



**BACKGROUND INVESTIGATION &
PERSONAL HISTORY QUESTIONNAIRE**

INSTRUCTIONS

The information you provide in this Personal History Statement will be used in the investigation into your background to assist in determining your suitability for a position with KITSAP 911 that you have applied for. Your answers to the following questions may be verified by check of records kept by police agencies, courts and social services agencies and by interviews with persons you have listed on this questionnaire.

Please fill out the entire questionnaire completely, accurately and truthfully.

The following are areas that have previously caused problems for applicants. Special attention should be directed to answering those questions honestly, accurately, and completely:

1. If you have been involved in something five (5) times, do not indicate four (4) times, or some other number on the application.
2. When asked if you have ever possessed marijuana, cocaine, or other illicit drugs, do not say **"NO"**, rationalizing that you have only touched it once, didn't touch it often, or it was only a small amount.
3. When asked if you have ever stolen anything, do not reply **"NO"**, by rationalizing that you just borrowed it and will return it, that item had no value, it was common practice amount co-workers, it was unintentional, or the person didn't really care that you took it.
4. When asked to write down all your jobs, do not omit any, rationalizing it was only part-time, you didn't work there long, you were self-employed, the employer wouldn't give you a good recommendation, or that it is not related to this job.

Please complete every section and answer all questions, the entire completion of this form is mandatory. If a question or item does not apply, please enter **"N/A."** In order to ensure the background investigation is conducted as smoothly and quickly as possible, please provide as many phone numbers as possible for the references listed. If you are unable to locate a phone number for a particular contact or reference, please use a different contact or reference for whom you have a phone number.

If you have questions concerning any portion of the Personal History and Background Questionnaire, you should contact Kitsap 911 Human Resources at HR@Kitsap911.org prior to its submission.

Keep in mind that:

1. All statements in this questionnaire are subject to verification.
2. Deliberate inaccuracies or omissions may bar or remove you from further testing and employment.
3. All time periods in your background must be accounted for.
4. Deliberate untruthfulness, omissions or misrepresentation of information constitutes grounds for disqualification from further testing or employment.
5. If space provided is inadequate, add another page and identify additional information by number, following the same format.

When completed, this questionnaire should be returned via email to the
Kitsap 911 Human Resources at HR@Kitsap911.org.

"Kitsap 911 is an equal opportunity employer and does not discriminate on the basis of race, creed, color, national origin, sex, marital status, sexual orientation, gender identity diversity, age, honorably discharged veteran, veteran status, HIV status, the presence of any sensory, mental or physical disability, or the use of a trained dog guide or service animal by a person with a disability.

Persons requiring reasonable accommodation in the application process or requiring any information in an alternative format may contact our Human Resources Manager at 360 307 5821. For assistance from the Washington Relay Service with this call, contact 7-1-1 or (800) 833-6368."

INSTRUCTIONS: Answer all questions. If any item does not apply, enter "N/A."

If more space is required, attach additional pages as needed.

Number the comments. More than one comment may be placed on a page.

ALL APPLICANTS MUST BRING COPIES OF: Your Military discharge certificate or report of separation (DD214 form), social security card, and driver's license.

SECTION 1: PERSONAL

1. NAME (First Middle Last)			2. BIRTH DATE		3. SOCIAL SECURITY NUMBER	
4. OTHER NAMES YOU HAVE USED OR HAVE BEEN KNOWN BY (To include prior marriage/maiden or nicknames)						
MAILING ADDRESS				RESIDENCE ADDRESS (only if different from mailing address)		
5. ADDRESS				6. ADDRESS		
CITY				CITY		
STATE			ZIP		STATE	
AREA CODE			HOME TELEPHONE NO.		HRS OF CONTACT	
AREA CODE			CELL TELEPHONE NO.		HRS OF CONTACT	
7. EMAIL ADDRESS						
8. ARE YOU A CITIZEN OF THE UNITED STATES?					YES	NO
IF YOU WERE BORN OUTSIDE OF THE UNITED STATES, ARE YOU A U.S. CITIZEN?					YES	NO
IF NO, ARE YOU A RESIDENT ALIEN?					YES	NO
9. BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)						
10. DRIVERS LICENSE				11. PHYSICAL DESCRIPTION		
NUMBER:		STATE:		EXP:		
HEIGHT		WEIGHT		HAIR COLOR:		EYE COLOR:

SECTION 2: RELATIVES AND REFERENCES

12. 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 more space is needed, continue your response on Page 28.

N/A	A. FATHER		
NAME (First Middle Last)			

RESIDENCE ADDRESS				WORK ADDRESS		
ADDRESS				ADDRESS		
CITY				CITY		
STATE		ZIP		STATE		ZIP
AREA CODE	HOME TELEPHONE NO.	HRS OF CONTACT		AREA CODE	WORK TELEPHONE NO:	HRS OF CONTACT
AREA CODE	CELL TELEPHONE NO.	HRS OF CONTACT		EMAIL ADDRESS		
N/A	B. STEP-FATHER					
NAME (First Middle Last)						
RESIDENCE ADDRESS				WORK ADDRESS		
ADDRESS				ADDRESS		
CITY				CITY		
STATE			ZIP	STATE		ZIP
AREA CODE	HOME TELEPHONE NO.	HRS OF CONTACT		AREA CODE	WORK TELEPHONE NO.	HRS OF CONTACT
AREA CODE	CELL TELEPHONE NO.	HRS OF CONTACT		EMAIL ADDRESS		
N/A	C. MOTHER					
NAME (First Middle Last)						
RESIDENCE ADDRESS				WORK ADDRESS		
ADDRESS				ADDRESS		
CITY				CITY		
STATE			ZIP	STATE		ZIP
AREA CODE	HOME TELEPHONE NO.	HRS OF CONTACT		AREA CODE	WORK TELEPHONE NO.	HRS OF CONTACT
AREA CODE	CELL TELEPHONE NO.	HRS OF CONTACT		EMAIL ADDRESS		

N/A	D. STEP-MOTHER									
NAME (First Middle Last)										
RESIDENCE ADDRESS						WORK ADDRESS				
ADDRESS						ADDRESS				
CITY						CITY				
STATE					ZIP	STATE				ZIP
AREA CODE	HOME TELEPHONE NO.		HRS OF CONTACT			AREA CODE	WORK TELEPHONE NO.		HRS OF CONTACT	
AREA CODE	CELL TELEPHONE NO.		HRS OF CONTACT			EMAIL ADDRESS				
N/A	E. SPOUSE/REGISTERED DOMESTIC PARTNER									
NAME (First Middle Last)										
RESIDENCE ADDRESS						WORK ADDRESS				
ADDRESS						ADDRESS				
CITY						CITY				
STATE	ZIP					STATE				ZIP
AREA CODE	HOME TELEPHONE NO.		HRS OF CONTACT			AREA CODE	WORK TELEPHONE NO.		HRS OF CONTACT	
AREA CODE	CELL TELEPHONE NO.		HRS OF CONTACT			EMAIL ADDRESS				
N/A	F. FATHER-IN-LAW									
NAME (First Middle Last)										
RESIDENCE ADDRESS						WORK ADDRESS				
ADDRESS						ADDRESS				
CITY						CITY				
STATE	ZIP					STATE				ZIP
AREA CODE	HOME TELEPHONE NO.		HRS OF CONTACT			AREA CODE	WORK TELEPHONE NO.		HRS OF CONTACT	
AREA CODE	CELL TELEPHONE NO.		HRS OF CONTACT			EMAIL ADDRESS				

AREA CODE	CELL TELEPHONE NO.	HRS OF CONTACT	EMAIL ADDRESS		
N/A	G. MOTHER-IN-LAW				
NAME (First Middle Last)					
RESIDENCE ADDRESS			WORK ADDRESS		
ADDRESS			ADDRESS		
CITY			CITY		
STATE	ZIP		STATE		ZIP
AREA CODE	HOME TELEPHONE NO.	HRS OF CONTACT	AREA CODE	WORK TELEPHONE NO.	HRS OF CONTACT
AREA CODE	CELL TELEPHONE NO.	HRS OF CONTACT	EMAIL ADDRESS		
N/A	H. FORMER SPOUSE(S)/FORMER REGISTERED DOMESTIC PARTNER(S)				
NAME (First Middle Last)					
RESIDENCE ADDRESS			WORK ADDRESS		
ADDRESS			ADDRESS		
CITY			CITY		
STATE	ZIP		STATE		ZIP
AREA CODE	HOME TELEPHONE NO.	HRS OF CONTACT	AREA CODE	WORK TELEPHONE NO.	HRS OF CONTACT
AREA CODE	CELL TELEPHONE NO.	HRS OF CONTACT	EMAIL ADDRESS		
DATE & LOCATION OF MARRIAGE			DATE & LOCATION OF DIVORCE		
IS THERE OR HAS THERE BEEN A RESTRAINING ORDER OR NO CONTACT ORDER IN EFFECT FOR THIS INDIVIDUAL? YES NO					
NAME (First Middle Last)					
RESIDENCE ADDRESS			WORK ADDRESS		
ADDRESS			ADDRESS		
CITY			CITY		

STATE	ZIP		STATE	ZIP	
AREA CODE	HOME TELEPHONE NO.	HRS OF CONTACT	AREA CODE	WORK TELEPHONE NO.	HRS OF CONTACT
AREA CODE	CELL TELEPHONE NO.	HRS OF CONTACT	EMAIL ADDRESS		
DATE & LOCATION OF MARRIAGE			DATE & LOCATION OF DIVORCE		
IS THERE OR HAS THERE BEEN A RESTRAINING ORDER OR NO CONTACT ORDER IN EFFECT FOR THIS INDIVIDUAL? YES NO					
N/A	I. BROTHERS AND SISTERS-List all living siblings, including half-siblings and step-siblings.				
NAME (First Middle Last)					
RESIDENCE ADDRESS			WORK ADDRESS		
ADDRESS			ADDRESS		
CITY			CITY		
STATE	ZIP		STATE	ZIP	
AREA CODE	HOME TELEPHONE NO.	HRS OF CONTACT	AREA CODE	WORK TELEPHONE NO.	HRS OF CONTACT
AREA CODE	CELL TELEPHONE NO.	HRS OF CONTACT	EMAIL ADDRESS		
IS THIS SIBLING: MALE FEMALE UNDER AGE 18					
NAME (First Middle Last)					
RESIDENCE ADDRESS			WORK ADDRESS		
ADDRESS			ADDRESS		
CITY			CITY		
STATE	ZIP		STATE	ZIP	
AREA CODE	HOME TELEPHONE NO.	HRS OF CONTACT	AREA CODE	WORK TELEPHONE NO.	HRS OF CONTACT
AREA CODE	CELL TELEPHONE NO.	HRS OF CONTACT	EMAIL ADDRESS		
IS THIS SIBLING: MALE FEMALE UNDER AGE 18					
NAME (First Middle Last)					
RESIDENCE ADDRESS			WORK ADDRESS		

ADDRESS			ADDRESS		
CITY			CITY		
STATE	ZIP		STATE		ZIP
AREA CODE	HOME TELEPHONE NO.	HRS OF CONTACT	AREA CODE	WORK TELEPHONE NO.	HRS OF CONTACT
AREA CODE	CELL TELEPHONE NO.	HRS OF CONTACT	EMAIL ADDRESS		
N/A	J. CHILDREN-List all of your children, including natural, adopted step and/or foster care. List all children that reside with you and if they do not, please provide the name and contact information of the custodial parent or guardian.				
NAME (First Middle Last)			MALE FEMALE CHILD'S AGE		
CUSTODIAL PARENT OR GUARDIAN (OTHER THAN YOU) NAME (First Middle Last)					
ADDRESS			CITY	STATE	ZIP
AREA CODE	TELEPHONE NO.	HRS OF CONTACT	EMAIL ADDRESS		
NAME (First Middle Last)			MALE FEMALE CHILD'S AGE		
CUSTODIAL PARENT OR GUARDIAN (OTHER THAN YOU) NAME (First Middle Last)					
ADDRESS			CITY	STATE	ZIP
AREA CODE	TELEPHONE NO.	HRS OF CONTACT	EMAIL ADDRESS		
NAME (First Middle Last)			MALE FEMALE CHILD'S AGE		
CUSTODIAL PARENT OR GUARDIAN (OTHER THAN YOU) NAME (First Middle Last)					
ADDRESS			CITY	STATE	ZIP
AREA CODE	TELEPHONE NO.	HRS OF CONTACT	EMAIL ADDRESS		
NAME (First Middle Last)			MALE FEMALE CHILD'S AGE		
CUSTODIAL PARENT OR GUARDIAN (OTHER THAN YOU) NAME (First Middle Last)					

ADDRESS			CITY	STATE	ZIP
AREA CODE	TELEPHONE NO.	HRS OF CONTACT	EMAIL ADDRESS		
13. REFERENCES-List 10 people who know you well, such as social and family friends, co-workers, military acquaintances. DO NOT include relatives, employers, roommates, or individuals listed elsewhere.					
a. NAME (First Middle Last)		EMAIL ADDRESS			
AREA CODE	TELEPHONE NO.	RELATIONSHIP	HOW LONG HAVE YOU KNOWN THEM?		
b. NAME (First Middle Last)		EMAIL ADDRESS			
AREA CODE	TELEPHONE NO.	RELATIONSHIP	HOW LONG HAVE YOU KNOWN THEM?		
c. NAME (First Middle Last)		EMAIL ADDRESS			
AREA CODE	TELEPHONE NO.	RELATIONSHIP	HOW LONG HAVE YOU KNOWN THEM?		
d. NAME (First Middle Last)		EMAIL ADDRESS			
AREA CODE	TELEPHONE NO.	RELATIONSHIP	HOW LONG HAVE YOU KNOWN THEM?		
e. NAME (First Middle Last)		EMAIL ADDRESS			
AREA CODE	TELEPHONE NO.	RELATIONSHIP	HOW LONG HAVE YOU KNOWN THEM?		
f. NAME (First Middle Last)		EMAIL ADDRESS			
AREA CODE	TELEPHONE NO.	RELATIONSHIP	HOW LONG HAVE YOU KNOWN THEM?		
g. NAME (First Middle Last)		EMAIL ADDRESS			
AREA CODE	TELEPHONE NO.	RELATIONSHIP	HOW LONG HAVE YOU KNOWN THEM?		
h. NAME (First Middle Last)		EMAIL ADDRESS			
AREA CODE	TELEPHONE NO.	RELATIONSHIP	HOW LONG HAVE YOU KNOWN THEM?		
i. NAME (First Middle Last)		EMAIL ADDRESS			
AREA CODE	TELEPHONE NO.	RELATIONSHIP	HOW LONG HAVE YOU KNOWN THEM?		

j. NAME (First Middle Last)			EMAIL ADDRESS		
AREA CODE	TELEPHONE NO.		RELATIONSHIP		HOW LONG HAVE YOU KNOWN THEM?

SECTION 3: EDUCATION

NOTE: PROVIDE TRANSCRIPTS OR OTHER PROOF TO SUPPORT ALL OF YOUR EDUCATION CLAIMS. GIVING FALSE OR MISLEADING ANSWERS MAY LEAD TO DISQUALIFICATION.

FROM			TO				
14. INSTITUTION NAME	MONTH	YEAR	MONTH	YEAR	CITY	STATE	DEGREE EARNED
a.							
b.							
c.							
d.							
e.							
15. HAVE YOU EVER ATTENDED A DISPATCH ACADEMY?							YES NO
IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION BELOW							
a. ACADEMY NAME				FROM	TO	GRADUATE?	YES NO
LOCATION (CITY/STATE)		NAME OF TRAINING OFFICER			AREA CODE	TELEPHONE NO.	
b. ACADEMY NAME				FROM	TO	GRADUATE	YES NO
LOCATION (CITY/STATE)		NAME OF TRAINING OFFICER			AREA CODE	TELEPHONE NO.	
16. 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 AND ALL DISCIPLINARY ACTIONS RECEIVED IN ANY SCHOOL. INCLUDE WHEN THE DISCIPLINARY ACTION(S) OCCURRED, NAME OF SCHOOL(S) AND EXPLANATION OF CIRCUMSTANCES.							

SECTION 4: RESIDENCE

17. LIST OF RESIDENCES

- LIST ALL RESIDENCES DURING THE LAST TEN YEARS OR SINCE AGE 15. PROVIDE COMPLETE ADDRESS (include markers such as Street, Drive, Road, East, West, etc. and unit or apartment number). Do NOT use PO Boxes.
- IF THE RESIDENCE IS A MILITARY BASE, IDENTIFY NAME OF BASE IN ADDRESS, NEAREST CITY, STATE AND ZIP CODE. **DO NOT LIST MILITARY BARRACKS MATES UNLESS YOU SHARED INDIVIDUAL QUARTERS.**

a. ADDRESS		FROM		TO: PRESENT	
CITY			STATE		ZIP
IF RENTING; PROPERTY MANAGER, RENT COLLECTOR, OWNER NAME					
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			CITY	STATE	ZIP
AREA CODE	TELEPHONE NO.		EMAIL ADDRESS		
NAMES OF THOSE WITH WHOM YOU LIVED					
b. FORMER ADDRESS		FROM		TO	
CITY			STATE		ZIP
IF RENTING; PROPERTY MANAGER, RENT COLLECTOR, OWNER NAME					
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			CITY	STATE	ZIP
AREA CODE	TELEPHONE NO.		EMAIL ADDRESS		
NAMES OF THOSE WITH WHOM YOU LIVED					
c. FORMER ADDRESS		FROM		TO	
CITY			STATE		ZIP
IF RENTING; PROPERTY MANAGER, RENT COLLECTOR, OWNER NAME					
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			CITY	STATE	ZIP
AREA CODE	TELEPHONE NO.		EMAIL ADDRESS		
NAMES OF THOSE WITH WHOM YOU LIVED					

d. FORMER ADDRESS			FROM		TO	
CITY				STATE		ZIP
IF RENTING; PROPERTY MANAGER, RENT COLLECTOR, OWNER NAME						
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			CITY	STATE		ZIP
AREA CODE	TELEPHONE NO.		EMAIL ADDRESS			

NAMES OF THOSE WITH WHOM YOU LIVED WITH

SECTION 5: EXPERIENCE AND EMPLOYMENT

18. JOB EXPERIENCE

- LIST **ALL** JOBS YOU HAVE HAD, INCLUDING PART-TIME, TEMPORARY, SELF-EMPLOYMENT AND VOLUNTEER. (**Begin with your most current**)
- IF YOU HAVE MILITARY EXPERIENCE, INCLUDE RESERVE DUTY, ENTER YOUR MILITARY BASE, ASSIGNMENT, OR UNIT OF ASSIGNMENT.
- LIST **ALL** PERIODS OF UNEMPLOYMENT IN **EXCESS OF 30 DAYS**.
- LIST YOUR CURRENT (OR MOST RECENT) SUPERVISOR FOR EACH JOB.
- LIST (2) CO-WORKERS THAT WOULD BEST KNOW YOU AND YOUR WORK HABITS, PRODUCTIVITY, BEHAVIOR, ETC.

FROM			TO				
COMPANY NAME/MILITARY UNIT	MONTH	YEAR	MONTH	YEAR	POSITION	CITY	REASON LEFT
a.							
b.							
c.							
d.							
e.							
f.							
g.							
h.							
i.							
j.							

EMPLOYMENT REFERENCES (LIST IN ORDER OF ABOVE LISTED JOBS)

SUPERVISOR & TWO CO-WORKERS	AREA CODE	PERSONAL NO.	PERSONAL EMAIL	RELATIONSHIP
a.				
a.				
a.				
b.				
b.				
b.				

c.				
c.				
c.				
d.				
d.				
d.				
e.				
e.				
e.				
f.				
f.				
f.				
g.				
g.				
g.				
h.				
h.				
h.				
i.				
i.				
i.				
j.				
j.				
j.				
19. HOW MANY TIMES HAVE YOU BEEN LATE OR TARDY DUE TO CIRCUMSTANCES WITHIN YOUR CONTROL?				
20. HOW MANY TIMES HAVE YOU CALLED IN SICK WHEN YOU WERE NEITHER SICK NOR CARING FOR A FAMILY MEMBER WHO WAS SICK?				
21. HOW MANY TIMES HAVE YOU BEEN COUNSELED AT WORK FOR ABSENSES OR LATE ARRIVALS?				
22. HOW MANY TIMES HAVE YOU BEEN FIRED OR TERMINATED FROM EMPLOYMENT?				
23. FROM HOW MANY JOBS HAVE YOU RESIGNED TO AVOID TERMINATION?				
24. HOW MANY UNSATISFACTORY EVALUATIONS HAVE YOU RECEIVED?				
25. HOW MANY VERBAL WARNINGS HAVE YOU RECEIVED?				
26. HOW MANY WRITTEN REPRIMANDS HAVE YOU RECEIVED?				

27. HOW MANY TIMES HAVE YOU BEEN SUSPENDED FROM EMPLOYMENT?
28. HOW MANY TIMES HAVE YOU RECEIVED A NOTICE THAT FURTHER VIOLATION MAY RESULT IN DISCIPLINE, INCLUDING SUSPENSION OR TERMINATION?
29. WHICH OF YOUR EMPLOYERS WILL GIVE YOU AN UNFAVORABLE RECOMMENDATION?
30. WHICH OF YOUR EMPLOYERS WILL REPORT THAT YOU LEFT WITHOUT PROVIDING PROPER NOTICE?
31. WHICH SUPERVISOR WILL REPORT THAT YOU WERE DISRESPECTFUL, INSUBORDINATE, OR DIFFICULT TO WORK WITH?
32. WHICH OF YOUR EMPLOYERS WOULD ACCUSE YOU OF A DISHONEST ACT OR ASKED YOU TO RESIGN FROM A JOB BECAUSE OF ALLEGED DISHONESTY?
33. WHICH CO-WORKERS WILL REPORT YOU WERE DIFFICULT TO WORK WITH?
34. WHEN WAS THE LAST TIME YOU WERE THE SUBJECT OF AN INVESTIGATION INITIATED BY YOUR EMPLOYER?
35. WHEN WAS THE LAST TIME YOU WERE INTERVIEWED ABOUT A COMPLAINT FILED BY A:
<div>A. CO-WORKER?</div> <div>B. SUPERVISOR?</div> <div>C. CUSTOMER?</div> <div>D. CLIENT?</div>
36. WHICH OF YOUR FORMER EMPLOYERS WOULD REHIRE YOU (IF THERE WAS A JOB AVAILABLE)?
37. HOW MANY TIMES HAVE YOU WORKED WITHOUT REPORTING IT (EVEN ON THE SIDE) WHILE COLLECTING UNEMPLOYMENT BENEFITS?
<p>IF YOU ANSWERED ANYTHING OTHER THAN <u>NONE OR ZERO</u> TO <u>QUESTIONS 19-37</u>, EXPLAIN (INCLUDE WHO, WHEN, WHY, WHERE AND CIRCUMSTANCES; INDICATE CORRESPONDING NUMBER)</p>

SECTION 5: EXPERIENCE AND EMPLOYMENT ---- CONTINUED

38. HAVE YOU EVER APPLIED TO ANY OTHER LAW ENFORCEMENT OR PUBLIC SAFETY AGENCIES (CITY, COUNTY, STATE OR FEDERAL)?

YES NO

- IF YES, LIST **EVERY** AGENCY YOU HAVE APPLIED TO STARTING WITH THE MOST RECENT
- **ALL AGENCIES MUST BE LISTED** REGARDLESS OF THE OUTCOME OR CURRENT STATUS
- **CHECK EACH STEP IN THE PROCESS THAT YOU HAVE COMPLETED AND STATUS WITH EACH AGENCY**

NAME OF AGENCY		POSITION APPLIED FOR		DATE APPLIED
ADDRESS		CITY	STATE	ZIP
BACKGROUND INVESTIGATOR'S NAME (if known)		AREA CODE	TELEPHONE	EMAIL ADDRESS
STEPS:	APPLICATION	WRITTEN	PHYSICAL AGILITY	ORAL
			POLYGRAPH/CVSA	BACKGROUND
				CHIEF'S ORAL
STATUS:	HIRED	ON LIST	WITHDRAWN BY APPLICANT	WITHDRAWN BY AGENCY
				DISQUALIFIED

NAME OF AGENCY		POSITION APPLIED FOR		DATE APPLIED
ADDRESS		CITY	STATE	ZIP
BACKGROUND INVESTIGATOR'S NAME (if known)		AREA CODE	TELEPHONE	EMAIL ADDRESS
STEPS:	APPLICATION	WRITTEN	PHYSICAL AGILITY	ORAL
			POLYGRAPH/CVSA	BACKGROUND
				CHIEF'S ORAL
STATUS:	HIRED	ON LIST	WITHDRAWN BY APPLICANT	WITHDRAWN BY AGENCY
				DISQUALIFIED

NAME OF AGENCY		POSITION APPLIED FOR		DATE APPLIED
ADDRESS		CITY	STATE	ZIP
BACKGROUND INVESTIGATOR'S NAME (if known)		AREA CODE	TELEPHONE	EMAIL ADDRESS
STEPS:	APPLICATION	WRITTEN	PHYSICAL AGILITY	ORAL
			POLYGRAPH/CVSA	BACKGROUND
				CHIEF'S ORAL
STATUS:	HIRED	ON LIST	WITHDRAWN BY APPLICANT	WITHDRAWN BY AGENCY
				DISQUALIFIED

SECTION 6: MILITARY EXPERIENCE

39. ARE YOU REQUIRED TO REGISTER FOR THE SELECTIVE SERVICE?

YES NO

IF YES, HAVE YOU REGISTERED?

YES NO

SELECTIVE SERVICE NUMBER:	IF NO, EXPLAIN:
IF YOU HAVE NO MILITARY EXPERIENCE, GO TO THE NEXT SECTION	
40. HOW LONG WERE YOU IN THE MILITARY, ACTIVE DUTY? YEARS MONTHS	
41. BRANCH OF SERVICE:	DATES OF SERVICE: TO: FROM:
42. TYPE OF DISCHARGE: HONORABLE HONORABLE WITH HARDSHIP REASONS RETIREMENT GENERAL OTHER THAN HONORABLE DISHONORABLE BAD CONDUCT	
43. ARE YOU CURRENTLY PARTICIPATING IN ONE OF THE FOLLOWING? MILITARY RESERVE NATIONAL GUARD	
44. HAVE YOU EVER BEEN THE SUBJECT OF ANY JUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION (SUCH AS COURT MARTIAL, CAPTAIN'S MAST, ARTICLE 15, OFFICE HOURS, COMPANY PUNISHMENT)? YES NO	
45. WHILE IN THE SERVICE, WERE YOU EVER INCARCERATED (BRIG TIME/CIVILIAN JAIL)? YES NO	
46. WERE YOU EVER AWOL, MISSED FORMATION, ETC? YES NO	
47. DID YOU FAIL TO COMPLETE ANY TERM OF ENLISTMENT FOR ANY REASON? YES NO	
48. DO YOU STILL POSSESS ANY UNAUTHORIZED MILITARY EQUIPMENT? YES NO	
IF YOU ANSWERED YES TO QUESTIONS 44-48 , EXPLAIN (INCLUDE WHO, WHEN, WHY, WHERE AND CIRCUMSTANCES; INDICATE CORRESPONDING NUMBER)	

SECTION 7: FINANCIAL

YOUR ANSWERS TO THE FOLLOWING QUESTIONS ABOUT YOUR FINANCIAL HISTORY MAY BE VERIFIED THROUGH INTERVIEWS WITH PERSONS LISTED ON YOUR BACKGROUND INVESTIGATION PACKET. DELIBERATELY GIVING FALSE OR MISLEADING ANSWERS MAY LEAD TO YOUR DISQUALIFICATION.

49. ARE YOU ABLE TO PAY ALL OF YOUR MONTHLY BILLS ON TIME?	YES	NO
50. HAVE YOU EVER FILED FOR OR DECLARED BANKRUPTCY (CHAPTER 7, 11, 13)?	YES	NO
IF YES, YOU ARE REQUIRED TO PROVIDE COPIES OF ALL COURT DOCUMENTS ASSOCIATED WITH THE BANKRUPTCY.		
51. HAVE ANY OF YOUR BILLS EVER BEEN TURNED OVER TO A COLLECTION AGENCY?	YES	NO
52. HAVE YOUR WAGES EVER BEEN GARNISHED?	YES	NO
53. HAVE YOU EVER HAD YOUR PROPERTY REPOSSESSED (BOTH PERSONAL AND REAL PROPERTY)?	YES	NO
54. HAVE YOU WRITTEN THREE OR MORE BAD CHECKS IN A ONE YEAR PERIOD?	YES	NO
55. HAVE YOU EVER MADE FALSE CLAIMS ON INSURANCE POLICIES FOR PERSONAL GAIN?	YES	NO
56. HAS A LANDLORD EVER SERVED YOU AN EVICTION NOTICE?	YES	NO
57. HAVE YOU EVER AVOIDED PAYING RENT, OR ANY LAWFUL DEBTS, BY MOVING?	YES	NO
58. HAVE YOU EVER BEEN INVESTIGATED FOR FILING A FALSE TAX RETURN?	YES	NO
59. HAVE YOU EVER FAILED TO FILE INCOME TAX OR CHEATED/LIED ON AN INCOME TAX RETURN?	YES	NO
60. HAVE YOU EVER BEEN DELINQUENT ON INCOME TAX PAYMENT?	YES	NO
61. HAVE YOU EVER HAD AN EMPLOYMENT BOND REFUSED?	YES	NO
62. HAVE YOU EVER BORROWED MONEY TO PAY A GAMBLING DEBT?	YES	NO
IF YES, DO YOU CURRENTLY HAVE ANY OUTSTANDING DEBTS AS A RESULT OF GAMBLING?	YES	NO
63. HAVE YOU EVER FAILED TO MAKE OR BEEN LATE ON A COURT-ORDERED PAYMENT (EX. CHILD SUPPORT, ALIMONY, RESTITUTION, ETC)?	YES	NO
64. HAVE YOU EVER DEFAULTED ON (FAILED TO PAY) A LOAN?	YES	NO
65. HAVE YOU EVER SPENT MONEY FOR ILLEGAL PURPOSES (EX. ILLEGAL DRUGS, PROSTITUTION, PURCHASE OF FRAUDULENT DOCUMENTS, ETC.)?	YES	NO

IF YOU ANSWERED **YES**, TO **QUESTIONS 49-65** EXPLAIN
(INCLUDE WHO, WHEN,WHY,WHERE AND CIRCUMSTANCES; INDICATE CORRESPONDING NUMBER)

SECTION 8: LEGAL

DISCLOSURE OF ARRESTS AND CONVICTIONS AS EITHER AN ADULT OR JUVENILE

- PLEASE DISCLOSE ANY OF THE ARRESTS OR CONVICTIONS, EVEN IF THE RECORDS WERE SEALED, EXPUNGED, DISMISSED, OR PARDONED.
- ALL DETENTIONS OR ARRESTS, WHETHER THEY RESULTED IN A CONVICTION OR NOT.
- ALL DIVERSION PROGRAMS THAT WERE NOT SUCCESSFULLY COMPLETED.

66. HOW MANY TIMES WERE YOU DETAINED BY LAW ENFORCEMENT?

67. HOW MANY TIMES WERE YOU HELD ON SUSPICION BY LAW ENFORCEMENT?

68. HOW MANY TIMES HAVE YOU BEEN NAMED IN A SEARCH WARRANT?

69. HOW MANY TIMES HAVE YOU BEEN NAMED ON AN ARREST WARRANT?

70. HOW MANY TIMES HAVE YOU BEEN FINGERPRINTED?

71. HOW MANY TIMES HAVE YOU BEEN ARRESTED?

72. HOW MANY TIMES HAVE YOU BEEN INDICTED?

73. HOW MANY TIMES HAVE YOU BEEN REQUIRED BY LAW ENFORCEMENT TO PROVIDE A URINE SAMPLE?

74. HOW MANY TIMES HAVE YOU BEEN REQUIRED BY LAW ENFORCEMENT TO PROVIDE A BLOOD SAMPLE?
75. HOW MANY TIMES HAVE YOU BEEN REQUIRED BY LAW ENFORCEMENT TO PROVIDE A DNA SAMPLE?
76. HOW MANY TIMES HAVE YOU BEEN CHARGED WITH A CRIME?
77. HOW MANY TIMES HAVE YOU BEEN BOOKED INTO JAIL OR OTHER CUSTODIAL SETTING?
78. HOW MANY TIMES HAVE YOU BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY?
79. HOW MANY TIMES HAVE YOU BEEN THE SUBJECT OF AN EMERGENCY PROTECTION ORDER/RESTRAINING ORDER/STAY AWAY ORDER?
80. HOW MANY TIMES HAVE YOU BEEN INVOLVED IN ANY COURT ACTION OR LEGAL INVESTIGATION WHERE THE RECORDS MAY HAVE BEEN SEALED?
81. HOW MANY TIMES HAVE YOU BEEN ON COURT PROBATION (AGE 18 OR OLDER)?
82. HOW MANY TIMES HAVE YOU HAD TO APPEAR AS A DEFENDANT IN A JUVENILE COURT FOR A CRIMINAL MATTER?
83. HOW MANY TIMES HAVE YOU OR YOUR SPOUSE BEEN REFERRED TO CHILD PROTECTIVE SERVICES?
<p>IF YOU ANSWERED ANYTHING OTHER THAN <u>NONE OR ZERO</u> TO <u>QUESTIONS 66-83</u>, EXPLAIN INCLUDING WHO (ARRESTING OR DETAINING AGENCY), WHEN (DATE), WHY (CHARGE), WHERE, CIRCUMSTANCES AND DISPOSITION OR PENALTY; INDICATE CORRESPONDING NUMBER.</p>

84. HOW MANY TIMES HAVE YOU PHYSICALLY ASSAULTED (EX. SLAPPED, PUNCHED, KICKED, STRANGLED OR PUSHED) A ROMANTIC PARTNER, ROOMMATE, FAMILY MEMBER OR FRIEND?
85. HOW MANY TIMES HAVE YOU BEEN IN A PHYSICAL FIGHT, SINCE THE AGE OF 18?
86. HOW MANY TIMES HAVE YOU STOLEN, OR TAKEN WITHOUT PERMISSION, ANY PROPERTY OR MONEY FROM ANY EMPLOYERS, EMPLOYEES, BUSINESS OR INDIVIDUALS INCLUDING FAMILY MEMBERS? IF YES, WHEN WAS THE LAST TIME?
87. AS EITHER AN ADULT OR JUVENILE HOW MANY TIMES HAVE YOU BOUGHT ANYTHING YOU SUSPECTED WAS STOLEN?
88. HOW MANY TIMES HAVE YOU SOLD ANYTHING YOU KNEW WAS STOLEN?
89. HOW MANY TIMES HAVE YOU TAKEN ANYTHING FROM A JOB SITE OR CRIME SCENE THAT YOU WERE NOT AUTHORIZED TO TAKE?
90. HOW MANY TIMES HAVE THE POLICE BEEN CALLED OR RESPONDED TO YOUR RESIDENCE FOR ANY REASON?
91. HOW MANY TIMES HAVE YOU SETTLED ANY CIVIL SUIT IN WHICH YOU, YOUR INSURANCE COMPANY, OR ANYONE ELSE ON YOUR BEHALF WAS REQUIRED TO MAKE A PAYMENT TO THE OTHER PARTY?
92. HOW MANY TIMES HAVE YOU FRAUDULENTLY RECEIVED WELFARE, UNEMPLOYMENT COMPENSATION, WORKERS' COMPENSATION, OR OTHER STATE OR FEDERAL ASSISTANCE?
93. HOW MANY TIMES HAVE YOU FILED A FALSE INSURANCE OR WORKERS COMPENSATION CLAIM?
94. HOW MANY TIMES HAVE YOU ENGAGED IN A SEX ACT FOR MONEY OR PAID FOR SEX?
95. HOW MANY TIMES HAVE YOU COMMITTED A CRIME FOR WHICH YOU WERE NOT ARRESTED?
<p>IF YOU ANSWERED ANYTHING OTHER THAN <u>NONE OR ZERO</u> TO <u>QUESTIONS 84-95</u>, EXPLAIN (INCLUDE WHO, WHEN, WHY, WHERE, CIRCUMSTANCES; INDICATE CORRESPONDING NUMBER)</p>

SECTION 9: SUBSTANCE USE OR ABUSE

YOUR ANSWERS TO THE FOLLOWING QUESTIONS ABOUT SUBSTANCE ASSOCIATION, ABUSE AND/OR CURRENT USE MAY BE VERIFIED BY CHECKS OF POLICE AGENCIES AND COURT RECORDS, AND THROUGH INTERVIEWS WITH PERSONS LISTED ON YOUR BACKGROUND INVESTIGATION PACKET.

THIS COVERS THE USE/POSSESSION OF **ANY** DRUG, INCLUDING THE UNAUTHORIZED USE OF PRESCRIPTION DRUGS OR OVER-THE-COUNTER DRUGS. "POSSESSION" IS DEFINED AS HAVING ACTUAL PHYSICAL CONTROL OF ANY ILLEGAL (NON-PRESCRIBED) DRUG FOR PERSONAL USE OF OTHERWISE. "USE" IS DEFINED AS: TRYING, TESTING, OR EXPERIMENTING, WHICH INCLUDES, BUT IS NOT LIMITED TO TASTING, SMOKING, OR INJECTING.

DELIBERATELY GIVING FALSE OR MISLEADING ANSWERS MAY LEAD TO DISQUALIFICATION.

96. HAVE YOU EVER HAD A DRINK WHILE ON THE JOB?	YES	NO
97. HAVE YOU EVER SUPPLIED ALCOHOL TO MINORS?	YES	NO
98. HAVE YOU EVER DRIVEN WITH AN OPEN CONTAINER OR INTOXICANTS IN YOUR VEHICLE?	YES	NO
99. HOW MANY TIMES HAVE YOU USED OR POSESSED ANY NON-PRESCRIBED SCHEDULE 1-5 DRUGS? <i>(EXAMPLES OF SCHEDULE 1-5 DRUGS INCLUDE BUT ARE NOT LIMITED TO: CODEINE, HEROIN, MORPHINE, ECSTASY, LSD, PEYOTE, GHB, METHAQUALONE, OPIUM, CO CAINE, CODEINE, HYDROCODONE, OXYCODONE, METHADONE, METHAMPHETAMINE, AMPHETAMINE, HALLUCINOGENIC SUBSTANCES, STIMULANTS, DEPRESSANTS, KETAMINE, ANABOLIC STEROIDS, BARNITAL, DIAZEPAM, FLUDIAZEPAM, HALAZEPAM, LORAZEPAN, PHENOBARBITAL, PYROVALERONE, LACOSAMID, PREGABALIN AND COMPOUNDS CONTAINING LIMITED AMOUNTS OF NARCOTIC DRUGS.)</i> NEVER 1-5 TIMES 6-10 TIMES OVER 10 TIMES		
100. WHEN WAS THE LAST TIME YOU USED OR POSSESSED ANY NON-PRESCRIBED SCHEDULE 1-5 DRUGS? WITHIN THE LAST 3 MONTHS 3 TO 9 MONTHS OVER 1 YEAR AGO OVER 3 YEARS AGO		
101. HOW MANY TIMES HAVE YOU USED MARIJUANA SINCE THE TIME YOU SUBMITTED YOUR APPLICATION FOR THIS POSITION? _____		
102. HOW MANY TIMES HAVE YOU USED OR POSSESSED OPIATES OR HEROIN? NEVER 1-2 TIMES 3-10 TIMES 11-20 TIMES		

<p>103. HOW MANY TIMES HAVE YOU INTENTIONALLY INHALED (HUFFED) AEROSOL OR OTHER SUBSTANCE (NITROUS OXIDE, WHIPPETS, PAINT, GLUE, DXM, ETC)?</p> <p>NEVER</p> <p>1-2 TIMES</p> <p>3-10 TIMES</p> <p>11-20 TIMES</p>
<p>104. HAVE YOU EVER USED ILLEGAL DRUGS INTRAVENOUSLY? YES NO</p>
<p>105. HAVE YOU EVER BEEN REJECTED FROM EMPLOYMENT OR MILITARY SERVICE OR DISCHARGED FROM ANY POSITION DUE TO YOUR USE OF INTOXICANTS OR CONTROLLED SUBSTANCES? YES NO</p>
<p>106. HAVE YOU EVER ENGAGED IN ANY OF THE ACTIVITIES LISTED BELOW FOR DRUGS, NARCOTICS OR ILLEGAL SUBSTANCES, INCLUDING ALL DRUGS LISTED IN QUESTIONS 100-104 (CHECK ALL THAT APPLY)</p> <p style="text-align: center;"> SOLD PURCHASED CULTIVATED MANUFACTURED FURNISHED CARRIED OR HELD FOR ANOTHER </p>

SECTION 10: MOTOR VEHICLE OPERATION

YOUR ANSWER TO THE FOLLOWING QUESTIONS ABOUT YOUR DRIVING RECORD MAY BE VERIFIED THROUGH THE DMV IN THE STATE, COURTS, PROBATION DEPARTMENTS, INSURANCE COMPANIES, EMPLOYERS AND THROUGH INTERVIEWS WITH PERSONS LISTED ON YOUR BACKGROUND INVESTIGATION PACKAGE.

DELIBERATELY GIVING FALSE OR MISLEADING ANSWERS MAY LEAD TO DISQUALIFICATION

CURRENT DRIVERS LICENSE NUMBER	DATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE			
STATE OF ISSUE	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED & NUMBER IF KNOWN	
107. HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE? YES NO			
108. HAVE YOU EVER HAD YOU LICENSE SUSPENDED OR REVOKED BY ANY STATE? YES NO			
109. ARE YOU REQUIRED TO HAVE AN IGNITION INTERLOCK DEVICE ON YOUR VEHICLE? YES NO			
110. HAVE YOU EVER BEEN THE DRIVER IN AN ACCIDENT WHERE INJURIES OR DAMAGE OCCURRED AND YOU FAILED TO REPORT THE ACCIDENT? YES NO			

111. HAVE YOU EVER FALSIFIED INFORMATION ON AN ACCIDENT REPORT?					YES	NO
112. HAVE YOU EVER LEFT THE SCENE OF AN ACCIDENT IN WHICH YOU WERE INVOLVED (HIT & RUN)?					YES	NO
113. HAVE YOU EVER HAD ANY OUTSTANDING WARRANTS?					YES	NO
IF YOU ANSWERED YES TO <u>QUESTIONS 107-113</u> , EXPLAIN (INCLUDE WHO, WHEN , WHY ,WHERE, CIRCUMSTANCES; INDICATE CORRESPONDING NUMBER)						
114. HAVE YOU EVER BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE ACCIDENT/COLLISION WITH IN THE PAST 10 YEARS?					YES	NO
IF YES, GIVE DETAILS BELOW:						
DATE:	LOCATION (NUMBER/STREET)		CITY	STATE	ZIP	
POLICE REPORT <div style="text-align: center;">YES NO</div>		LAW ENFORCEMENT AGENCY		INJURY NON-INJURY		
DATE:	LOCATION (NUMBER/STREET)		CITY	STATE	ZIP	
POLICE REPORT <div style="text-align: center;">YES NO</div>		LAW ENFORCEMENT AGENCY		INJURY NON-INJURY		
DATE:	LOCATION (NUMBER/STREET)		CITY	STATE	ZIP	
POLICE REPORT <div style="text-align: center;">YES NO</div>		LAW ENFORCEMENT AGENCY		INJURY NON-INJURY		
DATE:	LOCATION (NUMBER/STREET)		CITY	STATE	ZIP	
POLICE REPORT <div style="text-align: center;">YES NO</div>		LAW ENFORCEMENT AGENCY		INJURY NON-INJURY		
LIST ALL TRAFFIC CITATIONS, <u>EXCLUDING</u> PARKING CITATIONS YOU HAVE RECEIVED WITHIN THE PAST TEN YEARS. LIST THE CITATION OR INFRACTION AS <u>ORIGINALLY ISSUED</u> . IF THE CITATION/INFRACTION WAS REDUCED TO A LESSER VIOLATION FOR WHATEVER REASON, PLEASE EXPLAIN BELOW.						
DATE:	LOCATION (NUMBER/STREET)		CITY	STATE	ZIP	
NATURE OF VIOLATION			ACTION TAKEN <div style="text-align: center;">NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED</div>			
DATE:	LOCATION (NUMBER/STREET)		CITY	STATE	ZIP	
NATURE OF VIOLATION			ACTION TAKEN <div style="text-align: center;">NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED</div>			

DATE:	LOCATION (NUMBER/STREET)	CITY	STATE	ZIP
NATURE OF VIOLATION		ACTION TAKEN NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED		
DATE:	LOCATION (NUMBER/STREET)	CITY	STATE	ZIP
NATURE OF VIOLATION		ACTION TAKEN NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED		
DATE:	LOCATION (NUMBER/STREET)	CITY	STATE	ZIP
NATURE OF VIOLATION		ACTION TAKEN NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED		
DATE:	LOCATION (NUMBER/STREET)	CITY	STATE	ZIP
NATURE OF VIOLATION		ACTION TAKEN NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED		
DATE:	LOCATION (NUMBER/STREET)	CITY	STATE	ZIP
NATURE OF VIOLATION		ACTION TAKEN NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED		
115. HAVE YOU EVER DRIVEN A VEHICLE WITHOUT AUTO INSURANCE, AS REQUIRED BY LAW? YES NO				
116. HAVE YOU EVER BEEN REFUSED AUTOMOBILE INSURANCE OR A BOND, OR BEEN CANCELLED? YES NO				
117. HAVE YOU EVER BEEN PLACED IN A "HIGH RISK" INSURANCE STATUS? YES NO				
118. HAS A TRAFFIC CITATION EVER RESULTED IN A WARRANT OR CAUSED YOUR DRIVER'S LICENSE TO BE WITHHELD DUE TO THE FOLLOWING? (CHECK ALL THAT APPLY)				
<div style="display: flex; justify-content: space-around;"> FAILED TO APPEAR FAILED TO COMPLETE TRAFFIC SCHOOL FAILED TO PAY THE REQUIRED FINE </div>				
<p style="text-align: center;">IF YOU ANSWERED YES TO <u>QUESTIONS 115-118</u>, EXPLAIN (INCLUDE WHO, WHEN, WHY, WHERE, CIRCUMSTANCES; INDICATE CORRESPONDING NUMBER)</p>				

SECTION 11: OTHER TOPIC

119. ARE YOU AWARE THAT THE EMPLOYMENT ENVIRONMENT WITHIN THIS AGENCY IS A <u>DRUG FREE ENVIRONMENT</u> , AND THAT A VIOLATION OF THIS POLICY CAN LEAD TO TERMINATION?	YES	NO
120. 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
121. ARE YOU NOW, 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, ETHNICITY, NATIONALITY, GENDER, SEXUAL PREFERENCE OR DISABILITY?	YES	NO
122. DO YOU HAVE ANY PREJUDICES YOU ARE AWARE OF AGAINST ANY GROUP?	YES	NO
123. HAVE YOU EVER INTENTIONALLY VIEWED UNDERAGE (UNDER 18 YEARS OF AGE) PORNOGRAPHY ON THE INTERNET OR OTHER MEDIA SOURCE?	YES	NO
124. HAVE YOU EVER BEEN INVOLVED IN ANY ACTIVITIES WHERE ILLEGAL PORNOGRAPHIC MATERIALS WERE BOUGHT, SOLD, MAILED, E-MAILED OR OTHERWISE TRANSMITTED TO ANOTHER?	YES	NO
125. HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION WHICH ADVOCATES, ADVISES OR SUPPORTS THE USE OF FORCE OR OTHER UNLAWFUL MEANS TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES?	YES	NO
126. HAVE YOU EVER USED A SOCIAL SECURITY NUMBER OTHER THAN THE ONE YOU LISTED ON THIS QUESTIONNAIRE?	YES	NO
127. HAVE YOU PURPOSELY WITHHELD ANY INFORMATION ABOUT ANY PRIOR LAW ENFORCEMENT AGENCY WHERE YOU WORKED?	YES	NO
128. HAVE YOU PURPOSELY WITHHELD INFORMATION ABOUT PLACES OF EMPLOYMENT?	YES	NO
129. DO YOU OWN ILLEGAL WEAPONS?	YES	NO
130. HAVE YOU EVER BEEN REFUSED A PERMIT TO CARRY A CONCEALED WEAPON?	YES	NO
131. SINCE THE AGE OF 16, HAVE YOU EVER BEEN INVOLVED IN AN ANGER-PROVOKED PHYSICAL FIGHT, CONFRONTATION OR OTHER ACT OF VIOLENCE?	YES	NO
132. WHAT WAS YOUR HIGHEST LEVEL OF SECURITY CLEARANCE?		
133. WERE YOU EVER DENIED A SECURITY CLEARANCE, OR HAD A CLEARANCE REVOKED, SUSPENDED OR DOWNGRADED?	YES	NO
134. HAVE YOU EVER BEEN COUNSELED ABOUT YOUR TEMPER?	YES	NO

135. HAVE YOU EVER WANTED TO SERIOUSLY HURT OR INJURE SOMEONE?	YES	NO
136. HAVE YOU EVER BEEN INVOLVED IN A DOMESTIC VIOLENCE ACT WITH A RELATIVE, SPOUSE, SIGNIFICANT OTHER, OR ROMANTIC PARTNER, INCLUDING BUT NOT LIMITED TO, AN ACT OF VIOLENCE, THREATS, AND INFLICTION OF EMOTIONAL DISTRESS AND/OR PROPERTY DAMAGE?	YES	NO
137. HAVE YOU EVER VIOLATED THE CONFIDENTIALITY OF SOMEONE WHO TRUSTED YOU?	YES	NO
138. DO YOU ASSOCIATE WITH AND OR COMMUNICATE WITH ANYONE INCARCERATED IN ANY CORRECTIONAL FACILITY, ON WORK-RELEASE OR PAROLE?	YES	NO
139. DO YOU ASSOCIATE WITH ANY CONVICTED FELONS?	YES	NO
140. HAVE YOU DELIBERATELY FALSIFIED ANY OF YOUR ANSWERS OR PURPOSELY MISLED THIS AGENCY AT ANY POINT DURING THE APPLICATION PROCESS?	YES	NO
141. DID YOU, IN ANY WAY, CHEAT, LIE OR COMMIT FRAUD DURING THE APPLICATION OR EVALUATION PROCESS FOR THIS POSITION WITH KITSAP 911?	YES	NO
142. HAVE YOU EVER CREATED OR BEEN INVOLVED IN A WEB SITE SUCH AS MYSPACE, FACEBOOK, ETC? IF YES, LIST YOUR USER ID BELOW: MYSPACE: FACEBOOK: TWITTER: LINKEDIN: HI-5: GOOGLE+: YOU TUBE: PINTEREST: INSTAGRAM: TUMBLR: FLICKR: REDDIT: SNAPCHAT: WHATSAPP: QUORA: VINE: PERISCOPE: BIZSUGAR: STUMBLEUPON: DELICIOUS: DIGG: VIBER: OTHER:	YES	NO

143. ARE YOU AN HONEST PERSON?						YES	NO
144. ON A SCALE OF 1 TO 10, WITH 10 BEING THE HIGHEST, HOW WOULD YOU RATE YOUR HONESTY?							
145. GIVE AN EXAMPLE WHEN YOU WOULD CHOOSE TO LIE TO PROTECT YOURSELF.							
IF YOU ANSWERED YES TO <u>QUESTIONS 119-141</u> , EXPLAIN (INCLUDE WHO, WHEN, WHY, WHERE, CIRCUMSTANCES; INDICATE CORRESPONDING NUMBER)							
146. WHY ARE YOU LEAVING YOUR PRESENT JOB OR CHANGING CAREER FIELDS AT THIS TIME?							
147. HAVE YOU SERIOUSLY RESEARCHED THIS CAREER FIELD?						YES	NO
148. DO ANY MEMBERS OF YOUR FAMILY WORK FOR A LAW ENFORCEMENT AGENCY?						YES	NO
IF YES, GIVE NAME AND AGENCY.							
149. DO YOU HAVE ANY FAMILY, FRIENDS OR ACQUAINTANCES THAT WORK FOR KITSAP 911?						YES	NO
IF YES, PLEASE LIST NAMES:							
150. WHO WOULD YOU CONSIDER TO BE YOUR BEST FRIEND?							
NAME (First Middle Last)							
RESIDENCE ADDRESS				WORK ADDRESS			
ADDRESS				ADDRESS			
CITY				CITY			
STATE		ZIP		STATE		ZIP	
AREA CODE	HOME TELEPHONE NO.	HRS OF CONTACT	AREA CODE	WORK TELEPHONE NO.	HRS OF CONTACT		
AREA CODE	CELL TELEPHONE NO	HRS OF CONTACT	EMAIL ADDRESS				

151. CONSIDERING YOUR RESPONSE TO THE QUESTIONS ASKED, ARE THERE ANY ADDITIONS, CHANGES, OR CLARIFICATIONS THAT YOU WOULD LIKE TO MAKE?		YES
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IF YOU ANSWERED YES TO **QUESTION 151**, PLEASE EXPLAIN

ADDITIONAL SPACE

- DUPLICATE THIS PAGE AS NEEDED TO INCLUDE ADDITIONAL INFORMATION THAT DOES NOT FIT ELSEWHERE ON THIS FORM. (EX: ADDITIONAL FAMILY MEMBERS, SCHOOLS, RESIDENCES, EMPLOYERS, EXPLANATION TO QUESTIONS, ETC.)
- IDENTIFY THE CORRESPONDING QUESTION AND SPECIFIC ITEM BEING REFERENCED.

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS AND THAT THE ENTRIES MADE BY ME ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND MADE IN GOOD FAITH.

I FURTHER AGREE AND CONSENT FOR KITSAP 911 INQUIRING INTO, BY ANY MEANS IT DEEMS APPROPRIATE OR NECESSARY, THE TRUTH AND CIRCUMSTANCES REGARDING ANY INFORMATION PROVIDED HEREIN IN THE COURSE OF A PRE-EMPLOYMENT BACKGROUND INVESTIGATION AND FURTHER RELEASE KITSAP 911 FROM ANY PRE-EMPLOYMENT PROCESS.

SIGNATURE OF APPLICANT: _____ DATE: _____