|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 1: PERSONAL | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** your full name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| last | | | | | | | first | | | | | | | | | | | middle | | | | | | | | | |
| **2.** other names you have used or been known by (include maiden name and nicknames) | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A |
| **3.** address where you live | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| number / STREET | | | | | | | | | | | | | | | | | APT / UNIT | | | | | | | | | | |
| city | | | | | | | | | | | | | | | | | STATE | | | | | | ZIP | | | | |
| **4.** mailing address, if different from above (for example, po box) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.** contact numberS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| home (     ) | | | | WORK (     ) | | | | | | | EXT | | | OTHER (     ) | | | | | | cELL  FAX | | | | | | | |
| **6.** contact EMAIL | | | | | | | | | **7.** LIST **ALL** OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |
| **8.** CITIZENSHIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a U.S. citizen?  Yes  No  If no, are you a resident alien who is eligible and has applied for U.S. citizenship?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.** birth place (city / county / state / country) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10.** birthdate (mm/dd/yyyy) | | | **11.** social security number | | | | | **12.** Driver’s license | | | | | | | | | | | | | | | | | | | |
|  | | | –    – | | | | | Number: | | | | | | | | state: | | | | | expires: | | | | | | |
| **13.** physical description | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HEIGHT: | | | | | wEIGHT: | | | | | | | | hair color: | | | | | | eye color: | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 2: RELATIVES AND REFERENCES | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14.** IMMEDIATE FAMILY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Provide all applicable information in the spaces below.  • Mark “N/A” if a category is not applicable. | | | | | | | | | | • Mark “Deceased,” if appropriate.  • *If more space is needed, continue on page 27* – *reference corresponding numbers.* | | | | | | | | | | | | | | | | | |
| **14.A Spouse / Registered Domestic Partner** | | | | | | | | | | | | | | | | | | | | | Deceased | | | | N/A | |
| name | | | | | home address (number / street / apt) | | | | | | | | | city | | | | | | | | | state | zip | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | |  |  | | |
| home phone | | | | work address (number / street / suite) | | | | | | | | | city | | | | | | | | | state | zip | | |
| (     ) | | | |  | | | | | | | | |  | | | | | | | | |  |  | | |
| work phone | | | | cell phone | | | | | | email | | | | | | | | | | | | | | | |
| (     ) | | | | (     ) | | | | | |  | | | | | | | | | | | | | | | |
| date of marriage/registration | | | |  | | | | | |  | | | | | | | | | | | | | | | |
| /      (MM/YYYY) | | | |  | | | | | | Is there, or has there ever been, a restraining or stay-away  order in effect involving you and this individual?  Yes  No | | | | | | | | | | | | | | | |
| **14.B Former Spouse / Former Registered Domestic Partner** | | | | | | | | | | | | | | | | | | | | | Deceased | | | | N/A | |
| name | | | | | home address (number / street / apt) | | | | | | | | | city | | | | | | | | | state | zip | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | |  |  | | |
| home phone | | | | work address (number / street / suite) | | | | | | | | | city | | | | | | | | | state | zip | | |
| (     ) | | | |  | | | | | | | | |  | | | | | | | | |  |  | | |
| work phone | | | | cell phone | | | | | | email | | | | | | | | | | | | | | | |
| (     ) | | | | (     ) | | | | | |  | | | | | | | | | | | | | | | |
| date of marriage/registration | | | | date of dissoluton | | | | | |  | | | | | | | | | | | | | | | |
| /      (MM/YYYY) | | | | /      (MM/YYYY) | | | | | | Is there, or has there ever been, a restraining or stay-away  order in effect involving you and this individual?  Yes  No | | | | | | | | | | | | | | | |

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| SECTION 2: RELATIVES AND REFERENCES *continued* | | | | | | | |
| **14.C** Parents / Guardians | | | | | | | |
| List **ALL** parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc. | | | | | | | |
| **14.C.1 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  In-law  Other: | | | | | | | Deceased |
| name | | | home address (number / street / apt) | | city | state | zip |
|  | | |  | |  |  |  |
| home phone | | mailing address (if different) | | city | state | zip |
| (     ) | |  | |  |  |  |
| work phone | | cell phone | email | | | |
| (     ) | | (     ) |  | | | |
| **14.C.2 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  In-law  Other: | | | | | | | Deceased |
| name | | | home address (number / street / apt) | | city | state | zip |
|  | | |  | |  |  |  |
| home phone | | mailing address (if different) | | city | state | zip |
| (     ) | |  | |  |  |  |
| work phone | | cell phone | email | | | |
| (     ) | | (     ) |  | | | |
| **14.C.3 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  In-law  Other: | | | | | | | Deceased |
| name | | | home address (number / street / apt) | | city | state | zip |
|  | | |  | |  |  |  |
| home phone | | mailing address (if different) | | city | state | zip |
| (     ) | |  | |  |  |  |
| work phone | | cell phone | email | | | |
| (     ) | | (     ) |  | | | |
| **14.C.4 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  In-law  Other: | | | | | | | Deceased |
| name | | | home address (number / street / apt) | | city | state | zip |
|  | | |  | |  |  |  |
| home phone | | mailing address (if different) | | city | state | zip |
| (     ) | |  | |  |  |  |
| work phone | | cell phone | email | | | |
| (     ) | | (     ) |  | | | |
| **14.D Brothers / Sisters** | | | | | | | N/A |
| List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc. | | | | | | | |
| **14.D.1 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: | | | | | | | |
| name | | age | home address (number / street / apt) | | city | state | zip |
|  | |  |  | |  |  |  |
| home phone | | mailing address (if different) | | city | state | zip |
| (     ) | |  | |  |  |  |
| work phone | | cell phone | email | | | |
| (     ) | | (     ) |  | | | |
| **14.D.2 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: | | | | | | | |
| name | | age | home address (number / street / apt) | | city | state | zip |
|  | |  |  | |  |  |  |
| home phone | | mailing address (if different) | | city | state | zip |
| (     ) | |  | |  |  |  |
| work phone | | cell phone | email | | | |
| (     ) | | (     ) |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| SECTION 2: RELATIVES AND REFERENCES *continued* | | | | | | | | | | | | | | |
| **14.D.3 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: | | | | | | | | | | | | | | |
| name | | | age | | home address (number / street / apt) | | | | city | | state | | zip | |
|  | | |  | |  | | | |  | |  | |  | |
| home phone | | | | mailing address (if different) | | | | city | | state | | zip | |
| (     ) | | | |  | | | |  | |  | |  | |
| work phone | | | | cell phone | | email | | | | | | | |
| (     ) | | | | (     ) | |  | | | | | | | |
| **14.D.4 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: | | | | | | | | | | | | | | |
| name | | | age | | home address (number / street / apt) | | | | city | | state | | zip | |
|  | | |  | |  | | | |  | |  | |  | |
| home phone | | | | mailing address (if different) | | | | city | | state | | zip | |
| (     ) | | | |  | | | |  | |  | |  | |
| work phone | | | | cell phone | | email | | | | | | | |
| (     ) | | | | (     ) | |  | | | | | | | |
|  | | | | | | | | | | | | | | |
| **14.E Children** | | | | | | | | | | | | | | N/A |
| List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name  and contact information of the custodial parent/guardian, if other than you. | | | | | | | | | | | | | | |
| **14.E.1 Child:**  Son  Daughter  Other: | | | | | | | | | | | | | | |
| name | | | age |  | | custodial parent/guardian (if other than you) | | | | | | | | |
|  | | |  |  | |  | | | | | | | | |
|  | |  | | address (number / street / apt) | | | | city | | state | | zip |
|  | |  | |  | | | |  | |  | |  |
|  | |  | | contact number | | email | | | | | | |
|  | | (     ) | |  | | | | | | |
| **14.E.2 Child:**  Son  Daughter  Other: | | | | | | | | | | | | | | |
| name | | | age |  | | custodial parent/guardian (if other than you) | | | | | | | | |
|  | | |  |  | |  | | | | | | | | |
|  | |  | | address (number / street / apt) | | | | city | | state | | zip |
|  | |  | |  | | | |  | |  | |  |
|  | |  | | contact number | | email | | | | | | |
|  | | (     ) | |  | | | | | | |
| **14.E.3 Child:**  Son  Daughter  Other: | | | | | | | | | | | | | | |
| name | | | age |  | | custodial parent/guardian (if other than you) | | | | | | | | |
|  | | |  |  | |  | | | | | | | | |
|  | |  | | address (number / street / apt) | | | | city | | state | | zip |
|  | |  | |  | | | |  | |  | |  |
|  | |  | | contact number | | email | | | | | | |
|  | | (     ) | |  | | | | | | |
| **14.E.4 Child:**  Son  Daughter  Other: | | | | | | | | | | | | | | |
| name | | | age |  | | custodial parent/guardian (if other than you) | | | | | | | | |
|  | | |  |  | |  | | | | | | | | |
|  | |  | | address (number / street / apt) | | | | city | | state | | zip |
|  | |  | |  | | | |  | |  | |  |
|  | |  | | contact number | | email | | | | | | |
|  | | (     ) | |  | | | | | | |

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| SECTION 2: RELATIVES AND REFERENCES *continued* | | | | | | | |
| **15.** LIST OF references | | | | | | | |
| • List **7 –10** 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, employers, housemates, or any individuals listed elsewhere. | | | | | | | |
| **15.1** | name of reference | | home address (number / street / apt) | | city | state | zip |
|  | |  | |  |  |  |
| home phone | work address (number / street / suite) | | city | state | zip |
| (     ) |  | |  |  |  |
| work phone | cell phone | email | | | |
| (     ) | (     ) |  | | | |
| How do you know this person? | | | How long have you known this person? | | |
| **15.2** | name of reference | | home address (number / street / apt) | | city | state | zip |
|  | |  | |  |  |  |
| home phone | work address (number / street / suite) | | city | state | zip |
| (     ) |  | |  |  |  |
| work phone | cell phone | email | | | |
| (     ) | (     ) |  | | | |
| How do you know this person? | | | How long have you known this person? | | |
| **15.3** | name of reference | | home address (number / street / apt) | | city | state | zip |
|  | |  | |  |  |  |
| home phone | work address (number / street / suite) | | city | state | zip |
| (     ) |  | |  |  |  |
| work phone | cell phone | email | | | |
| (     ) | (     ) |  | | | |
| How do you know this person? | | | How long have you known this person? | | |
| **15.4** | name of reference | | home address (number / street / apt) | | city | state | zip |
|  | |  | |  |  |  |
| home phone | work address (number / street / suite) | | city | state | zip |
| (     ) |  | |  |  |  |
| work phone | cell phone | email | | | |
| (     ) | (     ) |  | | | |
| How do you know this person? | | | How long have you known this person? | | |
| **15.5** | name of reference | | home address (number / street / apt) | | city | state | zip |
|  | |  | |  |  |  |
| home phone | work address (number / street / suite) | | city | state | zip |
| (     ) |  | |  |  |  |
| work phone | cell phone | email | | | |
| (     ) | (     ) |  | | | |
| How do you know this person? | | | How long have you known this person? | | |
| **15.6** | name of reference | | home address (number / street / apt) | | city | state | zip |
|  | |  | |  |  |  |
| home phone | work address (number / street / suite) | | city | state | zip |
| (     ) |  | |  |  |  |
| work phone | cell phone | email | | | |
| (     ) | (     ) |  | | | |
| How do you know this person? | | | How long have you known this person? | | |

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| SECTION 2: RELATIVES AND REFERENCES *continued* | | | | | | | | | | | | | | | | |
| **15.7** | | name of reference | | | home address (number / street / apt) | | | | | | city | | | state | | zip |
|  | | |  | | | | | |  | | |  | |  |
| home phone | | work address (number / street / suite) | | | | | | city | | | state | | zip |
| (     ) | |  | | | | | |  | | |  | |  |
| work phone | | cell phone | | | | email | | | | | | | |
| (     ) | | (     ) | | | |  | | | | | | | |
| How do you know this person? | | | | | | | | How long have you known this person? | | | | | |
| **15.8** | | name of reference | | | home address (number / street / apt) | | | | | | city | | | state | | zip |
|  | | |  | | | | | |  | | |  | |  |
| home phone | | work address (number / street / suite) | | | | | | city | | | state | | zip |
| (     ) | |  | | | | | |  | | |  | |  |
| work phone | | cell phone | | | | email | | | | | | | |
| (     ) | | (     ) | | | |  | | | | | | | |
| How do you know this person? | | | | | | | | How long have you known this person? | | | | | |
| **15.9** | | name of reference | | | home address (number / street / apt) | | | | | | city | | | state | | zip |
|  | | |  | | | | | |  | | |  | |  |
| home phone | | work address (number / street / suite) | | | | | | city | | | state | | zip |
| (     ) | |  | | | | | |  | | |  | |  |
| work phone | | cell phone | | | | email | | | | | | | |
| (     ) | | (     ) | | | |  | | | | | | | |
| How do you know this person? | | | | | | | | How long have you known this person? | | | | | |
| **15.10** | | name of reference | | | home address (number / street / apt) | | | | | | city | | | state | | zip |
|  | | |  | | | | | |  | | |  | |  |
| home phone | | work address (number / street / suite) | | | | | | city | | | state | | zip |
| (     ) | |  | | | | | |  | | |  | |  |
| work phone | | cell phone | | | | email | | | | | | | |
| (     ) | | (     ) | | | |  | | | | | | | |
| How do you know this person? | | | | | | | | How long have you known this person? | | | | | |
|  | | | | | | | | | | | | | | | | |
| SECTION 3: EDUCATION | | | | | | | | | | | | | | | | |
| • **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**  • *If more space is needed, continue your response on page 27.* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **16.** check applicable | | | | mm/yYYy | | |  | mm/yYYy | |  | | | | | mm/yYYy | |
| High School Diploma: | | | | / | | | GED: | / | | California High School Proficiency Certificate: | | | | | / | |
|  | | | | | | | | | | | | | | | | |
| **17.** LIST high school(s) attended | | | | | | | | | | | | | | | | |
| **17.1** | name of high school | | | | | | | | | | | from (mm/yyyy) | to (mm/yyyy) | | | |
|  | | | | | | | | | | | / | / | | | |
|  | | | | | | city | | | | | | | state | | | |
|  | | | | | | |  | | | |
| **17.2** | name of high school | | | | | | | | | | | from (mm/yyyy) | to (mm/yyyy) | | | |
|  | | | | | | | | | | | / | / | | | |
|  | | | | | | city | | | | | | | state | | | |
|  | | | | | | |  | | | |

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| SECTION 3: EDUCATION *continued* | | | | | | | | | | | | | | |
| **18.** LIST ALL COLLEGES AND UNIVERSITIES ATTENDED | | | | | | | | | | | | | | |
| **18.1** | name of college/university | | from (MM/YYYY) | | | | to (mm/yyyy) | | | | total units COMPLETED | | | |
|  | | / | | | | / | | | |  | | | Qtr System  SEM System |
| address (number / street) | | | | | | | | | | type of degree earned | | |
|  | | | | | | | | | |  | | |
| city | | | | state | | | zip | | | major / area of study | | |
|  | | | |  | | |  | | |  | | |
| **18.2** | name of college/university | | from (MM/YYYY) | | | | to (mm/yyyy) | | | | total units COMPLETED | | | |
|  | | / | | | | / | | | |  | | | Qtr System  SEM System |
| address (number / street) | | | | | | | | | | type of degree earned | | |
|  | | | | | | | | | |  | | |
| city | | | | state | | | zip | | | major / area of study | | |
|  | | | |  | | |  | | |  | | |
| **18.3** | name of college/university | | from (MM/YYYY) | | | | to (mm/yyyy) | | | | total units COMPLETED | | | |
|  | | / | | | | / | | | |  | | | Qtr System  SEM System |
| address (number / street) | | | | | | | | | | type of degree earned | | |
|  | | | | | | | | | |  | | |
| city | | | | state | | | zip | | | major / area of study | | |
|  | | | |  | | |  | | |  | | |
| **18.4** | name of college/university | | from (MM/YYYY) | | | | to (mm/yyyy) | | | | total units COMPLETED | | | |
|  | | / | | | | / | | | |  | | | Qtr System  SEM System |
| address (number / street) | | | | | | | | | | type of degree earned | | |
|  | | | | | | | | | |  | | |
| city | | | | state | | | zip | | | major / area of study | | |
|  | | | |  | | |  | | |  | | |
|  | | | | | | | | | | | | | | |
| **19.** LIST **ALL** TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED | | | | | | | | | | | | | | |
| **19.1** | name of trade, vocational, or business school/institute | | | from (MM/YYYY) | | | | | | to (mm/yyyy) | | | did you complete the course? | |
|  | | | / | | | | | | / | | | Yes  No | |
| city | | | state | | | type of school or training | | | | | | |
|  | | |  | | |  | | | | | | |
| **19.2** | name of trade, vocational, or business school/institute | | | from (MM/YYYY) | | | | | | to (mm/yyyy) | | | did you complete the course? | |
|  | | | / | | | | | | / | | | Yes  No | |
| city | | | state | | | type of school or training | | | | | | |
|  | | |  | | |  | | | | | | |
| **20.** 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, or POST 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 institution, or POST basic course. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances. | | | | | | | | | | | | | | |

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| SECTION 4: RESIDENCE HISTORY | | | | | | | |
| **21.** LIST OF RESIDENCES | | | | | | | |
| • List all residences **during the last 10 years or since age 15**.  • 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.  • *If more space is needed, continue your response on page 27*. | | | | | | | |
| **22.1** | address where you now live (number / street / apt) | | | | from (mm/yyyy) | | to (mm/yyyy) |
|  | | | | / | | **Present** |
| city | state | zip | **if renting:** property manager, rent collector, or owner | | | |
|  |  |  |  | | | |
| mailing address of property manager, rent collector, or owner (number / street / apt / po box) | | | | | contact number | |
|  | | | | | (     ) | |
| city | state | zip | email | | | |
|  |  |  |  | | | |
| Name(s) of those with whom you live: | | | | | | |
| **22.2** | former address (number / street / apt) | | | | from (mm/yyyy) | | to (mm/yyyy) |
|  | | | | / | | / |
| city | state | zip | **if renting:** property manager, rent collector, or owner | | | |
|  |  |  |  | | | |
| mailing address of property manager, rent collector, or owner (number / street / apt / po box) | | | | | contact number | |
|  | | | | | (     ) | |
| city | state | zip | email | | | |
|  |  |  |  | | | |
| Name(s) of those with whom you lived: | | | | | | |
| Reason for moving: | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 4: RESIDENCE HISTORY *continued* | | | | | | | | | | | | | | |
| **22.3** | | former address (number / street / apt) | | | | | | | from (mm/yyyy) | | | | to (mm/yyyy) | |
|  | | | | | | | / | | | | / | |
| city | | state | zip | | **if renting:** property manager, rent collector, or owner | | | | | | | |
|  | |  |  | |  | | | | | | | |
| mailing address of property manager, rent collector, or owner (number / street / apt / po box) | | | | | | | | | contact number | | | |
|  | | | | | | | | | (     ) | | | |
| city | | state | zip | | email | | | | | | | |
|  | |  |  | |  | | | | | | | |
| Name(s) of those with whom you lived: | | | | | | | | | | | | |
| Reason for moving: | | | | | | | | | | | | |
| **22.4** | | former address (number / street / apt) | | | | | | | from (mm/yyyy) | | | | to (mm/yyyy) | |
|  | | | | | | | / | | | | / | |
| city | | state | zip | | **if renting:** property manager, rent collector, or owner | | | | | | | |
|  | |  |  | |  | | | | | | | |
| mailing address of property manager, rent collector, or owner (number / street / apt / po box) | | | | | | | | | contact number | | | |
|  | | | | | | | | | (     ) | | | |
| city | | state | zip | | email | | | | | | | |
|  | |  |  | |  | | | | | | | |
| Name(s) of those with whom you lived: | | | | | | | | | | | | |
| Reason for moving: | | | | | | | | | | | | |
| **22.5** | | former address (number / street / apt) | | | | | | | from (mm/yyyy) | | | | to (mm/yyyy) | |
|  | | | | | | | / | | | | / | |
| city | | state | zip | | **if renting:** property manager, rent collector, or owner | | | | | | | |
|  | |  |  | |  | | | | | | | |
| mailing address of property manager, rent collector, or owner (number / street / apt / po box) | | | | | | | | | contact number | | | |
|  | | | | | | | | | (     ) | | | |
| city | | state | zip | | email | | | | | | | |
|  | |  |  | |  | | | | | | | |
| Name(s) of those with whom you lived: | | | | | | | | | | | | |
| Reason for moving: | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **23.** list of HOUSEMATEs | | | | | | | | | | | | | | |
| • Provide contact information for all housemates listed in **Question 23** with whom you have resided **during the past 10 years** or **since age 15**.  • Do **NOT** list anyone for whom you have already provided contact information.  • *If more space is needed, continue your response on page 27.* | | | | | | | | | | | | | | |
| **23.1** | name of housemate | | | | | | | | | contact number | | | | |
|  | | | | | | | | | (     ) | | | | |
| current address if different (number / street / apt) | | | city | | | | | | state | | zip |
|  | | |  | | | | | |  | |  |
| nature of relationship (e.g., relative, landlord, friend, housemate only, etc.) | | | | | email | | | | | | |
|  | | | | |  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 4: RESIDENCES *continued* | | | | | | | | |
| **23.2** | name of housemate | | | | contact number | | | |
|  | | | | (     ) | | | |
| current address if different (number / street / apt) | city | | | state | zip | |
|  |  | | |  |  | |
| nature of relationship (e.g., relative, landlord, friend, housemate only, etc.) | | email | | | | |
|  | |  | | | | |
| **23.3** | name of housemate | | | | contact number | | | |
|  | | | | (     ) | | | |
| current address if different (number / street / apt) | city | | | state | zip | |
|  |  | | |  |  | |
| nature of relationship (e.g., relative, landlord, friend, housemate only, etc.) | | email | | | | |
|  | |  | | | | |
| **23.4** | name of housemate | | | | contact number | | | |
|  | | | | (     ) | | | |
| current address if different (number / street / apt) | city | | | state | zip | |
|  |  | | |  |  | |
| nature of relationship (e.g., relative, landlord, friend, housemate only, etc.) | | email | | | | |
|  | |  | | | | |
| **23.5** | name of housemate | | | | contact number | | | |
|  | | | | (     ) | | | |
| current address if different (number / street / apt) | city | | | state | zip | |
|  |  | | |  |  | |
| nature of relationship (e.g., relative, landlord, friend, housemate only, etc.) | | email | | | | |
|  | |  | | | | |
| **23.6** | name of housemate | | | | contact number | | | |
|  | | | | (     ) | | | |
| current address if different (number / street / apt) | city | | | state | zip | |
|  |  | | |  |  | |
| nature of relationship (e.g., relative, landlord, friend, housemate only, etc.) | | email | | | | |
|  | |  | | | | |
| **23.7** | name of housemate | | | | contact number | | | |
|  | | | | (     ) | | | |
| current address if different (number / street / apt) | city | | | state | zip | |
|  |  | | |  |  | |
| nature of relationship (e.g., relative, landlord, friend, housemate only, etc.) | | email | | | | |
|  | |  | | | | |
|  | | | | | | | | |
| **24.** Have you ever been evicted or asked to leave a residence?  Yes  No | | | | | | | | |
| **25.** Have you ever left a residence owing rent, utilities, or other household expenses?  Yes  No | | | | | | | | |
|  | | | | | | | | |
| If you answered “YES” to **Questions 24 and/or 25**, explain (include when, where, and circumstances): | | | | | | | | |

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| SECTION 5: EXPERIENCE AND EMPLOYMENT | | | | | | | | | | | | | | | | | | | |
| **26.** JOB EXPERIENCE | | | | | | | | | | | | | | | | | | | |
| • List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)  • If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.  • List **ALL** periods of unemployment in ***excess of 30 days***.  • *If more space is needed, continue your response on page 27.* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **26.1** | | | name of current employer or military unit | | | | | | | | | | | | | from (MM/YYYY) | | to (mm/yyyy) | | | |
|  | | | | | | | | | | | | | / | | / | | | |
| address (number / street / suite / or base) | | | | | | | | | | | | | | supervisor | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | |
| city | | | | | | | state | | zip | | | | | contact number | | | | | | ext |
|  | | | | | | |  | |  | | | | | (     ) | | | | | |  |
| job title / rank | | | | | | | | | | | | email | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | |
| duties / assignments | | | | | | | | | | | TYPE OF EMPLOYMENT (check all that apply) | | | | | | | | | |
|  | | | | | | | | | | | FT  PT  Temp  Self-employed  Volunteer | | | | | | | | | |
| names of co-workers | | | | | | | | | | | reason for wanting to leave | | | | | | | | | |
| 1) | | | | | 2) | | | | | |  | | | | | | | | | |
| Would there be a problem if we contact your current employer?  Yes  No | | | | | | | | | | | | | | | | | | | | |
| If yes, explain: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **26.2** | | PERIOD OF UNEMPLOYMENT (check applicable) | | | | | | | | | | | | | from (mm/yyyy) | | to (mm/yyyy) | | | | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | | | | | | | | | / | | / | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **26.3** | | name of employer or military unit | | | | | | | | | | | | | from (MM/YYYY) | | to (mm/yyyy) | | | | |
|  | | | | | | | | | | | | | / | | / | | | | |
| address (number / street / suite / or base) | | | | | | | | | | | | | supervisor | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | |
| city | | | | | | state | | zip | | | | | contact number | | | | | | ext | |
|  | | | | | |  | |  | | | | | (     ) | | | | | |  | |
| job title / rank | | | | | | | | | | | | | email | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | |
| duties / assignments | | | | | | | | | | TYPE OF EMPLOYMENT (check all that apply) | | | | | | | | | | |
|  | | | | | | | | | | FT  PT  Temp  Self-employed  Volunteer | | | | | | | | | | |
| names of co-workers | | | | | | | | | | reason for leaving | | | | | | | | | | |
| 1) | | | | 2) | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **26.4** | | PERIOD OF UNEMPLOYMENT (check applicable) | | | | | | | | | | | | | from (mm/yyyy) | | to (mm/yyyy) | | | | | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | | | | | | | | | / | | / | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

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| SECTION 5: EXPERIENCE AND EMPLOYMENT *continued* | | | | | | | | | | |
| **26.5** | name of employer or military unit | | | | | | from (MM/YYYY) | to (mm/yyyy) | | |
|  | | | | | | / | / | | |
| address (number / street / suite / or base) | | | | | supervisor | | | | |
|  | | | | |  | | | | |
| city | | state | zip | | contact number | | | ext | |
|  | |  |  | | (     ) | | |  | |
| job title / rank | | | | | email | | | | |
|  | | | | |  | | | | |
| duties / assignments | | | | TYPE OF EMPLOYMENT (check all that apply) | | | | | |
|  | | | | FT  PT  Temp  Self-employed  Volunteer | | | | | |
| names of co-workers | | | | reason for leaving | | | | | |
| 1) | 2) | | |  | | | | | |
|  | | | | | | | | | | |
| **26.6** | PERIOD OF UNEMPLOYMENT (check applicable) | | | | | | from (mm/yyyy) | to (mm/yyyy) | | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | | / | / | | |
|  | | | | | | | | | | |
| **26.7** | name of employer or military unit | | | | | | from (MM/YYYY) | to (mm/yyyy) | | |
|  | | | | | | / | / | | |
| address (number / street / suite / or base) | | | | | supervisor | | | | |
|  | | | | |  | | | | |
| city | | state | zip | | contact number | | | ext | |
|  | |  |  | | (     ) | | |  | |
| job title / rank | | | | | email | | | | |
|  | | | | |  | | | | |
| duties / assignments | | | | TYPE OF EMPLOYMENT (check all that apply) | | | | | |
|  | | | | FT  PT  Temp  Self-employed  Volunteer | | | | | |
| names of co-workers | | | | reason for leaving | | | | | |
| 1) | 2) | | |  | | | | | |
|  | | | | | | | | | | |
| **26.8** | PERIOD OF UNEMPLOYMENT (check applicable) | | | | | | from (mm/yyyy) | to (mm/yyyy) | | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | | / | / | | |
|  | | | | | | | | | | |
| **26.9** | name of employer or military unit | | | | | | from (MM/YYYY) | to (mm/yyyy) | | |
|  | | | | | | / | / | | |
| address (number / street / suite / or base) | | | | | supervisor | | | | |
|  | | | | |  | | | | |
| city | | state | zip | | contact number | | | ext | |
|  | |  |  | | (     ) | | |  | |
| job title / rank | | | | | email | | | | |
|  | | | | |  | | | | |
| duties / assignments | | | | TYPE OF EMPLOYMENT (check all that apply) | | | | | |
|  | | | | FT  PT  Temp  Self-employed  Volunteer | | | | | |
| names of co-workers | | | | reason for leaving | | | | | |
| 1) | 2) | | |  | | | | | |
|  | | | | | | | | | | |
| **26.10** | PERIOD OF UNEMPLOYMENT (check applicable) | | | | | | from (mm/yyyy) | to (mm/yyyy) | | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | | / | / | | |
|  | | | | | | | | | |

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| SECTION 5: EXPERIENCE AND EMPLOYMENT *continued* | | | | | | | | | | |
| **26.11** | | name of employer or military unit | | | | | | from (MM/YYYY) | to (mm/yyyy) | |
|  | | | | | | / | / | |
| address (number / street / suite / or base) | | | | | supervisor | | | |
|  | | | | |  | | | |
| city | | state | zip | | contact number | | | ext |
|  | |  |  | | (     ) | | |  |
| job title / rank | | | | | email | | | |
|  | | | | |  | | | |
| duties / assignments | | | | TYPE OF EMPLOYMENT (check all that apply) | | | | |
|  | | | | FT  PT  Temp  Self-employed  Volunteer | | | | |
| names of co-workers | | | | reason for leaving | | | | |
| 1) | 2) | | |  | | | | |
|  | | | | | | | | | | |
| **26.12** | | PERIOD OF UNEMPLOYMENT (check applicable) | | | | | | from (mm/yyyy) | to (mm/yyyy) | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | | / | / | |
|  | | | | | | | | | | |
| **26.13** | | name of employer or military unit | | | | | | from (MM/YYYY) | to (mm/yyyy) | |
|  | | | | | | / | / | |
| address (number / street / suite / or base) | | | | | supervisor | | | |
|  | | | | |  | | | |
| city | | state | zip | | contact number | | | ext |
|  | |  |  | | (     ) | | |  |
| job title / rank | | | | | email | | | |
|  | | | | |  | | | |
| duties / assignments | | | | TYPE OF EMPLOYMENT (check all that apply) | | | | |
|  | | | | FT  PT  Temp  Self-employed  Volunteer | | | | |
| names of co-workers | | | | reason for leaving | | | | |
| 1) | 2) | | |  | | | | |
|  | | | | | | | | | | |
| **26.14** | | PERIOD OF UNEMPLOYMENT (check applicable) | | | | | | from (mm/yyyy) | to (mm/yyyy) | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | | / | / | |
|  | | | | | | | | | | |
| **26.15** | | name of employer or military unit | | | | | | from (MM/YYYY) | to (mm/yyyy) | |
|  | | | | | | / | / | |
| address (number / street / suite / or base) | | | | | supervisor | | | |
|  | | | | |  | | | |
| city | | state | zip | | contact number | | | ext |
|  | |  |  | | (     ) | | |  |
| job title / rank | | | | | email | | | |
|  | | | | |  | | | |
| duties / assignments | | | | TYPE OF EMPLOYMENT (check all that apply) | | | | |
|  | | | | FT  PT  Temp  Self-employed  Volunteer | | | | |
| names of co-workers | | | | reason for leaving | | | | |
| 1) | 2) | | |  | | | | |
|  | | | | | | | | | | |
| **26.16** | | PERIOD OF UNEMPLOYMENT (check applicable) | | | | | | from (mm/yyyy) | to (mm/yyyy) | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | | / | / | |
| 2) Employment | | | | | | | | | |
|  | | | | | | | | | |

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| SECTION 5: EXPERIENCE AND EMPLOYMENT *continued* | | | | | | | | | |
| **26.17** | name of employer or military unit | | | | | | from (MM/YYYY) | to (mm/yyyy) | |
|  | | | | | | / | / | |
| address (number / street / suite / or base) | | | | | supervisor | | | |
|  | | | | |  | | | |
| city | | state | zip | | contact number | | | ext |
|  | |  |  | | (     ) | | |  |
| job title / rank | | | | | email | | | |
|  | | | | |  | | | |
| duties / assignments | | | | TYPE OF EMPLOYMENT (check all that apply) | | | | |
|  | | | | FT  PT  Temp  Self-employed  Volunteer | | | | |
| names of co-workers | | | | reason for leaving | | | | |
| 1) | 2) | | |  | | | | |
|  | | | | | | | | | |
| **26.18** | PERIOD OF UNEMPLOYMENT (check applicable) | | | | | | from (mm/yyyy) | to (mm/yyyy) | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | | / | / | |
|  | | | | | | | | | |
| **26.19** | name of employer or military unit | | | | | | from (MM/YYYY) | to (mm/yyyy) | |
|  | | | | | | / | / | |
| address (number / street / suite / or base) | | | | | supervisor | | | |
|  | | | | |  | | | |
| city | | state | zip | | contact number | | | ext |
|  | |  |  | | (     ) | | |  |
| job title / rank | | | | | email | | | |
|  | | | | |  | | | |
| duties / assignments | | | | TYPE OF EMPLOYMENT (check all that apply) | | | | |
|  | | | | FT  PT  Temp  Self-employed  Volunteer | | | | |
| names of co-workers | | | | reason for leaving | | | | |
| 1) | 2) | | |  | | | | |
|  | | | | | | | | | |
| **26.20** | PERIOD OF UNEMPLOYMENT (check applicable) | | | | | | from (mm/yyyy) | to (mm/yyyy) | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | | / | / | |
|  | | | | | | | | | |
| **27.** Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling,  reprimands, suspensions, reductions in pay, reassignments, or demotions.)  Yes  No | | | | | | | | | |
| **28.** Have you ever been fired, released from probation, or asked to resign from any place of employment?  Yes  No | | | | | | | | | |
| **29.** Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?  Yes  No | | | | | | | | | |
| **30.** Have you ever quit without giving notice?  Yes  No | | | | | | | | | |
| **31.** Have you ever resigned in lieu of termination?  Yes  No | | | | | | | | | |
| **32.** Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.)  by a co-worker, superior, subordinate or customer?  Yes  No | | | | | | | | | |
| **33.** Were you ever the subject of a written complaint at work?  Yes  No | | | | | | | | | |
| **34.** Have you ever been counseled at work due to lateness or absences?  Yes  No | | | | | | | | | |

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| SECTION 5: EXPERIENCE AND EMPLOYMENT *continued* | | | | | | | |
| **35.** Did you ever receive an unsatisfactory performance review?  Yes  No | | | | | | | |
| **36.** Have you ever sold, released, or given away legally confidential information?  Yes  No | | | | | | | |
| **37.** Have you ever called in sick when you were neither sick nor caring for a sick family member?  Yes  No  If yes, how many sick days have you used in the past five years which were not due to illness? \_   \_ Days | | | | | | | |
|  | | | | | | | |
| If you answered “YES” to any of **Questions 27–37**, explain (include when, where, and circumstances – *reference corresponding numbers*). | | | | | | | |
|  | | | | | | | |
| **38.** *In the* ***past three years,*** have you missed days or been late to work due to drug or alcohol consumption?  Yes  No  If yes, how often? | | | | | | | |
| **39.** Has your work performance ever been affected by your use of alcohol or drugs?  Yes  No | | | | | | | |
| If yes, when? | | Name of employer: | | | | | |
| **40.** *In the* ***past three years***, have you been warned by an employer about your drinking or drug habits and their impact  on your performance?  Yes  No | | | | | | | |
| If yes, when? | | Name of employer: | | | | | |
|  | | | | | | | |
| **41.** 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 41,** 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.**  • *If more space is needed, continue your response on page 27.* | | | | | | | |
| **41.1** | 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:  Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrawn  Disqualified  List Expired | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SECTION 5: EXPERIENCE AND EMPLOYMENT *continued* | | | | | | |
| **41.2** | 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:  Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrawn  Disqualified  List Expired | | | | | |
| **41.3** | 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:  Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrawn  Disqualified  List Expired | | | | | |
| **41.4** | 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:  Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrawn  Disqualified  List Expired | | | | | |
| **41.5** | 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:  Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrawn  Disqualified  List Expired | | | | | |

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| SECTION 5: EXPERIENCE AND EMPLOYMENT *continued* | | | | | | | | | | |
| **41.6** | 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:  Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrawn  Disqualified  List Expired | | | | | | | | | |
| **41.7** | 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:  Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrawn  Disqualified  List Expired | | | | | | | | | |
|  | | | | | | | | | | |
| SECTION 6: MILITARY EXPERIENCE | | | | | | | | | | |
| **42.** Are you required to register for the Selective Service?  Yes  No  If yes, have you registered?  Yes  No | | | | | | | | | | |
| If no, explain: | | |  | | | | | | | |
| **43.** Have you ever served in the military?  Yes  No | | | | | | | | | | |
|  | | | | | | | | | | |
| **44.** If you answered “YES” to Question 43, include the following service information: | | | | | | | | | | |
| Branch of service | | | | | from (mm/yyyy) | | to (mm/yyyy) | |
|  | | | | | / | | / | |
| type of discharge | | | | | | | | |
| Entry Level  Honorable  General  OTH (Other than Honorable)  Bad Conduct  Dishonorable  Re-entry Code (1–4) if applicable – *refer to your DD-214:* | | | | | | | | |
|  | | | | | | | | | | |
| **45.** Are you currently participating in one of the following?  Military Reserve  National Guard If checked, date obligation ends (MM/DD/YY): | | | | | | | | | | |
| **46.** Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain’s mast,  office hours, company punishment)?  Yes  No | | | | | | | | | | |
| **47.** Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?  Yes  No | | | | | | | | | | |
| **48.** Have you ever taken military property without permission for personal use, to sell, or to give away?  Yes  No | | | | | | | | | | |
|  | | | | | | | | | | |

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| SECTION 6: MILITARY EXPERIENCE *continued* | | | |
| If you answered “YES” to any of **Questions 46–48**, explain (include dates and circumstances). | | | |
|  | | | |
| SECTION 7: FINANCIAL | | | |
| **49.** INCOME AND EXPENSES | | | |
| • For each of the following questions (**49A, B, C**), fill in the amounts to the nearest dollar.  • For **Question 49C:**  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) How much do you spend each month? | | $       per month |
|  | | | |
| **50.** Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?  Yes  No | | | |
| **51.** Have any of your bills ever been turned over to a collection agency?  Yes  No | | | |
| **52.** Have you ever had purchased goods repossessed?  Yes  No | | | |
| **53.** Have your wages ever been garnished?  Yes  No | | | |
| **54.** Have you ever been delinquent on income or other tax payments?  Yes  No | | | |
| **55.** Have you ever failed to file income tax or cheated/lied on an income tax form?  Yes  No | | | |
| **56.** Have you ever had an employment bond refused?  Yes  No | | | |
| **57.** Have you ever avoided paying any lawful debt by moving away?  Yes  No | | | |
| **58.** Have you ever defaulted on (failed to pay) a loan?  Yes  No | | | |
| **59.** 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 | | | |
| **60.** Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?  Yes  No | | | |
| **61.** Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?  Yes  No | | | |
| **62.** Have you written three or more bad checks in a one-year period?  Yes  No | | | |
|  | | | |
| If you answered “YES” to any of **Questions 50–62**, explain (include when, where, and why – *reference corresponding numbers*). | | | |

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| SECTION 8: CRIME HISTORY QUESTIONS |
| **Your Police Record: (Do not include anything that happened before your 18th Birthday)**  **An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 may answer ‘no record’ to an inquiry herein relative to prior arrests, criminal court appearances, juvenile court appearances, adjudications or convictions.** |

|  |
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| **63.** Have you ever been convicted of a crime?  Yes  No |
| **64.** Have you ever had any contact, involvement or interaction with law enforcement?  Yes  No |
| **65.** Have you ever been convicted of any offense(s) related to drugs?  Yes  No |
| **66.** Are any criminal charges pending against you?  Yes  No |
| **67.** Have you ever been the defendant in an abuse prevention order pursuant to MGL Chapter 209a?  Yes  No |

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| If you answered “YES” to any of **Questions 63–67**, give details including dates and circumstances – *reference corresponding numbers*). |

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| SECTION 9: LEGAL | | |
| ▶ 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 to*** — your use of any of the following: | | |
| ⯈ Amphetamines / Methamphetamines *(Uppers, Speed, Crank, etc)*  ⯈ Barbiturates(*Downers)*  ⯈ Cocaine / Crack Cocaine  ⯈ Designer Drugs *(Ecstasy, Synthetic Heroin, etc.)*  ⯈ GHB *(Date Rape Drug)*  ⯈ Hallucinogens *(Peyote, LSD, Mushrooms)*  ⯈ Hashish / Hashish Oil  ⯈ Heroin / Opium | | ⯈ Marijuana *(with or without a prescription)*  ⯈ Mescaline  ⯈ Morphine  ⯈ PCP / Angel Dust  ⯈ Quaaludes  ⯈ Steroids  ⯈ Tetrahydrocannabinal (THC)  ⯈ Glue, paint, or any substance containing toluene |
| **68.** | ***Within the past six months***, 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***: | | |
| **69.** | ***Prior to the past six months:*** | |
| I have **never** used any drug recreationally.  I have tried or used one or more drugs, but only under **limited** circumstances (for example, experimentation, at parties, concerts, special events, etc.) | | |
| IF YOU CHECKED BOX 2, give details including ***drug(s) used***, ***most recent date used***, and ***circumstances*:** | | |
|  | | |
| **70.** Have you ***EVER*** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or 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***. | | |
|  | | |
| **71.** During the ***past five 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: | | |

|  |  |  |  |  |  |  |  |  |  |  |
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| SECTION 10: MOTOR VEHICLE INFORMATION | | | | | | | | | | |
| **72.** Current Driver’s License: | | | | | | | | | | |
| STATE OF ISSUE | LICENSE NUMBER | EXPIRATION DATE (mm/dd/yyyy) | | | NAME UNDER WHICH LICENSE WAS GRANTED | | | | |
|  |  | /    / | | |  | | | | |
|  | | | | | | | | | | |
| **73.** 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 | | | | |
|  |  |  | | |  | | | | |
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|  |  |  | | |  | | | | |
|  | | | | | | | | | | |
| **74.** Have you ever been refused a driver’s license by any state?  Yes  No  If yes, explain (include when, where, and circumstances): | | | | | | | | | | |
|  | | | | | | | | | | |
| **75.** Has your driver’s license ever been suspended or revoked?  Yes  No  If yes, explain (include when, where, and circumstances): | | | | | | | | | | |
|  | | | | | | | | | | |
| **76.** List your current liability insurance on your vehicle(s). | | | | | | | | | | |
| **76.1** | type of coverage | | | vehicle make | | | Year (YYYY) | | vehicle license | |
| Insured  Bonded  Cash Deposit | | |  | | |  | |  | |
|  | insurance company | | | | policy number | | | | | EXPIRATION DATE (mm/dd/yyyy) |
|  | | | |  | | | | | /    / |
| address (number/street) | | | city | | | state | zip | | Contact number |
|  | | |  | | |  |  | | (     ) |
| **76.2** | type of coverage | | | vehicle make | | | Year (YYYY) | | vehicle license | |
| Insured  Bonded  Cash Deposit | | |  | | |  | |  | |
|  | insurance company | | | | policy number | | | | | EXPIRATION DATE (mm/dd/yyyy) |
|  | | | |  | | | | | /    / |
| address (number/street) | | | city | | | state | zip | | Contact number |
|  | | |  | | |  |  | | (     ) |
| **76.3** | type of coverage | | | vehicle make | | | Year (YYYY) | | vehicle license | |
| Insured  Bonded  Cash Deposit | | |  | | |  | |  | |
|  | insurance company | | | | policy number | | | | | EXPIRATION DATE (mm/dd/yyyy) |
|  | | | |  | | | | | /    / |
| address (number/street) | | | city | | | state | zip | | Contact number |
|  | | |  | | |  |  | | (     ) |

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| SECTION 10: MOTOR VEHICLE OPERATION *continued* | | | | | | | | | | | | | | |
| **77.** List all traffic citations, excluding parking citations, you have received ***within the past seven years***. | | | | | | | | | | | | | | |
| **77.1** | NATURE of VIOLATION | | | | | | LOCATION (street) | | city | | | | | state |
|  | | | | | |  | |  | | | | |  |
|  | DATE VIOLATION OCCURRED | | | | | ACTION TAKEn | | | | | | | | |
| Month: | | | Year: | | Not Guilty  Fined  Traffic School  Dismissed | | | | | | | | |
| **77.2** | NATURE of VIOLATION | | | | | | LOCATION (street) | | city | | | | | state |
|  | | | | | |  | |  | | | | |  |
|  | DATE VIOLATION OCCURRED | | | | | ACTION TAKEn | | | | | | | | |
| Month: | | | Year: | | Not Guilty  Fined  Traffic School  Dismissed | | | | | | | | |
| **77.3** | NATURE of VIOLATION | | | | | | LOCATION (street) | | city | | | | | state |
|  | | | | | |  | |  | | | | |  |
|  | DATE VIOLATION OCCURRED | | | | | ACTION TAKEn | | | | | | | | |
| Month: | | | Year: | | Not Guilty  Fined  Traffic School  Dismissed | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **78.** Has a traffic citation ever resulted in a warrant or caused your driver’s license to be withheld due to the following (check all that apply):  Failed to Appear  Failed to Complete Traffic School  Failed to Pay the Required Fine  IF CHECKED, explain circumstances: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **79.**  Have you been involved as the driver in a motor vehicle accident ***within the past seven years***?  Yes  No  If yes, give details below. | | | | | | | | | | | | | | |
| **79.1** | date of accident (mm/yyyy) | | location (street) | | | | | city | | | | | state | |
| / | |  | | | | |  | | | | |  | |
| police report | | law enforcement agency | | | | | at fault? | | | was the accident? | | | |
| Yes  No | |  | | | | | Yes  No | | | Injury  Non-injury | | | |
| **79.2** | date of accident (mm/yyyy) | | location (street) | | | | | city | | | | | state | |
| / | |  | | | | |  | | | | |  | |
| police report | | law enforcement agency | | | | | at fault? | | | was the accident? | | | |
| Yes  No | |  | | | | | Yes  No | | | Injury  Non-injury | | | |
| **79.3** | date of accident (mm/yyyy) | | location (street) | | | | | city | | | | | state | |
| / | |  | | | | |  | | | | |  | |
| police report | | law enforcement agency | | | | | at fault? | | | was the accident? | | | |
| Yes  No | |  | | | | | Yes  No | | | Injury  Non-injury | | | |
|  | | | | | | | | | | | | | | |
| **80.** 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) | | |
|  | | | | | | | | / | | / | | |
|  | | | | | | | | | | | | | | |
| **81.** Have you ever been refused automobile liability insurance or a bond, or had them cancelled?  Yes  No | | | | | | | | | | | | | | |
|  | | if yes, give reason | | | | | | | | | | date (mm/YYYY) | | |
|  | | | | | | | | | | / | | |
|  | | | | | INSURANCE COMPANY | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | | | | | | |

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| SECTION 11: OTHER TOPICS | | | |
| **82.** Have you ever been refused a permit to carry a concealed weapon?  Yes  No | | | |
| **83.** 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 | | | |
| **84.** Have you ever hit or physically overpowered a spouse or romantic partner?  Yes  No | | | |
| **85. *Since the age of 15***, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?  Yes  No | | | |
| **86.** 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 82–86**, give details including dates and circumstances – *reference corresponding numbers*). | | | |
|  | | | |
| SECTION 12: CERTIFICATION | | | |
| **87.** I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment. | | | |
| Signature in Full: ▶ | | Date: | |
|  | | | |
|  | **Use the following page to continue any of your responses.  Be sure to reference corresponding numbers.** | |  |

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| ADDITIONAL COMMENTS |
| • Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.*  • You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically. |