

**City of Muskogee Police Department
Pre-Investigative Questionnaire**

Name: _____
(last) (first) (middle)

Instructions
(Read Completely and thoroughly)

The information you provide in this questionnaire will be used as a part of your background investigation to assist the Muskogee Police Department, and the community, in which it serves, in determining your suitability as a Police Officer. Completion of this questionnaire is necessary if you wish to continue in the selection process.

The City of Muskogee has a right to expect, and in fact demand, truthfulness from the men and women who are to serve as police employees. Honesty is expected and required from the very onset of this processing. Your background investigator **will not** distinguish between lies, big or small. **Any perceived or deliberate inaccuracies, incomplete statements, untruthfulness or omissions will not be tolerated and may be grounds for disqualification.**

Please print (legibly) all responses. Leave no question blank or unanswered. Write “None” if this is an appropriate answer. If a question does not apply to you, print “N/A” (not applicable). No question is intended as a medical inquiry. The American with Disabilities Act prohibits employers from making medically related inquiries **prior** to a conditional offer of employment.

Therefore, if you are completing this questionnaire before you have received a conditional offer of employment, **do not**; divulge information concerning physical or medical conditions, either past or current.

Remember, your responses will be confirmed by an in-depth background investigation.

If you have read and understand the instructions, sign and date as indicated.

(SIGNATURE OF APPLICANT) (DATE)



Muskogee Police Department

Background Investigation Questionnaire

APPLICANT NAME (LAST, FIRST, MIDDLE)

TODAY'S DATE

INSTRUCTIONS

Read and follow all the instructions below. Failure to do so will delay or void your application.

1. Form must be completely filled out by applicant.
2. Answer each question completely and accurately. Each blank must have an answer in it. If the question does not apply to you, write N/A in the appropriate space.
3. Keep a copy of the questionnaire for your records.
4. At a future date you will be required to submit official certified college transcripts and other documents. You will be given a list of these documents by a background investigator.
5. If you require additional space to complete this document (e.g., additional residence or employer information) please include the information on a separate sheet. If you use this field simply explain what type of information is being entered.
6. After completing this document attach it to your employment application and submit it to the City of Muskogee Human Resources Department. To complete the application process and be considered for the next testing process, this background questionnaire must be submitted with a completed employment application.

PLEASE NOTE THE FOLLOWING:

- Incomplete or inaccurate answers may be grounds for rejection or removal.
- Whether intentional or inadvertent, omissions are taken very seriously.
- It is better to provide information that is unnecessary than to omit information that may be necessary.
- It is always better to tell the truth, no matter what. Your application will be given every consideration in light of the information available.
- You may be asked to submit additional information or documentation pertaining to your application.

The following items must be provided when you return your completed questionnaire:

- A 3x5 color photograph of yourself.
- A certified copy of your birth certificate.
- A certified copy of your high school diploma or GED or a certified copy of your transcript which verifies graduation from high school or completion of a GED certification.
- A certified copy of your college transcripts (if applicable).
- If you have been divorced, submit a copy of your divorce decree(s).
- If you have military service, submit a copy of your DD214.

I. PERSONAL INFORMATION

FULL LEGAL NAME (LAST, FIRST, MIDDLE)				SOCIAL SECURITY NUMBER	
LIST ALL OTHER NAMES OR NICKNAMES USED (INCLUDE ANY MAIDEN NAMES AND LEGAL NAME CHANGES. LIST DATE AND REASON FOR NAME CHANGE)					
DRIVERS LICENSE #	STATE	EXP. DATE	BIRTHDATE	BIRTHPLACE (CITY, STATE, COUNTRY)	
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)					
HOME PHONE NUMBER	CELL PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS		
WORK PHONE NUMBER	ALTERNATE PHONE NUMBER FOR MESSAGES			PAGER NUMBER	
ARE YOU A CITIZEN OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF A U.S. CITIZEN, WERE YOU: NATIVE BORN <input type="checkbox"/> NATURALIZED <input type="checkbox"/>		
IF NATURALIZED, GIVE DATE, LOCATION, AND JUDGE					
HAVE YOU EVER APPLIED TO THE MUSKOGEE POLICE DEPARTMENT BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF SO, WHEN AND DISPOSITION		

II. EMPLOYMENT HISTORY

IMPORTANT NOTICE: You must list every job you have ever held, regardless of whether you feel it is relevant to the position for which you are applying. Failure to do so will result in automatic disqualification. Failure to complete all required information (names, addresses, dates, and phone numbers) may limit our ability to assess your suitability for hire, and eliminate you from further consideration.

BEGIN WITH YOUR CURRENT EMPLOYMENT AND WORK BACKWARD. LIST ALL EMPLOYMENT CHRONOLOGICALLY, INCLUDING SUMMER AND PART TIME JOBS, TEMPORARY AND VOLUNTEER WORK. COMPLETE INFORMATION IS REQUIRED.

DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY WAGE:		JOB TITLE & DUTIES:			
DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY WAGE:		JOB TITLE & DUTIES:			
DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY WAGE:		JOB TITLE & DUTIES: :			

DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY WAGE:		JOB TITLE & DUTIES:			
DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY WAGE:		JOB TITLE & DUTIES:			
DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY WAGE:		JOB TITLE & DUTIES:			
DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY WAGE:		JOB TITLE & DUTIES:			
DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY WAGE:		JOB TITLE & DUTIES:			
IF YOU HAVE HELD ADDITIONAL JOBS LIST THEM HERE:					
IF YOU HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN, EXPLAIN THE CIRCUMSTANCES (INCLUDE DATE, PLACE & SPECIFIC DETAILS)					
HAVE YOU EVER RECEIVED UNEMPLOYMENT INSURANCE? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHEN & WHERE?					
HAVE YOU PREVIOUSLY APPLIED TO THE CITY OF MUSKOGEE? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHICH DEPARTMENT(S):					

DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF MUSKOGEE? NO YES
 IF YES: GIVE NAME, RELATIONSHIP, AND DEPARTMENT THEY WORK FOR:

HAVE YOU EVER WORKED FOR THE CITY OF MUSKOGEE? NO YES
 IF YES, LIST WHICH DEPARTMENT AND WHEN:
 LIST SUPERVISOR'S NAME AND PHONE NUMBER:

ARE YOU NOW, OR HAVE YOU EVER BEEN ENGAGED IN BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? NO YES

MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? YES NO IF NO, PLEASE EXPLAIN:

HAVE YOU EVER APPLIED TO ANY MUNICIPAL, STATE OR FEDERAL AGENCY? NO YES
 IF YES, LIST AGENCY AND DATE:

HAVE YOU EVER APPLIED TO ANY LAW ENFORCEMENT AGENCY OR PUBLIC SAFETY AGENCY (e.g., POLICE DEPARTMENT, SHERIFF'S DEPARTMENT, FIRE DEPARTMENT, and EMT) THAT DID NOT HIRE YOU FOR ANY REASON, INCLUDING NOT HAVING SUFFICIENT OPENINGS?
 NO YES

IF YES, LIST PAST AND PRESENT APPLICATIONS, INCLUDING THOSE WITH THE MUSKOGEE POLICE DEPARTMENT BELOW:

AGENCY	ADDRESS	DATE OF APPLICATION	DISPOSITION	BACKGROUND INVESTIGATOR

HAVE YOU EVER BEEN INVOLVED IN THE MUSKOGEE POLICE RESERVE? NO YES IF YES, LIST DATES:

HAVE YOU EVER BEEN DENIED A POSITION WITH THE MUSKOGEE POLICE RESERVE? NO YES
 IF YES, LIST DATES AND REASON:

HAVE YOU EVER BEEN INVOLVED IN ANY OTHER POLICE RESERVE OR AUXILLIARY UNIT? NO YES
 IF YES, INDICATE BELOW:

AGENCY	ADDRESS	DATE OF SERVICE	POSITION HELD	REASON FOR LEAVING

HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY OR BEEN CERTIFIED OR LICENSED AS A LAW ENFORCEMENT OFFICER? NO YES IF YES, LIST WHEN AND WHERE:

HAVE YOU EVER BEEN SUBJECTED TO A POLYGRAPH TEST? NO YES
 IF YES, LIST DETAILS (WHEN, WHERE AND WHY):

III. EDUCATION HISTORY

ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL, COLLEGE OR UNIVERSITY? NO YES
 IF YES, GIVE PROJECTED GRADUATION DATE:

LIST ALL SCHOOLS EVER ATTENDED IN ORDER. BEGIN WITH THE MOST RECENTLY ATTENDED/CURRENTLY ENROLLED SCHOOL. INCLUDE BUSINESS COLLEGES, TECHNICAL/VOCATIONAL, CORRESPONDENCE, AND MILITARY SCHOOLS.

COLLEGES AND UNIVERSITIES

SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
VOCATIONAL / TECHNICAL / MILITARY OR OTHER POST-SECONDARY SCHOOLS				
SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

HIGH SCHOOL				
SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:	
YEAR GRADUATED:				
SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:	
YEAR GRADUATED:				
SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:	
YEAR GRADUATED:				
SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:	
YEAR GRADUATED:				
WAS ANY DISCIPLINARY ACTION TAKEN AGAINST YOU WHILE YOU WERE IN COLLEGE OR HIGH SCHOOL, INCLUDING PROBATION, SUSPENSIONS, DISMISSALS OR LOSS OF SCHOLARSHIPS FOR DISCIPLINARY REASONS? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST THE DATES AND DETAILS BELOW:				
GIVE EXPLANATION FOR ACADEMIC PROBLEMS, INCLUDING ACADEMIC PROBATIONS, ACADEMIC SUSPENSIONS, WITHDRAWALS (PASSING OR FAILING), AND ANY GRADE BELOW A 2.00 GPA:				
LIST ALL HONORS, CITATIONS, SPECIAL RECOGNITION, OFFICES HELD, AND GROUPS OR TEAMS YOU BELONGED TO WHILE ATTENDING HIGH SCHOOL AND COLLEGE:				
LIST ANY FOREIGN LANGUAGE ABILITY YOU HAVE AND TO WHAT EXTENT (INCLUDING SIGN LANGUAGE): USE A SCALE OF 1 TO 5. EXAMPLE: 1=SOME, 3=MODERATE, 5=FLUENT				
LANGUAGE AND DIALECT (IF APPLICABLE):	SPEAK	READ	WRITE	
1				
2				
3				
IV. MILITARY HISTORY				
HAVE YOU EVER BEEN DENIED ENTRY INTO THE MILITARY? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN:				
HAVE YOU EVER SERVED IN A MILITARY ORGANIZATION OF ANY FOREIGN GOVERNMENT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN:				
HAVE YOU EVER JOINED THE MILITARY SERVICE? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST MILITARY BRANCH AND UNITS SERVED				
BRANCH	SERVICE NUMBER	TYPE OF UNIT	M.O.S.	JOB TITLE AND DESCRIPTION
1.				
2.				
DATE OF ENLISTMENT	DATES OF ACTIVE DUTY	HIGHEST RANK ON ACTIVE DUTY		
TYPE OF DISCHARGE OR SEPARATION: <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL-UNDER HONORABLE <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> GENERAL-UNDER OTHER THAN HONORABLE <input type="checkbox"/> BAD CONDUCT				
GIVE A BRIEF EXPLANATION OF REASONS FOR DISCHARGE:				
INDICATE STATUS AT TIME OF DISCHARGE BELOW:				

DATE OF DISCHARGE	RANK AT TIME OF DISCHARGE	DATE OF RANK	TOTAL AMOUNT OF MILITARY SERVICE		
			YEARS	MONTHS	DAYS

LIST ALL CITATIONS OR COMMENDATIONS:

LIST ALL MILITARY TRAINING AND EDUCATION:

HAVE YOU EVER BEEN UNDER INVESTIGATION BY A MILITARY AUTHORITY? NO YES
 IF YES: LIST ALL DISCIPLINARY PROBLEMS WHILE IN THE MILITARY (ARTICLE 15's, UCMJ CONVICTIONS, DEMOTIONS, INCLUDING ANY JUDICIAL OR NON-JUDICIAL ACTION ETC.) INCLUDE DISPOSITION OF INVESTIGATION AND EXPLAIN IN FULL DETAIL:

PAST COMMANDING OFFICERS OR MILITARY ACQUAINTANCES ARE POTENTIAL SOURCES OF RELEVANT INFORMATION PERTAINING TO YOUR BACKGROUND. PLEASE LIST THOSE INDIVIDUALS WHO KNOW YOU WELL ENOUGH TO PROVIDE ACCURATE INFORMATION ABOUT YOU.

NAME	ADDRESS	PHONE	# OF YEARS KNOWN
1			
2			
3			

HAVE YOU EVER BEEN A MEMBER OF A RESERVE UNIT? NO YES IF YES, INDICATE YOUR STATUS BELOW

CURRENTLY ACTIVE RESERVE? NO YES MEMBER IN I.R.R.? NO YES

HOW OFTEN DO YOU ATTEND DRILLS? WEEKLY MONTHLY SUMMER ONLY

GIVE DETAILS OF YOUR CURRENT RESERVE UNIT BELOW:

UNIT NAME AND ADDRESS	COMMANDING OFFICER NAME &PHONE	YOUR CURRENT RANK

V. CRIMINAL AND DRIVING HISTORY

LIST ALL OFFICIAL CONTACT YOU HAVE HAD WITH ANY LAW ENFORCEMENT AGENCY OR COURT SYSTEM. THIS INCLUDES MUNICIPAL, COUNTY, STATE AND FEDERAL AGENCIES OR COURT SYSTEMS, INCLUDING MILITARY COURTS, MILITARY POLICE AND MILITARY INVESTIGATIVE UNITS. LIST ALL INCIDENTS WHERE YOU HAVE BEEN QUESTIONED, WARNED, ISSUED A SUMMONS, DETAINED, ARRESTED OR CONVICTED. THIS INCLUDES ALL INFRACTIONS, ORDINANCE VIOLATIONS, MISDEMEANORS AND FELONIES.

NOTE: The existence of an arrest record and/or convictions is **NOT** an automatic disqualifying factor. Giving a false answer to this question **IS** a disqualifying factor.

DATE	AGENCY OR COURT	CHARGE	SENTENCE	DISPOSITION

HAVE YOU EVER BEEN IN OR AFFILIATED WITH ANY STREET GANG? NO YES IF YES, EXPLAIN IN FULL DETAIL:

HAVE YOU EVER BEEN REPORTED TO A LAW ENFORCEMENT AGENCY AS A MISSING PERSON OR A RUNAWAY? NO YES
 IF YES, EXPLAIN IN FULL DETAIL:

HAVE YOU EVER STOLEN OR TAKEN ANYTHING FROM ANYONE WITHOUT PERMISSION, OR COMMITTED ANY OTHER CRIME IN WHICH YOU WERE NOT CAUGHT? NO YES IF YES, EXPLAIN IN FULL DETAIL, INCLUDING DATES, PLACES AND AMOUNT TAKEN OR CRIME COMMITTED:

HAVE YOU EVER APPLIED FOR A PERMIT TO CARRY A CONCEALED WEAPON? NO YES IF YES, WAS THE REQUEST GRANTED?
 NO YES IF NO PLEASE EXPLAIN:

HAS AN EX-PARTE OR OTHER TYPE OF RESTRAINING ORDER OR PROTECTIVE ORDER EVER BEEN PLACED AGAINST YOU? NO YES
 IF YES, EXPLAIN:

LIST BELOW ANY FRIENDS, ASSOCIATES OR RELATIVES, PAST AND PRESENT WHO HAVE BEEN ARRESTED OR CONVICTED OF A FELONY OR PARTICIPATED IN A CRIMINAL ACT. GIVE A BRIEF EXPLANATION OF YOUR RELATIONSHIP TO THE PERSON AND THE CRIMINAL ACTIVITY IN WHICH THEY ARE OR WERE INVOLVED:

NAME (LAST, FIRST MIDDLE)	RELATIONSHIP	EXPLAIN CRIMINAL ACTIVITIES AND/OR CONVICTIONS			
DO YOU CURRENTLY HAVE ANY UNPAID FINES, COURT COSTS, OR COURT ORDERED RESTITUTION? NO <input type="checkbox"/> YES <input type="checkbox"/>					
IF YES, GIVE ALL DETAILS, INCLUDING THE LAW ENFORCEMENT AGENCY, LOCATION AND COURT DATES:					
HAVE YOU EVER BEEN FINGERPRINTED? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, BY WHOM AND WHY?					
HAVE YOU EVER BEEN THE VICTIM OF A CRIME? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, DID YOU REPORT IT TO A LAW ENFORCEMENT AGENCY? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN:					
GIVE INFORMATION ON ANY DRIVER'S LICENSE OR PERMIT THAT YOU HAVE BEEN ISSUED CURRENTLY OR IN THE PAST (INCLUDING MILITARY AND ANY SPECIAL ENDORSEMENTS):					
APPROX. DATE ISSUED	STATE	LICENSE NUMBER	TYPE (OPERATOR, COMMERCIAL, MILITARY, ETC.)	EXPIRATION DATE	
HAVE YOU EVER BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE COLLISION? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST EACH COLLISION BELOW STARTING WITH THE MOST RECENT:					
1 COLLISION INFORMATION					
DATE OCCURRED:		LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>	
AMOUNT OF DAMAGE?		WHO WAS AT FAULT?		HOW DID COLLISION OCCUR?	
2 COLLISION INFORMATION					
DATE OCCURRED:		LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>	
AMOUNT OF DAMAGE?		WHO WAS AT FAULT?		HOW DID COLLISION OCCUR?	
3 COLLISION INFORMATION					
DATE OCCURRED:		LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>	
AMOUNT OF DAMAGE?		WHO WAS AT FAULT?		HOW DID COLLISION OCCUR?	
4 COLLISION INFORMATION					
DATE OCCURRED:		LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>	
AMOUNT OF DAMAGE?		WHO WAS AT FAULT?		HOW DID COLLISION OCCUR?	
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PLEASE GIVE DETAILS (INCLUDE WHEN, WHERE):					
HAVE YOU EVER BEEN DENIED AUTO INSURANCE OR HAD INSURANCE CANCELLED? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN BELOW:					
PLEASE LIST ALL OF YOUR CURRENT VEHICLES BELOW					
YEAR:	MAKE:	MODEL:	TAG NUMBER:	STATE:	REGISTERED TO:

VI. DRUG AND ALCOHOL USE

DO YOU CURRENTLY USE ANY DRUG THAT YOU HAVE OBTAINED WITHOUT A PRESCRIPTION OR HAVE OBTAINED BY SOME TRICK OR DECEPTION?
 NO YES IF YES, LIST WHAT KIND AND TO WHAT EXTENT:

DO YOU HAVE ANY CLOSE FRIENDS THAT YOU KNOW USE ILLEGAL DRUGS OR SIMILAR SUBSTANCES?
 NO YES IF YES, TELL US HOW MANY OF YOUR FRIEND(S) AND WHAT TYPE OF DRUGS YOUR FRIEND(S) USE OR USED:

DO YOU NOW, OR HAVE YOU EVER USED, POSSESSED, SUPPLIED OR SOLD ANY NARCOTIC OR CONTROLLED SUBSTANCE SUCH AS, BUT NOT LIMITED TO; MARIJUANA, HASHISH, COCAINE, LSD, METHAMPHETAMINE, HEROIN, STEROID PHARMACEUTICALS OR DRUGS OF SIMILAR NATURE?
 (Drug use is not necessarily an automatic disqualifying factor, however, lying about it is.)
 NO YES IF YES, LIST BELOW.

SUBSTANCE:	EVER USED?	FIRST DATE USED	LAST DATE USED	NUMBER OF TIMES USED	LARGEST AMT. POSSESSED
MARIJUANA	NO <input type="checkbox"/> YES <input type="checkbox"/>				
HASHISH	NO <input type="checkbox"/> YES <input type="checkbox"/>				
COCAINE	NO <input type="checkbox"/> YES <input type="checkbox"/>				
PCP	NO <input type="checkbox"/> YES <input type="checkbox"/>				
HEROIN	NO <input type="checkbox"/> YES <input type="checkbox"/>				
LSD	NO <input type="checkbox"/> YES <input type="checkbox"/>				
METHAMPHETAMINES	NO <input type="checkbox"/> YES <input type="checkbox"/>				
OTHER (LIST)					
OTHER (LIST)					
OTHER (LIST)					

GIVE A DETAILED SUMMARY CONCERNING THE CIRCUMSTANCES OF ANY OF THE DRUG HISTORY INDICATED ABOVE

DO YOU CURRENTLY CONSUME ALCOHOLIC BEVERAGES? NO YES
 IF YES, PLEASE EXPLAIN BY INCLUDING FREQUENCY, QUANTITY AND TYPE OF BEVERAGE (E.G., LIQUOR, WINE, BEER):

HAVE YOU EVER DRIVEN UNDER THE INFLUENCE OF DRUGS OR ALCOHOL? NO YES
 IF YES, EXPLAIN THE CIRCUMSTANCES AND NUMBER OF TIMES

VII. ORGANIZATIONS AND OTHER ACTIVITIES

LIST ALL GROUPS, CLUBS, AND ORGANIZATIONS TO WHICH YOU CURRENTLY BELONG OR HAVE BELONGED IN THE PAST. EXCLUDING HIGH SCHOOL AND COLLEGE (INCLUDE OFFICES HELD, NAME OF ORGANIZATION, ADDRESS AND PHONE NUMBER, ACTIVITIES YOU WERE INVOLVED IN WHILE BELONGING TO THIS GROUP, NAME OF A CONTACT PERSON, ADDRESS AND PHONE NUMBER):

DO YOU BELONG TO ANY GROUP THAT HOLDS BELIEFS, OR DO YOU HOLD BELIEFS THAT WOULD PREVENT YOU FROM VOWING ALLEGIANCE TO THE FLAG OF THE UNITED STATES AND/OR THE CONSTITUTION OF THE UNITED STATES?
 NO YES IF YES, GIVE COMPLETE DETAILS

LIST ANY HOBBIES, SKILLS AND SPECIAL INTERESTS OR ABILITIES YOU HAVE, INCLUDING ANY HONORS YOU HAVE RECEIVED WHILE INVOLVED IN THESE ACTIVITIES:

LIST ANY SPECIALIZED TRAINING, SKILLS OR AREAS OF EXPERTISE THAT YOU HAVE WHICH ARE DIRECTLY OR INDIRECTLY RELATED TO LAW ENFORCEMENT WORK:

LIST ANY OTHER INFORMATION ABOUT YOURSELF THAT IS NOT ASKED BY THE ABOVE QUESTIONS WHICH YOU FEEL WOULD BE BENEFICIAL FOR US TO KNOW :

VIII. CREDIT AND FINANCIAL HISTORY

LIST AND EXPLAIN ALL FINANCIAL PROBLEMS, PAST OR PRESENT. INCLUDE OVERDUE ACCOUNTS, LATE PAYMENTS, BANKRUPTCIES, FAILURE TO PAY STUDENT LOANS, ETC.

LIST AND EXPLAIN ALL LIENS OR OTHER ENCUMBRANCES THAT HAVE BEEN PLACED AGAINST YOUR PROPERTY, FILES, SCHOOL TRANSCRIPTS, ETC., FOR FAILURE TO PAY DEBTS:

HAVE YOU EVER HAD PURCHASED GOODS REPOSSESSED OR HAD ANY OF YOUR BILLS TURNED OVER TO A COLLECTION AGENCY? NO YES
 IF YES, PLEASE EXPLAIN:

HAVE YOUR OR YOUR SPOUSE'S WAGES EVER BEEN GARNISHED? NO YES IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN, OR ARE YOU NOW DELINQUENT ON TAXES TO ANY CITY, COUNTY, STATE OR FEDERAL GOVERNMENT? NO YES
 IF YES, PLEASE EXPLAIN:

HAVE YOU OR YOUR SPOUSE EVER WRITTEN ANY BAD OR INSUFFICIENT FUND CHECKS? NO YES
 IF YES, PLEASE LIST AND EXPLAIN (INCLUDE ESTIMATED NUMBER OF BAD CHECKS AND DATE OF LAST BAD CHECK WRITTEN):

WAS PROPERTY REPOSSESSED AS A RESULT? NO YES IF YES, PLEASE EXPLAIN:

TO WHOM WERE THE BAD CHECKS WRITTEN?

HAVE ANY OF YOUR CHECKS EVER BEEN TURNED OVER TO THE DISTRICT ATTORNEY FOR PROSECUTION?
 NO YES IF YES, PLEASE EXPLAIN WHAT THE OUTCOME WAS:

HAVE YOU EVER HAD A JUDGMENT RENDERED AGAINST YOU? NO YES IF YES, PROVIDE AMOUNT AND DETAILS:

IX. FAMILY INFORMATION ~ MARITAL

CURRENT MARITAL STATUS: MARRIED WIDOWED DIVORCED ENGAGED SEPARATED
 UNMARRIED ANNULLED OTHER (IF OTHER, PLEASE EXPLAIN)

GIVE INFORMATION BELOW ON CURRENT MARITAL STATUS: (A copy of the marriage license must be supplied at a later date)

DATE OF PRESENT MARRIAGE	PLACE OF MARRIAGE (COUNTRY, STATE, COUNTY AND CITY)
DATE:	LOCATION:

SPOUSE'S FULL NAME BEFORE MARRIAGE:	DATE OF BIRTH:	BEST PHONE NUMBER BY WHICH TO BE REACHED:
SPOUSE'S FORMER ADDRESS:	SPOUSE'S PLACE (OR FORMER PLACE) OF EMPLOYMENT:	
SPOUSE'S CURRENT JOB TITLE:	SPOUSE'S WORK PHONE:	SPOUSE'S WORK HOURS:

LIST ALL YOUR CHILDREN AND/OR OTHER DEPENDENTS (INCLUDE FOSTER, STEP, ADOPTED):

FULL NAME OF CHILD	DATE OF BIRTH	BIRTH / LEGAL FATHER AND MOTHER	PRESENT ADDRESS

THE FOLLOWING QUESTIONS PERTAIN TO YOU IF YOU HAVE CHILDREN NOT LIVING WITH YOU

DO YOU PAY CHILD SUPPORT?
 NO YES IF YES, HOW MUCH?

IS THE CHILD SUPPORT COURT ORDERED? NO YES

ARE YOUR CHILD SUPPORT PAYMENTS CURRENT? NO YES IF NO, WHY NOT?:

HAVE YOU EVER BEEN DELINQUENT WITH CHILD SUPPORT? NO YES IF SO, WHEN AND WHY?

HAVE YOU EVER BEEN TAKEN BACK TO COURT? NO YES IF YES, EXPLAIN:

IF YOU ARE NOT PAYING CHILD SUPPORT, WHAT IS THE FINANCIAL ARRANGEMENT FOR CARE OF THE CHILD?

WHO HAS PRESENT LEGAL CUSTODY OF THE CHILDREN?

WHAT ARE YOUR VISITATION RIGHTS?

IS YOUR VISITATION SUPERVISED OR UNSUPERVISED?

LIST ALL FORMER MARRIAGES (GIVE ALL INFORMATION EVEN IF DECEASED).

FULL NAME BEFORE MARRIAGE	CURRENT LAST NAME	PRESENT ADDRESS	DATE OF MARRIAGE
PLACE OF MARRIAGE	PRESENT PHONE NUMBER	DATE OF DIVORCE	
PLACE OF DIVORCE	COURT	COURT FILE NUMBER	
REASON FOR DIVORCE			

FULL NAME BEFORE MARRIAGE	CURRENT LAST NAME	PRESENT ADDRESS	DATE OF MARRIAGE
PLACE OF MARRIAGE	PRESENT PHONE NUMBER	DATE OF DIVORCE	
PLACE OF DIVORCE	COURT	COURT FILE NUMBER	
REASON FOR DIVORCE			
DO YOU PAY ALIMONY? NO <input type="checkbox"/> YES <input type="checkbox"/>			
HAVE YOU EVER BEEN TAKEN BACK TO COURT FOR MORE ALIMONY? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN BRIEFLY:			
HAVE YOU BEEN INVOLVED IN A DOMESTIC VIOLENCE INCIDENT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PLEASE EXPLAIN:			

X. FAMILY INFORMATION ~ PARENTS AND SIBLINGS

LIST ALL PARENTAL INFORMATION (INCLUDE ADOPTIVE PARENTS IF APPLICABLE)

FATHER'S FULL NAME	BIRTHDATE	PLACE OF BIRTH	
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	
STEP-FATHER'S FULL NAME	BIRTHDATE	PLACE OF BIRTH	
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	
MOTHER'S CURRENT NAME	MAIDEN NAME	BIRTHDATE	PLACE OF BIRTH
ADDRESS (STREET, CITY STATE, ZIP)			
HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE		
STEP-MOTHER'S CURRENT NAME	MAIDEN NAME	BIRTHDATE	PLACE OF BIRTH
ADDRESS (STREET, CITY STATE, ZIP)			
HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE		

LIST ALL SIBLINGS, INCLUDING STEP, HALF, AND ADOPTIVE

1. FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	
SPOUSE'S FULL NAME	PLACE OF EMPLOYMENT AND WORK PHONE		
2. FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	
SPOUSE'S FULL NAME	PLACE OF EMPLOYMENT AND WORK PHONE		
3. FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	
SPOUSE'S FULL NAME	PLACE OF EMPLOYMENT AND WORK PHONE		
4. FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	
SPOUSE'S FULL NAME	PLACE OF EMPLOYMENT AND WORK PHONE		

5. FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
SPOUSE'S FULL NAME	PLACE OF EMPLOYMENT AND WORK PHONE	
6. FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
SPOUSE'S FULL NAME	PLACE OF EMPLOYMENT AND WORK PHONE	

XI. FAMILY INFORMATION ~ SPOUSE'S FAMILY

LIST SPOUSE'S PARENTS, STEP-PARENTS, SIBLINGS, AND STEP-SIBLINGS BELOW.

1. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:		PLACE OF EMPLOYMENT:
2. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:		PLACE OF EMPLOYMENT:
3. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:		PLACE OF EMPLOYMENT:
4. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:		PLACE OF EMPLOYMENT AND WORK PHONE:
5. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:		PLACE OF EMPLOYMENT AND WORK PHONE:
6. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:		PLACE OF EMPLOYMENT AND WORK PHONE:
7. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:		PLACE OF EMPLOYMENT AND WORK PHONE:

XII. REFERENCES

LIST THREE (3) REFERENCES, NOT RELATIVES, WHO HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS. DO NOT LIST ANY PAST OR PRESENT EMPLOYERS. INDICATE IF THE PERSON IS A MR. OR MS. NOTE: COMPLETE INFORMATION IS REQUIRED.

1. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
2. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
3. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):

LIST THREE (3) REFERENCES, NOT LISTED IN THE SECTION ABOVE, WHO ARE SOCIAL ACQUAINTANCES AND HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS. (PREFERABLY YOUR AGE GROUP). INDICATE IF THE PERSON AS A MR. OR MS.

1. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	NAME OF EMPLOYER:

2. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):	OCCUPATION:	NAME OF EMPLOYER:	
3. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):	OCCUPATION:	NAME OF EMPLOYER:	

XIII. RESIDENCES

WITH WHOM DO YOU PRESENTLY RESIDE? (LIST BELOW):

FULL NAME:	BIRTHDATE:	RELATIONSHIP:
FULL NAME:	BIRTHDATE:	RELATIONSHIP:
FULL NAME:	BIRTHDATE:	RELATIONSHIP:

LIST **ALL** RESIDENCES WHERE YOU HAVE LIVED (INCLUDING WHILE IN SCHOOL OR MILITARY). BEGIN WITH **PRESENT** RESIDENCE FIRST. IF NEEDED, A SUPPLEMENTAL PAGE IS INCLUDED AT THE END OF THIS PACKET.

FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO :	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO :	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO :	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO :	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO :	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO :	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO :	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO :	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:

FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:

HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE A RENTAL HOUSE, APARTMENT OR OTHER DWELLING?
 YES NO IF YES, EXPLAIN:

GIVE A BRIEF EXPLANATION OF ANY SERIOUS DISPUTES YOU HAVE HAD WITH FRIENDS, ASSOCIATES, RELATIVES WITH WHICH YOU'VE LIVED, OR NEIGHBORS. INCLUDE THE NATURE OF THE PROBLEM, THE PEOPLE INVOLVED, THE RESOLUTION AND YOUR ROLE.

XV. BIOGRAPHY

IN THE SPACE BELOW, IN YOUR OWN WORDS, COMPLETE A SHORT BIOGRAPHY OF YOUR LIFE. IN THIS BIOGRAPHY DESCRIBE THE REASONS YOU CHOSE TO APPLY WITH THE MUSKOGEE POLICE DEPARTMENT.

XVI. INFORMATION VERIFICATION

I HAVE COMPLETED THIS QUESTIONNAIRE TO THE BEST OF MY ABILITY. I HEREBY STATE THAT THERE ARE NO WILFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE QUESTIONNAIRE AND THAT ALL ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. BY AGREEING WITH THIS STATEMENT, I UNDERSTAND THAT IF AT ANY TIME DURING THE BACKGROUND INVESTIGATION, QUESTIONS SHOULD ARISE CONCERNING THE VALIDITY OF THIS QUESTIONNAIRE; I COULD BE REMOVED FROM THE APPLICATION PROCESS.

AGREE DISAGREE

My signature below attests to the fact that I have read this form carefully, and I understand that any attempt to be deceptive whatsoever, whether by omission or commission, to withhold job-relevant information from the Muskogee Police Department will result in my disqualification. This includes deliberate misstatements, deliberately non-responsive answers and misrepresentations of any type for the purpose of deception.

Date: _____ Signature: _____



Muskogee Police Department

Background Investigation Questionnaire

APPLICANT NAME (LAST, FIRST, MIDDLE)

TODAY'S DATE

To Whom It May Concern:

I, _____, am an applicant for the position of Police Officer with the City of Muskogee Police Department. My prospective employer is required to conduct an investigation into my personal, medical and psychological fitness to serve in this capacity.

My prospective employer, City of Muskogee Police Department, needs to inquire into all areas of my background which may affect my suitability to be employed as a police officer. They have reason to believe that you may have information relevant to that purpose concerning me. I hereby direct you, your organization, its Custodian of Records, and/or persons in your employ to release any and all information which you may have concerning me, including information which may be of a confidential, privileged and/or derogatory nature, including, but not limited to: employment information, and educational records and transcripts if I am offered employment with the City of Muskogee Police Department.

I exonerate, release and discharge you, your organization, its officers, agents and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by the bearer of this authorization form. I certify that I have read this authorization form, understand its meaning and purpose, and have received a copy of it. I may revoke this authorization at any time by delivering, in writing, such revocation to you/your organization.

Signature of Applicant _____ Date _____