



## Pottawatomie County Public Safety Center



APPLICANT NAME (LAST, FIRST, MIDDLE)

TODAY'S DATE

### INSTRUCTIONS

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

1. Application responses must be typed, or legible hand written applications will be accepted. This application must be completed by applicant.
2. Answer each question completely and accurately. Each blank must have an answer in it. If the question does not apply, write "N/A" in the appropriate space.
3. Keep a copy of the application for your records.
4. If you require additional space to complete this application attach separate sheet of paper to specific section or to back of this application.

### PLEASE NOTE THE FOLLOWING

- Incomplete or inaccurate answers may be grounds for rejection or removal.
- If you cannot remember specific dates, get as close as you can and note it as unsure and the reason as to why.
- Whether intentional or inadvertent, omissions are taken very seriously.
- It is better to provide information that is unnecessary than to omit information that may be necessary.
- It is always better to tell the truth, no matter what. Your application will be given every consideration in light of the information available.
- You are required to submit additional information or documentation pertaining to your application such as certified copies of college and high school transcripts, birth certificate, diplomas, military records, etc.

**Documentation Required to be Submitted with Background Investigation Questionnaire:**

- ✓ **Copy of your birth certificate**
- ✓ **Copy of high school or GED diploma**
- ✓ **Certified copy of college transcript(s)**

**Documentation Required (if applicable):**

- ✓ **Copy of college diploma**
- ✓ **Copy of military records (DD-214, etc)**
- ✓ **Copy of any additional Certificates of Training**
- ✓ **Copy of Driver License**

**I. PERSONAL INFORMATION**

FULL LEGAL NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER	
LIST ALL OTHER NAMES OR NICKNAMES USED (INCLUDE ANY MAIDEN NAMES AND LEGAL NAME CHANGES. LIST DATE AND REASON FOR NAME CHANGE)			
DRIVERS LICENSE #	STATE	EXP. DATE	
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)			
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)

ARE YOU PRESENTLY LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES ON A FULL-TIME BASIS?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER APPLIED TO THE POTTAWATOMIE COUNTY PUBLIC SAFETY CENTER?	IF SO, WHEN AND DISPOSITION
YES <input type="checkbox"/> NO <input type="checkbox"/>	

## II. EMPLOYMENT HISTORY

*IMPORTANT NOTICE: You must list every job you have held in the last 10 years, regardless of whether you feel it is relevant to the position for which you are applying. Failure to do so will result in automatic disqualification. Failure to complete all required information (names, addresses, dates, phone numbers) may limit our ability to assess your suitability for hire, and eliminate you from further consideration.*

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

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

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

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

DO YOU HAVE ANY RELATIVES WORKING FOR THE POTTAWATOMIE COUNTY PUBLIC SAFETY CENTER? NO  YES

IF YES: GIVE NAME, RELATIONSHIP, AND DEPARTMENT THEY WORK FOR:

HAVE YOU EVER WORKED FOR THE POTTAWATOMIE COUNTY PUBLIC SAFETY CENTER? NO  YES

IF YES, LIST WHICH DEPARTMENT AND WHEN:

LIST SUPERVISOR'S NAME AND PHONE NUMBER:

MAY WE CONTACT YOUR PRESENT AND/OR PAST EMPLOYERS? YES  NO  IF NO, PLEASE EXPLAIN:

HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY OR BEEN CERTIFIED OR LICENSED AS A LAW

ENFORCEMENT OFFICER? NO  YES  IF YES, LIST WHEN AND WHERE:

HAVE YOU EVER BEEN SUBJECTED TO A POLYGRAPH TEST? NO  YES

IF YES, LIST DETAILS (WHEN, WHERE AND WHY):

### III. EDUCATION HISTORY

ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL, COLLEGE OR UNIVERSITY? NO  YES

IF YES, GIVE PROJECTED GRADUATION DATE:

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

#### COLLEGES AND UNIVERSITIES

#### SCHOOL INFORMATION

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

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

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

**SCHOOL INFORMATION**

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

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



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

**SCHOOL INFORMATION**

SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
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YEAR GRADUATED:

WAS ANY DISCIPLINARY ACTION TAKEN AGAINST YOU WHILE YOU WERE IN COLLEGE OR HIGH SCHOOL, INCLUDING PROBATION, SUSPENSIONS, DISMISSALS OR LOSS OF SCHOLARSHIPS FOR DISCIPLINARY REASONS?

NO  YES  IF YES, LIST THE DATES AND DETAILS BELOW:

GIVE EXPLANATION FOR ACADEMIC PROBLEMS, INCLUDING ACADEMIC PROBATIONS, ACADEMIC SUSPENSIONS, WITHDRAWALS (PASSING OR FAILING), AND ANY GRADE BELOW A 2.00 GPA:

LIST ALL HONORS, CITATIONS, SPECIAL RECOGNITION, OFFICES HELD, AND GROUPS OR TEAMS YOU BELONGED TO WHILE ATTENDING HIGH SCHOOL AND COLLEGE:

LIST ANY FOREIGN LANGUAGE ABILITY YOU HAVE AND TO WHAT EXTENT (INCLUDING SIGN LANGUAGE):

**USE A SCALE OF 1 TO 5. EXAMPLE: 1=SOME, 3=MODERATE, 5=FLUENT**

LANGUAGE AND DIALECT (IF APPLICABLE):	SPEAK	READ	WRITE

### IV. MILITARY HISTORY

HAVE YOU EVER BEEN DENIED ENTRY INTO THE MILITARY? NO  YES  IF YES, EXPLAIN:

HAVE YOU EVER SERVED IN A MILITARY ORGANIZATION OF ANY FOREIGN GOVERNMENT? NO  YES  IF

YES, EXPLAIN:

HAVE YOU EVER JOINED THE MILITARY SERVICE? NO  YES  IF YES, LIST MILITARY BRANCH AND UNITS SERVED

BRANCH	SERVICE NUMBER	TYPE OF UNIT	M.O.S.	JOB TITLE AND DESCRIPTION

DATE OF ENLISTMENT	DATES OF SERVICE	HIGHEST RANK HELD

TYPE OF DISCHARGE OR SEPARATION:  HONORABLE  GENERAL-UNDER HONORABLE  
 DISHONORABLE  GENERAL-UNDER OTHER THAN HONORABLE  
 BAD CONDUCT

GIVE A BRIEF EXPLANATION OF REASONS FOR DISCHARGE:

INDICATE STATUS AT TIME OF DISCHARGE BELOW:

DATE OF DISCHARGE	RANK AT TIME OF DISCHARGE	DATE OF RANK	TOTAL AMOUNT OF MILITARY SERVICE

LIST ALL CITATIONS OR COMMENDATIONS:

LIST ALL MILITARY TRAINING AND EDUCATION:

HAVE YOU EVER BEEN UNDER INVESTIGATION BY A MILITARY AUTHORITY? NO  YES

IF YES: LIST ALL DISCIPLINARY PROBLEMS WHILE IN THE MILITARY (ARTICLE 15's, UCMJ CONVICTIONS, DEMOTIONS, INCLUDING ANY JUDICIAL OR NON-JUDICIAL ACTION ETC.) INCLUDE DISPOSITION OF INVESTIGATION AND EXPLAIN IN FULL DETAIL:

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

NAME	ADDRESS	PHONE	# OF YEARS KNOWN

CURRENTLY ACTIVE RESERVE? NO  YES

MEMBER IN I.R.R.? NO  YES

HOW OFTEN DO YOU ATTEND DRILLS? WEEKLY  MONTHLY  SUMMER ONLY

GIVE DETAILS OF YOUR CURRENT RESERVE UNIT BELOW:

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

### V. CRIMINAL HISTORY

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

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

DATE	AGENCY OR COURT	CHARGE	SENTENCE	DISPOSITION


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

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

NO  YES  IF NO PLEASE EXPLAIN:

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

IF YES, EXPLAIN:

DO YOU CURRENTLY HAVE ANY UNPAID FINES, COURT COSTS, OR COURT ORDERED RESTITUTION? NO  YES

IF YES, GIVE ALL DETAILS, INCLUDING THE LAW ENFORCEMENT AGENCY, LOCATION AND COURT DATES:

HAVE YOU EVER BEEN FINGERPRINTED? NO  YES  IF YES, BY WHOM AND WHY?

GIVE INFORMATION ON ANY DRIVER'S LICENSE OR PERMIT THAT YOU HAVE BEEN ISSUED CURRENTLY OR IN THE PAST (INCLUDING MILITARY AND ANY SPECIAL ENDORSEMENTS): NO  YES

APPROX. DATE ISSUED	STATE	LICENSE NUMBER	TYPE (OPERATOR, COMMERCIAL, MILITARY, ETC.)	EXPIRATION DATE
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**VI. DRIVING HISTORY (TRANSPORT OFFICERS ONLY)**

HAVE YOU EVER BEEN INVOLVED AS A **DRIVER** IN A MOTOR VEHICLE COLLISION?

NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST EACH COLLISION BELOW STARTING WITH THE MOST RECENT:			
<b>1 COLLISION INFORMATION</b>			
DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>
AMOUNT OF DAMAGE?	WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?	
<b>2 COLLISION INFORMATION</b>			
DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>
AMOUNT OF DAMAGE?	WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?	
<b>3 COLLISION INFORMATION</b>			
DATE OCCURRED: Fall 1989	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>
AMOUNT OF DAMAGE?	WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?	
<b>4 COLLISION INFORMATION</b>			
DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>
AMOUNT OF DAMAGE?	WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?	
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PLEASE GIVE DETAILS (INCLUDE WHEN, WHERE):			
HAVE YOU EVER BEEN DENIED AUTO INSURANCE OR HAD INSURANCE CANCELLED? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN BELOW:			

PLEASE LIST ALL OF YOUR CURRENT VEHICLES BELOW					
YEAR:	MAKE:	MODEL:	TAG NUMBER:	STATE:	REGISTERED TO:

## VII. DRUG AND ALCOHOL USE

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

DO YOU HAVE ANY CLOSE FRIENDS THAT YOU KNOW USE ILLEGAL DRUGS OR SIMILAR SUBSTANCES? NO  YES

IF YES, TELL US HOW MANY OF YOUR FRIEND(S) AND WHAT TYPE OF DRUGS YOUR FRIEND(S) USE OR USED:

DO YOU NOW, OR HAVE YOU EVER USED, POSSESSED, SUPPLIED OR SOLD ANY NARCOTIC OR CONTROLLED SUBSTANCE SUCH AS, BUT NOT LIMITED TO; MARIJUANA, HASHISH, COCAINE, LSD, METHAMPHETAMINE, HEROIN, STEROID PHARMACEUTICALS OR DRUGS OF SIMILAR NATURE? (Drug use is not necessarily an automatic disqualifying factor, however, lying about it is.)

NO  YES  IF YES, LIST BELOW.

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

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

DO YOU CURRENTLY CONSUME ALCOHOLIC BEVERAGES? NO  YES

IF YES, PLEASE EXPLAIN BY INCLUDING FREQUENCY, QUANTITY AND TYPE OF BEVERAGE (E.G., LIQUOR, WINE, BEER):

HAVE YOU EVER DRIVEN UNDER THE INFLUENCE OF DRUGS OR ALCOHOL? NO  YES

IF YES, EXPLAIN THE CIRCUMSTANCES AND NUMBER OF TIMES:

## VIII. ORGANIZATIONS AND OTHER ACTIVITIES

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

DO YOU BELONG TO ANY GROUP THAT HOLDS BELIEFS, OR DO YOU HOLD BELIEFS THAT WOULD PREVENT YOU FROM VOWING ALLEGIANCE TO THE FLAG OF THE UNITED STATES AND/OR THE CONSTITUTION OF THE UNITED STATES AND/OR THE OKLAHOMA STATE CONSTITUTION?

NO  YES  IF YES, GIVE COMPLETE DETAILS

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

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

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

## IX. CREDIT AND FINANCIAL HISTORY

LIST AND EXPLAIN ALL FINANCIAL PROBLEMS, PAST OR PRESENT. INCLUDE OVERDUE ACCOUNTS, LATE PAYMENTS, BANKRUPTCIES, FAILURE TO PAY STUDENT LOANS, ETC. (A COMPLETE CREDIT HISTORY WILL BE OBTAINED BY THE KAY COUNTY CRIMINAL JUSTICE AUTHORITY):

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

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

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

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

HAVE YOU OR YOUR SPOUSE EVER WRITTEN ANY BAD OR INSUFFICIENT FUND CHECKS? NO  YES

IF YES, PLEASE LIST AND EXPLAIN (INCLUDE ESTIMATED NUMBER OF BAD CHECKS AND DATE OF LAST BAD CHECK WRITTEN):

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

TO WHOM WERE THE BAD CHECKS WRITTEN?

HAVE ANY OF YOUR CHECKS EVER BEEN TURNED OVER TO THE DISTRICT ATTORNEY FOR PROSECUTION?

NO  YES  IF YES, PLEASE EXPLAIN WHAT THE OUTCOME WAS:

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

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

DO YOU PAY CHILD SUPPORT?

NO  YES  IF YES, HOW MUCH?

IS THE CHILD SUPPORT COURT ORDERED? NO  YES

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

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

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



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

WHO HAS PRESENT LEGAL CUSTODY OF THE CHILDREN?

### X. REFERENCES

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

1. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
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HOME ADDRESS (STREET, CITY, STATE, ZIP):	OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
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2. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
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HOME ADDRESS (STREET, CITY, STATE, ZIP):	OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
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3. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
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HOME ADDRESS (STREET, CITY, STATE, ZIP):	OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
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LIST THREE (3) REFERENCES, NOT LISTED IN THE SECTION ABOVE, WHO ARE SOCIAL ACQUAINTANCES AND HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS. INDICATE IF THE PERSON AS A MR. OR MS.

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

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

AGREE  DISAGREE

\_\_\_\_\_

**Applicant Signature**

### Authority for Release of Information

**(Please Print Legibly)**

Last Name	First Name	Middle Name	Sex
Alias Names		Date of Birth (Month, Day & Year)	

Social Security Number	Drivers' License Number and Issuing State
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I, \_\_\_\_\_, do hereby authorize a review of and *full disclosure of all records*, or any part thereof, concerning myself, by and to ANY duly authorized agent of the POTTAWATOMIE COUNTY PUBLIC SAFETY CENTER, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; **employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me**, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wherever located, and to include the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate, and emphasize that the intent of this authorization is **to provide full and free access** to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the POTTAWATOMIE COUNTY PUBLIC SAFETY CENTER to consider determining my suitability for employment by the POTTAWATOMIE COUNTY PUBLIC SAFETY CENTER. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the POTTAWATOMIE COUNTY PUBLIC SAFETY CENTER. I understand that all materials pertaining to this background investigation become the property of the POTTAWATOMIE COUNTY PUBLIC SAFETY CENTER and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

Subscribed and sworn before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

Applicant Signature
Street Address

My commission Expires \_\_\_\_\_, 20\_\_\_\_\_.

Notary \_\_\_\_\_

Commission # \_\_\_\_\_

<p><b>Internal Use Only:</b></p> <p>Passed <input type="checkbox"/></p> <p>Failed <input type="checkbox"/></p>	<p>Date: _____</p>
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