FULL LEGAL NAME	FIRST:	MIDDLE:	LAST:	LAST 5 OF SSN:	DATE:
Position Applying For:					

CIVIL SERVICE APPLICATION/PERSONAL HISTORY STATEMENT

INSTRUCTIONS

1. Familiarize yourself with this form and carefully read all instructions. You may find it helpful to review this form multiple times.
2. You may find it helpful to print out this form so that you can make handwritten notes on it. This will serve as a rough draft before you enter your responses.
3. Save this form on your computer. Be sure to save the final, completed version as well.
4. Carefully enter the information asked – you must answer every single inquiry to the best of your ability. If an item does not apply to you, enter "N/A" (Not Applicable). If you cannot remember or obtain with reasonable diligence, please indicate so in your response.
5. Be sure that you have completed the Certification section on Page 29.
6. Once completed- mail, email, or drop off in person to:

   Franklin County Civil Service
   1016 N. 4th Ave.
   Pasco, WA 99301

   CivilService@franklincountywa.gov

The information you provide in this Personal History Statement (PHS) will be used in the investigation into your background to assist in determining your suitability for the position within the Franklin County Sheriff's Office that you have applied for.

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

1. The entire completion of this form is mandatory.
2. All statements are subject to verification.
3. Deliberate inaccuracies or omissions may bar or remove you from further testing and employment.
4. All time periods in your background must be accounted for.
5. Deliberate untruthfulness, omissions or misrepresentation of information constitutes grounds for disqualification from further testing or employment. You are encouraged to be completely truthful, detailed and accurate completing this form and throughout all phases of the background investigation process.

It is to your advantage to respond fully and factually. Any perceived negative factor in your background will be evaluated in light of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job you are applying for. For example, being fired from a job or having an arrest record is not in itself necessarily grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

If a question does not apply to you, write "N/A" (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the continuation sheet on Page 27 and identify the additional information with the question number. Follow carefully and completely subsection instructions, particularly in subsection 14 (References) and subsection 25 (Job Experience). If you have any questions about completing this form, please call Franklin County Human Resources at 509-546-5813, or email hr@franklincountywa.gov

Disclosure of Medically-Related Information

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

SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST _ FIRST MIDDLE

2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY

3. ADDRESS WHERE YOU RESIDE

NUMBER / STREET APT / UNIT

CITY STATE ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE

5. CONTACT NUMBERS

HOME ( ) WORK ( ) EXT OTHER ( ) ☐ CELL ☐ FAX ☐ PAGER

6. EMAIL ADDRESS

HOME BUSINESS

7. Are you a US Citizen, or lawful permanent resident? ☐ Yes ☐ No

Are you claiming Veteran's Preference? ☐ Yes* ☐ No *If yes, please include supporting documentation noting your honorable discharge from the military.

8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)	9. BIRTHDATE	10. SOCIAL SECURITY NUMBER
		– –

11. DRIVER'S LICENSE			12. PHYSICAL DESCRIPTION			
NO.	STATE	EXP	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR

SECTION 2: RELATIVES AND REFERENCES

13. 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 27.

☐ N/A A. Father

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

☐ N/A B. Step-father

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

☐ N/A C. Mother

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

☐ N/A D. Step-mother

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

☐ N/A E. Spouse / Registered Domestic Partner

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL 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

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

☐ N/A G. Mother-in-law

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

☐ N/A H. Former Spouse(s) / Former Registered Domestic Partner(s)

1) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

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

2) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

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

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

☐ N/A **I. Brothers and Sisters –** list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
☐ M ☐ F ☐ UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
☐ M ☐ F ☐ UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
☐ M ☐ F ☐ UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
☐ M ☐ F ☐ UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
☐ M ☐ F ☐ UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
☐ M ☐ F ☐ UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		

☐ N/A **J. 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.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
☐ M ☐ F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
☐ M ☐ F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY (Section J. Children) *continued*

3) NAME	CHILD'S AGE	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)
☐ M ☐ F		ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
		CONTACT NUMBER ( ) EMAIL

4) NAME	CHILD'S AGE	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)
☐ M ☐ F		ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
		CONTACT NUMBER ( ) EMAIL

5) NAME	CHILD'S AGE	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)
☐ M ☐ F		ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
		CONTACT NUMBER ( ) EMAIL

6) NAME	CHILD'S AGE	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)
☐ M ☐ F		ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
		CONTACT NUMBER ( ) EMAIL

14. REFERENCES

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. **Do not include** relatives, employers/supervisors or housemates/roommates, or other individuals listed elsewhere.

A) NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP	
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP	
WORK PHONE ( )	CELL PHONE ( )	EMAIL
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?

B) NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP	
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP	
WORK PHONE ( )	CELL PHONE ( )	EMAIL
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?

C) NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP	
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP	
WORK PHONE ( )	CELL PHONE ( )	EMAIL
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?

SECTION 2: RELATIVES AND REFERENCES (Section 14. References) *continued*

D) NAME | HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

HOME PHONE ( ) | WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

WORK PHONE ( ) | CELL PHONE ( ) | EMAIL

HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) | HOW LONG HAVE YOU KNOWN THIS PERSON?

E) NAME | HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

HOME PHONE ( ) | WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

WORK PHONE ( ) | CELL PHONE ( ) | EMAIL

HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) | HOW LONG HAVE YOU KNOWN THIS PERSON?

F) NAME | HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

HOME PHONE ( ) | WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

WORK PHONE ( ) | CELL PHONE ( ) | EMAIL

HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) | HOW LONG HAVE YOU KNOWN THIS PERSON?

G) NAME | HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

HOME PHONE ( ) | WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

WORK PHONE ( ) | CELL PHONE ( ) | EMAIL

HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) | HOW LONG HAVE YOU KNOWN THIS PERSON?

H) NAME | HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

HOME PHONE ( ) | WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

WORK PHONE ( ) | CELL PHONE ( ) | EMAIL

HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) | HOW LONG HAVE YOU KNOWN THIS PERSON?

I) NAME | HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

HOME PHONE ( ) | WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

WORK PHONE ( ) | CELL PHONE ( ) | EMAIL

HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) | HOW LONG HAVE YOU KNOWN THIS PERSON?

J) NAME | HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

HOME PHONE ( ) | WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

WORK PHONE ( ) | CELL PHONE ( ) | EMAIL

HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) | HOW LONG HAVE YOU KNOWN THIS PERSON?

SECTION 3: EDUCATION

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

15. Check applicable: ☐ High School Diploma from an accredited U.S. institution ☐ GED

16. List high schools attended:

A) NAME		DATE FROM	DATE TO	DID YOU GRADUATE? ☐ Yes ☐ No
	CITY		STATE	
B) NAME		FROM	TO	DID YOU GRADUATE? ☐ Yes ☐ No
	CITY		STATE	

17. List all colleges or universities attended:

A) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	CITY			STATE	
B) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	CITY			STATE	
C) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	CITY			STATE	

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

A) NAME		FROM	TO	DID YOU COMPLETE THE COURSE? ☐ Yes ☐ No
TYPE OF SCHOOL OR TRAINING	CITY		STATE	
B) NAME		FROM	TO	DID YOU COMPLETE THE COURSE? ☐ Yes ☐ No
TYPE OF SCHOOL OR TRAINING	CITY		STATE	
C) NAME		FROM	TO	DID YOU COMPLETE THE COURSE? ☐ Yes ☐ No
TYPE OF SCHOOL OR TRAINING	CITY		STATE	

19. Have you ever attended a Basic Law Enforcement, Corrections, Telecommunication, or Fire Service Academy? ☐ Yes ☐ No

If yes, provide the following information:

A) ACADEMY NAME		FROM	TO	DID YOU GRADUATE? ☐ Y ☐ N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ( )	
B) ACADEMY NAME		FROM	TO	DID YOU GRADUATE? ☐ Y ☐ N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ( )	

SECTION 3: EDUCATION *continued*

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, academy, 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 or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. 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 name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 27.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)		DATE FROM	TO **Present**
CITY	STATE / ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)		CONTACT NUMBER ( )	
CITY	STATE / ZIP	EMAIL	
Names of those with whom you live:			

B) FORMER ADDRESS (NUMBER / STREET / APT)		FROM	TO
CITY	STATE / ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)		CONTACT NUMBER ( )	
CITY	STATE / ZIP	EMAIL	
Names of those with whom you lived:			
Reason for moving:			

C) FORMER ADDRESS (NUMBER / STREET / APT)		FROM	TO
CITY	STATE / ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)		CONTACT NUMBER ( )	
CITY	STATE / ZIP	EMAIL	
Names of those with whom you lived:			
Reason for moving:			

SECTION 4: RESIDENCE *continued*

21. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT) | FROM | TO

CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT) | CONTACT NUMBER ( )

CITY | STATE | ZIP | EMAIL

Names of those with whom you lived:

Reason for moving:

E) FORMER ADDRESS (NUMBER / STREET / APT) | FROM | TO

CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT) | CONTACT NUMBER ( )

CITY | STATE | ZIP | EMAIL

Names of those with whom you lived:

Reason for moving:

F) FORMER ADDRESS (NUMBER / STREET / APT) | FROM | TO

CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT) | CONTACT NUMBER ( )

CITY | STATE | ZIP | EMAIL

Names of those with whom you lived:

Reason for moving:

G) FORMER ADDRESS (NUMBER / STREET / APT) | FROM | TO

CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT) | CONTACT NUMBER ( )

CITY | STATE | ZIP | EMAIL

Names of those with whom you lived:

Reason for moving:

SECTION 4: RESIDENCE *continued*

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 27.

A) NAME | CONTACT NUMBER ( )

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT | CITY | STATE | ZIP

NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | EMAIL

B) NAME | CONTACT NUMBER ( )

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT | CITY | STATE | ZIP

NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | EMAIL

C) NAME | CONTACT NUMBER ( )

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT | CITY | STATE | ZIP

NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | EMAIL

D) NAME | CONTACT NUMBER ( )

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT | CITY | STATE | ZIP

NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | EMAIL

E) NAME | CONTACT NUMBER ( )

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT | CITY | STATE | ZIP

NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | EMAIL

F) NAME | CONTACT NUMBER ( )

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT | CITY | STATE | ZIP

NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | EMAIL

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

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

If you answered yes to **Questions 23 and/or 24**, explain (include when, where and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (**Begin with your most current**. If more space is needed continue your response on page 27.)
- If you have military experience, including reserve duty, enter your military base, assignments, 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 two (2) coworkers that would best know you and your work habits, productivity, behavior, etc.

A) NAME OF EMPLOYER OR MILITARY UNIT			DATE FROM	DATE TO

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER	EXT
			( )	
JOB TITLE			SUPERVISOR EMAIL	
DUTIES / ASSIGNMENTS			☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	

NAMES OF CO-WORKERS	CONTACT NUMBER	EMAIL
1)	( )	
NAME	CONTACT NUMBER	EMAIL
2)	( )	

Would there be a problem if we contact your current employer? ☐ Yes ☐ No	IF YES, EXPLAIN:	REASON FOR WANTING TO LEAVE

B) PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	FROM	TO

C) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
			( )	
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	

NAMES OF CO-WORKERS	CONTACT NUMBER	EMAIL
1)	( )	
NAME	CONTACT NUMBER	EMAIL
2)	( )	

REASON FOR LEAVING

D) PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	FROM	TO

E) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	**STATE**	**ZIP**	**CONTACT NUMBER**	**EXT**
			( )	
JOB TITLE			**EMAIL**	
DUTIES / ASSIGNMENTS			☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
NAMES OF CO-WORKERS	**CONTACT NUMBER**		**EMAIL**	
1)	( )			
NAME	**CONTACT NUMBER**		**EMAIL**	
2)	( )			
REASON FOR LEAVING				

F) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other		

G) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	**STATE**	**ZIP**	**CONTACT NUMBER**	**EXT**
			( )	
JOB TITLE			**EMAIL**	
DUTIES / ASSIGNMENTS			☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
NAMES OF CO-WORKERS	**CONTACT NUMBER**		**EMAIL**	
1)	( )			
NAME	**CONTACT NUMBER**		**EMAIL**	
2)	( )			
REASON FOR LEAVING				

H) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other		

I) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	**STATE**	**ZIP**	**CONTACT NUMBER**	**EXT**
			( )	
JOB TITLE			**EMAIL**	

DUTIES / ASSIGNMENTS	☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS	CONTACT NUMBER	EMAIL
1)	( )	
NAME	CONTACT NUMBER	EMAIL
2)	( )	

REASON FOR LEAVING

J) PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	FROM	TO

K) NAME OF EMPLOYER OR MILITARY UNIT	FROM	TO

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			EMAIL	

DUTIES / ASSIGNMENTS	☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS	CONTACT NUMBER	EMAIL
1)	( )	
NAME	CONTACT NUMBER	EMAIL
2)	( )	

REASON FOR LEAVING

L) PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	FROM	TO

M) NAME OF EMPLOYER OR MILITARY UNIT	FROM	TO

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			EMAIL	

DUTIES / ASSIGNMENTS	☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS	CONTACT NUMBER	EMAIL
1)	( )	
NAME	CONTACT NUMBER	EMAIL
2)	( )	

REASON FOR LEAVING

N) PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	FROM	TO

O) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
NAMES OF CO-WORKERS 1)	CONTACT NUMBER ( )		EMAIL	
NAME 2)	CONTACT NUMBER ( )		EMAIL	
REASON FOR LEAVING				

P) PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	FROM	TO

Q) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
NAMES OF CO-WORKERS 1)	CONTACT NUMBER ( )		EMAIL	
NAME 2)	CONTACT NUMBER ( )		EMAIL	
REASON FOR LEAVING				

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	☐ Yes	☐ No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	☐ Yes	☐ No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	☐ Yes	☐ No
29. Have you ever quit without giving proper notice?	☐ Yes	☐ No
30. Have you ever resigned in lieu of termination?	☐ Yes	☐ No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	☐ Yes	☐ No
32. Were you ever the subject of a written complaint at work?	☐ Yes	☐ No

33. Have you ever been counseled at work due to lateness or absences? ☐ Yes ☐ No

34. Did you ever receive an unsatisfactory performance review? ☐ Yes ☐ No

35. Have you ever been named as a defendant in a previously adjudicated work-related civil lawsuit (regardless of outcome)? ☐ Yes ☐ No

36. Is there a work-related civil lawsuit pending in which you have been named as a defendant? ☐ Yes ☐ No

37. Do you have reason to believe a work-related lawsuit may be filed in the future in which you may be named as a defendant? ☐ Yes ☐ No

35. Have you ever sold, released, or given away legally confidential information? ☐ Yes ☐ No

36. 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?

36a. Have you ever viewed pornographic material at your workplace? ☐ Yes ☐ No

36b. Have you ever engaged in sexual activity at work in violation of your employer's policy? ☐ Yes ☐ No

If you answered YES to any of **Questions 26-36b**, explain (include when, where & circumstances; indicate corresponding number):

37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? ☐ Yes ☐ No
If yes, how often?

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

WHEN?	NAME OF EMPLOYER

39. In the past three 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

40. Have you **ever** applied to any other law enforcement, fire service, or public safety-type agency (city, county, state or federal)? ☐ Yes ☐ No

- If yes, list EVERY agency you have applied to **and have advanced BEYOND an oral board (e.g., initial background investigation, etc.)**, 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 more space is needed, continue your response on page 27.

A) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL	

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

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified ☐ Other/Explain:

B) NAME OF AGENCY	DATE APPLIED

ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL	

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

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified ☐ Other/Explain:

C) NAME OF AGENCY	DATE APPLIED

ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL	

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

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified ☐ Other/Explain:

40a. List **ALL** public safety agencies that you have applied to in which you have NOT progressed past the written exam, physical ability test and/or oral board. All that is needed for these agencies is the agency name and approximate date of testing.

AGENCY NAME	APPROXIMATE DATE (Month/Year) OF TEST	CHECK BOX BELOW IF YOU ATTENDED AN ORAL BOARD INTERVIEW WITH THIS AGENCY
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐

SECTION 6: MILITARY EXPERIENCE

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

If yes, have you registered? ..... ☐ Yes ☐ No

If no, explain:

42. BRANCH OF SERVICE	43. DATES OF SERVICE From To

44. TYPE OF DISCHARGE: ☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable

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

45. Are you currently participating in one of the following? ☐ Military Reserve ☐ National Guard If checked, date obligation ends:

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

47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? ☐ Yes ☐ No

If you answered yes to **Questions 46 and/or 47**, explain (include dates and circumstances):

SECTION 7: FINANCIAL

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

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

51. Have you ever had purchased goods repossessed? ☐ Yes ☐ No

52. Have your wages ever been garnished? ☐ Yes ☐ No

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

54. Have you ever failed to file income tax or cheated/lied on an income tax form? ☐ Yes ☐ No

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

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

57. Have you ever defaulted on (failed to pay) a loan? ☐ Yes ☐ No

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

If yes, do you currently have any outstanding debts as a result of gambling? ☐ Yes ☐ No

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

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

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

If you answered **YES** to any of **Questions 49–61**, explain (include when, where, and why; indicate corresponding number):

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

Please disclose any of the following which occurred on or after your 15th birthday, *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 27.

62. **Either as an adult or a juvenile, 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. If more space is needed, continue on Page 27.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	

DISPOSITION OR PENALTY

D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

63. Have you ever been placed on court probation as an adult?	☐ Yes	☐ No
64. 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
65. Have you ever been a party in a non-work related civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.) as either a plaintiff or defendant?	☐ Yes	☐ No
66. Have the police ever been called to your home for any reason?	☐ Yes	☐ No
67. Have you or your spouse/partner ever been referred to Child Protective Services?	☐ Yes	☐ No
68. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	☐ Yes	☐ No
69. 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
70. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	☐ Yes	☐ No
71. Have you ever filed a false insurance or workers' compensation claim?	☐ Yes	☐ No

71a. Other than those listed in Question #62 above, will your name appear in any police record system or police report as a VICTIM, WITNESS or SUSPECT? (Do not include when acting in the capacity of paid employment, such as an EMT or store loss prevention officer). ☐ Yes ☐ No

71b. Are you currently, or have you ever within the past seven years, received unemployment benefits while also receiving other sources of income? ☐ Yes ☐ No

If you answered yes to any of **Questions 63–71b**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

72. UNDETECTED ACTS – PART 1

Within the past **seven (7) years OR** at any time after you were first employed in law enforcement or the fire service, have you ***ever*** committed any of the following misdemeanors? **NOTE:** You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

A) Annoying / obscene phone calls or text messages; cyber bullying	☐ Yes	☐ No
B) Battery (use of force or violence upon another)	☐ Yes	☐ No
C) Brandishing a weapon (any type of weapon)	☐ Yes	☐ No
D) Carrying a concealed weapon without a permit	☐ Yes	☐ No
E) Contributing to the delinquency of a minor; providing alcohol to minors	☐ Yes	☐ No
F) Defrauding an innkeeper (not paying for food or room at a hotel/motel)	☐ Yes	☐ No
G) Driving under the influence of alcohol and/or drugs	☐ Yes	☐ No
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	☐ Yes	☐ No
I) Hit & run collision (no injuries)	☐ Yes	☐ No
J) Hunting/fishing without a license	☐ Yes	☐ No
K) Illegal gambling; including online gambling	☐ Yes	☐ No
L) Impersonating a peace officer (pretending to be a police officer)	☐ Yes	☐ No
M) Indecent exposure (including flashing or mooning); sex within public view	☐ Yes	☐ No
N) Joyriding (using a car or other vehicle without owner's permission)	☐ Yes	☐ No
O) Petty theft (value up to $400, including shoplifting/switching price tags)	☐ Yes	☐ No
P) Possession of alcohol as a minor	☐ Yes	☐ No
Q) Possession of falsified or altered identification, including use of another person's ID (for any reason)	☐ Yes	☐ No
R) Possession of stolen property (including vehicles)	☐ Yes	☐ No
S) Prostitution or soliciting a prostitute	☐ Yes	☐ No
T) Resisting arrest (including running from the police)	☐ Yes	☐ No
U) Trespassing	☐ Yes	☐ No
V) Vandalism (including "tagging," malicious mischief and/or property damage)	☐ Yes	☐ No
W) Intentionally writing a bad check	☐ Yes	☐ No
X) Filing a false police report	☐ Yes	☐ No
Y) Any other act amounting to a misdemeanor within the past seven years	☐ Yes	☐ No
Z) Cruelty to animals	☐ Yes	☐ No
AA) Street racing	☐ Yes	☐ No

If you answered yes to ***any*** item(s) in **Question 72**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter *(72-A, etc.)* for each explanation.

73. UNDETECTED ACTS – PART 2

At any time in your life have you ***ever*** committed any of the following? **NOTE:** You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

A) Arson (intentionally destroying property by setting a fire)	☐ Yes	☐ No
B) Assault with a deadly weapon	☐ Yes	☐ No
C) Theft of a vehicle and/or vehicle parts	☐ Yes	☐ No
D) Burglary (entering a structure or vehicle to commit theft or other crime)	☐ Yes	☐ No
E) Child molestation (performing unlawful acts with a child)	☐ Yes	☐ No
F) Accessing and/or possessing child pornography	☐ Yes	☐ No
G) Elder abuse/neglect	☐ Yes	☐ No
H) Embezzlement (theft of money or other valuables entrusted to you)	☐ Yes	☐ No
I) Felony drunk driving (involving injuries)	☐ Yes	☐ No
J) Forcible rape or other act of unlawful intercourse	☐ Yes	☐ No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.)	☐ Yes	☐ No
L) Hit & run (with injuries)	☐ Yes	☐ No
M) Hate crime	☐ Yes	☐ No
N) Insurance fraud	☐ Yes	☐ No
O) Grand theft (value of over $400, or any firearm)	☐ Yes	☐ No
P) Murder, homicide, or attempted murder	☐ Yes	☐ No
Q) Perjury (lying under oath)	☐ Yes	☐ No

R)	Possession of an explosive/destructive device	☐ Yes	☐ No
S)	Robbery (theft from another person using a weapon, force, or fear)	☐ Yes	☐ No
T)	Stalking	☐ Yes	☐ No
U)	Blackmail or extortion	☐ Yes	☐ No
V)	Any other act amounting to a felony	☐ Yes	☐ No
W.	Copyright infringement (including illegally downloading or copying software, audio files, movies, digital files, etc)	☐ Yes	☐ No

If you answered **YES** to ***any*** item(s) in **Question 73**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter *(73-A, etc.)* for each explanation.

Questions 74 and 75 ask about your current and past recreational drug use. This covers the use of ***any*** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, ***but not be limited to***, your use of any of the following drugs:

- Amphetamines / Methamphetamines *(Uppers, Speed, Crank, etc)*
- Barbiturates (*Downers)*
- Cocaine / Crack Cocaine
- Designer Drugs *(Ecstasy, Synthetic Heroin, etc.)*
- GHB *(Date Rape Drug)*
- Prescription drug(s) not prescribed to you
- Glue
- Hallucinogens *(Peyote, LSD, Mushrooms)*
- Hashish / Hashish Oil
- Heroin / Opium
- Marijuana
- Prescription drugs used for recreation purposes
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinal (THC)

74. ***Within the past six months,*** have you used any drug(s) as indicated above? ☐ Yes ☐ No

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

75. ***Prior to the past six months*** (check all that apply):

☐ I have ***never*** used, or experimented with, any drug recreationally.

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

If checked, give details including drug(s) used, most recent date used, and circumstances.

76. Have you ***ever*** engaged in any of the activities listed below for drugs, prescription drugs, narcotics or illegal substances, including marijuana (check all that apply)?

☐ Sold ☐ Purchased ☐ Cultivated

☐ Manufactured ☐ Furnished / Shared ☐ Carried or held for another

☐ Present when illegal drugs were being used ☐ Loaned money to someone else to purchase illegal drugs ☐ Traded/Bartered

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

SECTION 9: MOTOR VEHICLE OPERATION

77. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED

78. 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 and license number, if known

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

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

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

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

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

A) TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ Cash Deposit | VEHICLE MAKE | YEAR | VEHICLE LICENSE

INSURANCE COMPANY | POLICY NUMBER | EXPIRES

ADDRESS (NUMBER / STREET | CITY | STATE | ZIP | CONTACT NUMBER ( )

B) TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ Cash Deposit | VEHICLE MAKE | YEAR | VEHICLE LICENSE

INSURANCE COMPANY | POLICY NUMBER | EXPIRES

ADDRESS (NUMBER / STREET | CITY | STATE | ZIP | CONTACT NUMBER ( )

C) TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ Cash Deposit | VEHICLE MAKE | YEAR | VEHICLE LICENSE

INSURANCE COMPANY | POLICY NUMBER | EXPIRES

ADDRESS (NUMBER / STREET | CITY | STATE | ZIP | CONTACT NUMBER ( )

D) TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ Cash Deposit | VEHICLE MAKE | YEAR | VEHICLE LICENSE

INSURANCE COMPANY | POLICY NUMBER | EXPIRES

ADDRESS (NUMBER / STREET | CITY | STATE | ZIP | CONTACT NUMBER ( )

82. List all traffic citations, excluding parking citations, you have received within the past ten years. List the citation or infraction AS ORIGINALLY ISSUED. If the citation/infraction was reduced to a lesser violation for whatever reason, please explain in #85a below.

A) NATURE OF VIOLATION | LOCATION (STREET) CITY STATE

DATE VIOLATION OCCURRED Month Year | ACTION TAKEN ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

B) NATURE OF VIOLATION | LOCATION (STREET) CITY STATE

DATE VIOLATION OCCURRED Month Year | ACTION TAKEN ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

C) NATURE OF VIOLATION | LOCATION (STREET) CITY STATE

DATE VIOLATION OCCURRED Month Year | ACTION TAKEN ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

D) 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.)

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

If checked, explain circumstances:

83. Have you been involved as the driver in a motor vehicle accident/collision within the past ten years? ☐ Yes ☐ No
If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP

POLICE REPORT ☐ YES ☐ NO	LAW ENFORCEMENT AGENCY	☐ INJURY ☐ NON-INJURY

B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP

POLICE REPORT ☐ YES ☐ NO	LAW ENFORCEMENT AGENCY	☐ INJURY ☐ NON-INJURY

C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP

POLICE REPORT ☐ YES ☐ NO	LAW ENFORCEMENT AGENCY	☐ INJURY ☐ NON-INJURY

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

IF YES, GIVE REASON:				

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP

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

IF YES, GIVE REASON:	INSURANCE COMPANY

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP

85a. Use this space for additional information you would like to include regarding your driving record.

SECTION 10: OTHER TOPICS

86. Have you ever been refused a permit to carry a concealed weapon? ☐ Yes ☐ No

87. 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, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No

88. 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

89. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ☐ Yes ☐ No

90. Have you ever hit or physically overpowered a spouse or romantic partner? ☐ Yes ☐ No

91. Have you ever been involved in a domestic violence act with a relative, spouse, significant other, romantic partner or domestic partner, including but not limited to, an act of violence, threats, infliction of emotional distress and/or property damage? ☐ Yes ☐ No

92. Do you know of any reason that would disqualify you from being appointed to this job or prevent you from performing the essential duties of the job: ☐ Yes ☐ No

If you answered **YES** to any of **Questions 86–92**, give details including dates and circumstances; indicate corresponding number.

SECTION 11: ADDITIONAL INFORMATION

Are you fluent in any languages other than English? ☐ Yes ☐ No

If yes, please list: _____

Have you been previously employed by Franklin County? ☐ Yes ☐ No

Dates and/or Position: _____

Do any of your relatives work for Franklin County? ☐ Yes ☐ No

If yes, list name(s) and relationship(s):

_____

_____

Are you eligible to work in the United States? ☐ Yes ☐ No

Do you meet all minimum requirements for the position as reflected in the job announcement? ☐ Yes ☐ No

Can you perform the essential functions of the job with or without reasonable accomodation? ☐ Yes ☐ No

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 question and specific item being referenced.

Agreement, Certification, Authorization, and Release

Read carefully before signing

I hereby certify that all of the information provided by me in this application (or any other accompanying or required document) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I have read the job announcement and I am able to perform the essential functions of the position for which I am applying, with or without reasonable accommodation.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by Franklin County that such employment is at will, for no specified duration, and may be terminated by either Franklin County or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Franklin County or its representatives used during the employment process is deemed a contract of employment, real or implied.

I understand that offers of employment at Franklin County are contingent upon the results of a background check. Depending on the position, background checks may include personal and professional references, social security verification, education and professional licensing verification, financial history, criminal history, fingerprinting, polygraph and/or psychological examination.

I understand that I will be tested for the presence of drugs as part of the pre-employment screening if I receive a conditional offer of employment for a position requiring a Commercial Driver's License (CDL) or other position deemed by Franklin County to require such a test.

I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I authorize investigation of all statements in this application and I authorize Franklin County, in consideration of the review of my employment application, to solicit information regarding my character, general reputation, previous employment and similar background information, and to contact any and all references necessary to obtain such information. I hereby release all parties and persons connected with any such requests for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release Franklin County from any liability for future references it may provide regarding my work history at Franklin County.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application. It is my intention that any copy of this authorization be as effective as the original.

BY SIGNING BELOW I ACKNOWLEDGE I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS.

Full Name: _____

Signature: _____

Date: _____

Please read and provide the information below:

Franklin County is committed to non-discrimination in employment practices. This page is voluntary and information will be kept in a confidential file separate from the application and will be used for EEO and OFCCP record keeping purposes only.

Position applied for: _____ Date: _____

Name: _____ Phone No: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age _____

Race/Ethnic Group (Check all that apply):

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Caucasian/White
- ☐ Hispanic/Latino
- ☐ Native Hawaiian/Pacific Islander

Sex: ☐ Male ☐ Female ☐ Other

THIS PAGE TO BE DETACHED FROM APPLICATION PRIOR TO DISTRIBUTION TO THE HIRING AUTHORITY