

El Portal Police Department



PERSONAL HISTORY QUESTIONNAIRE



Village of El Portal police department

Vision statement

The Village of El Portal Police Department is a para-military organization that strictly adheres to the departmental orders, policies, procedures, and directives that govern them. This creates a gateway to professional law enforcement. The constant and consistent review and revisions to the aforementioned departmental orders, policies, procedures and directives aid in building trust with the citizenry and its police department that serves them. Instilling trust, building trust, and enhancing trust with and within the Citizenry of the Village of El Portal is the primary objective.

Mission statement

It is the mission of the Village of El Portal Police Department to provide professional law enforcement to the citizenry, businesses, schools, and elected officials of the Village of El Portal. Professional law enforcement will be delivered by embracing an unbreakable bond with the community it serves by way of respect, communication, a sense of genuine caring, and by fostering an environment free from prejudice and prejudgments. Bridges will be built where none exist.

Improving the quality of life for all who live in, work in, and/or serve the Village of El Portal remains the pinnacle to where the employment of professional law enforcement shall take us. Education, training, and positive collaboration with the community are the steps that will take us there.

Value statement

Teamwork (Working together internally and externally [community] to resolve all issues)

Respect (Treating people with dignity and the way you would want to be treated)

Unity (Police and the citizenry working in unison)

Selfless Service (Putting the welfare of the community before your own)

Tenacity (Seeing the objective done to its conclusion regardless the difficulty)

Ethical (Everything the department undertakes is guided by strong, unsullied ethics)

Duty (Fulfillment of obligations)

FOR OFFICE USE ONLY

REVIEWED BY:

BACKGROUND INVESTIGATOR: _____

PHYSICAL:

POLYGRAPH:

PSYCHOLOGICAL:

DRUG TEST:

ACCEPTED: _____



EL PORTAL POLICE DEPARTMENT



APPLICATION

NAME: _____ DATE: _____ CERTIFIED: YES ___ NO ___

INSTRUCTIONS:

THIS APPLICATION FORM MAY BE COMPLETED LEGIBLY PRINTED IN BLACK, BLUE INK OR TYPED.

FILL OUT THIS APPLICATION COMPLETELY AND ACCURATELY. INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED. ALL STATEMENTS IN THIS APPLICATION ARE SUBJECT TO VERIFICATION.

ANY APPLICANT INTENTIONALLY GIVING FALSE INFORMATION WILL BE SUBJECT TO DISQUALIFICATION.

IF A QUESTION DOES NOT APPLY TO YOU; WRITE N/A (NOT APPLICABLE).

IF THE SPACE PROVIDED IS INADEQUATE, PLEASE NEATLY DOCUMENT THE ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER (8 1/2 X 11) AND INDICATE THE QUESTION YOU ARE RESPONDING TO. MORE THAN ONE ANSWER MAY BE PUT ON A SHEET.

“I HAVE READ AND UNDERSTAND ALL THE ABOVE INSTRUCTIONS. I ALSO UNDERSTAND THAT I WILL BE REQUIRED TO TAKE A POLYGRAPH (LIE DETECTOR) EXAMINATION TO DETERMINE THE AUTHENTICITY OF THE INFORMATION PROVIDED IN THIS APPLICATION”.

Signature of Applicant

ALL CANDIDATES MUST PRODUCE APPLICABLE DOCUMENTS LISTED BELOW AT TIME APPLICATION IS SUBMITTED.

INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED

1.Notorized Application
2.Selective Service (if applicable)
3.Proof of Naturalization/Citizenship (if applicable)
4.Military Service (DD214) (if applicable)
5.Marriage Certificate (if applicable)
6.Divorce Decree (if applicable)
7.Credit Check- (Run free credit check- Equifax, Experian)
8.Civil Litigation Pending (if applicable)
9.College Transcript (Unofficial or Official) (if applicable)
10.Three (3) Character Reference Letters
11.Birth certificate
12.Passport size Photo (Place on page#2 of this PHQ)
13.High School Diploma/GED
14.Driver's License
15.Passport (if applicable)
16.Basic Recruit Certificate
17.Social Security Card
18.Cover letter (One page minimum)

I. PERSONAL

1.) FULL NAME :

(LAST) (FIRST) (MIDDLE)

2.) DATE OF BIRTH: _____

(MONTH) (DAY) (YEAR)

3.) PLACE OF BIRTH: _____

(CITY) (COUNTY) (STATE) (COUNTRY)

4.) WEIGHT: _____ HEIGHT: _____ FT. _____ IN. HAIR COLOR: _____

5.) SOCIAL SECURITY NUMBER: _____

6.) ARE YOU A CITIZEN OF THE UNITED STATES? YES ____ NO ____

7.) NATURAL BORN: ____ NATURALIZED: ____

8.) IF NATURALIZED CITIZEN, CHECK BELOW IF YOU ARE A CITIZEN BY VIRTUE OF A
NATURALIZATION CERTIFICATE ISSUED TO: SELF ____ SPOUSE ____ PARENT ____

9.) HAVE YOU EVER HAD YOUR NAME LEGALLY CHANGED? YES ____ NO ____

10.) IF YOU RESPONDED YES TO QUESTION (9), INDICATE AS FOLLOWS:

A) PREVIOUS NAME: _____

B) DATE AND LOCATION OF CHANGE: _____

C) REASON FOR CHANGE: _____

11.) PRESENT HOME ADDRESS:

(STREET) (CITY) (STATE) (ZIP CODE)

12.) HOW LONG HAVE YOU RESIDED AT YOUR PRESENT ADDRESS? _____

13.) HOME/CELL TELEPHONE NUMBER _____

14.) CHRONOLOGICALLY LIST ALL PREVIOUS PLACES OF RESIDENCE SINCE LEAVING ELEMENTARY SCHOOL.

FROM: MO/YR	TO: MO/YR	ADDRESS	CITY	STATE

15.) HAVE YOU EVER CHANGED OR BEEN ADVISED TO CHANGE YOUR OCCUPATION OR RESIDENCE BECAUSE OF YOUR HEALTH? YES ____ NO ____

IF YES, PROVIDE DETAILS ON A SEPARATE SHEET.

16.) HAVE YOU EVER RECEIVED WORKMAN'S COMPENSATION BENEFITS? YES ____ NO ____

IF YES, PROVIDE DETAILS ON A SEPARATE SHEET.

17.) HAVE YOU EVER HAD A BACK INJURY OR RECEIVED ANY MEDICAL CARE RELATED TO YOUR BACK? YES ____ NO ____

IF YES, PROVIDE DETAILS ON A SEPARATE SHEET.

18.) HAVE YOU EVER BEEN REFUSED LIFE, ACCIDENT, OR SICKNESS INSURANCE? YES ____ NO ____

IF YES, PROVIDE DETAILS ON A SEPARATE SHEET.

19.) HAVE YOU EVER USED ANY NARCOTIC DRUGS, BARBITURATES, AMPHETAMINES, MARIJUANA OR HALLUCINOGENIC DRUGS? YES ____ NO ____

IF YES, PROVIDE DETAILS ON A SEPARATE SHEET.

20.) HAVE YOU EVER RECEIVED ANY MEDICAL TREATMENT FOR DRUG HABIT? YES ____ NO ____

IF YES, PROVIDE DETAILS ON A SEPARATE SHEET.

21.) HAVE YOU EVER USED TRANQUILIZERS? YES ___ NO ___

IF YES, PROVIDE DETAILS ON A SEPARATE SHEET.

22.) HAVE YOU EVER BEEN TREATED FOR NERVOUS OR MENTAL DISORDER? YES ___ NO ___

IF YES, PROVIDE DETAILS ON A SEPARATE SHEET.

A) THE NAME OF THE PHYSICIAN, PSYCHIATRIST, OR PSYCHOLOGIST.

B) THE DATES OF TREATMENT.

C) THE ADDRESS OF THE PERSON ADMINISTERING TREATMENT.

23.) DO YOU DRINK ALCOHOLIC BEVERAGES? YES ___ NO ___

IF YES, WHICH TYPES OF DRINKS DO YOU PREFER AND WHAT IS YOUR WEEKLY, OR IF MORE APPROPRIATE, YOUR MONTHLY RATE OF CONSUMPTION? _____

24.) LIST ALL CLUBS, SOCIETIES, CIVIC OR FRATERNAL ORGANIZATIONS OR FRATERNAL ORGANIZATIONS TO WHICH YOU ARE NOW OR HAVE BEEN A MEMBER.

NAME OR ORGANIZATION OF MEMBERSHIP	ACTIVE MEMBER	NO LONGER	DATE OF INITIAL
------------------------------------	---------------	-----------	-----------------

25.) IF IT BECOME NECESSARY IN THE COURSE OF YOUR POLICE DUTIES TO LAWFULLY TAKE A HUMAN LIFE, WOULD YOU HAVE ANY RELUCTANCE TO DO SO BECAUSE OF RELIGIOUS OR OTHER BELIEFS? YES ___ NO ___

IF YES, PROVIDE ALL DETAILS ON A SEPARATE SHEET.

II. MARRIAGE (PRESENT MARITAL STATUS)

INFORMATION IN THIS SECTION APPLIES ONLY TO THOSE APPLICANTS WHO ARE MARRIED PRESENTLY.

26.) SPOUSE'S FULL NAME: _____
(LAST) (FIRST) (MIDDLE)

27.) MAIDEN NAME: _____
(LAST) (FIRST) (MIDDLE)

28.) DATE OF MARRIAGE: _____
(MONTH) (DAY) (YEAR)

29.) LOCATION OF MARRIAGE: _____
(CITY) (COUNTY) (STATE)

30.) ARE YOU PRESENTLY LIVING WITH YOUR SPOUSE? YES _____ NO _____

III. DIVORCES, ANNULMENTS, WIDOWED (APPLICANTS PREVIOUS MARITAL STATUS)

(FOR INFORMATION ABOUT ADDITIONAL DIVORCES OR ANNULMENTS, USE A SEPARATE SHEET)

31.) NAME OF FORMER SPOUSE

(LAST) (FIRST) (MIDDLE)

32.) COMPLETE MAILING ADDRESS OF FORMER SPOUSE

33.) CITY AND STATE WHERE FORMER MARRIAGE WAS PERFORMED (MAILING)

(CITY) (STATE) (ZIP CODE)

34.) DATE OF MARRIAGE _____
(MONTH) (DAY) (YEAR)

35.) REASON FOR DISSOLUTION OF THE MARRIAGE: WIDOWED _____
DIVORCED _____ ANNULLED _____

36.) TITLE AND LOCATION OF COURT ISSUING DIVORCE OR ANNULMENT.

(INDICATE DATE DIVORCE OR ANNULMENT WAS GRANTED)

_____ DOCKET NUMBER _____

37.) ARE THERE ANY CHILDREN BY THIS FORMER MARRIAGE? YES ___ NO ___
PLEASE INDICATE NUMBER _____

38.) ARE YOU RESPONSIBLE FOR CHILD SUPPORT PAYMENT? YES ___ NO ___

IF YES, INDICATE HOW MUCH? _____

39.) ARE YOU RESPONSIBLE FOR PAYING ALIMONY? YES ___ NO ___

IF YES, INDICATE HOW MUCH _____

40.) IF YOU ARE RESPONSIBLE FOR MAKING CHILD SUPPORT PAYMENTS OR PAYING ALIMONY;
HAS LEGAL ACTION EVER BEEN TAKEN AGAINST YOU FOR EITHER FAILING TO MAKE
PAYMENT OR DELAYING PAYMENTS?
YES _____ NO _____

41.) HAVE YOU EVER BEEN NAMED CO-RESPONDENT IN A DIVORCE ACTION?
YES ___ NO ___

IF YES, EXPLAIN ON SEPARATE SHEET.

IV. RECORD OF PARENTHOOD

42.) A. LIST EVERY CHILD BORN TO YOU.

DATE OF BIRTH	PLACE OF BIRTH	NAME OF CHILD	WHERE DOES CHILD RESIDE?

V. EDUCATIONAL BACKGROUND

43.) LIST ALL SCHOOLS AND COLLEGES YOU HAVE ATTENDED.

FROM-TO	NAME OF SCHOOL	LOCATION	DEGREE REC.	GRADUATED YES/NO

44.) WHILE IN SCHOOL, WERE YOU EVER SUSPENDED OR EXPELLED?

YES ____ NO ____

IF YES, PROVIDE DETAILS ON A SEPARATE SHEET.

VI. FOREIGN LANGUAGE:

45.) ENTER FOREIGN LANGUAGE AND INDICATE YOUR KNOWLEDGE OF EACH BY PLACING AN "X" IN PROPER COLUMN.

LANGUAGE	READING			SPEAKING			UNDERSTANDING		
	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR

VII. SPECIAL QUALIFICATIONS AND SKILLS:

46.) INDICATE TYPE OF SPECIAL LICENSE SUCH AS PILOT, RADIO OPERATOR, ETC. SHOWING LICENSING AUTHORITY, WHERE THE LICENSE WAS FIRST ISSUED, AND THE DATE CURRENT LICENSE EXPIRES. (EXCEPT VEHICLE OPERATOR'S LICENSE):

47.) INDICATE SPECIAL SKILLS THAT YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE: _____

48.) APPROXIMATE NUMBER OF WORDS PER MINUTE? TYPING: _____

49.) INDICATE SPECIAL QUALIFICATION NOT COVERED IN APPLICATION. FOR EXAMPLE, YOUR MOST IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED) YOUR PATENTS OR INVENTIONS; PUBLIC SPEAKING AND PUBLICATIONS EXPERIENCE; MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. AND HONOR AND FELLOWSHIPS RECEIVED: _____

VIII. MILITARY INFORMATION

50.) HAVE YOU EVER SERVED IN A MILITARY ORGANIZATION OF THE UNITED STATES?
YES _____ NO _____

51.) IF YES, GIVE PERIODS OF ACTIVE MILITARY SERVICE AND OTHER DATA REQUESTED.

FROM _____ TO _____ BRANCH OF SERVICE _____
SERIAL NUMBER _____ RANK _____
TYPE OF DISCHARGE RECEIVED _____
REASON FOR DISCHARGE _____

FROM _____ TO _____ BRANCH OF SERVICE _____
SERIAL NUMBER _____ RANK _____
TYPE OF DISCHARGE RECEIVED _____
REASON FOR DISCHARGE _____

52.) WERE YOU EVER TRIED, PUNISHED, REPRIMANDED, OR REDUCED IN RANK FOR ANY INFRACTION OF MILITARY RULES AND REGULATIONS? YES _____ NO _____

IF YES, INDICATE ON A SEPARATE SHEET THE 1) DATE (S), 2) CHARGE (S) AGAINST YOU
3) TYPE OF COURT MARTIAL OR OTHER DISCIPLINARY PROCEEDINGS, AND 4) THE DISPOSITION OF THE CHARGES.

IX. RESERVES AND/OR NATIONAL GUARD

53.) ARE YOU NOW OR WERE EVER AN ACTIVE MEMBER OF ANY BRANCH OF THE UNITED STATES NATIONAL GUARD? YES ___ NO ___

BRANCH OF SERVICE _____ FROM _____ TO _____
UNIT _____ PRESENT OR LAST RANK _____

TYPE OF DISCHARGE _____
MAILING ADDRESS OF UNIT _____

54.) WHILE SERVING WITH THE RESERVES OR NATIONAL GUARD, WERE YOU EVER TRIED, PUNISHED, REPRIMANDED, OR REDUCED IN RANK FOR ANY INFRACTION OF MILITARY RULES, AND REGULATIONS? YES _____ NO _____

IF YES, INDICATE ON A SEPARATE SHEET 1) DATE(S) 2) CHARGE(S) AGAINST YOU (3) TYPE OF COURT MARTIAL OR OTHER DISCIPLINARY PROCEEDINGS AND 4) DISPOSITION OF THE CHARGE (S).

X. FOREIGN MILITARY SERVICE

55.) HAVE YOU EVER SERVED IN A MILITARY ORGANIZATION OF ANY FORE GOVERNMENT? YES ___ NO ___

IF YES, INDICATE DETAILS BELOW.

NAME OF COUNTRY _____ DATE OF ENTRY _____

DATE OF SEPARATIONN _____ RANK _____

TYPE OF DISCHARGE _____

XI. EMPLOYMENT/UNEMPLOYMENT RECORD

56.) LIST ALL EMPLOYMENTS, INCLUDING PART-TIME EMPLOYMENT AND PERIODS OF UNEMPLOYMENT OVER 30 DAYS FOR THE LAST **TEN (10)** YEARS.

FROM-TO	NAME & ADRESS/PHONE NUMBER	POSITION HELD	REASON FOR LEAVING

57.) WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE? YES ____ NO ____

IF YES; LIST THOSE WHO EITHER 1) DISCIPLINED YOU 2) DISCHARGED YOU OR 3) REQUESTED YOU TO RESIGN.

EMPLOYER'S NAME	DATE	NAME OF SUPERVISOR INVOLVED

58.) DO YOU OBJECT TO YOUR PRESENT EMPLOYER BEING CONTACTED?
YES ____ NO ____

59.) HAVE YOU EVER APPLIED FOR A POSITION WITH ANY LAW ENFORCEMENT AGENCY?
YES ____ NO ____ IF YES; **PLEASE LIST ALL AND DATES APPLIED.**

60.) ARE YOU NOW ON ANY ELIGIBILITY LIST? YES ____ NO ____

IF YES, WHERE AND FOR WHAT POSITION? _____

61.) IF **YES**, INDICATE ON A SEPARATE SHEET: **1.)** THE POLICE DEPARTMENT TO WHICH YOU MADE APPLICATION **2.)** THE DATE ON WHICH YOU APPLIED **3.)** WHETHER YOU WERE REJECTED OR ACCEPTED **4.)** IF REJECTED; LIST THE REASON FOR REJECTION AND **5.)** IF ACCEPTED, WHY DID YOU REFUSE EMPLOYMENT?

62) APPROXIMATELY HOW MANY DAYS HAVE YOU MISSED FROM SCHOOL OR WORK DUE TO ILLNESS DURING THE PAST FIVE YEARS? _____

63.) HAS ANY SUCH LICENSE OR PERMIT EVER BEEN REVOKED, CANCELED OR SUSPENDED?
YES ____ NO ____

64.) HAVE YOU EVER HAD ANY EXTENDED ABSENCES BECAUSE OF PERSONAL ILLNESS?
YES ____ NO ____
IF YES, PROVIDE DETAILS ON A SEPARATE SHEET.

XII. FINANCIAL HISTORY (ALL REFERENCES TO EX-SPOUSE APPLY ONLY TO THAT PERIOD DURING WHICH YOU WERE MARRIED.)

65.) LIST FIRMS WITH WHICH YOU HAVE, OR HAVE HAD, CHARGE ACCOUNTS.
LIST FIRMS FROM WHOM YOU HAVE BORROWED MONEY FOR ANY PURPOSE.

NAME OF FIRM: _____

TYPE OF BUSINESS: _____

MAILING ADDRESS: _____

PURPOSE: _____

DATES OF TRANSACTION: _____

NAME OF FIRM: _____

TYPE OF BUSINESS: _____

MAILING ADDRESS: _____

PURPOSE: _____

DATES OF TRANSACTION: _____

NAME OF FIRM: _____

TYPE OF BUSINESS: _____

MAILING ADDRESS: _____

PURPOSE: _____

DATES OF TRANSACTION: _____

NAME OF FIRM: _____

MAILING ADDRESS: _____

TYPE OF BUSINESS: _____

PURPOSE: _____

DATES OF TRANSACTION: _____

- 66.) HAVE YOU, YOUR SPOUSE, OR EX-SPOUSE EVER HAD A JUDGEMENT RENDERED AGAINST YOU? YES ___NO ___
- 67.) HAVE YOU, YOUR SPOUSE, OR EX-SPOUSE EVER FILED FOR BANKRUPTCY OR BEEN DECLARED BANKRUPT? YES___ NO ___
- 68.) HAVE YOU EVER BEEN REFUSED A LIFE, AUTOMOBILE, HEALTH, OR OTHER INSURANCE POLICY? YES ___NO ___
- 69.) HAVE YOU EVER HAD A LIFE, AUTOMOBILE, HEALTH, OR OTHER INSURANCE POLICY CANCELED? YES ___ NO ___
- 70.) HAVE YOU, YOUR SPOUSE, OR EX-SPOUSE EVER HAD ANY PROPERTY REPOSSESSED? YES ___ NO___
- 71.) HAVE YOU EVER BEEN BONDED OR HAD BOND REFUSED? YES ___ NO ___
- 72.) IF EMPLOYED BY THIS POLICE DEPARTMENT, DO YOU ANTICIPATE ANY INCOME OTHER THAN YOUR POLICE SALARY? YES ___ NO___
- 73.) LIST **ALL** SAVINGS, CHECKING, POSTAL SAVING, BUILDING AND LOAN BROKERAGE, AND OTHER ACCOUNTS MAINTAINED BY YOU AND YOUR SPOUSE.

NAME OF INSTITUTE	NAME IN WHICH ACCT IS UNDER	PRESENT BALANCE

XIII. CRIMINAL AND JUVENILE RECORD

74.) HAVE YOU EVER BEEN ARRESTED OR DETAINED BY ANY LAW ENFORCEMENT OFFICER?
YES ___ NO ___

IF YES, INDICATE ON A SEPARATE SHEET: 1.) THE POLICE AGENCY 2.) THE CHARGE 3.) THE FINAL DISPOSITION 4.) THE DATE 5.) DETAIL OF CASE (THIS QUESTION ALSO INCLUDES THOSE INSTANCES IN WHICH YOU MAY HAVE BEEN JUDGED A JUVENILE DELINQUENT, YOUTHFUL OFFENDER OR WAYWARD MINOR.)

75.) HAVE YOU EVER BEEN CONVICTED OF A **MISDEMEANOR OF DOMESTIC VIOLENCE** OR HAS/HAVE A COURT IMPOSED RESTRAINING ORDER IN THIS STATE OR ANY OTHER STATE? YES ___ NO ___

76.) HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST-DEGREE MISDEMEANOR?
YES ___ NO ___

IF **YES**, WHAT CHARGES? _____

WHERE CONVICTED? _____ DATE OF CONVICTION _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST-DEGREE MISDEMEANOR? YES ___ NO ___

IF **YES**, WHAT CHARGES? _____
WHERE? _____

77.) HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS FELONY OR A FIRST-DEGREE MISDEMEANOR? YES ___ NO ___

IF **YES**, WHAT CHARGES? _____
WHERE? _____

78.) HAVE YOU EVER BEEN ARRESTED OR DETAINED BY ANY LAW ENFORCEMENT AGENCY?). (SHOW ALL ARRESTS INCLUDING JUVENILE ARREST AND TRAFFIC ARREST) PROVIDE POLICE AND COURT RECORDS, IF AVAILABLE. (INCLUDE ANY ARREST IN WHICH THE RECORDS WERE EXPUNGED OR SEALED AND SUBMIT ALL COURT DOCUMENTATION
CRIME CHARGED _____
POLICE AGENCY _____
DATE: _____ DISPOSITION OF CASE _____

79.) HAVE YOU EVER BEEN PLACED ON PROBATION? YES ___ NO ___ IF YES, GIVE DETAILS _____

XIV. MOTOR VEHICLE OPERATOR RECORD

80.) ARE YOU ABLE TO OPERATE A MOTOR VEHICLE? YES___ NO ___

81.) DO YOU POSSESS A VALID DRIVER'S LICENSE? YES___ NO ___

82.) HAS YOUR DRIVERS LICENSE EVER BEEN REVOKED OR SUSPENDED? YES__NO___

IF YES, INDICATE ON A SEPARATE SHEET: 1.) THE DATE, 2.) THE STATE, 3.) ALL DETAILS.

83.) LIST THE NUMBER AND REASONS FOR MOVING VIOLATIONS (**INCLUDING SPEEDING TICKETS**) YOU HAVE RECEIVED IN THE PAST TEN (10) YEARS

IF YES, INDICATE ON A SEPARATE SHEET: 1.) THE DATE, 2.) THE STATE, 3.) ALL DETAILS.

84.) HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT? YES___ NO ___

IF YES, INDICATE ON A SEPARATE SHEET: 1.) DATE, 2.) LOCATION, 3.) INJURIES, 4.) CHARGES, 5.) FINAL DISPOSITION OF ANY POLICE CHARGES OR CIVIL LIABILITY.

85.) HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE BY ANY STATE? YES ___NO ___

IF YES, INDICATE ON A SEPARATE SHEET: 1.) THE CITY, COUNTY, AND STATE, 2.) NAME OF AGENCY ISSUING THE CITATION, 3.) DATE, 4.) CHARGE, 5.) FINAL DISPOSITION.

86.) DO YOU NOW HAVE ANY UNPAID SUMMONSES OUTSTANDING AGAINST YOU FOR ANY PARKING VIOLATIONS? YES ___NO ___

IF YES, HOW MANY AND WHERE? _____

XV. FAMILY BACKGROUND

87.) LIST ALPHABETICALLY, LAST NAME FIRST, ALL MEMBERS OF YOUR IMMEDIATE FAMILY (SPOUSE INCLUDED) AND ALL MEMBERS OF YOUR SPOUSE IMMEDIATE FAMILY. IMMEDIATE FAMILY INCLUDES FATHER, STEP-FATHER, MOTHER, STEPMOTHER, BROTHERS, SISTERS, GUARDIANS, AND/OR FOSTER PARENTS. INCLUDE THOSE RELATIVES WHO ARE DECEASED.

NAME	DATE OF BIRTH AGE/IF DECEASED	ADDRESS	RELATIONSHIP	OCCUPATION

88.) HAS ANY MEMBER OF YOUR FAMILY OR YOUR SPOUSE IMMEDIATE FAMILY EVER BEEN ARRESTED? YES ___ NO ___

IF YES, PROVIDED DETAILS ON A SEPARATE SHEET.

89.) TO THE BEST OF YOUR KNOWLEDGE, HAS ANY OTHER RELATIVE, ASSOCIATE, OR PERSON RESIDING WITH YOU, ALTHOUGH NOT RELATED, EVER BEEN ARRESTED? YES _ NO _
IF YES, PROVIDED DETAILS ON A SEPARATE SHEET.

90.) HAS ANY MEMBER OF YOUR IMMEDIATE FAMILY EVER BEEN COMMITTED TO A MENTAL INSTITUTION? YES ___ NO ___

IF YES, INDICATE ON A SEPARATE SHEET: 1.) YOUR RELATIONSHIP, 2.) THE NAME OF THE RELATIVES, 3.) WHEN CONFINED, 4.) WHERE CONFINED, 5.) THE NATURE OF THE ILLNESS, 6.) PERSON (S) ADMINISTERING TREATMENT.

XVI. REFERENCES

91.) FILL IN BELOW THE NAMES OF **THREE(3)** PERSONS NOT RELATED TO YOU, NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR LEAST FIVE YEARS. ALL PERSON TO WHOM YOU REFER MAY BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES.

1.NAME: _____
HOME ADDRESS: _____

HOME PHONE: _____

BUSINESS, OCCUPATION, OR PROFESSION: _____
YEARS KNOWN _____

2.NAME: _____
HOME ADDRESS: _____

HOME PHONE: _____

BUSINESS, OCCUPATION, OR PROFESSION: _____
YEARS KNOWN _____

3.NAME: _____
HOME ADDRESS: _____

HOME PHONE: _____

BUSINESS, OCCUPATION, OR PROFESSION: _____
YEARS KNOWN: _____

92.) PROVIDE **THREE(3)** CHARACTER REFERENCE LETTERS (**PERSONS NOT RELATED TO YOU, AND NOT FORMER EMPLOYERS**). SUBMIT LETTERS WITH **ORIGINAL SIGNATURES**.

93.) PLEASE PROVIDE A **COVER LETTER** ALONG WITH THIS ALLPICATION. ONE(1) PAGE MINIMUM EXPLAINING WHY YOU WOULD BE A STRONG CANDIATE FOR THIS POSITION.

XVII. POLYGRAPH EXAMINATION

94.) ARE YOU WILLING TO TAKE A POLYGRAPH EXAMINATION TO VERIFY ALL INFORMATION SUPPLIED IN THIS APPLICATION AND ALL OTHER INFORMATION SUPPLIED BY YOU TO THIS DEPARTMENT? YES___ NO ___

IF NO, STATE YOUR REASON (S)

XVIII. ADDITIONAL INFORMATION

95.) DATE AVAILABLE FOR WORK: _____

96.) TYPE OF EMPLOYMENT DESIRED: FULL-TIME_____ PART-TIME _____

97.) ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THE POSITION? YES__NO__

98.) IF PART-TIME/RESERVES ARE YOU ABLE TO MEET THE MINIMUM **TWENTY (20)** HOURS OF DONATED TIME PER MONTH? YES ___ NO ___

99.) IF PART-TIME WHAT HOURS ARE YOU ABLE TO WORK: DAYS ___ AFTERNOONS ___
EVENINGS _____

I AFFIRM THAT THIS APPLICATION CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS, OMISSIONS, OR CONCEALMENT OF MATERIAL FACT, AND THAT INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT STATEMENTS MADE BY ME ON THIS APPLICATION ARE SUBJECT TO LATER INVESTIGATION. I AM FURTHER AWARE THAT SHOULD ANY INVESTIGATION DISCLOSE ANY SUCH MISREPRESENTATION, FALSIFICATION, OMISSION, OR CONCEALMENT OF MATERIAL FACT, MY APPLICATION MAY BE REJECTED AND MY NAME REMOVED FROM THE ELIGIBLE LIST. IF ALREADY APPOINTED, I MAY BE DISMISSED.

SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS_ ___ DAY OF ____ 20_____.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES: _____

THIS APPLICATION MUST BE NOTARIZED