



**KITSAP COUNTY**  
**CIVIL SERVICE COMMISSION**  
**BACKGROUND INVESTIGATION &**  
**PERSONAL HISTORY QUESTIONNAIRE**  
**FOR KITSAP COUNTY SHERIFFS OFFICE**  
**POSITIONS**

Last Name:	First:	Middle:	Date:
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What Kitsap County Sheriff's Office position are you completing this questionnaire for?

Commissioned Deputy Sheriff:  Corrections Officer:  Reserve Deputy Sheriff:  Support Staff:

Special Assignment Evaluation:  Volunteer Position:  Other:  \_\_\_\_\_



**INSTRUCTIONS**

**ANSWER ALL QUESTIONS IN YOUR HANDWRITING IN INK!**

The information you provide in this Personal History Statement will be used in the investigation into your background to assist in determining your suitability for a position with the Kitsap County Sheriff's Office that you have applied for. Your answers to the following questions may be verified by check of records kept by police agencies, courts and social services agencies and by interviews with persons you have listed on this questionnaire. **Please fill out the entire questionnaire completely, accurately and truthfully.**

**Keep in mind that:**

1. The entire completion of this form is mandatory
2. All statements in this questionnaire are subject to verification.
3. Deliberate inaccuracies or omissions may bar or remove you from further testing and employment.
4. All time periods in your background must be accounted for.
5. Deliberate untruthfulness, omissions or misrepresentation of information constitutes grounds for disqualification from further testing or employment.
6. If space provided is inadequate, add another page and identify additional information by number, following the same format.
7. The two waivers at the back of this questionnaire **must** be notarized.
8. **At some point in your background investigation you will be required to take and pass a polygraph or similar truth verification test.**

When completed, this questionnaire should be returned to the Kitsap County Personnel Department; 614 Division Street, MS-23; Port Orchard, WA 98366.



**SECTION 2: RELATIVES AND REFERENCES** *continued*

N/A

**C. Mother**

NAME:	HOME ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
HOME PHONE: ( )	WORK ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
WORK PHONE: ( )	CELL PHONE: ( )	EMAIL:		

N/A

**D. Step-Mother**

NAME:	HOME ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
HOME PHONE: ( )	WORK ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
WORK PHONE: ( )	CELL PHONE: ( )	EMAIL:		

N/A

**E. Spouse/Registered Domestic Partner**

NAME:	HOME ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
HOME PHONE: ( )	WORK ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
WORK PHONE: ( )	CELL PHONE: ( )	EMAIL:		

N/A

**F. Father-in-law**

NAME:	HOME ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
HOME PHONE: ( )	WORK ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
WORK PHONE: ( )	CELL PHONE: ( )	EMAIL:		

N/A

**G. Mother-in-law**

NAME:	HOME ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
HOME PHONE: ( )	WORK ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
WORK PHONE: ( )	CELL PHONE: ( )	EMAIL:		

**SECTION 2: RELATIVES AND REFERENCES** *continued*

N/A

**H. Former Spouse(s) / Former Registered Domestic Partner(s)**

1. NAME:		HOME ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
HOME PHONE: ( )		WORK ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
WORK PHONE: ( )	CELL PHONE: ( )	EMAIL:			
DATE & LOCATION OF MARRIAGE			DATE & LOCATION OF DIVORCE		

Is there or has there been a restraining order or no contact order in effect for this individual?.....  Yes  No

2. NAME:		HOME ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
HOME PHONE: ( )		WORK ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
WORK PHONE: ( )	CELL PHONE: ( )	EMAIL:			
DATE & LOCATION OF MARRIAGE			DATE & LOCATION OF DIVORCE		

Is there or has there been, a restraining order or no contact order in effect for this individual?.....  Yes  No

N/A

**I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings**

1. NAME:		HOME ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
HOME PHONE: ( )		WORK ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
WORK PHONE: ( )	CELL PHONE: ( )	EMAIL: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNDER AGE 18			

2. NAME:		HOME ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
HOME PHONE: ( )		WORK ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
WORK PHONE: ( )	CELL PHONE: ( )	EMAIL: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNDER AGE 18			

3. NAME:		HOME ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
HOME PHONE: ( )		WORK ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
WORK PHONE: ( )	CELL PHONE: ( )	EMAIL: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNDER AGE 18			

**SECTION 2: RELATIVES AND REFERENCES** *continued*

4. NAME:	HOME ADDRESS: (NUMBER/STREET/APT)	CITY;	STATE:	ZIP:
HOME PHONE: ( )	WORK ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
WORK PHONE: ( )	CELL PHONE: ( )	EMAIL:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNDER AGE 18	

5. NAME:	HOME ADDRESS: (NUMBER/STREET/APT)	CITY;	STATE:	ZIP:
HOME PHONE: ( )	WORK ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
WORK PHONE: ( )	CELL PHONE: ( )	EMAIL:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNDER AGE 18	

6. NAME:	HOME ADDRESS: (NUMBER/STREET/APT)	CITY;	STATE:	ZIP:
HOME PHONE: ( )	WORK ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
WORK PHONE: ( )	CELL PHONE: ( )	EMAIL:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNDER AGE 18	

7. NAME:	HOME ADDRESS: (NUMBER/STREET/APT)	CITY;	STATE:	ZIP:
HOME PHONE: ( )	WORK ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
WORK PHONE: ( )	CELL PHONE: ( )	EMAIL:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNDER AGE 18	

N/A   **J. Children**

List all your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1. NAME:	CUSTODIAL PARENT OR GUARDIAN: (OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F   CHILDS AGE:	ADDRESS: (NUMBER/STREET/APT)	CITY;	STATE:	ZIP:
	CONTACT NUMBER: ( )	EMAIL:		

2. NAME:	CUSTODIAL PARENT OR GUARDIAN: (OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F   CHILDS AGE:	ADDRESS: (NUMBER/STREET/APT)	CITY;	STATE:	ZIP:
	CONTACT NUMBER: ( )	EMAIL:		

## SECTION 2: RELATIVES AND REFERENCES *continued*

3. NAME:	CUSTODIAL PARENT OR GARDIAN: (OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F      CHILDS AGE:	ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
	CONTACT NUMBER: (      )	EMAIL:		

4. NAME:	CUSTODIAL PARENT OR GUARDIAN: (OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F      CHILDS AGE:	ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
	CONTACT NUMBER: (      )	EMAIL:		

5. NAME:	CUSTODIAL PARENT OR GUARDIAN: (OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F      CHILDS AGE:	ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
	CONTACT NUMBER: (      )	EMAIL:		

6. NAME:	CUSTODIAL PARENT OR GUARDIAN: (OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F      CHILDS AGE:	ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
	CONTACT NUMBER: (      )	EMAIL:		

7. NAME:	CUSTODIAL PARENT OR GUARDIAN: (OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F      CHILDS AGE:	ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
	CONTACT NUMBER: (      )	EMAIL:		

8. NAME:	CUSTODIAL PARENT OR GUARDIAN: (OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F      CHILDS AGE:	ADDRESS: (NUMBER/STREET/APT)	CITY:	STATE:	ZIP:
	CONTACT NUMBER: (      )	EMAIL:		

### 14. REFERENCES

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

## SECTION 2: RELATIVES AND REFERENCES *continued*

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

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

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

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

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

## SECTION 2: RELATIVES AND REFERENCES *continued*

6. NAME	HOME ADDRESS: (NUMBER/STREET/APT)      CITY;      STATE:      ZIP:			
HOME PHONE: (      )	WORK ADDRESS: (NUMBER/STREET/APT)      CITY:      STATE:      ZIP:			
WORK PHONE: (      )	CELL PHONE: (      )	EMAIL:		
HOW DO YOU KNOW THIS PERSON? (I.E FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)			HOW LONG HAVE YOU KNOWN THEM?	

7. NAME	HOME ADDRESS: (NUMBER/STREET/APT)      CITY;      STATE:      ZIP:			
HOME PHONE: (      )	WORK ADDRESS: (NUMBER/STREET/APT)      CITY:      STATE:      ZIP:			
WORK PHONE: (      )	CELL PHONE: (      )	EMAIL:		
HOW DO YOU KNOW THIS PERSON? (I.E FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)			HOW LONG HAVE YOU KNOWN THEM?	

8. NAME	HOME ADDRESS: (NUMBER/STREET/APT)      CITY;      STATE:      ZIP:			
HOME PHONE: (      )	WORK ADDRESS: (NUMBER/STREET/APT)      CITY:      STATE:      ZIP:			
WORK PHONE: (      )	CELL PHONE: (      )	EMAIL:		
HOW DO YOU KNOW THIS PERSON? (I.E FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)			HOW LONG HAVE YOU KNOWN THEM?	

9. NAME	HOME ADDRESS: (NUMBER/STREET/APT)      CITY;      STATE:      ZIP:			
HOME PHONE: (      )	WORK ADDRESS: (NUMBER/STREET/APT)      CITY:      STATE:      ZIP:			
WORK PHONE: (      )	CELL PHONE: (      )	EMAIL:		
HOW DO YOU KNOW THIS PERSON? (I.E FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)			HOW LONG HAVE YOU KNOWN THEM?	

10. NAME	HOME ADDRESS: (NUMBER/STREET/APT)      CITY;      STATE:      ZIP:			
HOME PHONE: (      )	WORK ADDRESS: (NUMBER/STREET/APT)      CITY:      STATE:      ZIP:			
WORK PHONE: (      )	CELL PHONE: (      )	EMAIL:		
HOW DO YOU KNOW THIS PERSON? (I.E FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)			HOW LONG HAVE YOU KNOWN THEM?	

### SECTION 3: EDUCATION

**NOTE: You are required to provide transcripts or other proof to support all of your education claims. Deliberately giving false or misleading answers may lead to your disqualification.**

15. Check Applicable:  High School Diploma from an accredited U.S Institution  GED

#### 16. List high schools attended:

NAME:		FROM:	TO:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS:	CITY:	STATE:		
B. NAME:		FROM:	TO:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS:	CITY:	STATE:		

#### 17. List all accredited colleges or universities attended:

A. NAME:		STUDENT ID#	FROM:	TO:
ADDRESS:		CITY:	STATE:	
TOTAL UNITS EARNED	YEARS COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF DEGREE EARNED
B. NAME:		STUDENT ID#	FROM:	TO:
ADDRESS:		CITY:	STATE:	
TOTAL UNITS EARNED	YEARS COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF DEGREE EARNED
C. NAME:		STUDENT ID#	FROM:	TO:
ADDRESS:		CITY:	STATE:	
TOTAL UNITS EARNED	YEARS COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF DEGREE EARNED

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

A. NAME:		FROM:	TO:	DID YOU COMPLETE THE COURSE <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF TRAINING	CITY:	STATE:		
B. NAME:		FROM:	TO:	DID YOU COMPLETE THE COURSE <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF TRAINING	CITY:	STATE:		
C. NAME:		FROM:	TO:	DID YOU COMPLETE THE COURSE <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF TRAINING	CITY:	STATE:		

### SECTION 3: EDUCATION *continued*

19. Have you ever attended a Basic Law Enforcement/Corrections Academy?.....  YES  NO  
 If yes, provide the following information:

B. ACADEMY NAME:		FROM:	TO:	DID YOU GRADUATE?
LOACTION (CITY/STATE)	NAME OF TRAINING OFFICER	CONTACT NUMBER: (      )		<input type="checkbox"/> YES <input type="checkbox"/> NO
B. ACADEMY NAME:		FROM:	TO:	DID YOU GRADUATE?
LOACTION (CITY/STATE)	NAME OF TRAINING OFFICER	CONTACT NUMBER: (      )		<input type="checkbox"/> YES <input type="checkbox"/> NO

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? .....  YES  NO

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school. Include when the disciplinary action(s) occurred, name of school(s) and explanation of circumstances. Continue on page 41 if needed.

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### SECTION 4: RESIDENCE

#### 21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide complete address (include markers such as Street, Drive, Road, East, West, etc, and unit or apartment number). Do not use P.O. Boxes
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. **DO NOT LIST** military barracks mates unless you shared individual quarters.
- If more space is needed duplicate page 12 or continue on page 41.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER/STREET/APT)			FROM:	TO: <b>PRESENT</b>
CITY:	STATE:	ZIP:	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)			CONTACT NUMBER (      )	
CITY:	STATE:	ZIP:	EMAIL:	
NAMES OF THOSE WITH WHOM YOU LIVE:				

B) FORMER ADDRESS: (NUMBER/STREET/APT)			FROM:	TO:
CITY:	STATE:	ZIP:	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)			CONTACT NUMBER (      )	
CITY:	STATE:	ZIP:	EMAIL:	
NAMES OF THOSE WITH WHOM YOU LIVE:				

## SECTION 4: RESIDENCE *continued*

C) FORMER ADDRESS: (NUMBER/STREET/APT)				FROM:	TO:
CITY:	STATE:	ZIP:	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER (      )	
CITY:	STATE:	ZIP:	EMAIL:		
NAMES OF THOSE WITH WHOM YOU LIVE:					
D) FORMER ADDRESS: (NUMBER/STREET/APT)				FROM:	TO:
CITY:	STATE:	ZIP:	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER (      )	
CITY:	STATE:	ZIP:	EMAIL:		
NAMES OF THOSE WITH WHOM YOU LIVE:					
E) FORMER ADDRESS: (NUMBER/STREET/APT)				FROM:	TO:
CITY:	STATE:	ZIP:	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER (      )	
CITY:	STATE:	ZIP:	EMAIL:		
NAMES OF THOSE WITH WHOM YOU LIVE:					
F) FORMER ADDRESS: (NUMBER/STREET/APT)				FROM:	TO:
CITY:	STATE:	ZIP:	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER (      )	
CITY:	STATE:	ZIP:	EMAIL:		
NAMES OF THOSE WITH WHOM YOU LIVE:					
G) FORMER ADDRESS: (NUMBER/STREET/APT)				FROM:	TO:
CITY:	STATE:	ZIP:	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER (      )	
CITY:	STATE:	ZIP:	EMAIL:		
NAMES OF THOSE WITH WHOM YOU LIVE:					

## SECTION 5: EXPERIENCE AND EMPLOYMENT

### 22. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (**Begin with your most current.** If more space is needed for additional employers duplicate page 14 or continue on page 41.
- If you have military experience, include reserve duty, enter your military base, assignment, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.
- List your current (or most recent) supervisor for each job.
- List (2) co-workers that would best know you and your work habits, productivity, behavior, etc.

A) NAME OF EMPLOYER OR MILITARY UNIT			FROM:	TO: <b>PRESENT</b>
ADDRESS: (NUMBER/STREET OR BASE)		SUPERVISOR:		
CITY:	STATE:	ZIP:	SUPERVISOR PHONE NUMBER: (     )	EXT:
JOB TITLE:		SUPERVISOR EMAIL:		
DUTIES/ASSIGNMENTS:			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS: 1)	CONTACT NUMBER: (     )		EMAIL:	
2)	CONTACT NUMBER: (     )		EMAIL:	
WOULD THERE BE A PROBLEM IF WE CONTACTED YOUR CURRENT EMPLOYER?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN		REASON FOR WANTING TO LEAVE:	

B) PERIOD OF UNEMPLOYMENT CHECK APPLICABLE <input type="checkbox"/> STUDENT <input type="checkbox"/> BEWTEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER			FROM:	TO:
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C) NAME OF EMPLOYER OR MILITARY UNIT			FROM:	TO:
ADDRESS: (NUMBER/STREET OR BASE)		SUPERVISOR:		
CITY:	STATE:	ZIP:	SUPERVISOR PHONE NUMBER: (     )	EXT:
JOB TITLE:		SUPERVISOR EMAIL:		
DUTIES/ASSIGNMENTS:			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS: 1)	CONTACT NUMBER: (     )		EMAIL:	
2)	CONTACT NUMBER: (     )		EMAIL:	
WOULD THERE BE A PROBLEM IF WE CONTACTED THIS EMPLOYER?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN		REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT CHECK APPLICABLE <input type="checkbox"/> STUDENT <input type="checkbox"/> BEWTEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/>			FROM:	TO:
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## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

E) NAME OF EMPLOYER OR MILITARY UNIT			FROM:	TO:
ADDRESS: (NUMBER/STREET OR BASE)			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE NUMBER: (     )	EXT:
JOB TITLE:			SUPERVISOR EMAIL:	
DUTIES/ASSIGNMENTS:			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS: 1)		CONTACT NUMBER: (     )	EMAIL:	
2)		CONTACT NUMBER: (     )	EMAIL:	
REASON FOR LEAVING:				

<b>F) PERIOD OF UNEMPLOYMENT</b> CHECK APPLICABLE <input type="checkbox"/> STUDENT <input type="checkbox"/> BEWTEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/>			FROM:	TO:
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G) NAME OF EMPLOYER OR MILITARY UNIT			FROM:	TO:
ADDRESS: (NUMBER/STREET OR BASE)			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE NUMBER: (     )	EXT:
JOB TITLE:			SUPERVISOR EMAIL:	
DUTIES/ASSIGNMENTS:			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS: 1)		CONTACT NUMBER: (     )	EMAIL:	
2)		CONTACT NUMBER: (     )	EMAIL:	
REASON FOR LEAVING:				

<b>H) PERIOD OF UNEMPLOYMENT</b> CHECK APPLICABLE <input type="checkbox"/> STUDENT <input type="checkbox"/> BEWTEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/>			FROM:	TO:
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I) NAME OF EMPLOYER OR MILITARY UNIT			FROM:	TO:
ADDRESS: (NUMBER/STREET OR BASE)			SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE NUMBER: (     )	EXT:
JOB TITLE:			SUPERVISOR EMAIL:	
DUTIES/ASSIGNMENTS:			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER	

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

NAMES OF CO-WORKERS: 1)	CONTACT NUMBER: (      )	EMAIL:
2)	CONTACT NUMBER: (      )	EMAIL:
REASON FOR LEAVING:		

J) NAME OF EMPLOYER OR MILITARY UNIT		FROM:	TO:
ADDRESS: (NUMBER/STREET OR BASE)		SUPERVISOR:	
CITY:	STATE:	ZIP:	SUPERVISOR PHONE NUMBER: (      )
JOB TITLE:		SUPERVISOR EMAIL:	
DUTIES/ASSIGNMENTS:		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER	
REASON FOR LEAVING:			

23. Have you been tardy or late for work due to circumstances within your control?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Have you ever called in sick when you were neither sick nor caring for a sick family member?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Have you ever been counseled at work due to lateness or absences?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Have you been fired or terminated from employment?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Were you ever the subject of a written complaint or disciplined for failure to comply with rules or regulations required at your place of employment?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Did you ever receive an unsatisfactory performance review?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Would any of your former employer's give you an unfavorable recommendation?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever resigned from a job to avoid being fired or terminated?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever quit a job without giving notice required by the employer?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Have you ever had serious trouble getting along with supervisors or co-workers?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever been accused of a dishonest act or asked to resign from a job because of alleged dishonesty by an employer?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you ever had serious trouble on any job, including complaints, or investigations involving you (i.e. harassment, discrimination, etc.)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Would you be eligible to be rehired by all your former employers (if there was a job available)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Did you ever work without reporting it (even on the side) while collection unemployment benefits?...	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

If you answered yes, to any of **Questions 23-36**, explain (include when, where & circumstances) continue on page 41 if needed,

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

37. Have you ever applied to any other law enforcement or public safety agency (city, county, state or federal)?.....  YES  NO

- If yes, list EVERY agency you have applied to **and have advanced BEYOND an oral board (e.g., literal background investigation, etc.)** starting with the most recent (give complete and accurate addresses).
- **All agencies MUST be listed** regardless of the outcome or current status. **Check all boxes that apply for each agency.**
- If more space is needed, duplicate this page or continue your response on page 41.

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

**CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:**

STEPS:  Application  Written  Physical Agility  Oral  Polygraph/CVSA  Background  Chief's Oral  Conditional Job Offer  
 STATUS:  Hired  On List  Withdrawn  Disqualified

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

**CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:**

STEPS:  Application  Written  Physical Agility  Oral  Polygraph/CVSA  Background  Chief's Oral  Conditional Job Offer  
 STATUS:  Hired  On List  Withdrawn  Disqualified

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

**CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:**

STEPS:  Application  Written  Physical Agility  Oral  Polygraph/CVSA  Background  Chief's Oral  Conditional Job Offer  
 STATUS:  Hired  On List  Withdrawn  Disqualified

38. List **ALL** law enforcement, public safety agencies that you have applied to in which you have **NOT** progressed past the written exam, physical agility test and/ or the oral board. All that is needed for these agencies is the agency name and approximate date of testing. Continue on page 41 if needed.

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

AGENCY NAME	APPROXIMATE DATE (MONTH/YEAR OF TEST)	CHECK BOX BELOW IF YOU ATTENDED AN ORAL BAORD INTERVIEW WITH THIS
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**SECTION 6: MILITARY EXPERIENCE**

39. Are you required to register for the Selective Service?.....  Yes  No  
 If yes, have you registered?.....  Yes  No  
 Selective Service Number: \_\_\_\_\_  
 If no, explain:

**IF YOU HAVE NO MILITARY EXPERIENCE, GO TO THE NEXT SECTION**

40. How long were you in the military on active duty?..... \_\_\_\_\_ Years, \_\_\_\_\_ Months

41. Branch of Service: \_\_\_\_\_ Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

42. Type of Discharge:  Honorable  Honorable with hardship reasons  Retirement  General  
 Other than Honorable  Dishonorable  Bad Conduct

43. Are you currently participating in one of the following?  Military Reserve  National Guard  Yes  No

44. What was your highest level of security clearance?..... \_\_\_\_\_

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

46. Have you ever been the subject of any judicial or non judicial disciplinary action (such as court martial, captains mast, article 15, office hours, company punishment)? .....  Yes  No

47. While in the service, were you ever incarcerated (brig time/civilian jail)? .....  Yes  No

48. Were you ever AWOL, missed formation, etc?.....  Yes  No

49. Did you fail to complete any term of enlistment for any reason? .....  Yes  No

50. Do you still possess any unauthorized military equipment?.....  Yes  No

If you answered yes to **Questions 45 - 50**, explain (include dates and circumstances) continue on page 41 if needed.

## SECTION 7: LAW ENFORCEMENT EXPERIENCE

Your answers to the following questions about your law enforcement experience may be verified by checks of police and court records, and through interviews with persons listed on your background investigation package. Indicate whether or not you have each of the following types of law enforcement experience either as a Commissioned Officer/Deputy, Corrections Officer/Deputy, Reserve Officer/Deputy or Military Police Officer. Be sure to answer each question). **Deliberately giving false or misleading answers may lead to your disqualification.**

### IF YOU HAVE NO LAW ENFORCEMENT EXPERIENCE, GO TO THE NEXT SECTION

51. Sworn, commissioned, weapons carrying officer.....  Yes  No

52. Police reserve.....  Yes  No

53. Military police officer.....  Yes  No

54. Police officer, but fully assigned to correction/jail duties only.....  Yes  No

55. Other law enforcement jobs, (volunteer positions, etc.).....  Yes  No

56. Number of years experience as a commissioned law enforcement officer?..... \_\_\_\_\_

57. How many agencies have you worked for as a law enforcement officer?..... \_\_\_\_\_

58. Have you ever been certified as a law enforcement officer in any state?.....  Yes  No

59. During the time you have been a commissioned officer, how many citizen's complaints were filed against you?  
 None  1  2  3-5  6-10  11 or more

60. How many of these complaints were sustained or found to be true?..... \_\_\_\_\_

61. Have you ever been reprimanded, either written or oral as a commissioned officer?.....  Yes  No

62. Were you ever the subject of a civil or criminal prosecution because of your actions as a law enforcement officer?.....  Yes  No

63. Have you ever had any unsatisfactory personnel ratings?.....  Yes  No

64. While being a commissioned officer, have you ever violated any controlled substance (illegal narcotics) laws?.....  Yes  No

65. Have you ever used illegal drugs while on duty?.....  Yes  No

66. Did you ever drink intoxicants while on duty (other than in an undercover role)?.....  Yes  No

67. Did you ever lie or seriously distort the facts in an official police report?.....  Yes  No

68. Have you ever covered up a serious violation for a fellow police officer?.....  Yes  No

69. Have you ever had sex with a violator, on or off duty?.....  Yes  No

70. Have you ever lied or committed perjury in court testimony or any other official proceedings?.....  Yes  No

**SECTION 7: LAW ENFORCEMENT EXPERIENCE *continued***

71. Have you ever been terminated or forced to resign from a law enforcement position during the probationary period?.....  Yes  No

72. Have you ever been terminated or forced to resign after the probationary period?.....  Yes  No

73. Have you ever failed a probationary period for a law enforcement agency?.....  Yes  No

74. Have you ever falsified information regarding damage to departmental equipment?.....  Yes  No

75. Have you ever been the subject of an Internal Affairs investigation as a commissioned officer?.....  Yes  No

76. Have you ever been suspended with or without pay as a commissioned officer?.....  Yes  No

77. Have you ever been involved in an on-duty" accident?.....  Yes  No

78. Have you ever used "excessive force" or more force than was necessary to affect an arrest?.....  Yes  No

If you answered yes to **Questions 59- 78**, explain (include dates and circumstances) continue on page 41 if needed.

## SECTION 8: FINANCIAL

Your answers to the following questions about your financial history may be verified by checks with records, banks, credit reports, collections agencies, your income tax statements, and other legal documents, as well as through interviews with persons listed on your background investigation package. **Deliberately giving false or misleading answers may lead to your disqualification.**

### 79. INCOME AND EXPENSE

For each of the following questions fill in the amounts to the nearest dollar.

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

B) Do you have income other than from your salary or wages? .....  Yes  No  
If yes, fill in amount: ..... \$ \_\_\_\_\_ per month  
Explain:

C) How much do you spend each month?..... \$ \_\_\_\_\_ per month

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 obligation(s) you may have.

80. Are you able to pay all your monthly bills on time?.....  Yes  No

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

**If yes, you are required to provide copies of all court documents associated with the bankruptcy.**

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

83. Have your wages ever been garnished?.....  Yes  No

84. Have you ever had your property repossessed (both personal and real property)?.....  Yes  No

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

86. Have you ever made false claims on insurance policies for personal gain?.....  Yes  No

87. Has a landlord ever served you an eviction notice?.....  Yes  No

88. Have you ever made false claims on insurance policies for personal gain?.....  Yes  No

89. Have you ever avoided paying rent, or any lawful debts, by moving?.....  Yes  No

90. Have you ever been investigated for filing a false tax return? .....  Yes  No

91. Have you ever falsified your income tax return for personal gain?.....  Yes  No

92. Have you ever failed to file income tax or cheated/lie on an income tax return?.....  Yes  No

93. Have you ever been delinquent on income or tax payments?.....  Yes  No

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

95. Do you gamble?.....  Yes  No

96. Do you currently have any outstanding gambling debts?.....  Yes  No

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

**SECTION 8: FINANCIAL *continued***

98. Are you currently delinquent with any child support obligations?.....  Yes  No

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

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

If you answered yes, to **Questions 80 - 100** explain (include when, where and why; indicate corresponding number) continue on page 41 if needed.

## SECTION 9: LEGAL

### Disclosure of Arrests and Convictions

Please disclose any of the arrests or convictions, even if the records were sealed, expunged, dismissed, or pardoned:

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

If more space is needed, duplicate this page or continue your response on page 41.

101. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or conviction of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?**.....  Yes  No

If yes, explain each incident:

A) APPROXIMATE DATE:

ARRESTING OR DETAINING AGENCY:

CHARGE:

DISPOSITION OR PENALTY:

B) APPROXIMATE DATE:

ARRESTING OR DETAINING AGENCY:

CHARGE:

DISPOSITION OR PENALTY:

C) APPROXIMATE DATE:

ARRESTING OR DETAINING AGENCY:

CHARGE:

DISPOSITION OR PENALTY:

D) APPROXIMATE DATE:

ARRESTING OR DETAINING AGENCY:

CHARGE:

DISPOSITION OR PENALTY:

**SECTION 9: LEGAL *continued***

102. Have you ever physically assaulted (i.e., slapped, punched, kicked, strangled, or pushed) a romantic partner, roommate, family member or friend?.....  Yes  No

If yes, on how many occasions? ..... \_\_\_\_\_

103. Have you ever been the subject of an emergency protection order/restraining order/stay away order?  Yes  No

104. Have you or your spouse/partner ever been referred to Child Protective Services?.....  Yes  No

105. Have you ever had to appear as a defendant in a juvenile court for a criminal matter? .....  Yes  No

106. Have you ever been involved in any court action or legal investigation where the record may have been sealed?.....  Yes  No

107. Have you ever been on court probation as an adult (age 18 or older)?.....  Yes  No

108. Have you been involved in an physical fights, since the age of 18 (other than while employed in law enforcement)?.....  Yes  No

109. Have you ever stolen, or taken without permission, any property from any employers, business or individuals including family members?.....  Yes  No

If yes, when was the last time?..... \_\_\_\_\_

110. Have you ever stolen, or taken without permission any money from an employer, business or individual including family members?.....  Yes  No

If yes, when was the last time?..... \_\_\_\_\_

111. Have you ever bought anything you suspected was stolen?.....  Yes  No

112. Have you ever sold anything you knew was stolen?.....  Yes  No

113. Are you now in possession of any stolen property?.....  Yes  No

114. Have you ever taken anything from a fellow employee that you were not authorized to take?.....  Yes  No

115. Have you ever taken anything from a job site or crime scene that you were not authorized to take?.  Yes  No

116. Have the police ever been called or responded to your residence for any reason?.....  Yes  No

117. Have you ever settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?.....  Yes  No

118. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....  Yes  No

119. Have you ever filed a false insurance or workers' compensation claim?.....  Yes  No

120. Have the ever engaged in a sex act for money or paid for sex? (location, year, circumstance).....  Yes  No

If you answered yes to **Questions 102 - 120**, explain (include when, where and why; indicate corresponding number) continue on page 25 if needed.

**SECTION 9: LEGAL *continued***

Continued If you answered yes to **Questions 102 - 120**, explain (include when, where and why; indicate corresponding number) continue on page 41 if needed.

**SECTION 9: LEGAL *continued***

**121. UNDETECTED ACTS- PART 1**

At any time in your life have you **ever** committed any of the following crimes?

A) Annoying / obscene phone calls.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Battery (use of force or violence upon another).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Brandishing a weapon (any type of weapon).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Carrying a concealed weapon without a permit.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Contributing to the delinquency of a minor.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
F) Defrauding an innkeeper (not paying for food or room at a hotel/motel).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
G) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
H) Illegal gambling.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
I) Indecent exposure (including flashing or mooning).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
J) Joyriding (using a car other vehicle without owner's permission).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
K) Petty theft (value up to \$249 including shoplifting/switching price tags).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
L) Possession of falsified or altered identification, including use of another person's ID (for any reason).	<input type="checkbox"/> Yes <input type="checkbox"/> No
M) Possession of stolen property (including vehicles).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
N) Trespassing.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
O) Vandalism (including "tagging," malicious mischief and/or property damage).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
P) Intentionally writing a bad check.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q) Filing a false police report.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
R) Prostitution or soliciting a prostitute.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
S) Resisting arrest (including running from the police).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
T) Driving under the influence of alcohol and or drugs.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
U) Any other act amounting to a misdemeanor .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 9: LEGAL *continued***

**122. UNDETECTED ACTS- PART 1 *continued***

If you answered yes to **any** item(s) in **Question 121**, fully explain circumstances, including date(s), names of individuals involved and resolution. Indicate the corresponding letter (121-A,etc.) for each explanation, continue on page 41 if needed.

**SECTION 9: LEGAL *continued***

**122. UNDETECTED ACTS- PART 2**

At any time in your life have you **ever** committed any of the following crimes?

A) Arson (intentionally destroying property by setting a fire).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Theft of a vehicle and/or parts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Burglary (entering a structure or vehicle to commit theft or other crime).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Child molestation (performing unlawful acts with children).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Accessing and/or possessing child pornography.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
F) Elder abuse/neglect.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
G) Embezzlement (theft of money or other valuables entrusted to you).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
H) Felony drunk driving (involving injuries).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
I) Forcible rape, attempted rape or other act of unlawful intercourse.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
J) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
K) Hit and run (with injuries).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
L) Hate crime.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
M) Insurance fraud.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
N) Felony theft (value over \$250, or any firearm).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
O) Murder, homicide, or attempted murder.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
P) Perjury (lying under oath).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q) Possession of an explosive/destructive devise.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
R) Causing harm to another (such as assault, resisting arrest, etc.).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
S) Vandalism or malicious mischief.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
T) Sexual crimes (including self-exposure, obscene phone calls, etc).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
U) Vehicle assault or vehicle manslaughter.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
V) Assault with a deadly weapon.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
W) Robbery (theft from another person using a weapon, force or fear).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
X) Stalking.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Y) Blackmail or extortion.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Z) Any other act amounting to a felony.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 9: LEGAL *continued***

**122. UNDETECTED ACTS- PART 2 *continued***

If you answered yes to **any** item(s) in **Questions 122**, fully explain circumstances, including date(s), names of individuals involved and resolution. Indicate the corresponding letter (122-A,etc.) continue on page 41 if needed.

**SECTION 10: SUBSTANCE USE OR ABUSE**

Your answers to the following questions about substance association, abuse and/or current use may be verified by checks of police agencies and court records, and through interviews with persons listed on your background investigation package. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. ***Deliberately giving false or misleading answers may lead to your disqualification.***

123. On the average, how much intoxicants do you drink? Count **ONE DRINK**, for each bottle of beer, glass of wine or shot of liquor. Mark one answer only.

- I never drink intoxicants    Less than one drink a week    1-2 drinks a week    3-5 drinks a week  
 1-2 drinks a day    3-5 drinks a day    6 or more drinks a day

124. About how often do you have 6 or more drinks in a day?

- Never    About once a year    A few times a year    About once a month  
 A few times a month    About once a week    A few times a week    Almost every day

***Have you ever had any of the following experiences after consuming intoxicants?***

125. Blackouts?.....  Yes  No

126. Marital or family domestic difficulties?.....  Yes  No

127. Missed work?.....  Yes  No

128. Fighting?.....  Yes  No

129. Been intoxicated in public?.....  Yes  No

130. Have you ever had a drink while on the job?.....  Yes  No

131. Have you ever been warned by an employer about your drinking habits?.....  Yes  No

132. Have you ever supplied alcohol to minors?.....  Yes  No

133. How often do you drive with an open container of intoxicants in your vehicle?

- Never    About once a year    A few times a year  
 About once a month    A few times a month    About once a week or more

If you answered yes to **Questions 125 - 133**, explain (include when, where and why; indicate corresponding number) continue on page 41 if needed.

**SECTION 10: SUBSTANCE USE OR ABUSE *continued***

134. Have you **ever** been in illegal possession of/or used marijuana? (When estimating your total possession, remember that once a month for a year is 12 times, once a week for a year is about 52 times and almost every day for a year is about 365 times.)

- Never                       1-2 Times                       3-10 Times                       11-20 Times  
 21-50 Times                       51-100 Times                       101-500 Times                       More than 500 times

135. Have you used or possessed marijuana in the last 3 years or after the age of 25?.....  Yes  No

136. Have you **ever** been in illegal possession of/or used cocaine? (Use the same timetable on question #122)

- Never                       1-2 Times                       3-10 Times                       11-20 Times  
 21-50 Times                       51-100 Times                       101-500 Times                       More than 500 times

137. Have you used or possessed cocaine in the last 3 years or after the age of 25?.....  Yes  No

138. Have you **ever** been in illegal possession of/or used Crank, Crack (rock cocaine)?

- Never                       1-2 Times                       3-10 Times                       11-20 Times  
 21-50 Times                       51-100 Times                       101-500 Times                       More than 500 times

139. Have you used or possessed any form of cocaine in the last 3 years or after the age of 25?.....  Yes  No

140. Have you **ever** been in illegal possession of/or used any hallucinogens, (i.e. LSD, Mescaline, Mushrooms, PCP, MDMA, Ecstasy, etc)?

- Never                       1-2 Times                       3-10 Times                       11-20 Times  
 21-50 Times                       51-100 Times                       101-500 Times                       More than 500 times

141. Have you used or possessed hallucinogens in the last 3 years or after the age of 25?.....  Yes  No

142. Have you **ever** been in illegal possession of/or used opiates, such as Opium, Morphine or Heroin?

- Never                       1-2 Times                       3-10 Times                       11-20 Times  
 21-50 Times                       51-100 Times                       101-500 Times                       More than 500 times

143. Have you used or possessed opiates in the last 3 years or after the age of 25?.....  Yes  No

144. Have you **ever** been in illegal possession of/or used amphetamines, such as Methedrine, Dexedrine, Methamphetamine or Speed?

- Never                       1-2 Times                       3-10 Times                       11-20 Times  
 21-50 Times                       51-100 Times                       101-500 Times                       More than 500 times

145. Have you used or possessed amphetamines in the last 3 years or after the age of 25?.....  Yes  No

146. Have you **ever** been in illegal possession of/or used depressants such as Tranquilizers, Barbiturates, GHB (Date Drug), Valium or Quaaludes?

- Never                       1-2 Times                       3-10 Times                       11-20 Times  
 21-50 Times                       51-100 Times                       101-500 Times                       More than 500 times

SECTION 10: SUBSTANCE USE OR ABUSE *continued*

147. Have you used or possessed depressants in the last 3 years or after the age of 25?.....  Yes  No

148. Have you ever used illegal drugs intravenously?.....  Yes  No

149. Have you used or possessed any other illegal drug besides those listed including steroids?.....  Yes  No

150. Have you ever used unauthorized prescription drugs?.....  Yes  No

151. Have you ever provided any illegal or controlled drugs to friends or others in exchange for money or traded for goods?.....  Yes  No

152. Have you ever been rejected from employment or military service, or discharged from any position, due to your use of intoxicants or controlled substances?.....  Yes  No

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

Sold

Purchased

Cultivated

Manufactured

Furnished

Carried or held for another

If you answered yes to **questions 134-152**, or checked any items in **question #153**, give details including **drug(s) involved**, over what **time period(s)** and **circumstances** continue on page 33 if needed.

SECTION 10: SUBSTANCE USE OR ABUSE *continued*

Continued, If you answered yes to **questions 134-152**, or checked any items in **question #153**, give details including **drug(s) involved**, over what **time period(s)** and **circumstances** continue on page 41 if needed.

## SECTION 11: MOTOR VEHICLE OPERATION

Your answers to the following questions about your driving record may be verified through the DMV in this state and others, courts, probation departments, insurance companies and employers, and through interviews with persons listed on your background investigation package. ***Deliberately giving false or misleading answers may lead to your disqualification.***

CURRENT DRIVERS LICENSE NUMBER:	STATE OF ISSUE:	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED:
---------------------------------	-----------------	-----------------	---------------------------------------

### LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE

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

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

155. Have you ever had your license suspended or revoked by any state?.....  Yes  No

156. Are you required to have an ignition interlock device or license?.....  Yes  No

157. Have you ever been the driver in an accident where injuries or damage occurred and you failed to report the accident?.....  Yes  No

158. Have you ever falsified information on an accident report?.....  Yes  No

159. Have you ever left the scene of an accident in which you were involved (hit and run)?.....  Yes  No

160. Have you ever had any outstanding warrants?.....  Yes  No

If you answered yes to **questions 154-160** explain (include when, where and why; indicate corresponding number) continue on page 41 if needed.

**SECTION 11: MOTOR VEHICLE OPERATION *continued***

**LIST YOUR CURRENT LIABILITY INSURANCE ON YOUR VEHICLES(S):**

A) TYPE OF COVERAGE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY			POLICY NUMBER	
ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP	CONTACT NUMBER (     )

B) TYPE OF COVERAGE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY			POLICY NUMBER	
ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP	CONTACT NUMBER (     )

C) TYPE OF COVERAGE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY			POLICY NUMBER	
ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP	CONTACT NUMBER (     )

D) TYPE OF COVERAGE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY			POLICY NUMBER	
ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP	CONTACT NUMBER (     )

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

A) DATE	LOCATION (NUMBER/STREET)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

B) DATE	LOCATION (NUMBER/STREET)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

C) DATE	LOCATION (NUMBER/STREET)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY



SECTION 11: MOTOR VEHICLE OPERATION *continued*

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

164. Have you ever been refused automobile liability insurance or a bond, or been cancelled?.....  Yes  No

165. Have you ever been placed in "high risk" insurance status?.....  Yes  No

166. 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 you answered yes to **questions 163 – 165** or checked a box on **question 166** explain circumstances, give dates and occurrences.

**SECTION 12: OTHER TOPICS**

167. Are you aware that the employment environment within this agency is a **DRUG FREE ENVIRONMENT**, and that a violation of this policy can lead to termination?.....  Yes  No
168. Could you inflict serious injury, even to the point of taking someone's life, in the course of your lawful duties as a law enforcement officer?.....  Yes  No
169. Do you have any distinguishing marks or scars including tattoos (describe in section below)?.....  Yes  No
170. 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
171. 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
172. Do you have any prejudices you are aware of against any group?.....  Yes  No
173. Have you ever intentionally viewed underage (under 18 years of age) pornography on the Internet or other media source?.....  Yes  No
174. Have you ever been involved in any activities where illegal pornographic materials were bought, sold, mailed, e-mailed or otherwise transmitted to another?.....  Yes  No
175. Have you ever attempted suicide?.....  Yes  No
176. Have you ever been a member of any organization, which advocates, advises or supports the use of force or other unlawful means to deny other persons their rights under the Constitution of the United States?.....  Yes  No
177. Have you ever used a social security number other than the one you listed on this questionnaire?  Yes  No
178. Have you purposely withheld any information about any prior law enforcement agency where you have worked?.....  Yes  No
179. Have you purposely withheld any information about any prior law enforcement agency where you have applied?.....  Yes  No
180. Have you purposely withheld information about places of employment?.....  Yes  No
181. Do you own any fully automatic weapons?.....  Yes  No
182. Do you own any illegal weapons?.....  Yes  No
183. How many firearms do you own?..... \_\_\_\_\_
184. Have you ever been refused a permit to carry a concealed weapon?.....  Yes  No
185. Are you afraid of firearms or weapons of any type?.....  Yes  No
186. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other act of violence?.....  Yes  No

**SECTION 12: OTHER TOPICS** *continued*

187. Have you ever been counseled about your temper?.....  Yes  No

188. Have you ever wanted to seriously hurt or injure someone?.....  Yes  No

189. Have you ever violated the confidentiality of someone who trusted you?.....  Yes  No

190. Do you associate with and or communicate with anyone incarcerated in any correctional facility, on work-release or parole?.....  Yes  No

191. Do you associate with any known felons?.....  Yes  No

192. Have you deliberately falsified any of your answers or purposely misled this agency at any point during the application process?.....  Yes  No

193. Did you, in any way, cheat, lie or commit fraud during the application or evaluation process for this position with Kitsap County?.....  Yes  No

194. Have you ever created or been involved in a Web Site such as Myspace, Facebook, etc?.....  Yes  No  
If yes, list all your Web addresses:

Myspace:

Facebook:

Others:

195. Are you basically an honest person?.....  Yes  No

196. On a scale of 1 to 10, with 10 being the highest, how would you rate your honesty?..... \_\_\_\_\_

197. Give an example when you would choose to lie to protect yourself. \_\_\_\_\_  
\_\_\_\_\_

If you answered yes to **questions 169-193** please explain (include when, where and why; indicate corresponding number) continue on page 41 if needed.





**I certify, under penalty of perjury, that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief and made in good faith.**

**I further agree and consent to the Kitsap County Sheriff's Office inquiring into, by any means it deems appropriate or necessary, the truth and circumstances regarding any information provided herein in the course of a pre-employment background investigation and further release the Kitsap County Sheriff's Office from any liability with regard to the use of such information in the pre-employment process.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



OFFICE OF  
STEVE BOYER

# KITSAP COUNTY SHERIFF

614 DIVISION ST. MS-37 • PORT ORCHARD, WASHINGTON 98366 • (360) 337-7101 • FAX 337-4923

**YOU ARE REQUIRED TO SIGN THIS WAIVER FORM IN THE PRESENCE OF A NOTARY PUBLIC TO RECEIVE THEIR SIGNATURE AND SEAL**

To Whom It May Concern:

I hereby authorize any authorized representative of the Kitsap County Sheriffs Office bearing this release, or copy of it, within one year of its date, to obtain copies of any information in your files concerning me. Please release any information pertaining to my employment, including, but **not limited to documents** concerning my arrest and conviction history. This would also include but **not limited to documents** regarding credit history, education, academic achievement, attendance, athletics, medical, psychological, personal history, work performance, military service, background investigations, polygraph examinations and any and all internal affairs investigations and discipline, regardless of whether the information released may be derogatory in nature. **This also includes any files, which are deemed to be confidential and/or sealed.** I hereby direct you to release this information upon request to the bearer, regardless of any agreement I may have made with you previously to the contrary.

I understand my rights under Title 5, United States Code Section 552a, of the Privacy Act of 1974 and upon execution of this release waive those rights. I also understand that when this release is executed it is with my full knowledge and understanding that the information is for official use of the Kitsap County Sheriffs Office in conjunction with employment procedures.

I hereby release you and any institution that has supplied information regarding me from any liability or damages which may result from the release of such information from being in compliance with this authorization and request to release information. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: (Printed) \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: Day (     ) \_\_\_\_\_ Evening (     ) \_\_\_\_\_

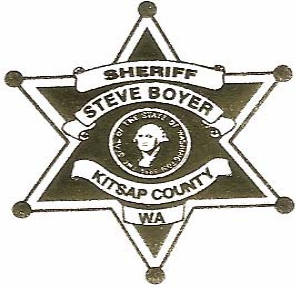
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public in and for the State of Washington,

\_\_\_\_\_  
Residing at:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
My appointment expires:



OFFICE OF  
STEVE BOYER

# KITSAP COUNTY SHERIFF

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## CREDIT HISTORY WAIVER

***YOU ARE REQUIRED TO SIGN THIS WAIVER FORM IN THE PRESENCE OF A NOTARY PUBLIC TO RECEIVE THEIR SIGNATURE AND SEAL***

I, \_\_\_\_\_ understand that as an applicant for a position with the Kitsap County Sheriff's Office that the Sheriff's Office will perform a credit check through a credit reporting agency. I also understand that they may use a consumer reporting agency to gather other information about me. I give my permission to the Kitsap County Sheriff's Office to conduct these checks in accordance with the fair credit reporting act of 1997.

I hereby release Kitsap County, Kitsap County Sheriff's Office and any of its agents and any institution that has supplied information regarding me from any liability or damages which may result from the release of such information.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public in and for the State of Washington,

\_\_\_\_\_  
Residing at:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
My appointment expires: