



# Menominee County Sheriff Department

831 Tenth Avenue • Menominee, MI 49858

Phone: (906) 863-4441 • Toll Free: 1-800-236-0242 • Fax: (906) 863-2239

## APPLICATION FOR EMPLOYMENT

The County of Menominee, Michigan is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION (YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT), OR, IF NOT DISCOVERED UNTIL A LATER DATE, MAY RESULT IN DISCIPLINE OR DISCHARGE FROM EMPLOYMENT. ENTER N/A FOR QUESTIONS THAT DO NOT APPLY TO YOU.

Position(s) Applied for: \_\_\_\_\_

Describe how you would perform the job functions for the position which you are applying for.

## PERSONAL HISTORY STATEMENT

### 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)										
									<input type="checkbox"/> 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			
6. CONTACT EMAIL					7. LIST ALL OTHER EMAIL ADDRESSES (SEPERATED BY COMMAS)					
8. Are you a relative by birth or marriage to any County of Menominee elected official or full-time management employee?										
<input type="checkbox"/> Yes		<input type="checkbox"/> No		If Yes: Name and Relationship:						
9. CITIZENSHIP										
Are you a U.S. Citizen								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If NO, are you a resident alien who is eligible and has applied for U.S. citizenship?								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. DRIVER'S LICENSE										
NUMBER:					STATE		EXPIRES			
11. PHYSICAL DESCRIPTION										
HEIGHT		WEIGHT		HAIR COLOR			EYE COLOR			

**SECTION 2: RELATIVES AND REFERENCES**

**12. IMMEDIATE FAMILY**

Provide all applicable information in the spaces below

- Mark "N/A" if category is not applicable
- Mark "Deceased" if appropriate.
- If more space is needed, continue on last page – reference the corresponding numbers.

<b>12.A SPOUSE/DOMESTIC PARTNER</b>		<input type="checkbox"/> DECEASED	<input type="checkbox"/> 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	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

**12.B PARENTS/GUARDIANS**

<b>12. B. 1 Parent/guardian:</b>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step-mother	<input type="checkbox"/> Step-father	<input type="checkbox"/> Other	<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP	
HOME PHONE	MAILING ADDRESS IF DIFFERENT		CITY	STATE	ZIP	
<b>12. B. 2 Parent/guardian:</b>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step-mother	<input type="checkbox"/> Step-father	<input type="checkbox"/> Other	<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP	
HOME PHONE	MAILING ADDRESS IF DIFFERENT		CITY	STATE	ZIP	
<b>12. B. 3 Parent/guardian:</b>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step-mother	<input type="checkbox"/> Step-father	<input type="checkbox"/> Other	<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP	
HOME PHONE	MAILING ADDRESS IF DIFFERENT		CITY	STATE	ZIP	

**12.C Brothers/Sisters**

List ALL LIVING siblings, including half-siblings, step-siblings, foster-siblings, etc.

<b>12. C. 1 Sibling:</b>	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Half-brother	<input type="checkbox"/> Half-sister	<input type="checkbox"/> Other:
NAME	HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
HOME PHONE	MAILING ADDRESS IF DIFFERENT		CITY	STATE	ZIP
<b>12. C. 2 Sibling:</b>	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Half-brother	<input type="checkbox"/> Half-sister	<input type="checkbox"/> Other:
NAME	HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
HOME PHONE	MAILING ADDRESS IF DIFFERENT		CITY	STATE	ZIP
<b>12. C. 3 Sibling:</b>	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Half-brother	<input type="checkbox"/> Half-sister	<input type="checkbox"/> Other:
NAME	HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
HOME PHONE	MAILING ADDRESS IF DIFFERENT		CITY	STATE	ZIP
<b>12. C. 4 Sibling:</b>	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Half-brother	<input type="checkbox"/> Half-sister	<input type="checkbox"/> Other:
NAME	HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
HOME PHONE	MAILING ADDRESS IF DIFFERENT		CITY	STATE	ZIP

12.D CHILDREN					
12. D. 1. Child <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other (relationship to you):					
NAME		Age	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP	
CONTACT NUMBER		EMAIL			
12. D. 2. Child <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other (relationship to you):					
NAME		Age	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP	
CONTACT NUMBER		EMAIL			
12. D. 3. Child <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other (relationship to you):					
NAME		Age	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP	
CONTACT NUMBER		EMAIL			
12. D. 4. Child <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other (relationship to you):					
NAME		Age	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP	
CONTACT NUMBER		EMAIL			

13. LIST OF REFERENCES				
13.1 Reference				
NAME OF REFERENCE	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK AND/OR CELL PHONE	EMAIL ADDRESS		
HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		
13.2 Reference				
NAME OF REFERENCE	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK AND/OR CELL PHONE	EMAIL ADDRESS		
HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		
13.3 Reference				
NAME OF REFERENCE	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK AND/OR CELL PHONE	EMAIL ADDRESS		
HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		
13.4 Reference				
NAME OF REFERENCE	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK AND/OR CELL PHONE	EMAIL ADDRESS		
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 last page

**14. CHECK APPLICABLE, USE MM/YYYY FORMAT FOR DATES COMPLETED EDUCATION**

High School Diploma Date: \_\_\_\_\_  GED Date: \_\_\_\_\_

**15. LIST SCHOOLS ATTENDED (STARTING WITH MOST RECENT, INCLUDE HIGH SCHOOL, TRADE SCHOOLS, VOCATIONAL, COLLEGE, AND UNIVERSITIES)**

<b>15.1</b>	<b>NAME OF SCHOOL</b>	<b>FROM</b>	<b>TO</b>
	CITY	STATE	
	DID YOU GRADUATE? <input type="checkbox"/> YES DATE: _____ <input type="checkbox"/> NO WHY? _____		

<b>15.2</b>	<b>NAME OF SCHOOL</b>	<b>FROM</b>	<b>TO</b>
	CITY	STATE	
	DID YOU GRADUATE? <input type="checkbox"/> YES DATE: _____ <input type="checkbox"/> NO WHY? _____		

<b>15.3</b>	<b>NAME OF SCHOOL</b>	<b>FROM</b>	<b>TO</b>
	CITY	STATE	
	DID YOU GRADUATE? <input type="checkbox"/> YES DATE: _____ <input type="checkbox"/> NO WHY? _____		

<b>15.4</b>	<b>NAME OF SCHOOL</b>	<b>FROM</b>	<b>TO</b>
	CITY	STATE	
	DID YOU GRADUATE? <input type="checkbox"/> YES DATE: _____ <input type="checkbox"/> NO WHY? _____		

<b>16.</b>	<b>Have you ever taken a Firearms Course?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, provide the following information:

<b>A.</b>	<b>COURSE PRESENTER NAME</b>	<b>LOCATION (CITY/STATE)</b>
<b>B.</b>	<b>COURSE COMPLETION</b> Did you successfully complete the course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If YES: COMPLETION DATE: _____	

<b>17.</b>	<b>Have you ever attended a POST Basic Course/Academy: Regular, Specialized Investigator, Reserve, or Dispatcher?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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IF YES, provide the following information:

<b>17.1</b>	<b>NAME OF ACADEMY</b>	<b>FROM</b>	<b>TO</b>	<b>DID YOU PASS/GRADUATE?</b>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>LOCATION (CITY/STATE)</b>	<b>NAME OF TRAINING OFFICER</b>		<b>CONTACT NUMBER</b>

<b>17.2</b>	<b>NAME OF ACADEMY</b>	<b>FROM</b>	<b>TO</b>	<b>DID YOU PASS/GRADUATE?</b>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>LOCATION (CITY/STATE)</b>	<b>NAME OF TRAINING OFFICER</b>		<b>CONTACT NUMBER</b>

<b>18.</b>	<b>Have you ever been subject to any disciplinary action, including academic probation, suspension, or expulsion from any high school, college/university, business, or trade school?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or education institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

**SECTION 4: RESIDENCE HISTORY**

**19. 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 last page.

<b>19.1</b>	<b>ADDRESS WHERE YOU NOW LIVE (NUMBER/STREET APT)</b>	<b>FROM (MM/YYYY)</b>	<b>TO (MM/YYYY)</b>
			PRESENT
	CITY	STATE	ZIP
	IF RENTING: PROPERTY MANAGER/RENT COLLECTOR/OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER/RENT COLLECTOR/OWNER		CONTACT NUMBER
	CITY	STATE	ZIP
	Name(s) of those with whom you live:		EMAIL
	Reason for moving:		

<b>19.2</b>	<b>FORMER ADDRESS (NUMBER/STREET APT)</b>	<b>FROM (MM/YYYY)</b>	<b>TO (MM/YYYY)</b>
	CITY	STATE	ZIP
	IF RENTING: PROPERTY MANAGER/RENT COLLECTOR/OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER/RENT COLLECTOR/OWNER		CONTACT NUMBER
	CITY	STATE	ZIP
	Name(s) of those with whom you live:		EMAIL
	Reason for moving:		

<b>19.3</b>	<b>FORMER ADDRESS (NUMBER/STREET APT)</b>	<b>FROM (MM/YYYY)</b>	<b>TO (MM/YYYY)</b>
	CITY	STATE	ZIP
	IF RENTING: PROPERTY MANAGER/RENT COLLECTOR/OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER/RENT COLLECTOR/OWNER		CONTACT NUMBER
	CITY	STATE	ZIP
	Name(s) of those with whom you live:		EMAIL
	Reason for moving:		

<b>19.4</b>	<b>FORMER ADDRESS (NUMBER/STREET APT)</b>	<b>FROM (MM/YYYY)</b>	<b>TO (MM/YYYY)</b>
	CITY	STATE	ZIP
	IF RENTING: PROPERTY MANAGER/RENT COLLECTOR/OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER/RENT COLLECTOR/OWNER		CONTACT NUMBER
	CITY	STATE	ZIP
	Name(s) of those with whom you live:		EMAIL
	Reason for moving:		

**20. LIST OF HOUSEMATES**

- Provide contact information for all housemates listed in Question 21 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 last page.

<b>20.1</b>	<b>NAME OF HOUSEMATE</b>	<b>CONTACT NUMBER</b>
	CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)	CITY
		STATE
		ZIP
	NATURE OF RELATIONSHIP (RELATIVE/LANDLORD/FRIEND/HOUSEMATE ONLY, ETC)	EMAIL

20.2	NAME OF HOUSEMATE	CONTACT NUMBER		
	CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (RELATIVE/LANDLORD/FRIEND/HOUSEMATE ONLY, ETC)	EMAIL		
20.3	NAME OF HOUSEMATE	CONTACT NUMBER		
	CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (RELATIVE/LANDLORD/FRIEND/HOUSEMATE ONLY, ETC)	EMAIL		
20.4	NAME OF HOUSEMATE	CONTACT NUMBER		
	CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (RELATIVE/LANDLORD/FRIEND/HOUSEMATE ONLY, ETC)	EMAIL		

21. Have you ever been evicted or asked to leave a residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Have you ever left a residence owing rent, utilities, or other household expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to Questions 21 and/or 22, explain (include when, where, and circumstances):

**SECTION 5: EXPERIENCE AND EMPLOYMENT**

**23. 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 on last page.

<b>23.1</b>	<b>NAME OF CURRENT EMPLOYER OR MILITARY UNIT</b>					<b>FROM</b>	<b>TO</b>	
	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)							
	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> TEMP	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> VOLUNTEER			
	REASON FOR WANTING TO LEAVE							
	Would there be a problem if we contact your current employer?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If YES, please explain:							
<b>23.2</b>	<b>PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)</b>					<b>FROM (MM/YYYY)</b>	<b>TO (MM/YYYY)</b>	
	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other:			
<b>23.3</b>	<b>NAME OF PAST OR PRESENT EMPLOYER OR MILITARY UNIT</b>					<b>FROM</b>	<b>TO</b>	
	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)							
	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> TEMP	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> VOLUNTEER			
	REASON FOR WANTING TO LEAVE							
	Would there be a problem if we contact your current employer?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If YES, please explain:							
<b>23.4</b>	<b>PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)</b>					<b>FROM (MM/YYYY)</b>	<b>TO (MM/YYYY)</b>	
	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other:			

23.5	NAME OF PAST OR PRESENT EMPLOYER OR MILITARY UNIT					FROM	TO
	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)						
	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> TEMP	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> VOLUNTEER		
	REASON FOR WANTING TO LEAVE						
	Would there be a problem if we contact your current employer?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If YES, please explain:						
23.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other:		
23.7	NAME OF PAST OR PRESENT EMPLOYER OR MILITARY UNIT					FROM	TO
	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)						
	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> TEMP	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> VOLUNTEER		
	REASON FOR WANTING TO LEAVE						
	Would there be a problem if we contact your current employer?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If YES, please explain:						
23.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other:		

24. Have you ever been disciplined at work? (This included written warnings, formal letters of counseling, reprimands, suspensions, reduction in pay, reassignments, or demotions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have you ever quit without giving notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

34. Have you ever called in sick when you were neither sick nor caring for a sick family member? If YES, how many sick days have you used in the past five years which were not due to illness? Days:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? If YES, how many sick days have you used in the past five years which were not due to illness? If YES, how often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Has your work performance ever been affected by your use of alcohol or drugs? If YES, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? :If YES, when? Name of Employer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "YES" to any of Questions 24 – 37, explain (include when, where, and circumstances – reference corresponding numbers).		

38. Have you ever applied for any position at another law enforcement agency (city, county, state, or federal)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If you answered "YES" to Question 40, list every agency you have applied to, starting with the most recent.</li> <li>Give complete and accurate addresses.</li> <li>All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.</li> <li>If more space is needed, please continue on last page.</li> </ul>		

38.1	NAME OF LAW ENFORCEMENT AGENCY				DATED APPLIED (MM/YYYY)	
	ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
	POSITION APPLIED FOR			EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS								
STEP	<input type="checkbox"/> Application	<input type="checkbox"/> Written	<input type="checkbox"/> Physical Ability	<input type="checkbox"/> Oral	<input type="checkbox"/> Polygraph/CVSA	<input type="checkbox"/> Background	<input type="checkbox"/> Chief's Oral	<input type="checkbox"/> Conditional Offer
STATUS	<input type="checkbox"/> Hired	<input type="checkbox"/> On Eligibility List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	<input type="checkbox"/> List Expired			

38.2	NAME OF LAW ENFORCEMENT AGENCY				DATED APPLIED (MM/YYYY)	
	ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
	POSITION APPLIED FOR			EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS								
STEP	<input type="checkbox"/> Application	<input type="checkbox"/> Written	<input type="checkbox"/> Physical Ability	<input type="checkbox"/> Oral	<input type="checkbox"/> Polygraph/CVSA	<input type="checkbox"/> Background	<input type="checkbox"/> Chief's Oral	<input type="checkbox"/> Conditional Offer
STATUS	<input type="checkbox"/> Hired	<input type="checkbox"/> On Eligibility List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	<input type="checkbox"/> List Expired			

38.3	NAME OF LAW ENFORCEMENT AGENCY				DATED APPLIED (MM/YYYY)	
	ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
	POSITION APPLIED FOR			EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS								
STEP	<input type="checkbox"/> Application	<input type="checkbox"/> Written	<input type="checkbox"/> Physical Ability	<input type="checkbox"/> Oral	<input type="checkbox"/> Polygraph/CVSA	<input type="checkbox"/> Background	<input type="checkbox"/> Chief's Oral	<input type="checkbox"/> Conditional Offer
STATUS	<input type="checkbox"/> Hired	<input type="checkbox"/> On Eligibility List	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Disqualified	<input type="checkbox"/> List Expired			

**SECTION 6: MILITARY EXPERIENCE**

39. Are you requested to register for the Selective Service?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES, have you registered?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If NO, explain:					
40. Have you ever served in the military?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
41. If you answered "YES" to Questions 42, include the following service information:					
BRANCH OF SERVICE		FROM	TO		
TYPE OF DISCHARGE					
<input type="checkbox"/> Entry Level	<input type="checkbox"/> Honorable	<input type="checkbox"/> General	<input type="checkbox"/> OTH (other than Honorable)	<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Dishonorable
Re-entry Code (1-4) if applicable – refer to your DD-214:					

42. Are you currently participating in one of the following?				
<input type="checkbox"/> Military Reserve	<input type="checkbox"/> National Guard	If checked, date obligation ends (MM/DD/YY):		
43. 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)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
44. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
45. Have you ever taken military property without permission for personal use, to sell, or to give away?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "YES" to any of Questions 39 – 45, explain (include dates and circumstances)				

**SECTION 7: FINANCIAL**

46. INCOME AND EXPENSES				
<ul style="list-style-type: none"> <li>For each of the following questions (48A, B, C), fill in the amount to the nearest dollar</li> <li>For Question 48C: Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food gas, and car maintenance, entertainment, etc., as well as any other obligations you may have.</li> </ul>				
46.	From your employer(s), what is your take-home monthly income?		\$	Per month
46A.	Do you have other sources of income? (IF YES, fill in amount and explain.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ Per month
46B.	Explain:			
46C.	How much do you spend each month?		\$	Per month
47.	Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
48.	Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
49.	Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
50.	Have your wages ever been garnished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
51.	Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
52.	Have you ever failed to file income tax or cheated/lied on an income tax form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
53.	Have you ever had an employment bond refused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
54.	Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
55.	Have you ever defaulted on (failed to pay) a loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
56.	Have you ever borrowed money to pay for a gambling debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If YES, do you currently have any outstanding debts as a result of gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
57.	Have you ever spent money for illegal purposes (e.g.: illegal drugs, prostitution, purchase of fraudulent documents, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
58.	Have you ever failed to make or been late on a court-ordered payment (e.g.: child support, alimony, restitution, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
59.	Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you answered "YES" to any of Questions 47-59, explain (include when, where, and why – reference corresponding numbers).				

**SECTION 8: LEGAL**

➤ Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a law enforcement officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- If more space is needed, continue your response on last page.

60. Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, explain each incident:				
60.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY	
	DISPOSITION OR PENALTY			
60.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY	
	DISPOSITION OR PENALTY			
60.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY	
	DISPOSITION OR PENALTY			

61. Have you ever been placed on court probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63. Have you ever been a party in a civil lawsuit (e.g.: small claims actions, dissolutions, child custody, paternity, support, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "YES" to any of Questions 61-70, explain (include court case or document, dates, and circumstances – reference corresponding numbers).		

➤ Involvement in Criminal Acts – Part 1

71. Have you committed any of the following acts within the past 10 years? (You do not have to report any acts committed prior to age 15.) You MUST include any acts committed at any time after you were first employed in law enforcement, including any volunteer/training periods.

**NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

71.1	Animal abuse and/or neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.3	Battery (use of force or violence upon another)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.4	Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.5	Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No

71.6	Contributing to the delinquency of a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.8	Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.9	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
71.10	Filing a false police report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.11	Hit & run collision (no injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.12	Illegal gambling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.13	Illegal hunting and/or fishing (for example, without a license, out of season)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.14	Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.15	Indecent exposure and/or lewd or obscene conduct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.16	Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.17	Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.19	Petty theft (value up to \$950, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.20	Possession of alcohol as a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.24	Reckless driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.26	Trespassing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.27	Vandalism (including, but not limited to, "tagging", malicious mischief, and/or property damage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.28	Any other act amounting to a misdemeanor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to ANY of the item(s) in Question 71, fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number for each explanation.

- If more space is needed, continue your response on last page.

➤ Involvement in Criminal Acts – Part 2

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

**NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

72.1	Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.3	Blackmail or extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.4	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.6	Elder abuse and/or neglect (physical and/or financial)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.7	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.8	Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.9	Forcible rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.10	Forgery (falsifying any type of document, check certificate, license, currency, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.11	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.12	Grand theft (value of over \$950, or any firearm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.13	Hit & run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.14	Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.15	Illegal sex acts with another	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.16	Insurance fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.17	Murder, homicide, and attempted murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.18	Perjury (lying under oath)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.19	Possession of an explosive/destructive device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.20	Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.21	Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No

72.22	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.23	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.24	Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If you answered "YES" to any of the item(s) in Question 72, fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g. 72.11) for each explanation.</p> <ul style="list-style-type: none"> <li>If more space is needed, continue your response on last page.</li> </ul>			

<b>➤ Illegal Use of Drugs</b>	
<p>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".</p> <p>Your response should include – but not be limited to – your use of any of the following:</p>	
➤Amphetamines/Methamphetamines (Uppers, Speed, Crank, etc)	➤Marijuana (with or without a prescription)
➤Barbiturates (Downers)	➤Mescaline
➤Cocaine/Crack Cocaine	➤Morphine
➤Designer Drugs (Ecstasy, Synthetic Heroin, etc)	➤PCP/Angel Dust
➤GHB (Date Rape Drug)	➤Quaaludes
➤Hallucinogens (Peyote, LSD, Mushrooms)	➤Steroids
➤Hashish/Hashish Oil	➤Tetrahydrocannabinol (THC)
➤Heroin/Opium	➤Glue, paint, or any substance containing toluene

73.	Within the past six months, have you used any drug(s) as indicated above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	IF YES, give details including drug(s) used, most recent date used, and circumstances:		

74.	Prior to the past six months:
	<input type="checkbox"/> I have never used any drug recreationally.
	<input type="checkbox"/> 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

75.	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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Sold <input type="checkbox"/> Manufactured <input type="checkbox"/> Purchased <input type="checkbox"/> Furnished <input type="checkbox"/> Cultivated <input type="checkbox"/> Carried or Held for Another		
	IF ANY ITEM IS CHECKED, give details including drug(s) involved, over what time period(s), and circumstances		

76.	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	IF YES, explain:		

**SECTION 9: MOTOR VEHICLE INFORMATION**

77. Current Driver's License										
	STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED						
78. 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						
79. Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No										
IF YES, explain (include when, where, and circumstances):										
80. Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No										
IF YES, explain (include when, where, and circumstances):										
81. List all traffic citations, excluding parking citations; you have received within the past seven years.										
81.1	NATURE OF VIOLATION	LOCATION (STREET)		CITY			STATE			
	DATE VIOLATION OCCURRED	ACTION TAKEN								
		<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed					
81.2	NATURE OF VIOLATION	LOCATION (STREET)		CITY			STATE			
	DATE VIOLATION OCCURRED	ACTION TAKEN								
		<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed					
82. 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)										
	<input type="checkbox"/> Failed to Appear	<input type="checkbox"/> Failed to Complete Traffic School	<input type="checkbox"/> Failed to Pay the Required Fine							
IF CHECKED, explain circumstances:										
83. Have you been involved as the driver in a motor vehicle accident within the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No										
IF YES, give details below.										
83.1	DATE OF ACCIDENT (MM/YYYYYY)	LOCATION (STREET)			CITY		STATE			
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No		WAS THE ACCIDENT: <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury					
83.2	DATE OF ACCIDENT (MM/YYYYYY)	LOCATION (STREET)			CITY		STATE			
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No		WAS THE ACCIDENT: <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury					
84. Have you ever driven a vehicle without auto insurance as required by law? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	IF YES, give reason			FROM (MM/YYYY)		TO (MM/YYYY)				
85. Have you ever been refused automobile liability insurance or a bond, or had one cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	IF YES, give reason						DATE (MM/YYYY)			
	INSURANCE COMPANY:									

**SECTION 10: OTHER TOPICS**

86.	Have you ever been refused a permit to carry a concealed weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
87.	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
88.	Have you ever hit or physically overpowered a spouse or romantic partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
89.	Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
90.	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "YES" to any of Questions 86-90, give details including dates and circumstances – reference corresponding numbers.			

**SECTION 11: CERTIFICATION**

91. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all my statement 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:



Printed name: ➔ \_\_\_\_\_

Use the following page to continue any of your responses.  
Be sure to reference corresponding numbers.

**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.

**ACKNOWLEDGMENT**  
**Please read carefully before signing.**

I acknowledge and agree that all statements made herein are subject to investigation and confirmation by the Municipality and that the information I have supplied is correct to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations, or omissions of fact may preclude any offer of employment, or may result in a withdrawal of an employment offer, or may result in discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

I hereby authorize and release from liability any former employer, educational institution, or other person or institution to questions pertaining to information in this application, and to release the details of my work, skills, or actions in any transaction and to provide documentary evidence thereof to the Municipality. Further, I release the Municipality from liability that might result from an investigation.

I understand that the use of the application does not indicate there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by Municipality management which have been reduced to writing and have been executed by both the employee and an authorized representative of the Municipality. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should the Municipality hire me.

If hired, I understand that my employment is at-will (*just cause* for union employees), and can be terminated at any time, with or without notice, for any reason at the option of either the Municipality or me. Should the Municipality hire me, I agree to observe all the Municipality's policies, practices and procedures currently in existence and new and revised ones, which may be issued in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

MENOMINEE COUNTY SHERIFF DEPARTMENT

AUTHORIZATION FOR DISCLOSURE OF SOCIAL NETWORKING INFORMATION

I, \_\_\_\_\_, give my permission for the Menominee County Sheriff Department to have access to my personal social networking accounts. If my account is set to "private" I will log into the account in the presence of the interviewing officer and allow him or her to review the contents of the account(s). Access to the account(s) must be granted immediately upon request.

I understand that the information present on my personal social networking account(s) is part of my background investigation. Any information that is racist, sexist or would bring discredit upon my candidacy for the position that I am applying for, may disqualify me from further consideration with the Sheriff Department.

I understand that refusal to allow the Sheriff Department access to my personal social networking account(s) will disqualify me from further consideration for employment with the Sheriff Department.

By signing this document, I am agreeing to provide the Sheriff Department immediate access to my personal social networking accounts.

- I do not have a social networking account
- I authorize the Sheriff Department access to my social networking account(s)
- I do not authorize the Sheriff Department access to my social networking account(s)

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewing Officer

\_\_\_\_\_  
Date

Social Networking Account Name \_\_\_\_\_

Additional Social Networking Accounts Names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Menominee County Sheriff Department

**Kenny Marks, Sheriff**

**Mike Holmes, Undersheriff**

831 Tenth Avenue • Menominee, MI 49858

Phone: (906) 863-4441 • Toll Free: 1-800-236-0242 • Fax: (906) 863-2239

## AUTHORIZATION RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Sex	Race	Date of Birth
Place of Birth	City	County	State	Country	

This release, when presented by a duly authorized representative of the Menominee County Sheriff's Office, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding by background.

Specifically, I authorize the release of the following data or records to the Menominee County Sheriff Office:

- Employment
- Educational
- Medical
- Psychological
- Selective Service
- Police and Criminal
- Motor Vehicle and Driving
- Financial and Credit
- Polygram Examinations
- The UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Center

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, Menominee County Sheriff Department. 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 an investigation, which may provide pertinent data for the Menominee County Sheriff Department, to consider my suitability for employment.

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 Menominee County Sheriff Department. I understand that all materials pertaining to this background investigation become the property of the Menominee County Sheriff Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her 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 confidential information or source(s) of information will not 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:

State of \_\_\_\_\_ ;

County/City of \_\_\_\_\_ ;

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

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

My commission expires: \_\_\_\_\_

Signature _____
Street Address _____
City, State, Zip Code _____

\_\_\_\_\_  
(Signature of Notary)