

HARRINGTON POLICE DEPARTMENT



CONFIDENTIAL QUESTIONNAIRE

POLICE CANDIDATE

APPLICANT'S FULL NAME: _____

APPLICANT'S ADDRESS: _____

DATE COMPLETED: _____

EQUAL OPPORTUNITY EMPLOYER



The Harrington Police Department conducts background investigations on all potential employees, inquiring into their suitability for employment. The information requested in this confidential questionnaire booklet is necessary in order to conduct these investigations. We require information on matters such as citizenship and military service in order to determine whether you are affected by laws that we must follow in determining who may be employed by this Department. We may not be able to offer you employment if you fail to answer these questions. We require that you provide to us your Social Security Number (SSN) in order to maintain accurate and complete records. Since 1943, Executive Order 9397 has asked agencies to do so. The Harrington Police Department may also use your SSN to make requests for information about you, but only where that is allowed by law. The information we collect using your SSN will be used for employment purposes.

Information we have about you may also be given to Federal, State, and Local agencies for checking on law violations or other lawful purposes only.

Information collected in this booklet will be used for pre-employment investigative purposes, except as authorized by law or statute. The Harrington Police Department is committed to a policy of equality of opportunity for all prospective and current employees regardless of race, color, creed, sex, age, national origin, or disability and does not discriminate on any such basis with respect to its activities, programs or policies.



HARRINGTON POLICE DEPARTMENT

IMPORTANT NOTICE TO APPLICANT

The selection process for a Police Officer Candidate is an extremely competitive endeavor that requires our agency to identify the most highly qualified applicants for consideration for employment. You should understand that there will be a number of highly qualified applicants that you will be competing against for a limited number of position vacancies within this Department. Our community expects and demands that we employ only those individuals who possess the highest degree of impeccability in terms of personal background, judgment, maturity, integrity, and credibility.

The completion and submission of this confidential questionnaire is one of the steps in a thorough and lengthy employment process. **All questions contained within this document must be completed as thoroughly, as completely, as honestly, and as candidly as possible.**

The Harrington Police Department cannot stress enough the importance of the accuracy and thoroughness of your responses to the questions contained within this document. The omission of information and/or identified deception will not be tolerated or accepted by this police agency.

MANY APPLICANTS ARE AUTOMATICALLY REMOVED FROM THIS PROCESS DUE TO THE OMISSION OF INFORMATION THAT ORDINARILY WOULD NOT HAVE EXCLUDED THEM FROM FURTHER CONSIDERATION. THIS AGENCY WILL NOT CONSIDER INDIVIDUALS FOR EMPLOYMENT WHO WE FIND, OR CONSIDER, LESS THAN HONEST AND FORTHRIGHT IN THE INFORMATION THEY PROVIDE TO US. REMEMBER THAT THE INFORMATION PROVIDED WILL BE VERIFIED DURING THE INVESTIGATION COMPONENT OF THE PROCESS AND YOU CAN BE ASSURED THAT ANY INFORMATION THAT YOU KNOWINGLY WITHHOLD, WILL BE IDENTIFIED.

ALL ANSWERS AND RESPONSES MUST BE TYPED OR HANDWRITTEN BY THE APPLICANT AND MUST BE IN BLACK INK.

Before completing this document, closely read the instructions that are written throughout. There are a number of official documents that you will be required to obtain and submit during this process. Several of these documents may be necessary to sufficiently and adequately complete this questionnaire.

When listing individuals, be sure that you provide the full identity of the individual with their full and correct name, title, position, etc. Furthermore, you must provide complete home and/or business addresses. We WILL NOT attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers, ZIP codes, area codes, etc. It is your responsibility to provide complete and accurate information. Keep in mind that, in most cases, a response is required and responses such as “unknown, unsure, etc.” will not be acceptable.

When completing the personal residence section of the questionnaire, ensure that you provide every address where you have lived for the past ten (10) years. Begin with your most current address, and work backwards. Past addresses include living on a college or private school campus or the equivalent.

When completing the employment section of the questionnaire, ensure that you provide the required information for every employer that you have worked for, starting with your current employer and work backwards to your first employer. If there is a period of unemployment, enter it in the space provided in the same sequence and manner as if this were another employer by indicating “to” and “from” and print **UNEMPLOYED** in the block marked “Name of Employer”. If you are employed by more than one employer during the same time frame, list the primary employer first, and then list the secondary or part-time employer within the next section. If additional space is required to complete any of the questions, the answer should be continued on the reverse side of the appropriate page.

As a reminder, be sure that you answer each question thoroughly, honestly, and completely. Many applicants are disqualified due to the omission of information and/or the concealment of requested information, rather than because of previous behavioral factors. While indiscretions, experimentations, or other judgmental situations in your life history may or may not be condoned, deception will absolutely not be tolerated. Do not withhold any information that is requested, whether you think it is important or not. This agency will decide the importance of the information that you provide to us.

The following documents **must** be submitted (if you have not already provided them) when you are meeting with the officer who is assigned to do your background investigation, should you advance to that stage of the selection process.

- 1. Birth Certificate (Photocopy)**
- 2. High School Diploma (Photocopy)**
- 3. Driver's License (Photocopy)**
- 4. Certified College Transcripts
(Should be on file with your application)**
- 5. DD-214 (Military personnel only)**
- 6. Marriage Certificates (Married Personnel only)**
- 7. Divorce Documents (If Applicable)**
- 8. Current Consumer Credit History Report**
- 9. Court Documents Witnessing Legal Name Change
(If Applicable)**
- 10. Documents Witnessing Pardon (If Applicable)**
- 11. Certificates Witnessing Police or Military Training
(If Applicable)**
- 12. Copies of all Legal Proceedings and Judgments
(If Applicable)**
- 13. Any other Documents which Applicant might want a
Hiring Authority to Consider (Optional)**

If you have any contact of an investigative or prosecutorial nature with any Law Enforcement Officer during any phase of the selection process for a position as a Dover Police Department, you are required to immediately notify the Administration Section.

If you have any questions about the application process or need clarification regarding the questionnaire, please contact the Administration Section at (302) 398-4493.



HARRINGTON POLICE DEPARTMENT

INFORMATION CERTIFICATION

While the Harrington Police Department is conducting your background investigation, facts may arise or events may occur which may not have been known or which you may not have anticipated at the time this booklet was submitted. These facts/events may require that revisions or amendments are to be submitted immediately to the Harrington Police Department, Administration Section.

I understand and acknowledge that all information and all entries made by me in response to the requested information contained within this questionnaire are true, complete, and correct to the best of my knowledge. I further understand that if at any time during the course of the background investigation or anytime during my employment with the Harrington Police Department, it is discovered that I have made untruthful statements, falsified my employment application form, falsified my confidential questionnaire, and/or have given or provided misleading statements, it shall be cause for my immediate termination/discharge from the employment process and/or my employment with the City of Harrington Police

ON THIS _____ DAY OF _____, 20____
I HAVE COMPLETED THE CONFIDENTIAL QUESTIONNAIRE BOOKLET AND UNDERSTAND THE CONTENTS. THE INFORMATION GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND DOES NOT KNOWINGLY CONTAIN ANY MATERIAL MISREPRESENTATION OF FACTS. I UNDERSTAND THAT ANY MATERIAL MISREPRESENTATION OF FACTS GIVEN BY ME SHALL BE CAUSE FOR REJECTION BEFORE APPOINTMENT, OR DISMISSAL FROM THE DEPARTMENT AFTER APPOINTMENT. THIS CERTIFICATION RELATES TO ALL INFORMATION PROVIDED, WHETHER YOU COMPLETED ONLY PART I OF THIS BOOKLET, OR AS A PAST OR CURRENT POLICE/LAW ENFORCEMENT OFFICER, INCLUDES PART II OF THIS BOOKLET.

Full Legal Signature

Date

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APPLICANT'S BIOGRAPHICAL DATA

Applicant's Name: _____

Last

First

Middle

(Maiden)

Current Address: _____

Street

Apt. #

City

State

Zip Code

County

Home Phone: () _____

Work Phone: () _____

Social Security Number: ____/____/____

Pager Number: () _____

Date of Birth: ____/____/____

Cell Phone: () _____

E-Mail address: _____

Place of Birth: _____

U.S. Citizen: Yes No By Birth Naturalization (If naturalized, complete below)

City, State, Court: _____

Certificate number: _____ Petition number: _____

Date issued: _____

Other names used (previous married name, nicknames, etc.). List names, dates and reason for use:

U. S. Passport: Yes No Passport Number: _____

PHYSICAL DESCRIPTION OF APPLICANT

Race (optional): _____ Sex: _____ Age: _____ Height: _____

Weight: _____ Eye Color: _____ Hair Color: _____

Do not sign this section until instructed to do so by the Investigator

Investigator_____
Date_____
Applicant*Use reverse side of page for additional data, if needed.*

MARITAL STATUS OF APPLICANT*Complete Entire Section*

Married: Single: Separated: Divorced: Widowed or Widower:

Spouse/Fiancée/Significant Other/Current Dating Partner:

Name: _____ Maiden Name if applicable: _____ DOB: _____

Present Address: _____

Street

Apt #

City

County

State

Zip Code

Occupation: _____ Name of Business: _____

Address: _____ Business Phone: () _____

Date of Marriage: ____/____/____

Location: _____

Has your spouse/fiancée/significant other/current dating partner ever been arrested, interviewed, detained, or convicted by any law enforcement agency? Yes No If yes, provide dates, reasons, agency, and disposition.

Has your spouse/fiancée/significant other/current-dating partner ever called the police on you for any reason? Yes No If yes, provide dates, reasons, agency, and disposition.

DATA OF FORMER SPOUSE (IF APPLICABLE)

Name: _____

Maiden Name if applicable: _____ DOB: _____

Present Address: _____

Street

Apt #

City

County

State

Zip Code

() _____

() _____

Home Phone

Business Phone

Occupation: _____ Name of Employer: _____

Address: _____

Do not sign this section until instructed to do so by the Investigator_____
Investigator_____
Date_____
Applicant*Use reverse side of page for additional data, if needed.*

DATA OF FORMER SPOUSE (IF APPLICABLE)

Date of Marriage: ____/____/____ Location: _____

Date of Divorce: ____/____/____ Location: _____

Was your former spouse ever arrested, interviewed, detained, or convicted by any law enforcement agency?

Yes No If yes, provide dates, reasons, agency, and disposition on reverse.

Did your former spouse ever call the police on you for any reason? Yes No

Have you ever been the subject of a Protection from Abuse Order or filed a PFA against another person?

Yes No

If yes, provide date(s), reason(s), agency, and disposition.

Have the police ever been called to any home/residence in which you have ever resided? Yes No

If yes, provide date(s), reason(s), agency, and disposition.

LIST ALL CHILDREN AND DEPENDENTS OF APPLICANT

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

FAMILY OF APPLICANT*Provide complete addresses, zip codes, and phone numbers.*

Father: _____ DOB: ____/____/____

Last

First

Middle

Address: _____

Street Address

Apt #

City

County

State

Zip

Home Phone: () _____ Work Phone: () _____ Criminal Record? Yes No

If yes, explain:

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

FAMILY OF APPLICANT*Provide complete addresses, zip codes, and phone numbers.*

Mother: _____ DOB: ____/____/____
Last First Middle

Address: _____
Street Address Apt # City County State Zip

Home Phone: () _____ Work Phone: () _____ Criminal Record? Yes No

If yes, explain:

1. Sibling: _____ DOB: ____/____/____
Last First Middle

Address: _____
Street Address Apt # City County State Zip

Home Phone: () _____ Work Phone: () _____ Criminal Record? Yes No

If yes, explain:

2. Sibling: _____ DOB: ____/____/____
Last First Middle

Address: _____
Street Address Apt # City County State Zip

Home Phone: () _____ Work Phone: () _____ Criminal Record? Yes No

If yes, explain:

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

FAMILY OF APPLICANT*Provide complete addresses, zip codes, and phone numbers*

3. Sibling: _____ DOB: __/__/__
Last First Middle

Address: _____
Street Address Apt # City County State Zip

Home Phone: () _____ Work Phone: () _____ Criminal Record? Yes No

If yes, explain:

4. Sibling: _____ DOB: __/__/__
Last First Middle

Address: _____
Street Address Apt # City County State Zip

Home Phone: () _____ Work Phone: () _____ Criminal Record? Yes No

If yes, explain:

If you were raised by anyone other than your parents, provide information concerning those who raised you:

_____ DOB: __/__/__ Relationship: _____
Last First Middle

Address: _____
Street Address Apt # City County State Zip

Home Phone: () _____ Work Phone: () _____ Criminal Record? Yes No

If yes, explain:

Dates you were under this person's charge: From __/__/__ To __/__/__

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

CURRENT AND FORMER ADDRESSESList complete addresses, to include full college addresses, for the **past ten years**.

(Work backwards, listing current address first.)

1.	_____	From: _____	To: _____
	Street Apt (Dorm) City County State Zip		
2.	_____	From: _____	To: _____
	Street Apt (Dorm) City County State Zip		
3.	_____	From: _____	To: _____
	Street Apt (Dorm) City County State Zip		
4.	_____	From: _____	To: _____
	Street Apt (Dorm) City County State Zip		
5.	_____	From: _____	To: _____
	Street Apt (Dorm) City County State Zip		
6.	_____	From: _____	To: _____
	Street Apt (Dorm) City County State Zip		
7.	_____	From: _____	To: _____
	Street Apt (Dorm) City County State Zip		
8.	_____	From: _____	To: _____
	Street Apt (Dorm) City County State Zip		
9.	_____	From: _____	To: _____
	Street Apt (Dorm) City County State Zip		
10.	_____	From: _____	To: _____
	Street Apt (Dorm) City County State Zip		
11.	_____	From: _____	To: _____
	Street Apt (Dorm) City County State Zip		

Do not sign this section until instructed to do so by the Investigator

Investigator_____
Date_____
Applicant*Use reverse side of page for additional data, if needed.*

PREVIOUS DATING PARTNERS

List all previous dating partners (girlfriends, boyfriends), along with their complete addresses and telephone numbers.

1. Name: _____ Phone Number: () _____

Address: _____

Street

Apt #

City

State

Zip Code

2. Name: _____ Phone Number: () _____

Address: _____

Street

Apt #

City

State

Zip Code

3. Name: _____ Phone Number: () _____

Address: _____

Street

Apt #

City

State

Zip Code

4. Name: _____ Phone Number: () _____

Address: _____

Street

Apt #

City

State

Zip Code

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

PREVIOUS DATING PARTNERS (continued)

5. Name: _____ Phone Number: () _____

Address: _____

Street

Apt #

City_____
State_____
Zip Code

6. Name: _____ Phone Number: () _____

Address: _____

Street

Apt #

City_____
State_____
Zip Code

7. Name: _____ Phone Number: () _____

Address: _____

Street

Apt #

City_____
State_____
Zip Code

8. Name: _____ Phone Number: () _____

Address: _____

Street

Apt #

City_____
State_____
Zip Code**Do not sign this section until instructed to do so by the Investigator**_____
Investigator_____
Date_____
Applicant*Use reverse side of page for additional data, if needed.*

EDUCATION
HIGH SCHOOLS/VOCATIONAL SCHOOLS ATTENDED
(List most recent attended first)

(1) Name: _____

Address: _____
Street City County State Zip

Dates Attended: From ____/____/____ To ____/____/____

(2) Name: _____

Address: _____
Street City County State Zip

Dates Attended: From ____/____/____ To ____/____/____

Approximate Grade Point Average: _____ Highest Grade Completed: _____

COLLEGES/UNIVERSITIES ATTENDED

Do you have a college/university degree? Yes No

Type: Certificate AA BA BS MA MS Other

If not, how many college credits have you earned? _____

If you earned quarter hours, how many earned? _____

Have you ever received a scholarship/grant? Yes No

What is/was your major field of study? _____

What is/was your minor field of study? _____

If your major was not Criminal Justice/Law Enforcement, how many police related courses have you taken? List:

Do you currently have any outstanding debts with any college (Deferred Loans, Tuition, Grants, Parking Citations, Lab

Costs, etc.)? Yes No If yes, provide amount of debt and reason:

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

COLLEGES OR UNIVERSITIES ATTENDED

(List most recent attended first)

(1) Name: _____

Address: _____

Street City County State Zip

Dates Attended: From ____/____/____ To ____/____/____ Final G.P.A. _____

Number of Credits Earned _____ Degree Earned _____ Date ____/____/____

(2) Name: _____

Address: _____

Street City County State Zip

Dates Attended: From ____/____/____ To ____/____/____ Final G.P.A. _____

Number of Credits Earned _____ Degree Earned _____ Date ____/____/____

(3) Name: _____

Address: _____

Street City County State Zip

Dates Attended: From ____/____/____ To ____/____/____ Final G.P.A. _____

Number of Credits Earned _____ Degree Earned _____ Date ____/____/____

(4) Name: _____

Address: _____

Street City County State Zip

Dates Attended: From ____/____/____ To ____/____/____ Final G.P.A. _____

Number of Credits Earned _____ Degree Earned _____ Date ____/____/____

Do not sign this section until instructed to do so by the Investigator

Investigator_____
Date_____
Applicant*Use reverse side of page for additional data, if needed.*

COLLEGE ATTENDANCE

Have you ever had a scholarship or grant suspended as a result of failing to meet requirements (i.e., not maintaining required GPA, etc.)? Yes No If yes, explain on reverse.

Have you ever been suspended, expelled or placed on academic probation from any school or educational facility? Yes No If yes, explain

Have you ever been interviewed, cited, detained, arrested, or had any other contact with any college police agency? Yes No If yes, explain.

FOREIGN LANGUAGE SKILLS

Are you able to communicate in any language other than English (including sign language)?

Yes No If yes, specify language and fluency level in the area below.

Language 1: _____

Language 2: _____

Provide the names of two (2) references that can verify your language skills.

You may be requested to participate in a language certification exercise that will verify your fluency level.

1. Name: _____

Address: _____

Phone: () _____ Relationship: _____

2. Name: _____

Address: _____

Phone: () _____ Relationship: _____

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

APPLICANT'S FINANCIAL STATUS

Do you have a savings account? Yes No If yes, name the bank(s) and/or financial institution(s).

1. _____ Approximate balance: _____

2. _____ Approximate balance: _____

Do you have a checking account? Yes No If yes, name the bank(s) and/or financial institution(s).

1. _____ Approximate balance: _____

2. _____ Approximate balance: _____

Have you had any checks returned? Yes No If yes, list below:

Amount: _____ Date: ____/____/____ Payable to: _____

Amount: _____ Date: ____/____/____ Payable to: _____

Applicant's monthly rent or house payment: _____

List all of your sources of income and amounts:

1. _____

2. _____

Have you ever been the defendant or plaintiff in a civil case (i.e. been sued or sued someone, etc)?

Yes No If yes, give case number, court, location, reason for case, disposition.

Do you currently have any financial judgments against you? Yes No If yes, give case number, court location, reason for case, disposition.

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

APPLICANT'S FINANCIAL STATUS

Have you ever filed for or declared bankruptcy? Yes No If yes, give case number, court, location, reason for case, disposition.

Do you currently have any court ordered child support or alimony payment obligations? Yes No

If yes, provide all details, giving dates, amounts, recipient, etc.

Have you ever been delinquent in any child support or alimony payments? Yes No If yes, provide all details, giving dates, amounts, recipient, etc.

Do you presently hold any active or silent controlling interest in any company? Yes No If yes, provide all details.

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

APPLICANT'S CREDIT HISTORY

List all current credit card/loan accounts in the spaces provided below. This includes student and college loans, as well as private/personal/family loans. You are advised as part of this agency's background investigation, a credit history report will be obtained on all applicants. Authority is provided in the signed release of information all applicants provide to this agency.

1. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

2. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

3. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

4. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

5. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

APPLICANT'S CREDIT HISTORY, continued

6. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

7. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

8. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

9. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

10. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

11. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Do not sign this section until instructed to do so by the Investigator_____
Investigator_____
Date_____
Applicant*Use reverse side of page for additional data, if needed.*

APPLICANT'S CREDIT HISTORY, continued

12. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

13. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

14. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

15. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

16. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

17. Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Do not sign this section until instructed to do so by the Investigator_____
Investigator_____
Date_____
Applicant*Use reverse side of page for additional data, if needed.*

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION*****Investigator Will Physically Inspect Your Driver's License*****

List all motor vehicles currently owned and/or operated by applicant.

Make: _____ Model: _____ Tag No: _____ State: _____
Make: _____ Model: _____ Tag No: _____ State: _____
Make: _____ Model: _____ Tag No: _____ State: _____

Automobile Insurance Company(s): _____ Agent: _____

Policy #:

Address: _____ Phone Number: () _____

Has your automobile insurance ever been canceled in this state or any other state for non-medical reasons?

Yes No If yes, explain.

Have you ever been denied automobile insurance in this state or any other state for non-medical reasons?

Yes No If yes, explain.

Provide the information requested below on all driver's licenses that are now or have been issued to you from any state (even though these licenses may now be expired or have been replaced by another issuing agency or state). List current license first.

Number: _____ State: _____ Type: _____ Valid? Yes No

Expiration: ____/____/____ Restrictions:

Number: _____ State: _____ Type: _____ Valid? Yes No

Expiration: ____/____/____ Restrictions:

Number: _____ State: _____ Type: _____ Valid? Yes No

Expiration: ____/____/____ Restrictions:

Number: _____ State: _____ Type: _____ Valid? Yes No

Expiration: ____/____/____ Restrictions:

Has your license or privilege to operate a motor vehicle ever been revoked, refused, suspended, or canceled for non-medical reasons? Yes No If yes, explain in detail supplying reason, dates, location, etc.

Has your vehicle registration ever been canceled, refused, revoked or suspended for any non-medical reason?

Yes No If yes, explain in detail supplying reason, dates, location, disposition, etc.

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION

Have you ever been detained, arrested or charged, with Driving While Intoxicated (DWI) or Driving While Under the Influence (DUI)? Yes No If yes, explain in detail supplying, date, location, arresting agency, disposition, etc.

Have you ever obtained a driver's license in this state or another state under your present name or another name? Yes No If yes, provide full name, address, issuing agency or state, date of issue.

To the best of your knowledge, how many positive and/or negative points are currently on your driver's license? Please indicate:

Have you ever received a "Warning Letter" from the Motor Vehicle Administration of this state or any state that your driver's license, or vehicle registration, could or would be canceled, suspended, or revoked? Yes No If yes, explain in detail supplying reason, dates, agency, disposition, etc.

Do you currently have any outstanding parking tickets in this state or any other state that have not been paid? Yes No If yes, explain in detail supplying, dates, agency, number of tickets, etc.

Have you ever obtained or possessed a falsified or fictitious driver's license? Yes No If yes, explain in detail, to include reason for possession.

TRAFFIC RECORD

List all traffic violations/accidents which you have been involved in. If needed, use reverse side of this page for details. Circle either violation or accident. (For violation, list as speeding, red light, etc. / location is state occurred in)

1. Violation/Accident: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes No Court Appearance: Yes No
Court Finding: Guilty Not Guilty Driving School Probation Other, explain on reverse

2. Violation/Accident: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes No Court Appearance: Yes No
Court Finding: Guilty Not Guilty Driving School Probation Other, explain on reverse

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

TRAFFIC RECORD

3. Violation/Accident: _____ Date: _____ Location of violation: _____

Issuing agency: _____ Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Other, explain on reverse

4. Violation/Accident: _____ Date: _____ Location of violation: _____

Issuing agency: _____ Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Other, explain on reverse

5. Violation/Accident: _____ Date: _____ Location of violation: _____

Issuing agency: _____ Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Other, explain on reverse

6. Violation/Accident: _____ Date: _____ Location of violation: _____

Issuing agency: _____ Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Other, explain on reverse

7. Violation/Accident: _____ Date: _____ Location of violation: _____

Issuing agency: _____ Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Other, explain on reverse

8. Violation/Accident: _____ Date: _____ Location of violation: _____

Issuing agency: _____ Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Other, explain on reverse

9. Violation/Accident: _____ Date: _____ Location of violation: _____

Issuing agency: _____ Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Other, explain on reverse

10. Violation/Accident: _____ Date: _____ Location of violation: _____

Issuing agency: _____ Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Other, explain on reverse

Do not sign this section until instructed to do so by the Investigator

Investigator_____
Date_____
Applicant*Use reverse side of page for additional data, if needed.*

MILITARY STATUS OF APPLICANT

Are you registered with the Selective Service System? Yes No

Have you served in the Armed Forces of the U.S.? (Includes Merchant Marines) Yes No

If yes, Branch of service(s): _____ Service Number: _____

Dates of service: From: ____/____/____ To: ____/____/____ From: ____/____/____ To: ____/____/____

Type of discharge: (exclude medical reasons) _____

Job title and rank at time of separation: _____

Primary M.O.S./A.F.S.C.: _____ Secondary M.O.S./A.F.S.C.: _____

List duty stations beginning with basic training, and dates of assignments (include supervisor's name and current phone numbers on reverse if additional space is required).

Do you have any current Military Reserve obligation: Yes No Active Inactive

Date reserve obligation started and is scheduled to terminate: From: ____/____/____ To: ____/____/____

If you have a Reserve obligation, provide your reserve organization's name and address below.

Organization: _____

Address: _____

Supervisor: _____ Business Phone: () _____

Were you ever subject to any type of disciplinary action (including Art.15's) under the Uniform Code of Military Justice while serving in the Armed Forces? Yes No If yes, describe in detail.

Were you ever reduced/demoted in rank? Yes No If yes, describe in detail.

Have you ever received company punishment? Yes No If yes, describe in detail.

Were you ever confined/detained in a brig, stockade, guardhouse or jail while in the military?

Yes No If yes, describe in detail.

Have you ever been denied/refused entrance to any of the U.S. Armed Forces? Yes No

If yes, explain the basis for your denial (except for medical reasons):

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

APPLICANT'S EMPLOYMENT HISTORY

LIST ALL OF YOUR EMPLOYMENT HISTORY INCLUDING PART-TIME, BEGINNING WITH CURRENT EMPLOYER FIRST WORKING BACKWARDS, TO INCLUDE ALL PERIODS OF UNEMPLOYMENT, INTERNSHIPS, AND VOLUNTEER POSITIONS. ALL EMPLOYERS WILL BE CONTACTED.

Current Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Applicant's Position/Title: _____ Full-time Part-time Internship

Volunteer Salaried Dates of Employment : From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons)

CURRENT CO-WORKERS

List two (2) co-workers with whom you presently work, and who are not listed elsewhere in this booklet.

1. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Occupation: _____

2. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Occupation: _____

APPLICANT'S PREVIOUS EMPLOYMENT HISTORY

1. Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Applicant's Position/Title: _____ Full-time Part-time Internship

Volunteer Salaried Dates of Employment : From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons)

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

APPLICANT'S PREVIOUS EMPLOYMENT HISTORY

2. Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Applicant's Position/Title: _____ Full-time Part-time Internship

Volunteer Salaried Dates of Employment : From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons)

3. Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Applicant's Position/Title: _____ Full-time Part-time Internship

Volunteer Salaried Dates of Employment : From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons)

4. Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Applicant's Position/Title: _____ Full-time Part-time Internship

Volunteer Salaried Dates of Employment : From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons)

5. Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Applicant's Position/Title: _____ Full-time Part-time Internship

Volunteer Salaried Dates of Employment : From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons)

Do not sign this section until instructed to do so by the Investigator

Investigator_____
Date_____
Applicant*Use reverse side of page for additional data, if needed.*

APPLICANT'S PREVIOUS EMPLOYMENT HISTORY

6. Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Applicant's Position/Title: _____ Full-time Part-time Internship

Volunteer Salaried Dates of Employment : From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons)

7. Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Applicant's Position/Title: _____ Full-time Part-time Internship

Volunteer Salaried Dates of Employment : From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons)

8. Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Applicant's Position/Title: _____ Full-time Part-time Internship

Volunteer Salaried Dates of Employment : From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons)

9. Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Applicant's Position/Title: _____ Full-time Part-time Internship

Volunteer Salaried Dates of Employment : From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons)

Do not sign this section until instructed to do so by the Investigator

Investigator_____
Date_____
Applicant*Use reverse side of page for additional data, if needed.*

APPLICANT'S PREVIOUS EMPLOYMENT HISTORY

10. Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Applicant's Position/Title: _____ Full-time Part-time Internship

Volunteer Salaried Dates of Employment : From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons)

11. Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Applicant's Position/Title: _____ Full-time Part-time Internship

Volunteer Salaried Dates of Employment : From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons)

12. Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Applicant's Position/Title: _____ Full-time Part-time Internship

Volunteer Salaried Dates of Employment : From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons)

13. Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Applicant's Position/Title: _____ Full-time Part-time Internship

Volunteer Salaried Dates of Employment : From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons)

Do not sign this section until instructed to do so by the Investigator

Investigator_____
Date_____
Applicant*Use reverse side of page for additional data, if needed.*

APPLICANT'S EMPLOYMENT HISTORY

IF YOU ANSWER "YES" TO ANY OF THE BELOW QUESTIONS, GIVE FULL DETAILS INCLUDING THE NAME AND ADDRESS OF EACH EMPLOYER, APPROXIMATE DATES, AND THE CIRCUMSTANCES IN EACH CASE.

Have you ever been discharged/terminated/fired or disciplined by any employer?

Yes No If yes explain.

Have you ever been the subject of a citizen, client or co-worker complaint? Yes No If yes explain.

Have you ever resigned (quit) while anticipating that your employer intended to discharge (fire) you for any reason? Yes No If yes, explain.

Have you ever resigned (quit) while anticipating that your employer intended to take any form of disciplinary action against you? Yes No If yes, explain.

Have you ever resigned (quit) from a job by mutual agreement following allegations of misconduct?

Yes No If yes, explain.

Have you ever walked off (left) a job without giving proper notice? Yes No If yes, provide full details.

Have you ever resigned (quit) from a job by mutual agreement following allegations of unsatisfactory work performance?

Yes No If yes, explain.

Have you ever stolen anything from any of your employers? Yes No If yes, explain, providing dates, items, values, etc.

Do not sign this section until instructed to do so by the Investigator

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Applicant

Use reverse side of page for additional data, if needed.

APPLICANT'S EMPLOYMENT HISTORY

Have you ever used illegal drugs while working on any job? Yes No If yes, explain, providing type of drug, how used, date, etc.

Have you ever committed any other crime (EVEN ONE WHICH WAS UNDETECTED) while at work?
Yes No If yes, explain.

Have you had any extended work absences for reasons other than medical or earned vacations? Yes No If yes, explain.

APPLICANT'S CRIMINAL HISTORY

Have you ever been (check all applicable boxes) by any police/law enforcement agency, college/university or campus police or security agency: Yes No

Arrested Interviewed Interrogated Detained Indicted Convicted

Received a Criminal Summons Received a Civil Citation If checked, explain in detail below giving date, reason, agency and disposition.

ARE YOU CURRENTLY:

Charged with a criminal/civil offense by any police/law enforcement authority? Yes No

On bail or out on personal recognizance or other conditional release for any reason? Yes No

On probation or parole of any type? Yes No If yes, on any of the above, provide full details.

Are you aware of any outstanding criminal/civil summons or warrants for your arrest? Yes No

If yes, explain in detail.

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

APPLICANT'S CRIMINAL HISTORY

Have you ever assaulted anyone (i.e. fights, domestic violence etc.)?

Yes No If yes, explain.

Have you ever been issued/served with any of the following? Yes No

Check all that are applicable: Ex Parte Order Bench Warrant Arrest Warrant

Protection from Abuse Order Magistrate/District Court Criminal Summons

Court Papers for any type of court appearance

If checked, explain in detail below providing the date, reason, agency and disposition.

Have you ever been convicted of a criminal offense, to include petty offense citations (i.e. underage consumption, noise violation)? Yes No

If yes, provide all details giving dates, location, arresting agency, court disposition, etc.

Note: All Applicants are required to obtain a Governor's Pardon or official record expungement for all convictions or arrests. Expunged records will be reviewed as required by Delaware State Law.

Have you ever had any records expunged? Yes No If yes, provide full details on reverse.

Have you ever used, ingested, experimented, tasted and/or possessed any narcotics/controlled dangerous substance (CDS) not prescribed by a physician? Yes No If yes, explain in detail supplying reason, dates, location, method of use, etc.

Have you ever associated with, or are related to, or had/have an ongoing friendship/personal relationship with anyone you suspected or knew was/is a seller/distributor of narcotics/controlled dangerous substances?

Yes No If yes, explain.

Have you ever been present when illegal drugs/narcotics/CDS were used, sold, possessed or delivered?

Yes No If yes, explain in detail supplying reason, dates, location, method of use, etc.

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

APPLICANT'S CRIMINAL HISTORY

PLACE A CHECK BESIDE THOSE BELOW LISTED CRIMES/OFFENSES IF YOU HAVE EVER COMMITTED OR PARTICIPATED IN OR CONSPIRED TO COMMIT OR PARTICIPATE IN ANY OF THEM (WHETHER OR NOT YOU WERE ARRESTED, CHARGED OR DETAINED).

Alcohol Violation(s)	Harassment/Threats
Arson/Setting Fires/	Hunting/Fishing Violations
Reckless Burning	Impersonating a Police Officer
Assault/Verbal/Physical	Indecent Exposure/Mooning
Auto Theft	Pedophilia
Battery/Fights	Peeping Tom/ Voyeurism
Bomb Threats	Perjury
Burglary/Housebreaking	Prescription Drugs- Illegal Use
Child Abuse/Molestation	Prostitution/Solicit a Prostitute
Computer Related Crimes	Rape/Date Rape/Sexual Assault
Concealed Weapons	Robbery
Domestic Violence/Abuse/Assault	Stalking
Downloaded/Viewed Child Pornography	Telephone Misuse/Threats
Drugs (CDS) Use/Try	Thefts/Larceny
Possession	Receiving Stolen Property
Sale	(irregardless of value)
Elder/Adult Abuse	Shoplifting (irregardless of value)
Embezzlement	Trespassing
Extortion	Unauthorized use of a Vehicle
False Alarms/Fire/Bomb	Vandalism/Tagging
Forgery/Credit Cards	Gambling/Betting
Fraud/Bad Checks	

IF YOU CHECKED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN IN DETAIL ON THE REVERSE SIDE OF THIS PAGE. INCLUDE DATES AND DISPOSITION.

IF YOU ANSWER YES TO ANY OF THE BELOW LISTED QUESTIONS OR THOSE ON PAGES 25, 26 AND 27, YOU ARE REQUIRED TO EXPLAIN FULLY ON THE REVERSE SIDE OF THE PAGE.

HAVE YOU EVER OR CONSPIRED TO EVER HAVE:

- | | | | |
|----|--|-----|----|
| 1. | Lied or committed perjury in court or other judicial proceeding? | Yes | No |
| 2. | Lied to anyone of authority? | Yes | No |
| 3. | Entered any building, business, dwelling, or house without permission? | Yes | No |

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

APPLICANT'S CRIMINAL HISTORY**HAVE YOU EVER:**

- | | | | |
|-----|---|-----|----|
| 4. | Intentionally injured anyone as a result of a fight? | Yes | No |
| 5. | Entered a house of prostitution for any reason? | Yes | No |
| 6. | Cheated a restaurant or food establishment by walking out on a check? | Yes | No |
| 7a. | Helped anyone steal anything? | Yes | No |
| b. | Committed the crime of theft by receiving stolen property (irregardless of value) | Yes | No |
| 8. | Falsified or lied on an employment application? | Yes | No |
| 9. | Provided anyone a discount at your place of employment without permission? | Yes | No |
| 10. | Conspired with anyone to commit an illegal act or crime of any kind? | Yes | No |
| 11. | Given anything to anyone that was not yours to give away? | Yes | No |
| 12. | Been accused of or arrested for domestic violence/spousal abuse/elder abuse? | Yes | No |
| 13. | Slapped, pushed, or struck your current dating partner, wife, husband, ex-wife, ex-husband, girlfriend, boyfriend, or significant other? | Yes | No |
| 14. | Been questioned by the police as a suspect or witness as part of a criminal or traffic investigation? | Yes | No |
| 15. | Been a lookout or driver for someone else while they committed a crime or criminal act of any kind? | Yes | No |
| 16. | Used a weapon of any kind during a fight/altercation? | Yes | No |
| 17. | Been placed on parole or probation for any reason? | Yes | No |
| 18. | Falsely reported a crime or knowingly given erroneous or misleading information to a police officer from this or any other police agency? | Yes | No |

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

APPLICANT'S CRIMINAL HISTORY**HAVE YOU EVER:**

- | | | | |
|-----|--|-------------------|----------------|
| 19. | Used false, fraudulent, altered or borrowed identification of any kind for any purpose or reason? | Yes | No |
| 20. | Allowed your car to be used in the commission of a crime? | Yes | No |
| 21. | Knowingly committed a weapons violation of any kind (Includes illegal possession, wearing, carrying, transporting, selling, purchasing or modifying)? | Yes | No |
| 22. | Been a member of a street/motorcycle gang or crew? | Yes | No |
| 23. | Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being? | Yes | No |
| 24. | Committed a crime for which you were not caught or arrested (which is not listed elsewhere in this booklet)? | Yes | No |
| 25. | Been an officer or member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities? | Yes | No |
| 26. | Knowingly engaged in any acts or activities designed to overthrow the United States Government by force? | Yes | No |
| 27. | Been a member of any organization and/or adhere to any belief which would in any way:
A. Limit or prohibit your use of weapons or firearms?
B. Restrict or prohibit you from working on particular days or hours?
C. Restrict you from conforming to departmental standards of appearance and/or grooming which may from time to time be set? | Yes
Yes
Yes | No
No
No |
| 28. | Been involved in or participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organization(s)? | Yes | No |

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

APPLICANT'S CRIMINAL HISTORY**HAVE YOU EVER:**

- | | | | |
|-----|--|-----|----|
| 29. | Been involved in or paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any subversive organization(s)? | Yes | No |
| 30. | Been involved in or attended any school, camp, class, or forum sponsored by any subversive organization(s)? | Yes | No |
| 31. | Been involved in making, constructing, assembling or manufacturing, transporting, and/or detonation of any type of bomb, molotov cocktail, explosive or other incendiary device? | Yes | No |
| 32. | Knowingly filed a false/fraudulent insurance claim with any Insurance Company regarding a traffic accident, theft, or other monetary or property loss? | Yes | No |
| 33. | Been sexually aroused by a child/minor or by an animal? | Yes | No |
| 34. | Downloaded or viewed child pornography? | Yes | No |
| 35. | Been subjected to forfeiture of collateral in connection with an arrest? | Yes | No |
| 36. | Been required to appear before a juvenile court for an act which would have been a crime if committed as an adult? | Yes | No |
| 37. | Been a victim or complainant in any crime or incident? | Yes | No |
| 38. | Been found to be delinquent on income or other tax payments? | Yes | No |
| 39. | Been bonded or refused bond upon application? | Yes | No |
| 40. | Been issued or denied a permit or license to carry a handgun or other weapon on your person? | Yes | No |
| 41. | Been involved in any college/fraternity hazing/initiation incident/ritual/program? | Yes | No |
| 42. | Been pardoned for any crime? | Yes | No |

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

APPLICANT'S DRUG EXPERIMENTATION AND HISTORY

HAVE YOU EVER SMOKED/EXPERIMENTED/TASTED/INGESTED/USED/INJECTED/ SNIFFED, ETC. ANY OF THE FOLLOWING: (date column must include month and year)

SUBSTANCE (circle each as applicable)	YES	NO	DATE	Number of times used and amount
Marijuana / Hashish				
Cocaine/Powder				
Cocaine / Crack				
Opium Derivative (Heroin, morphine, codeine, etc)				
Amphetamines / Speed				
Barbiturates / Reds/Downers				
Inhalants (Glue, solvents, aerosols, whippit, etc.)				
Anabolic Steroids				
Hallucinogenic (LSD, PCP, mushrooms, Ecstasy, etc.)				
Quaaludes, Valium, Darvocet, Dilaudid, Percocet				
Any other drug/narcotic not specifically listed above				
Have you ever bought/purchased any of the above listed substances?				

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

DRUG INVOLVEMENT**YES / NO**

Have you ever been arrested or charged with any type of drug/narcotic related violation?		
Have you ever used prescription medication prescribed to another person?		
Have you ever sold, distributed, or provided any individual with or without their permission or consent any type of illegal drug/narcotic?		
Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage or handling of illegal drugs/narcotic for yourself or anyone else?		
Have you ever made any money or profit in any way from your involvement in drugs/narcotics?		
Have you ever inhaled, used, tried, tasted, injected, experimented with, or had anything else to do with any illegal drug/narcotic, other than what you have already listed in this booklet ?		

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, YOU ARE REQUIRED TO PROVIDE A FULL EXPLANATION ON THE REVERSE SIDE OF THIS PAGE (INCLUDE DATES AND AMOUNTS INVOLVED).

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

GAMBLING RELATED ACTIVITIES

Do you gamble? Never Seldom Occasionally Regularly

If so, on what:

Have you ever placed a wager/bet by telephone or made a hand-to-hand transaction with a bookmaker (bookie or numbers man) on the results of a professional or collegiate sports event, other than a legitimate lottery, or other legalized gambling event? Yes No If yes, provide all details.

Have you ever been "paid off" while or after playing any illegal slot machine or video games?

Yes No If yes, explain giving all details.

Have you ever worked for a bookie? Yes No If yes, explain giving all details.

Do you currently have any outstanding gambling debts? Yes No If yes, provide all details.

Have you ever borrowed money to gamble? Yes No If yes, explain giving all details.

Have you ever used an employer's money to gamble? Yes No If yes, explain giving all details.

Have you ever stolen money with which to gamble? Yes No If yes, explain giving all details.

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

ALCOHOL RELATED ACTIVITIES

Have you ever been arrested/charged for committing any alcohol related violations? Yes No

If yes, explain, giving all details.

Have you ever been issued a civil/criminal citation for any type of alcohol related violation? Yes No

If yes, explain:

Have you ever purchased alcohol for a minor? Yes No

If yes, explain:

CHARACTER REFERENCES

**PROVIDE THE NAMES AND ADDRESSES OF THREE (3) CHARACTER REFERENCES
(NOT RELATED TO YOU BY BLOOD OR MARRIAGE) AND WHO ARE NOT LISTED
ELSEWHERE IN THIS BOOKLET:**

1. Name:

Address:

Home Phone: _____ Work Phone: _____ Occupation:

Length of time known:

2. Name:

Address:

Home Phone: _____ Work Phone: _____ Occupation:

Length of time known:

3. Name:

Address:

Home Phone: _____ Work Phone: _____ Occupation:

Length of time known:

Do not sign this section until instructed to do so by the Investigator

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Applicant

Use reverse side of page for additional data, if needed.

CHARACTER REFERENCES

PROVIDE THE NAMES AND ADDRESSES OF THREE (3) PERSONAL FRIENDS WHO ARE NOT LISTED ELSEWHERE IN THIS BOOKLET:

1. Name: _____
Address: _____
Home Phone : _____ Work Phone: _____ Occupation: _____
Length of time known: _____
2. Name: _____
Address: _____
Home Phone : _____ Work Phone: _____ Occupation: _____
Length of time known: _____
3. Name: _____
Address: _____
Home Phone : _____ Work Phone: _____ Occupation: _____
Length of time known: _____

NEIGHBORHOOD REFERENCES

PROVIDE NAMES AND ADDRESSES OF THREE (3) PEOPLE WHO RESIDE IN YOUR NEIGHBORHOOD, AND WHO HAVE NOT BEEN LISTED ELSEWHERE IN THIS BOOKLET.

1. Name: _____
Address: _____
Home Phone : _____ Work Phone: _____ Occupation: _____
Length of time known: _____
2. Name: _____
Address: _____
Home Phone : _____ Work Phone: _____ Occupation: _____
Length of time known: _____
3. Name: _____
Address: _____
Home Phone : _____ Work Phone: _____ Occupation: _____
Length of time known: _____

Do not sign this section until instructed to do so by the Investigator

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Use reverse side of page for additional data, if needed.

POLICE / PUBLIC SAFETY/ SECURITY EXPERIENCE

Do you have experience as a sworn police/law enforcement officer? Yes No

If yes, explain to include agency(s), position, length of service, and complete Part II of this booklet.

Do you have experience in private security? Yes No If yes, provide agency(s), dates, and position:

Do you have experience as an intern, volunteer, cadet, or explorer with this agency, or any other police/law enforcement/public safety agency? Yes No If yes, provide agency, dates, and position:

Do you have experience as a member, paid or volunteer, of any fire department or rescue squad?

Yes No If yes, provide agency, dates, and position:

_____ Are
you currently attending or have you attended any police academy in the past, or received any law enforcement training?
Yes No

Do you personally know any Dover Police Officers? Yes No If yes, list names below and the length of time you have known them.

_____ Do
you have any family members/relatives who are current or past members of a law enforcement agency?
Yes No If yes, please list name, relationship and their department/agency.

HAVE YOU EVER:

Applied for a position with any Federal, State, or Local Law Enforcement Agency or any Fire Department?

Yes No If yes, list on page 38.

Applied for any position with the Federal Government for which a background investigation was initiated?

Yes No If yes, list on page 38.

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

POLICE/PUBLIC SAFETY EXPERIENCE**HAVE YOU EVER:**

Been denied employment by an organization covered in the questions above? Yes No

If yes, list below and fully explain the reason for denial.

Do you have any concerns about participating in a polygraph examination with this agency? Yes No

Has the United States Government ever granted you a security clearance? Yes No

If yes, by which agency(s) and at what level?

POLICE / PUBLIC SAFETY EMPLOYMENT APPLICATIONS

List all /law enforcement agencies below with who you have applied. List the steps you have completed with each agency (written test, oral interview, polygraph, background completed, physical agility, medical, psychological, etc.), also list final status. If you have applied to the same agency more than once, list each time separately.

CURRENT/PAST POLICE/LAW ENFORCEMENT OFFICERS MUST COMPLETE PART II OF THIS BOOKLET. Pg 42

Department(s)	Date(s) Applied	Steps Taken	Investigators	Phone Numbers	Status

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

SPECIAL SKILLS/TRAINING/CERTIFICATIONS

What computer skills and experience do you possess? List type of hardware and software application(s) and general competency level of each:

List any special skills/training, such as operation of machines or special equipment that you possess:

List any special licenses or certificates issued to you, such as pilot, ham radio operator, PADI, handgun permit, etc.:
(please provide a photocopy of all license[s] or certificate[s])

Do not sign this section until instructed to do so by the Investigator

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

SPECIAL SKILLS/TRAINING/CERTIFICATIONS

(Provide copies of certificates if issued)

Do you have skills or training in the following areas?

SKILL/TRAINING	YES	NO	SPECIFY LOCATION/COURSE CERTIFICATION
EMT / PARAMEDIC			
EMERGENCY DRIVING			
FIREARMS TRAINING			
COUNSELING / CRISIS INTERVENTION			
LEGAL / PARALEGAL			
LEADERSHIP COURSE(S)			
MARTIAL ARTS			
OTHER (SPECIFY):			

MISCELLANEOUS**IS THERE ANYTHING WHICH WOULD PREVENT YOU FROM:**

Taking an oath of office? Yes No If yes, explain:

Supporting and defending the Constitution of the United States and the State of Delaware. Yes No

If yes, explain:

Taking of a life in the line of duty? Yes No If yes, explain:

Is there anything in your past that we have not asked, which, if ascertained at a later date, may prove to be embarrassing to you and/or this Department, if you were employed by this agency? Yes No If yes, explain in detail:

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Applicant

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MISCELLANEOUS

Is there anything additional in your background that you feel we should be aware of as we consider your employment application, such as a traumatic event that may have happened to you or someone you know? Yes No

If yes, explain:

If you are employed as a police officer by this agency, how long do you anticipate remaining with us?

List all professional and/or civic organizations that you currently are, or were previously a member of.

List all of your current non-employment related interests and hobbies.

If employed as a police officer with this agency, what career goals do you have?

List all of your current and past volunteer/community service/community oriented activities.

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MISCELLANEOUS

Did anyone provide advice, guidance or other assistance to you in regards to the completion of this confidential questionnaire booklet? Yes No If yes, please explain:

Do
you have any tattoos, marks or body piercings on your body? Yes No If yes, please explain the location and type of tattoo or mark.

PART II**CURRENT AND FORMER POLICE OFFICERS**

This section only applies to current and former police officers

What Police/Law Enforcement Agency(s) are you currently or were previously employed by?

What are/were your date(s) of employment? From: ____/____/____ To: ____/____/____

Have you been the subject of any internal investigations or citizen complaints? Yes No

Provide name of internal affairs investigator: _____

If yes, explain in full all circumstances.

Disposition:

Have you ever been suspended from duty, with or without your police powers, for any reason, except medical?

Yes No If yes, explain in full all circumstances.

Have you been subject to any departmental disciplinary actions? Yes No If yes, explain in full all circumstances.

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Applicant

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CURRENT AND FORMER POLICE OFFICERS

Have you been involved in any traffic accidents while operating departmental or government vehicles?

Yes No If so, how many? _____ What was the disposition of each?

What assignments, special training and skills have you had as a police officer, and how long have the assignments lasted (skills: radar, F.T.O, etc)?

How have you been rated on your evaluations?

Excellent

Above Satisfactory

Satisfactory

Below Satisfactory

Unsatisfactory

Explain any performance evaluations of which you received less than satisfactory. (Please provide copies of performance evaluations for the past two years)

Have you ever been questioned/interviewed/interrogated by your department's Internal Affairs Unit?

Yes No If yes, explain in full all circumstances:

Have you ever discharged your service weapon either on-duty or off-duty, other than for training purposes or for authorized animal destruction? Yes No If yes, explain in full all circumstances:

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Applicant

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CURRENT AND FORMER POLICE OFFICERS

Have you ever given an untruthful statement in court or to your department's Internal Affairs Unit concerning your actions as a Police Officer? Yes No If yes, explain in full, all circumstances.

Have you ever been charged or investigated for the use of excessive use of force or police brutality?
Yes No If yes, explain in detail giving dates, location, type of call, investigator, and disposition.

Please explain the reasons why you want to leave your current, or why you left your previous law enforcement/police employer.

Have you been investigated by your current/past agency for an allegation of domestic violence/spousal abuse?
Yes No If yes, explain in full, all circumstances:

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Investigator

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Applicant

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DOVER POLICE DEPARTMENT

INFORMATION CERTIFICATION

While the Dover Police Department is conducting your background investigation, facts may arise or events may occur which may not have been known or which you may not have anticipated at the time this booklet was submitted. These facts/events may require revisions or amendments to be submitted immediately to the Dover Police Department's Planning and Training Section.

I understand and acknowledge that all information and all entries made by me in response to the requested information contained within this questionnaire are true, complete, and correct to the best of my knowledge. I further understand that if at any time during the course of the background investigation or anytime during my employment with the Dover Police Department, it is discovered that I have made untruthful statements, falsified my employment application form, falsified my confidential questionnaire, and/or have given or provided misleading statements, it shall be cause for my immediate termination/discharge from the employment process and/or my employment with the Dover Police Department.

ON THIS _____ DAY OF _____, 20_____

I HAVE COMPLETED THE CONFIDENTIAL QUESTIONNAIRE BOOKLET AND UNDERSTAND THE CONTENTS. THE INFORMATION GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND DOES NOT KNOWINGLY CONTAIN ANY MATERIAL MISREPRESENTATION OF FACTS. I UNDERSTAND THAT ANY MATERIAL MISREPRESENTATION OF FACTS GIVEN BY ME SHALL BE CAUSE FOR REJECTION BEFORE APPOINTMENT, OR DISMISSAL FROM THE DEPARTMENT AFTER APPOINTMENT. THIS CERTIFICATION RELATES TO ALL INFORMATION PROVIDED, WHETHER YOU COMPLETED ONLY PART I OF THIS BOOKLET, OR AS A PAST OR CURRENT POLICE/LAW ENFORCEMENT OFFICER, INCLUDES PART II OF THIS BOOKLET.

Full Legal Signature of Applicant

Date

CONTINUATION SHEET

Use this space to continue your answers to any of the questions from this questionnaire. Identify the page number and heading that the below continuation pertains to. If additional continuation sheets are needed place the information on a blank piece of paper and attach it to this questionnaire.

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