

LAS CRUCES POLICE DEPARTMENT BASIC TRAINING ACADEMY

550 N. Sonoma Ranch Blvd

Las Cruces , NM 88011

www.CLCPD.com

Personal History Statement for Police Cadet Applicant



This is not an offer, contract or condition of employment by the City of Las Cruces. The actual conditions of employment are governed by the provisions set forth in the collective bargaining agreement between the City of Las Cruces and the Las Cruces Police Officer's Association and are subject to change. Nothing contained herein constitutes an offer, contract or condition of employment by the City of Las Cruces.

LAS CRUCES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

*****ATTENTION*****

Do not misstate or omit facts when completing your Personal History Statement (PHS). The statements made herein are subject to verification in determining your qualifications for employment.

No statement contained herein shall constitute as an offer or condition of employment.

PLEASE READ CAREFULLY! - Incomplete Personal History Statements will not be accepted.

Your Personal History Statement (PHS) is subject to a complete background investigation of family, personal, financial, education and employment history. Questions related to age, height, weight and physical characteristics, when not specifically related to the job requirements, are used for the purpose of identification in our background investigation and for no other purpose.

Any misstatements of fact or omission of material information reported in this Personal History Statement, or withholding new information that may affect your qualifying for police service may disqualify you from employment with the Las Cruces Police Department and/or any other position with the City of Las Cruces for the next 2 years. If more space is needed to answer any question, use a separate piece of paper, 8.5" x 11", lined notebook paper, being sure to number the question to which you are responding. All responses made by you will be held in confidence, to the extent allowed by the law. **REMEMBER:** the ability to make legible, accurate and complete reports is an important part of police work.

INSTRUCTIONS:

- 1.) When printing PHS, **use only one side of paper.** PHS printed on both sides of paper will not be accepted. **WRITE all answers in BLACK ink. This statement must be filled out and completed by YOU** and no one else. If someone other than you fills out your statement and some information is omitted or incorrect, it could cause you to be rejected for employment with the Las Cruces Police Department. Therefore, be sure that you fill it out correctly and completely, because you are the one that is swearing, to the Notary Public, that all information is true and correct.
- 2.) Answer **EVERY** question. If the information requested does not apply to you, print "N/A" in the blank provided.
- 3.) If you cannot remember or do not know the requested information, print "I can't remember" or "I don't know" in the blank space. However, **DO NOT** use this as a crutch. Make **all** attempts to gather the information that you are lacking.
- 4.) Once you have completed the Personal History Statement, you **MUST** have it notarized in two (2) different areas. The first place is on **page 27** and the other is the **Authorization for Release of Personal Information on page 28.** If both of these pages are not notarized BEFORE Personal History Statement History Statement is turned in, it will not be accepted (a Notary Public can be found in your area in the local phone book).

- 5.) This statement, along with all supporting documents requested, will be accepted immediately following the successful completion of the written exam. Incomplete PHS or failure to submit the statement may result in disqualification from the hiring process.

*****NOTE*** The PHS must be hand delivered by "YOU ONLY".**

THIS STATEMENT CAN TAKE UP TO SEVERAL DAYS OR WEEKS TO COMPLETE DUE TO THE REQUESTED SUPPORTING DOCUMENTS THAT MUST BE SUBMITTED WITH YOUR PHS. IT IS STRONGLY RECOMMENDED THAT YOU BEGIN TO WORK ON THIS STATEMENT AS SOON AS IT IS RECEIVED TO ENSURE THAT IT IS READY TO SUBMIT UPON SUCCESSFUL COMPLETION OF THE PHYSICAL FITNESS ASSESSMENT AND WRITTEN EXAM.

- 6.) You must include **two (2) photographs** of yourself when returning this statement. One photograph is to be attached (by clear tape), in its designated place in the PHS (pg. 4). The second photograph will be turned over to the Academy Staff when the PHS is turned in.

The photographs **MUST** be a passport photo (2 x 2), show the head and shoulder view of yourself, with a plain light colored background. No scenic or group photos will be accepted. The photograph must have been taken within 30 days of the date the statement is submitted. If the photographs are missing or not a good representation of your current appearance, your statement will **NOT** be accepted.

- 7.) **YOU MUST SUBMIT** copies of the following documents at the time the PHS is turned in.

- A. **Notarized** copy of High School Diploma or a **notarized copy** of GED (if applicable)
- B. High School transcript (must be **official copies in a sealed envelope** from school)
- C. College transcripts (must be **official copies in a sealed envelope** from college/university) **and a notarized copy of college degree** (if applicable)
- D. **Notarized** copy of DD-214 (pages 1 and 4) - military applicants only
- E. Any training certificates which pertain to law enforcement
- F. **All police reports and court dispositions** of any arrest(s)
- G. **Birth Certificate or Naturalization Certificate (no copies will be accepted, original copy must be viewed by the Academy Staff). Hospital birth records do not apply.**
- H. Copy of Driver's License and Social Security Card (on the same page) Must have originals on hand as well.
- I. Credit Report (**Must be dated with previous 30 days**)
- J. Copy of Marriage License / Divorce Decree

- 8.) In the Experience and Employment Section of the statement, when asked the name and title of your immediate supervisor, **DO NOT** list the owner of the company. We want the name and title of the person who was / is directly in charge of you and knows your work habits. For example: John Doe, Supervisor, Shipping and Receiving.

- 9.) None of the Personal References listed in page 9 should be related. For example, do not list a father and his son as two references. It is preferred that all references have a local address and phone number; however, out-of-town references will be accepted provided that complete address and phone numbers are listed.

- 10.) On question number 8 under General Information section, make sure that the person you list is reliable and available during daytime hours. In the event that we are unable to contact you via phone or email, this person will be contacted as our last attempt to deliver a message to you during your background investigation. If we are unable to contact or message you, we will not be able to complete your background investigation.
- 11.) If you were the subject of any form of military discipline while serving in the Armed Forces (Article 15, etc.) you will be required to provide official documentation of the incident(s).
- 12.) Finally, your Personal History Statement must be filled out, NEATLY, COMPLETELY and CORRECTLY! If Information is missing, wrong or unreadable, **we cannot and will not** continue your background investigation. Therefore, be careful and when you finish filling out your statement, go back through it to make sure that it is **CORRECT and COMPLETE** before turning it in to the Police Academy Staff.
- 13.) If you have any problems filling out the statement or you are not sure what information you should list, do not hesitate to call the Police Academy Staff and ask for assistance. The Police Academy phone number is **(575) 541-2766**. Police Academy hours of operation are from 0800-1700 hours Monday through Friday. When calling, identify yourself as a police service aide applicant and you will be transferred to the Academy staff member who will assist you. **DO NOT** leave a voice mail, messages **WILL NOT** be returned. Please call during business hours for assistance.

I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS AND WILL COMPLY WITH ALL INSTRUCTIONS HEREIN.

SIGNATURE

DATE

ALL INFORMATION OBTAINED DURING THE INVESTIGATION OF YOUR PERSONAL HISTORY MAY BE USED AS A BASIS OF QUESTIONING DURING THE ORAL INTERVIEW EXAMINATION.

PRINT NAME

DATE

SIGNATURE

ATTACH ONE 2 X 2 PASSPORT PHOTO
(USE CLEAR TAPE)

SECTION 1: GENERAL INFORMATION				
1. YOUR FULL LEGAL NAME				
LAST:		FIRST:		MIDDLE:
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, ALIASES, AND NICKNAMES) / LEGAL NAME CHANGE				<input type="checkbox"/> N/A
3. CURRENT RESIDENCE ADDRESS WHERE YOU LIVE				
NUMBER / STREET:			APT / UNIT:	
CITY:			STATE:	ZIP:
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)				
5. CURRENT RESIDENCY INFORMATION				
HOW LONG AT CURRENT ADDRESS: YRS _____ MONTHS _____ DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER (EXPLAIN)				
6. CONTACT NUMBERS				
HOME ()		WORK ()		EXT OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
7. CONTACT EMAIL			8. MESSAGE CONTACT FULL NAME / RELATIONSHIP / PHONE NUMBER	
9. CITIZENSHIP				
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If NO, are you NATURALIZED <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Naturalized list city and state where naturalized and Naturalization Number:				
10. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		HEIGHT	WEIGHT	HAIR COLOR EYE COLOR
		_____ FT. _____ IN.	_____ LBS	_____
11. BIRTHDATE (MM/DD/YYYY)	12. SOCIAL SECURITY NUMBER		13. DRIVER'S LICENSE	
	-		NUMBER:	STATE: EXPIRES:

SECTION 2: RESIDENCE HISTORY				
14. LIST OF RESIDENCES				
<ul style="list-style-type: none"> List all residences in chronological order from Present to Past Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt 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. Use a separate sheet of lined notebook paper (8.5" x 11") to continue any of your responses to questions or statements. 				
14.A	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)		STATUS	FROM (MM/YYYY) TO (MM/YYYY)
			<input type="checkbox"/> Own <input type="checkbox"/> Rent/Other	/ Present
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OWNER
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER
				()
	CITY	STATE	ZIP	EMAIL
Name(s) and contact number of those with whom you live:				

SECTION 2: RESIDENCE HISTORY continued

14.B	FORMER ADDRESS (NUMBER / STREET / APT)	STATUS		FROM (MM/YYYY)	TO (MM/YYYY)
		<input type="checkbox"/> Own <input type="checkbox"/> Rent/Other		/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
					()
CITY		STATE	ZIP	EMAIL	

Name(s) and contact number of those with whom you live:

Reason for moving:

14.C	FORMER ADDRESS (NUMBER / STREET / APT)	STATUS		FROM (MM/YYYY)	TO (MM/YYYY)
		<input type="checkbox"/> Own <input type="checkbox"/> Rent/Other		/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
					()
CITY		STATE	ZIP	EMAIL	

Name(s) and contact number of those with whom you live:

Reason for moving:

14.D	FORMER ADDRESS (NUMBER / STREET / APT)	STATUS		FROM (MM/YYYY)	TO (MM/YYYY)
		<input type="checkbox"/> Own <input type="checkbox"/> Rent/Other		/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
					()
CITY		STATE	ZIP	EMAIL	

Name(s) and contact number of those with whom you live:

Reason for moving:

14.E	FORMER ADDRESS (NUMBER / STREET / APT)	STATUS		FROM (MM/YYYY)	TO (MM/YYYY)
		<input type="checkbox"/> Own <input type="checkbox"/> Rent/Other		/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
					()
CITY		STATE	ZIP	EMAIL	

Name(s) and contact number of those with whom you live:

Reason for moving:

SECTION 3: RELATIONSHIP REFERENCES

15. LIST OF CURRENT AND FORMER SPOUSE / DOMESTIC PARTNER

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable
- Use a separate sheet of lined notebook paper (8.5" x 11") to continue any of your responses to questions or statements.

15.A	Current Spouse / Domestic Partner <input type="checkbox"/> NA / Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
	NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	DATE OF MARRIAGE/RELATIONSHIP / (MM/YYYY)		Is there, or has there ever been any domestic abuse or violence or a restraining order in effect involving you and this individual?.. <input type="checkbox"/> Yes <input type="checkbox"/> No		

15.B	Former Spouse / Domestic Partner <input type="checkbox"/> NA / Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
	NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	DATE OF MARRIAGE/RELATIONSHIP / (MM/YYYY)	DATE OF DISSOLUTION / (MM/YYYY)	Is there, or has there ever been any domestic abuse or violence or a restraining order in effect involving you and this individual?.. <input type="checkbox"/> Yes <input type="checkbox"/> No		

15.C	Former Spouse / Domestic Partner <input type="checkbox"/> NA / Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
	NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	DATE OF MARRIAGE/RELATIONSHIP / (MM/YYYY)	DATE OF DISSOLUTION / (MM/YYYY)	Is there, or has there ever been any domestic abuse or violence or a restraining order in effect involving you and this individual?.. <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you answered "YES" to the Questions in 15.A, 15.B, or 15.C or would like to disclose pertinent information for the Relationship Section that is relative to your background investigation, give any details including dates and circumstances.

List any children you have with any of your previous relationships:

- Child's Full Name: _____ Age: _____ Mother's Name: _____
 Who has custody? Mother Father Joint Are you paying child support? Yes No If yes, how much? _____
 Are you delinquent on these payments? Yes No If yes, how much? _____
- Child's Full Name: _____ Age: _____ Mother's Name: _____
 Who has custody? Mother Father Joint Are you paying child support? Yes No If yes, how much? _____
 Are you delinquent on these payments? Yes No If yes, how much? _____
- Child's Full Name: _____ Age: _____ Mother's Name: _____
 Who has custody? Mother Father Joint Are you paying child support? Yes No If yes, how much? _____
 Are you delinquent on these payments? Yes No If yes, how much? _____

SECTION 4: FAMILY AND PERSONAL REFERENCES

16. LIST OF FAMILY MEMBERS

- List ALL immediate family members regardless if you have any contact with them.
- List ANY family member(s) that CURRENTLY work for, or HAVE worked for the LCPD or the City of Las Cruces at any point and time.

16.A	NAME OF FAMILY MEMBER	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	()				
	WORK PHONE	CELL PHONE	How often do you make contact with this family member?		
	()	()	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never <input type="checkbox"/> other, specify: _____		
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Brother <input type="checkbox"/> Step-Sister <input type="checkbox"/> other, specify: _____					
16.B	NAME OF FAMILY MEMBER	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	()				
	WORK PHONE	CELL PHONE	How often do you make contact with this family member?		
	()	()	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never <input type="checkbox"/> other, specify: _____		
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Brother <input type="checkbox"/> Step-Sister <input type="checkbox"/> other, specify: _____					
16.C	NAME OF FAMILY MEMBER	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	()				
	WORK PHONE	CELL PHONE	How often do you make contact with this family member?		
	()	()	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never <input type="checkbox"/> other, specify: _____		
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Brother <input type="checkbox"/> Step-Sister <input type="checkbox"/> other, specify: _____					
16.D	NAME OF FAMILY MEMBER	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	()				
	WORK PHONE	CELL PHONE	How often do you make contact with this family member?		
	()	()	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never <input type="checkbox"/> other, specify: _____		
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Brother <input type="checkbox"/> Step-Sister <input type="checkbox"/> other, specify: _____					
16.E	NAME OF FAMILY MEMBER	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	()				
	WORK PHONE	CELL PHONE	How often do you make contact with this family member?		
	()	()	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never <input type="checkbox"/> other, specify: _____		
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Brother <input type="checkbox"/> Step-Sister <input type="checkbox"/> other, specify: _____					
16.F	NAME OF FAMILY MEMBER	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	()				
	WORK PHONE	CELL PHONE	How often do you make contact with this family member?		
	()	()	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never <input type="checkbox"/> other, specify: _____		
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Brother <input type="checkbox"/> Step-Sister <input type="checkbox"/> other, specify: _____					

SECTION 4: FAMILY AND PERSONAL REFERENCES continued

17. LIST OF PERSONAL REFERENCES

• List 6 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. **DO NOT** include relatives (to you or between references), employers, housemates, or any individuals listed elsewhere.

17.A	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	How often do you make contact with this reference?		
	()	()	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> other, specify: _____		
	How do you know this person?			How long have you known this person?	
17.B	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	How often do you make contact with this reference?		
	()	()	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> other, specify: _____		
	How do you know this person?			How long have you known this person?	
17.C	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	How often do you make contact with this reference?		
	()	()	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> other, specify: _____		
	How do you know this person?			How long have you known this person?	
17.D	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	How often do you make contact with this reference?		
	()	()	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> other, specify: _____		
	How do you know this person?			How long have you known this person?	
17.E	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	How often do you make contact with this reference?		
	()	()	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> other, specify: _____		
	How do you know this person?			How long have you known this person?	
17.F	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	How often do you make contact with this reference?		
	()	()	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> other, specify: _____		
	How do you know this person?			How long have you known this person?	

SECTION 5: EXPERIENCE AND EMPLOYMENT

18. JOB EXPERIENCE

- List **ALL** jobs you have had in your life, including part-time, temporary, self-employment, and volunteer. (Begin with your most current and work backwards.)
- 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**.
- Use a separate sheet of lined notebook paper (8.5" x 11") to continue any of your responses to questions or statements.

18.A	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			IMMEDIATE SUPERVISOR'S NAME / TITLE	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS			REASON FOR WANTING TO LEAVE		
1)			2.)		
Would there be a problem if we contact your current employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, explain:					

18.B	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> NA <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

18.C	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			IMMEDIATE SUPERVISOR'S NAME / TITLE	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2.)		

18.D	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> NA <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

SECTION 5: EXPERIENCE AND EMPLOYMENT continued

18.E	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			IMMEDIATE SUPERVISOR'S NAME / TITLE	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)		2.)			

18.F	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> NA <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

18.G	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			IMMEDIATE SUPERVISOR'S NAME / TITLE	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)		2.)			

18.H	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> NA <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

18.I	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			IMMEDIATE SUPERVISOR'S NAME / TITLE	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)		2.)			

18.J	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> NA <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

SECTION 5: EXPERIENCE AND EMPLOYMENT continued

18.K	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			IMMEDIATE SUPERVISOR'S NAME / TITLE	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)		2.)			

18.L	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> NA <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

18.M	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			IMMEDIATE SUPERVISOR'S NAME / TITLE	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)		2.)			

18.N	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> NA <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

18.O	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			IMMEDIATE SUPERVISOR'S NAME / TITLE	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)		2.)			

18.P	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> NA <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

SECTION 5: EXPERIENCE AND EMPLOYMENT continued

19. Have you ever been disciplined at work? (This includes informal counseling, written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Have you ever been terminated, released from probation, or asked to resign from any place of employment?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you ever quit without giving notice?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Have you ever resigned in lieu of termination?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. 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?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Were you ever the subject of a written complaint at work?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Have you ever been counseled at work due to lateness or absences?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you ever been the target of an Administrative or Internal Investigation?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Did you ever receive an unsatisfactory performance review?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever sold, released, or given away confidential information?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever called in sick when you were neither sick nor caring for a sick family member?..... If YES, how many sick days have you used in the past five years which were not due to illness? _____ Days	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "YES" to any of **Questions 19 - 30**, explain (include when, where, and circumstances - reference corresponding numbers).

31. In the past three years , have you missed days or been late to work due to drug or alcohol consumption?..... IF YES, how often? _____ Days	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Has your work performance ever been affected by your use of alcohol or drugs?..... IF YES, when? _____ Name of employer: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. In the past three years , have you been warned by an employer about your drinking or drug habits and their impact on your performance?..... IF YES, when? _____ Name of employer: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: EXPERIENCE AND EMPLOYMENT continued

34. Have you **ever** applied for **any** position at another law enforcement agency (city, county, state, or federal)?..... Yes No

- If you answered "YES" to Question 34, list **EVERY** agency 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.**
- Use a separate sheet of lined notebook paper (8.5" x 11") to continue any of your responses to questions or statements.

34.A	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY)	
					/	
	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:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Physical Ability <input type="checkbox"/> Written <input type="checkbox"/> Background <input type="checkbox"/> Oral Board <input type="checkbox"/> Polygraph <input type="checkbox"/> Psychological <input type="checkbox"/> Medical <input type="checkbox"/> Chief's Oral						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

34.B	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	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:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Physical Ability <input type="checkbox"/> Written <input type="checkbox"/> Background <input type="checkbox"/> Oral Board <input type="checkbox"/> Polygraph <input type="checkbox"/> Psychological <input type="checkbox"/> Medical <input type="checkbox"/> Chief's Oral						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

34.C	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	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:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Physical Ability <input type="checkbox"/> Written <input type="checkbox"/> Background <input type="checkbox"/> Oral Board <input type="checkbox"/> Polygraph <input type="checkbox"/> Psychological <input type="checkbox"/> Medical <input type="checkbox"/> Chief's Oral						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

34.D	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	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:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Physical Ability <input type="checkbox"/> Written <input type="checkbox"/> Background <input type="checkbox"/> Oral Board <input type="checkbox"/> Polygraph <input type="checkbox"/> Psychological <input type="checkbox"/> Medical <input type="checkbox"/> Chief's Oral						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

SECTION 6: EDUCATION

- NOTE: You must provide official high school and college transcripts (sealed), a notarized copy of your H/S diploma, and a notarized copy of any college degree or your GED (if applicable) to support all education listed in Section 6.
- Use a separate sheet of lined notebook paper (8.5" x 11") to continue any of your responses to questions or statements.

35. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma	/	<input type="checkbox"/> GED	/
		<input type="checkbox"/> OTHER; EXPLAIN	/

36. LIST HIGH SCHOOL(S) ATTENDED

36.A	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	ADDRESS	CITY	STATE ZIP
36.B	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	ADDRESS	CITY	STATE ZIP

37. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

37.A	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	____ <input type="checkbox"/> QTR <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
37.B	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	____ <input type="checkbox"/> QTR <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
37.C	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	____ <input type="checkbox"/> QTR <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
37.D	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	____ <input type="checkbox"/> QTR <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

38. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

38.A	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL / INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	

SECTION 6: EDUCATION continued

39. Have you ever attended a POST Basic Police Course/Academy: Regular, Specialized Investigators¹, Reserve, or Dispatcher?..... YES NO
 IF YES, provide the following information:

39.A	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				()
39.B	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				()

40. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, POST Police basic course/academy?..... Yes No

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institute, or POST basic course. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 7: 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. Have you ever served in the military?..... Yes No

43. If you answered "YES" to Question 42, include the following service information:

43.A	BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	TYPE OF DISCHARGE		
	<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable - refer to your DD-214: _____		
43.B	BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	TYPE OF DISCHARGE		
	<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable - refer to your DD-214: _____		

44. Are you currently participating in one of the following?
 Military Reserve National Guard IF CHECKED, date obligation ends (MM/DD/YYYY): _____

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

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

47. Have you ever taken military property without permission for personal use, to sell, or to give away?..... Yes No

SECTION 7: MILITARY EXPERIENCE continued

If you answered "YES" to any of **Questions 45-47**, explain (include dates and circumstances).

SECTION 8: FINANCIAL

48. INCOME, EXPENSES, AND RESPONSIBILITY

- For each of the following questions (**48A, B, C**), fill in the amounts to the nearest dollar.
- For **Questions 48C**: 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.

A) From your employer(s), what is your take-home monthly income?..... \$ _____ per month

B) Do you have other sources of income? (IF YES, fill in amount and explain)..... Yes No \$ _____ per month

Explain:

C) Sum of Total Indebtedness (loans, credit cards, etc.) & Monthly Payments (rent, credit cards, alimony, child support, utilities, etc.)

Total Indebtedness: \$ _____ Monthly Rent/Mortgage \$ _____ Monthly Utilities/All Other: \$ _____

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 provided false information 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 changing residence?..... 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, 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 - reference corresponding numbers).

SECTION 8: FINANCIAL continued

62. Are there any creditors currently pressing you for payments?..... Yes No

63. Have you ever had insufficient funds or returned checks with a banking or other financial institutions (past or present)?..... Yes No

64. Has your credit record ever been considered unsatisfactory for any reason?..... Yes No

65. How would you currently describe your credit rating? Excellent Good Fair Poor

66. Are you an owner, part owner, partner (or have any other relationship) in any type of business whether for non-profit or profit? Yes No

If you answered "YES" to any of **Questions 62 - 66**, explain (include when, where, and why - reference corresponding numbers).

SECTION 9: MOTOR VEHICLE OPERATION

- Use a separate sheet of lined notebook paper (8.5" x 11") to continue any of your responses to questions or statements.

67. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

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

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

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

IF YES, explain (include when, where, and circumstances):

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

IF YES, explain (include when, where, and circumstances):

71. List all vehicle(s) which you are the primary or secondary driver.

71.A	VEHICLE MAKE / MODEL	YEAR (YYYY)	COLOR	LICENSE PLATE #	STATE / EXPIRATION (MM/YYYY)
	REGISTERED OWNER'S NAME	VIN NUMBER		CONTACT NUMBER	
				()	
	INSURANCE COMPANY	POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY)	

SECTION 9: MOTOR VEHICLE OPERATION continued

71.B	VEHICLE MAKE / MODEL	YEAR (YYYY)	COLOR	LICENSE PLATE #	STATE / EXPIRATION (MM/YYYY)
	REGISTERED OWNER'S NAME	VIN NUMBER			CONTACT NUMBER
	INSURANCE COMPANY	POLICY NUMBER			EXPIRATION DATE (MM/DD/YYYY)

72. List **ALL** traffic citations or warnings, excluding parking citations, you have received **within the past seven years**.

72.A	NATURE OF VIOLATION	LAW ENFORCEMENT AGENCY	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN / FINAL DISPOSITION <input type="checkbox"/> Warning <input type="checkbox"/> Fined <input type="checkbox"/> Not Guilty <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
72.B	NATURE OF VIOLATION	LAW ENFORCEMENT AGENCY	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN / FINAL DISPOSITION <input type="checkbox"/> Warning <input type="checkbox"/> Fined <input type="checkbox"/> Not Guilty <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
72.C	NATURE OF VIOLATION	LAW ENFORCEMENT AGENCY	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN / FINAL DISPOSITION <input type="checkbox"/> Warning <input type="checkbox"/> Fined <input type="checkbox"/> Not Guilty <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
72.D	NATURE OF VIOLATION	LAW ENFORCEMENT AGENCY	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN / FINAL DISPOSITION <input type="checkbox"/> Warning <input type="checkbox"/> Fined <input type="checkbox"/> Not Guilty <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
72.E	NATURE OF VIOLATION	LAW ENFORCEMENT AGENCY	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN / FINAL DISPOSITION <input type="checkbox"/> Warning <input type="checkbox"/> Fined <input type="checkbox"/> Not Guilty <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

73. Has a traffic citation ever resulted in an arrest 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:

74. Have you been involved as the driver in a motor vehicle accident **within the past seven years**?..... YES NO

IF YES, give details below.

74.A	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
74.B	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE

POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

SECTION 9: MOTOR VEHICLE OPERATION continued

75. Have you ever driven a vehicle without auto insurance, as required by law?..... YES NO

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

76. Have you ever been refused automobile liability insurance or bond, or had them cancelled?..... YES NO

IF YES, GIVE REASON	TO (MM/YYYY)
	/

INSURANCE COMPANY

SECTION 10: LEGAL

Disclosure of Detentions, Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempt by a state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- Use a separate sheet of lined notebook paper (8.5" x 11") to continue any of your responses to questions or statements.

77. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice) or in another country?..... YES NO

IF YES, explain each incident:

77.A	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	

DISPOSITION OR PENALTY

77.B	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	

DISPOSITION OR PENALTY

77.C	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	

DISPOSITION OR PENALTY

SECTION 10: LEGAL continued

78. Have you ever been placed on or are you currently on court probation?..... Yes No
79. 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
80. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?..... Yes No
81. Have the police ever been called to your home for any reason?..... Yes No
82. Have you or your spouse/partner ever been referred to Child Protective Services?..... Yes No
83. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?..... Yes No
84. 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
85. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?..... Yes No
86. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance..... Yes No
87. Have you ever filed a false insurance or workers' compensation claim?..... Yes No

If you answered "YES" to any of **Questions 77 - 87**, explain (include all court and law enforcement agency documents, dates, circumstances - reference corresponding numbers.)

Involvement in Criminal Acts - Part 1

88. **At any time in your life**, have you **EVER** committed any of the following acts?

- **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.**
- **OMITTING ANY INFORMATION MAY RESULT IN IMMEDIATE REMOVAL FROM THE HIRING PROCESS.**

- 88.A** Animal abuse/or neglect..... Yes No
- 88.B** Annoying, obscene, or harassing contacts by telephone or other electronic communication device..... Yes No
- 88.C** Battery (use of force or violence upon another)..... Yes No
- 88.D** Brandishing a weapon (any type of weapon)..... Yes No
- 88.E** Carrying a concealed weapon without a permit..... Yes No
- 88.F** Contributing to the delinquency of a minor..... Yes No
- 88.G** Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)..... Yes No
- 88.H** Driving under the influence of alcohol and/or drugs..... Yes No

SECTION 10: LEGAL continued

88.I	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.J	Filing a false police report..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.K	Hit & run collision (no injuries)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.L	Illegal gambling..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.M	Illegal hunting and/or fishing (for example, without a license, out of season)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.N	Impersonating a peace officer (pretending to be a police officer)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.O	Indecent exposure and/or lewd or obscene conduct..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.P	Intentionally writing a bad check..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.Q	Joyriding (using a car or other vehicle without the owner's permission)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.R	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.S	Petty theft (value up to \$250, including shoplifting/switching price tags)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.U	Possession of alcohol as a minor..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.V	Possession of falsified or altered identification, including use of another person's ID (for any reason)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.W	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.X	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.Y	Reckless driving..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.Z	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.AA	Trespassing..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.BB	Vandalism (including, but not limited to, "tagging", malicious mischief, and/or property damage)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
88.CC	Any other act amounting to a misdemeanor crime or moral turpitude (contrary to honesty or good morals)..... <input type="checkbox"/> Yes <input type="checkbox"/> No

- If you answered "YES" to **ANY** of the item(s) in **Question 88**, fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g., 88.C) for each explanation.
- Use a separate sheet of lined notebook paper (8.5" x 11") to continue any of your responses to questions or statements.

SECTION 10: LEGAL continued

Involvement in Criminal Acts - Part 1

89. At any time in your life, have you EVER committed any of the following acts?

- **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.**
- **OMITTING ANY INFORMATION MAY RESULT IN IMMEDIATE REMOVAL FROM THE HIRING PROCESS.**

89.A	Arson (intentionally destroying property by setting a fire)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.B	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.C	Blackmail or extortion..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.D	Burglary (entering a structure or vehicle to commit theft or other crime)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.E	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.F	Elder abuse and/or neglect (physical and/or financial)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.G	Embezzlement (theft of money or other valuables entrusted to you)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.H	Felony aggravated DWI/DUI (involving injuries or multiple counts)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.I	Rape..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.J	Forgery (falsifying any type of document, check certificate, license, currency, etc.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.K	Fraudulent use of a credit, ATM, debit, and/or check card..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.L	Theft (value of over \$250, or any firearm)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.M	Hit & run (with injuries)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.N	Hate crime..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.O	Illegal sex acts..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.P	Insurance fraud..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.Q	Murder, homicide, or attempted murder..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.R	Perjury (lying under oath)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.S	Possession or use of an explosive/destructive device..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.T	Robbery (theft from another person using a weapon, force, or fear)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.U	Stalking..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.V	Theft of vehicle and/or vehicle parts..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.W	Viewing, searching, downloading, purchasing, and/or possessing child pornography..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.X	Illegal solicitation of a minor using an electronic device e.g. computer, cellphone, internet, etc..... <input type="checkbox"/> Yes <input type="checkbox"/> No
89.Y	Any other act amounting to a felony..... <input type="checkbox"/> Yes <input type="checkbox"/> No

- If you answered "YES" to **ANY** of the item(s) in **Question 89**, fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g., 89.B) for each explanation.
- Use a separate sheet of lined notebook paper (8.5" x 11") to continue any of your responses to questions or statements.

SECTION 10: LEGAL continued

Question 89 explanations continued

Illegal Use of Drugs

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high".
- Your responses should include - **but not be limited** - your use of any of the following:
 - Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc.)
 - Marijuana (with or without a prescription)
 - Barbiturates (Downers)
 - Mescaline
 - Cocaine / Crack Cocaine
 - Morphine
 - Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
 - PCP / Angel Dust
 - GHB (Date Rape Drug)
 - Quaaludes
 - Hallucinogens (Peyote, LSD, Mushrooms)
 - Steroids
 - Hashish / Hashish Oil
 - Tetrahydrocannabinol (THC)
 - Heroin / Opium
 - Glue, paint, or any substance containing toluene

90. Within the past three (3) years, have you used any drug(s) as indicated above?..... Yes No

IF YES, give details including drug(s) used, most recent date used, and circumstances:

91. Prior to the past three (3) years:

- 1. I have never used any drug recreationally.
- 2. I have tried or used one or more drug

IF YOU CHECKED BOX 2, give details including drug(s) used, first time used, most recent date used, and circumstances:

SECTION 10: LEGAL continued

92. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without prescription drugs without a prescription:

- Sold Manufactured Purchased Furnished Cultivated Carried or held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s), and circumstances.**

93. During the **past three (3) years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?..... Yes No

IF YES, explain:

SECTION 11: OTHER TOPICS

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

95. 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

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

97. **Since the age of 15**, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?..... Yes No

98. 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

If you answered "YES" to any of **Questions 94-98**, give details including dates and circumstances - reference corresponding numbers.)

SECTION 12: PERSONAL DECLARATIONS

99. If it becomes necessary to take a human life in the course of your duties as a police officer, would any beliefs or anything else that would prevent you from doing so?..... Yes No

100. Do you have any beliefs or anything else that would prevent you from fully performing the duties of a police officer, including working on weekends, evenings, night shifts, and/or holiday?..... Yes No

101. Do you know of anything that would disqualify you from a police officer appointment or prevent you from fully discharging the official duties of a police officer?..... Yes No

If you answered "YES" to any of **Questions 99-101**, please explain your response in detail - reference corresponding numbers.)

SECTION 12: PERSONAL DECLARATIONS continued

Do you understand that the Las Cruces Police Academy training is approximately 22 weeks in length? This school represents a period of selection for the Las Cruces Police Department and you must complete the course successfully to become a certified and commissioned police officer. You may be discharged from the Academy at any time and you must also submit yourself to strict police discipline. You may not have any other employment or attend any other school while a recruit in the Las Cruces Police Academy, unless otherwise authorized?..... Yes No

I have read and understand the above statement. _____
SIGNATURE

I have reviewed this complete Personal History Statement and I believe it to be true and correct to the best of my knowledge and recollection. I further certify that I have personally completed and initialed each page of this form and any attached supplemental page(s).

I understand that **KNOWINGLY** withholding information or making false statements concerning this Personal History Statement will be basis for rejection of my application or termination of my employment with the Las Cruces Police Department.

I understand that after I have turned in this Personal History Statement, I **MUST** inform the Police Academy Staff or Background Investigator, **IMMEDIATELY**, or within ten (10) days, of any changes or updates of information contained in this statement. Any change or updated information **MUST** be made both orally and in writing within ten (10) days and before the start of the Oral Interview Examinations. Failure to do so could be basis for rejection of my employment with the Las Cruces Police Department.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this _____ day of _____ 20____.

State of _____

SIGNATURE OF NOTARY PUBLIC

County of _____

My commission expires _____ 20____.

**LAS CRUCES POLICE DEPARTMENT
AUTHORIZED FOR RELEASE OF PERSONAL INFORMATION**

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Las Cruces Police Department Professional Development Unit, whether the said records are of PUBLIC, PRIVATE, or CONFIDENTIAL NATURE.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions: financial or credit institutions including records of loans, the records of commercial and retail credit agencies, credit reports and ratings, and other financial statements and records wherever filed: employment and pre-employment records including background reports, efficiency ratings, complaint or grievances filed by or against me and the records and all recollections of attorneys at law or other counsel involving either criminal or civil actions in which I presently have or have had an interest.

I understand that any information obtained through a personal history background investigation which is developed directly or indirectly, in whole or in part, based upon this authorization will be considered toward the determination of my suitability for employment as a police officer trainee with the Las Cruces Police Department.

I certify that any persons who may furnish such information concerning me shall **NOT** be held liable for giving this information and I do hereby release said persons from any and all liability which might otherwise be incurred as a result of furnishing such information.

A copy of this release form will be valid as an original thereof, even though such copy does not contain an original writing of my signature.

FULL NAME: _____ SIGNATURE: _____

ADDRESS: _____ CITY: _____ STATE: _____

DATE OF BIRTH (MM/DD/YYYY): _____

DRIVER'S LICENSE NUMBER: _____

Subscribed and sworn to before me this _____ day of _____ 20____.

State of _____

County of _____

SIGNATURE OF NOTARY PUBLIC

My commission expires _____ 20____.