave:

- a.) _____
(Employer) (Reason) (Year Terminated)
- b.) _____
(Employer) (Reason) (Year Terminated)
- c.) _____
(Employer) (Reason) (Year Terminated)

1. List all times you have been disciplined, suspended, reprimanded, etc. by any employer:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

- | | | |
|-------------------------------------------------------------------------------------------------------------|------------|-----------|
| 2. Are you currently having problems with any co-worker or supervisor? | Yes | No |
| 3. Have you ever received a poor work performance evaluation at any job? | Yes | No |
| 4. Have you ever been accused of racial /ethnic bias or sexual harassment? | Yes | No |
| 5. Have you ever received unemployment compensation? | Yes | No |
| 6. Have you ever received worker's compensation or unemployment compensation that you were not entitled to? | Yes | No |
| 7. Did you ever work and get paid under the table or off the books? | Yes | No |
| 8. Have you ever consumed alcohol while working? | Yes | No |
| 9. Have you ever used an illegal drug while working? | Yes | No |
| 10. Have you ever had sexual contact / relations while at work? | Yes | No |
| 11. Have you ever falsified your time sheet/card? | Yes | No |

12. How many times in a normal work month are you late? _____

13. What is the most valuable thing you ever took from an employer? _____

Many people have taken things from a place where they work which they did not have permission to take. The items taken may have been cash, merchandise or property. You may have simply borrowed one of these items and forgotten to return it, given merchandise to another person, or padded your expense account. ***Below, list every item that you have ever taken from any employer. Use the back of this sheet if more space is needed.***

Item Taken	Approximate Value	Month/Year	Employer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THEFT OF PROPERTY:

In the previous section you documented all thefts from a place of employment. This section is to include **all other thefts** of property that you have been involved in from other sources **at any time in your life**. This could include, but is not limited to taking cash, shoplifting, switching price tags, giving /receiving unauthorized discounts, receiving stolen property, etc.

- | | | |
|-------------------------------------------------------------------------|------------|-----------|
| 1. Have you ever taken anything from a purse/wallet? | Yes | No |
| 2. Taken anything by force? | Yes | No |
| 3. Taken a motor vehicle? | Yes | No |
| 4. Taken something from within or off a motor vehicle? | Yes | No |
| 5. Received or distributed any items you knew or suspected were stolen? | Yes | No |
| 6. What is the most valuable item you have ever taken? _____ | | |

*In the space provided below, please list **EVERYTHING** you have ever taken which you did not have permission to take. This does not include previously mentioned thefts from employers.*

Item Taken	Approximate Value	Month/Year (or approx. age)	Property Name/State

CRIMINAL ACTIVITY:

Check the appropriate answer. EXPLAIN ANY 'YES' ANSWERS AT THE END OF THIS SECTION in the explanation area. Be sure to reference your explanation with the corresponding question number.

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. Unlawfully cause a person's death / person to be hospitalized? | Yes | No |
| 2. Falsely report a fire or other emergency situation? | Yes | No |
| 3. Falsely report a crime? | Yes | No |
| 4. Use phony or false identification? | Yes | No |
| 5. Use another person's identity to obtain items? | Yes | No |
| 6. Use a credit card or ATM card illegally? | Yes | No |
| 7. Issue a check knowing you did not have the funds to cover it? | Yes | No |
| 8. Commit a "hate crime" (racial, ethnic or religious motive)? | Yes | No |
| 9. Engage in a physical altercation/fight? | Yes | No |
| 10. Use or show a weapon during an altercation? | Yes | No |
| 11. Make a threatening or obscene communication anonymously? | Yes | No |
| 12. Intentionally damage another's property by any means? | Yes | No |
| 13. Carry any type of unauthorized weapon? | Yes | No |
| 14. Carry a weapon illegally? | Yes | No |
| 15. Been denied a permit to carry a handgun? | Yes | No |
| 16. Manufacture or utilize an explosive or incendiary device? | Yes | No |
| 17. Make a phony or inflated insurance claim? | Yes | No |
| 18. Knowingly make a false statement on any official document? | Yes | No |
| 19. Knowingly make a false statement in a judicial proceeding? | Yes | No |
| 20. Take something from someone by force? | Yes | No |
| 21. Use someone else's checks or credit cards without their permission? | Yes | No |
| 22. Break into a motor vehicle? | Yes | No |
| 23. Break into a building (home / business / etc.)? | Yes | No |
| 24. Set fire to anything? | Yes | No |
| 25. Kidnap someone or otherwise keep someone against his or her will? | Yes | No |
| 26. Have sexual contact with someone without their consent, (using force or when they were impaired or otherwise not mentally competent)? | Yes | No |
| 27. Force someone to have sexual relations/contact with you? | Yes | No |
| 28. Have sexual relations/contact with a family member other than your spouse? | Yes | No |
| 29. Have sexual relations/contact with an animal? | Yes | No |

30. Been sexually aroused by a fire?	Yes	No
31. Paid for sex or been paid for sex?	Yes	No
32. Expose yourself in public?	Yes	No
33. Been married to more than one person at a time?	Yes	No
34. Possess, sell, produce or distribute any child pornographic material?	Yes	No
35. View/download child pornography?	Yes	No
36. Physically or sexually abuse a child?	Yes	No
37. Been involved in any illegal sexual activity?	Yes	No
38. Harass or stalk someone?	Yes	No
39. Counterfeit anything?	Yes	No
40. Commit blackmail / any form of extortion?	Yes	No
41. Forgery?	Yes	No
42. Bribery?	Yes	No
43. Tamper with a witness or evidence?	Yes	No
44. Fail to appear in court?	Yes	No
45. Use a computer to commit a crime?	Yes	No
46. Deliberately hurt an animal (other than legally hunting/fishing)?	Yes	No
47. Make an illegal bet / Take an illegal bet?	Yes	No
48. Impersonate a police officer?	Yes	No
49. Run or evade a police officer?	Yes	No
50. Use physical force with your spouse or significant other? (striking, pushing, slapping, shaking, etc.)	Yes	No
51. Use physical force with a parent? (striking, pushing, slapping, etc.)	Yes	No
52. Use physical force with your child or anyone else's.	Yes	No
53. Been the subject of a restraining order or a protective order?	Yes	No
54. Use a weapon against someone?	Yes	No
55. Been involved in a police investigation as a suspect or witness?	Yes	No
56. Convicted of a criminal offense?	Yes	No
57. Had a criminal charge reduced in court?	Yes	No
58. Had a criminal charge expunged or sealed?	Yes	No
59. Have the police ever been contacted because of something you did or assisted someone in doing?	Yes	No
60. Been involved in organized crime?	Yes	No

ILLEGAL DRUGS:

In the chart below, write the dates of your first and last use for each illegal drug. The dates should be as exact as possible. Remember, lying is an intentional act, not an honest error.

*When asked to give the maximum number of times used for an illegal drug, you must give the **ABSOLUTE MAXIMUM** number of times. If you are not sure how many times you used an illegal drug, then state the **MAXIMUM** number of times you **COULD** have used.*

In the “How drug used” column, write if the drug was injected, snorted, smoked, ingested, etc. If you have never used one of the listed illegal drugs, put a checkmark in the “NEVER” column.

DRUG USED	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	HOW DRUG USED	NEVER
Marijuana					
Hashish					
PCP					
Angel Dust					
THC					
LSD / Acid					
Peyote					
Mescaline					
Heroin					
Cocaine					
Quaaludes					
Downers					
Tranquilizers					
Amphetamine					
Steroids					
Ecstasy/XTC					
Preludin					
Dilaudid					
Talwin / PBZ					
Speed					
Inhalants					
Meth-amphetamine					
Psilocybin (Mushrooms)					
Others: (Please list type)					

ILLEGAL DRUGS CONTINUED:

Check the appropriate answer. EXPLAIN ANY 'YES' ANSWERS AT THE END OF THIS SECTION in the explanation area. Be sure to reference your explanation with the corresponding question number.

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. Have you used any other illegal substance that has not been mentioned? | Yes | No |
| 2. Ever used another person's prescription medication for recreational purposes? | Yes | No |
| 3. Ever misuse or abuse your own prescription medication? | Yes | No |
| 4. Ever give or sell your own prescription medication? | Yes | No |
| 5. Have you ever purchased any illegal drug? | Yes | No |
| 6. Have you ever sold any illegal drug? | Yes | No |
| 7. Have you ever manufactured, grown, or harvested an illegal drug? | Yes | No |
| 8. Ever delivered / distributed an illegal drug? | Yes | No |
| 9. Held or stored any illegal drug for someone else? | Yes | No |
| 10. Operated a motor vehicle while under the influence of an illegal drug? | Yes | No |
| 11. Have you been present when anyone: | Yes | No |
| <input type="checkbox"/> Used illegal drugs | | |
| <input type="checkbox"/> Sold illegal drugs | | |
| <input type="checkbox"/> Cooked illegal drugs | | |
| <input type="checkbox"/> Packaged illegal drugs | | |
| <input type="checkbox"/> Transported illegal drugs | | |
| 12. When is the last time you've been in the presence of an illegal drug? (Do not include circumstances while serving in a sworn law enforcement / official capacity.) | | |
| ____/____/____ | | |

EXPLANATION AREA:

ALCOHOL USE:

Check the appropriate answer. EXPLAIN ANY ‘YES’ ANSWERS AT THE END OF THIS SECTION in the explanation area. Be sure to reference your explanation with the corresponding question number.

- | | | |
|----------------------------------------------------------------------------------|------------|-----------|
| 1. Have you ever missed work because of alcohol consumption? | Yes | No |
| 2. Been treated, counseled, or sought help for a drinking problem? | Yes | No |
| 3. Has drinking ever caused a problem in your personal life or on the job? | Yes | No |
| 4. Have you ever been told by someone that they felt you had a drinking problem? | Yes | No |
| 5. Have you ever purchased alcohol for a minor? If yes, how many times?_____ | Yes | No |
| 6. Have you ever been arrested for an alcohol related crime? | Yes | No |

7. What is your average consumption of alcohol during a typical week? _____

8. How many times have you been **intoxicated in public** in the last 2 years? _____

When was the last time? Date: ____/____/____

9. How many times have you **operated a vehicle while intoxicated** in the past 2 years? _____

When was the last time? Date: ____/____/____

EXPLANATION AREA:

[illegible]

TRAFFIC VIOLATIONS:

Check the appropriate answer. EXPLAIN ANY 'YES' ANSWERS AT THE END OF THIS SECTION in the explanation area. Be sure to reference your explanation with the corresponding question number.

1. Have you ever been refused a driver's license? **Yes** **No**
2. Have you ever altered a license or given false information to obtain a license? **Yes** **No**
3. Have you ever had driver's licenses from more than one state at the same time? **Yes** **No**
4. Have you ever had your license suspended or revoked? **Yes** **No**
5. Did you ever knowingly drive an unregistered motor vehicle? **Yes** **No**
6. Did you ever knowingly drive an uninsured motor vehicle? **Yes** **No**
7. Did you ever damage another's property with a vehicle and not report it? **Yes** **No**
8. Have you ever fled the scene of an accident? **Yes** **No**
9. Do you currently owe any fines for traffic or parking violations? **Yes** **No**
10. Ever had a traffic or parking ticket "fixed"? **Yes** **No**
11. How many traffic citations have you received in your entire driving history? _____
12. List all traffic citations (tickets) received for moving violations **in the past 5 years:**

(Use the back of this page if more space is needed)

VIOLATION	MO. / YR.	STATE	DISPOSITION

State in which you currently possess a driver's license

Driver's license number

EXPLANATION AREA:

PRIOR LAW ENFORCEMENT SERVICE:

Fill out the below section ONLY if you have had SWORN, prior law enforcement service.

Please check the appropriate answer. Explain any 'yes' answers on the back of this page. Be sure to reference your explanation with the corresponding question number. Use additional paper if needed.

While employed as a sworn law enforcement officer, did you ever engage in any of the following:

- | | | |
|-------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| 1. Take something that did not belong to you while on duty? | Yes | No |
| 2. Keep anything that you or anyone else had removed from any: | Yes | No |
| <input type="checkbox"/> Any building/residence | <input type="checkbox"/> Prisoner | <input type="checkbox"/> Crime scene |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Accident scene | <input type="checkbox"/> Evidence room |
| <input type="checkbox"/> Vehicle(s) including patrol units | | |
| 3. Drink alcohol while on duty? | Yes | No |
| 4. Have sexual relations while on duty? | Yes | No |
| 5. Sleep on duty? | Yes | No |
| 6. Commit any felony or misdemeanor while on duty? | Yes | No |
| 7. Hit or strike a handcuffed person? | Yes | No |
| 8. Use excessive force? | Yes | No |
| 9. Use a controlled or illegal substance while on duty? | Yes | No |
| 10. Smuggle contraband or unauthorized material? | Yes | No |
| 11. Accept anything in exchange for performing or not performing your duties? | Yes | No |
| 12. Remove, copy, or read a file or document when not authorized to do so? | Yes | No |
| 13. Make a false report or alter a document? | Yes | No |
| 14. Plant evidence or otherwise "frame" someone? | Yes | No |
| 15. Lie in court, on a report, or on an affidavit? | Yes | No |
| 16. Use your official capacity to extort or attempt to extort anyone? | Yes | No |
| 17. Destroy property / evidence / contraband without booking it? | Yes | No |
| 18. Been terminated or asked to resign as peace officer? | Yes | No |
| 19. Been given the option to resign in lieu of termination? | Yes | No |
| 19. Received a written reprimand? If yes, how many times? _____ | Yes | No |
| 20. Received a suspension? If yes, how many times? _____ | Yes | No |
| 21. Been formally investigated for misconduct? | Yes | No |
| 22. Received any other type of disciplinary action? | Yes | No |
| 23. Lied to anyone during an internal investigation? | Yes | No |
| 24. How many excessive use of force of complaints have you received? _____ | | |
| 25. How many citizen's complaints have you received? _____ | | |

OTHER / CONCERNS:

1. Is there anything in your history that you know our agency would want to know about, but has not been addressed in this questionnaire or anywhere else in the application process?

YES

NO

If yes, please explain: _____

2. Are there any questions or concerns you would like for your examiner to address with you prior to the administration of your polygraph examination?

YES

NO

If yes, please explain: _____

VERIFICATION OF TRUTHFULNESS:

All of the information I have revealed in this booklet is true, correct and complete. I have not intentionally withheld, falsified, or misrepresented any information in this booklet. By signing below, I give my word that I have been 100% truthful.

Applicant's Signature

_____/_____/_____
Date