Concho Valley Regional
Law Enforcement Academy
5430 Link Road
San Angelo, Texas 76903
325-944-9666

Dear Applicant,
In order to be accepted into the Academy, you must pass *a* preadmission test. The test is conducted at the Howard College Testing center. This is *a* general reading comprehension test. You must schedule and pay for the test yourself and pass the test with *a* minimum score of **945.**

Pre-Admission Test

1. Contact: Howard College @ 325-481-8300 ext.**3405**
2. No appointment necessary- Open Monday - Thursday **8a-5p**
3. *Pay* for Test - $12
4. Take the test
5. Pass with *a* 945 or better
6. Notify the Academy of the results

Classes will be held: Monday thru Thursday from 6:30pm - 10:30pm.
Occasional Saturdays from 8am – 5PM or as designated for a particular class

Concho Valley Regional Law Enforcement Academy General Information

The cost of the Academy is $2,500 payable in full, prior to the Academy start date.
(For VA benefits please go to GIB/LL Home and see bottom of form for additional requirements)
http://www.gibill.va.gov/

Steps for attending the Academy
1. Pick up entrance packet from CVRLEA or download it from our website. 1
2. Take entrance reading comprehension exam at Howard College
@ 325-481-8300 ext. 3405, pass with a 945+
3. Complete both **Personal History Statement** and **Authority to Release Information** and have them **notarized**.
4. Complete Texas Commission on Law Enforcement (TCOLE) form online- Fingerprint Applicant Services of TX (FAST) form3 (provided by CVRLEA)
5. Complete driver's license request and send to Department of Public Safety (DPS) or go online to submit
6. Return the entrance packet with Personal History Statement, Birth Certificate, copy of High School Diploma or GED, DD-214 (if applicable), completed paperwork for the driver's license check to the Academy by **June 12, 2026.**
7. Information will be checked by CVRLEA staff before proceeding to the next step.
8. Complete and Pass the Physical (L-25) & Psychological (L-36) Exams - return paperwork to Academy. (ONLY use forms provided by CVRLEA)
9. Upon final approval from CVRLEA, pay tuition and purchase equipment
10. Completed packets with supporting exam results due by **July 10, 2026**.

For VA students:
An individual who is entitled to educational assistance under chapter 31, or chapter 33, benefits is permitted to attend or participate in the Basic Peace Officer Course during the period beginning on the date on which the individual provides to the Academy a certificate of eligibility for entitlement to educational assistance under chapter 31 or 33 (a "certificate of eligibility" can also include a "Statement of Benefits" obtained from the Department of Veterans Affairs' {VA} websiteeBenefits8, or a V AF 28-1905 form for chapter 31 authorization purposes) and ending on the earlier of the following dates:
1. The date on which payment from VA is made to the institution
2. 90 days after the date the institution certified tuition and fees following the receipt of the certificate of eligibility.

Instructions on Basic Peace Officer Course (BPOC) Packet Completion

In your packet, you will find two groups of forms. The first group of forms pertains to obtaining your background check. The second set is your personal history statement. Specific Instructions for each group of forms is as follows.

Background Check: All applicants are required to have a background check. The Fingerprint Applicant Services of Texas (FAST) form is in the packet. Please only use the form provided. Log on to https//identogo.com and follow the directions on the FAST Form. The results will be returned to the academy.

Drivers License Check: All applicants are required to have a driver's license check. Enclosed is the necessary paperwork to complete this. Check box number 2 and enclose the fee of $6.00 and mail that to the address on the form or submit your request via the online website: How to Order a Driver Record | Department of Public Safety. When the results are received submit the results of report to the Academy.

Personal History Statement: Each applicant must complete and return the Personal History Statement as soon as possible. It is the applicant's responsibility to ensure that this paperwork is complete and received on time. Please follow the instructions carefully on the Personal History Statement. When completed, the Personal History Statement should be brought to the Academy or mailed to:

Concho Valley Regional Law Enforcement Academy
5430 Link Rd.
San Angelo, Texas 76904
Note – Your signature MUST be notarized

DD214: All applicants who have served in the military must submit a copy of their DD214, transcript(s) of all training completed, along with their Personal History Statement. The Personal History Statement will be considered incomplete without these documents

Birth Certificate: All Applicants must submit a copy of their birth certificate. The Personal History Statement will be considered incomplete without this document.

High School Diploma/GED: All applicants must submit a copy of their high school diploma or GED. Provide any and all college transcripts. The Personal History Statement will be considered incomplete without these documents.
Once the Personal History Statement with all your documents, result of the entrance exam, and a complete background check are received the documents will be checked for accuracy by CVRLEA staff before proceeding to the next step.

Physical & Psychological Examination: All applicants must have these two examinations completed prior to admission into the Academy. Forms will be provided after the background check is completed and forms are checked by CVRLEA

If you have any questions regarding the application process, please call CVRLEA @ 325-944-9666

The Concho Valley Regional Law Enforcement Academy will not impose any penalty, including the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities. The Academy will not require the covered individual to borrow additional funds because of the individual's inability to meet his or her financial obligations to the institution due to the delayed disbursement funding from the VA under chapter 31 or 33.

The 82nd Academy will begin on the 3rd of August 2026 and run through the second week of June 2027. Packets need to be downloaded from the link on our web page. Once filled out and signed bring the completed application to our office at 5430 Link Road. The application can be downloaded below.
Regional Law Enforcement Academy - Concho Valley Council of Governments
For any questions, call the Criminal Justice Office @ 325-944-9666.
The following forms are available for viewing at the TCOLE website:
http://tcole.texas.gov/content/forms-and-applications
https://identogo.com (For Reference Only)
http://www.dps.texas.gov/DriverLicense/driverrecords.htm

Student furnished equipment. The first three listed are required by the Academy's start date, the Training Instructor will provide the due date of the remainder of list.

1. Notebooks
2. Ruled Paper
3. Pencils
4. Gun Belt
5. Semi-Automatic – 9mm or larger caliber
6. Holster
7. Two extra magazines
8. Magazine Pouch
9. Handcuffs with key
10. Handcuff case
11. Belt keepers
12. 1500 rds of ammo
13. 1 box of bird shot – 12 gauge
14. 10 rds slugs – 12 gauge
15. 10 rds buckshot – 12 gauge
16. Class shirt(s) (Ordered first day of Academy)

FINGER PRINT INSTRUCTION FORM

TEXAS COMMISSION ON LAW ENFORCEMENT

(TCOLE/Service Code 11G4J8)

1. Schedule an appointment to be electronically fingerprinted by MorphoTrust USA at one of their IdentoGo enrollment centers.
    - Internet based scheduling is the quickest and most convenient way to obtain a fingerprint appointment.
        a. **You may begin the process now by simply clicking on this link: https://identogo.com**
        b. Click – Texas
        c. On-line scheduling
        d. Service Code: **11G4J8**
        e. Schedule your appointment accordingly.
        f. Academy Number: **LE-511459**
    - If you prefer to schedule over the telephone, you must:
        a. Have your Service Code ready (**11G4J8**), then call **888.467.2080**;
        b. MorhphoTrust will prompt you for the Service Code (**11G4J8**);
        c. Schedule your appointment accordingly.
2. Arrive at your scheduled appointment with your photo identification and fee ($9.95).
    - If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here: http://www.l1enrollment.com/state/forms/tx/55fc619a7f7aa.doc
    - MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.
    - Please note that personal checks and cash are **not accepted**.
3. Your fingerprints will be submitted electronically to DPS and the FBI. You will not receive a printed fingerprint card.
4. At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an IdentoGo receipt stating that you were fingerprinted.
    - Do not throw away the receipt;
    - You may check status on your submission by clicking on this link: **https://uenroll.identogo.com/workflows/11G4J8** and then;
    - Click "**Check Status**"

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.

DR-1 (Rev. 10/16)

TEXAS DPS

APPLICATION FOR COPY OF DRIVER RECORD

MAIL TO: Texas Department of Public Safety, Box 149008, Austin, TX 78714-9008

DO NOT MAIL CASH. Mail check or money order payable to: Texas Department of Public Safety

Any questions regarding the information on this form should be directed to the Contact Center at 512-424-2600. Allow 2-3 weeks for delivery.

Check Type of Record Desired

	FEE
☐ 1. Name – DOB – License Status – Latest Address.	$ 4.00
☐ 2. Name – DOB – License Status – 3 Year Record only lists Crashes/Moving Violations.	$ 6.00
☐ 2A. CERTIFIED version of #2. This Record is Not acceptable for a Defensive Driving Course (DDC).	$ 10.00
☐ 3. Name – DOB – License Status – Record of ALL Crashes/Violations. **Furnished to Licensee Only.**	$ 7.00
☐ 3A. CERTIFIED version of #3. **Furnished to Licensee Only and is Acceptable for DDC.**	$ 10.00
☐ 4. Abstract Record – Certified abstract of completed driver record.	$ 20.00
☐ Other: (Original Application, DWLI, etc.) _____	$ ___.00 (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name _____ Requestor's First Name _____

Street Address _____ Texas Driver License Number _____

City _____ State _____ Zip Code _____ Daytime Telephone Number (include area code) ___-___-____

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc. _____

Your Title or Affiliation with above _____

Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.) _____

Information Requested On:

Texas Driver License Number _____ Date of Birth __/__/____ Suffix (SR., JR., etc.) _____

Last Name _____

First Name _____

Middle Name/Maiden Name _____

Individual's Written Consent For *ONE TIME* Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____.

Signature of License/ID Card Holder or Parent/Legal Guardian _____ Date _____

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a $25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor _____ Date _____

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.

Texas Department of Public Safety	Save Time – Request Your Driver Record Online www.texas.gov

Important Instructions – Read Carefully

The Texas Department of Public Safety may disclose personal information to a requestor without written consent of the DL/ID holder, on proof of their identity and a certification by the requestor that the use of the personal information is authorized under state and federal law and that the information will be used only for the purpose stated and in complete compliance with state and federal law.

You must meet one or more of the following exceptions if you do not have written consent of the DL/ID holder to be entitled to receive personal information on the above named individual. Please *initial* each category that applies to the requested driver record.

_____ 1. For use in connection with any matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle emissions; (d) motor vehicle product alterations, recalls, or advisories; (e) performance monitoring of motor vehicles or motor vehicle dealers by a motor vehicle manufacturer; or (f) removal of nonowner records from the original owner records of a motor vehicle manufacturer to carry out the purposes of the Automobile Information Disclosure Act, the Anti Car Theft Act of 1992, the Clean Air Act, and any other statute or regulation enacted or adopted under or in relation to a law included in the above.

_____ 2. *(Valid for Certified Abstract)* For use by a government agency in carrying out its functions or a private entity acting on behalf of a government agency in carrying out its functions.

_____ 3. For use in connection with a matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles, motor vehicle parts, or motor vehicle dealers; (e) motor vehicle market research activities, including survey research; or (f) removal of nonowner records from the original owner records of motor vehicle manufacturers.

_____ 4. For use in the normal course of business by a legitimate business or an authorized agent of the business, but only to verify the accuracy of personal information submitted by the individual to the business or the authorized agent of the business and to obtain correct information if the submitted information is incorrect to prevent fraud by pursuing a legal remedy against, or recovering on a debt or security interest against the individual.

_____ 5. *(Valid for Certified Abstract)* For use in conjunction with a civil, criminal, administrative, or arbitral proceeding in any court or government agency or before any self regulatory body, including service of process, investigation in anticipation of litigation, execution or enforcement of a judgement or order, or under an order of any court.

_____ 6. For use in research or in producing statistical reports, but only if the personal information is not published, redisclosed, or used to contact any individual.

_____ 7. For use by an insurer or insurance support organization, or by a self insured entity, or an authorized agent of the entity, in connection with claims investigation activities, antifraud activities, rating or underwriting.

_____ 8. For use in providing notice to an owner of a towed or impounded vehicle.

_____ 9. For use by a licensed private investigator agency or licensed security service for a purpose permitted as stated on this page.

_____ 10. *(Valid for Certified Abstract)* For use by an employer or an authorized agent or insurer of the employer to obtain or verify information relating to a holder of a commercial driver license that is required under 49 U.S.C. Chapter 313.

_____ 11. For use in connection with the operating of a private toll transportation facility.

_____ 12. For use by a consumer-reporting agency as defined by the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.) for a purpose permitted under the Act.

_____ 13. For any other purpose specifically authorized by law that relates to the operation of a motor vehicle or to public safety.

Please state specific statutory authority _____

_____ 14. For use in the preventing, detecting, or protecting against identity theft or other acts of fraud. The Department prior to release of personal information may require additional information.

Below is an example of how numbers and letters should be written on front of this form:

1 2 3 4 5 6 7 8 9 0

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

_____
(Name of Law Enforcement Agency)

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, Applicant, hereby authorize the _____ and its authorized representatives bearing this release, or a copy thereof, within one year of the execution date below, to obtain any information in your files pertaining to my citizenship, credit, criminal, driving, education, employment, financial, legal, licensing, medical, military, and personal history, including but not limited to academic, achievement, athletic, attendance, court, credit, criminal history record information, disciplinary, driving, financial, government, licensing, medical, performance evaluation, vehicle, or any other records or information held.

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 their official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, other educational institution, hospital, other repository of medical records, credit bureau, lending institution, financial institution, consumer reporting agency, government agency, business establishment, or other entity, 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 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: _____ Email: _____

Applicant's Notarized Signature: _____

State of _____
County of _____
Sworn to and subscribed before me on the _____ day of _____,
_____, by the above Applicant.
Notary's Printed Name: _____

Notary's Signature: _____
NOTARY SEAL Notary's Commission Expires: _____

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

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

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.

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

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.

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

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

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

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

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

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:

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

☐ 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

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

☐ 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: _____

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

☐ 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: _____

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

☐ 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?

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

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?

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

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:

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

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.

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

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:

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

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:

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

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):

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

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

Have you ever left a residence owing rent? ☐ Yes ☐ No

If you answered "**Yes**" to either of the two questions above, explain (include when, where, and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country? ☐ Yes ☐ No
  If YES, list below.
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

1. 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):

Would there be a problem if we contact your current employer? ☐ Yes ☐ No

If yes, explain:

2. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

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

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

---

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

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

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

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

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

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

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

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

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

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/lied 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

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

17. Are you in arrears on court-ordered child support? ☐ Yes ☐ No

If you answered "**Yes**" to any of Questions 4 – 17 (on the previous page and above), explain. Include when, where, and why and indicate the corresponding question number:

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions:

This section requires you to report detentions, arrest, and convictions, including diversion programs and, in some cases, offenses that may have been pardoned. As a licensed applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations, excluding traffic tickets (may have been detained and/or received a Class C for disorderly conduct, prostitution, assault, etc., without actual arrest

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

Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? ☐ Yes ☐ No

If yes, explain each incident:

1. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

2. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

3. Approximate Date: Arresting or detaining agency:

Charge:

Disposition of Penalty:

4. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

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

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

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

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

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

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:

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

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

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or held for another

If you checked any of the items above, give details including drug(s) involved, over what time period(s), and circumstances:

SECTION 9: MOTOR VEHICLE OPERATION

Current Driver License #: State of Issue: Expiration Date:

Full name under which license was granted:

List other states where you have been licensed to operate a motor vehicle:

1. ☐ N/A State of Issue: Type of License: License Number:

Name under which license was granted:

2. ☐ N/A State of Issue: Type of License: License Number:

Name under which license was granted:

3. ☐ N/A State of Issue: Type of License: License Number:

Name under which license was granted:

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

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

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

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

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

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

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

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

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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:

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

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

If yes, give reason:

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

Have you ever been refused automobile liability insurance, or a bond, or had a policy cancelled? ☐ Yes ☐ No

If yes, give reason:

Insurance Company: Date:

Location (Street, City, State, Zip):

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

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15. Are you or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No

16. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No

17. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act? ☐ Yes ☐ No

18. Have you ever hit or physically overpowered a spouse, romantic partner, or family members? ☐ Yes ☐ No

If you answered "**YES**" to **<u>any</u>** of the questions 15 – 18 (above), give details, dates, and circumstances. Indicate the corresponding question number.

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

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.

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

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.

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

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:

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