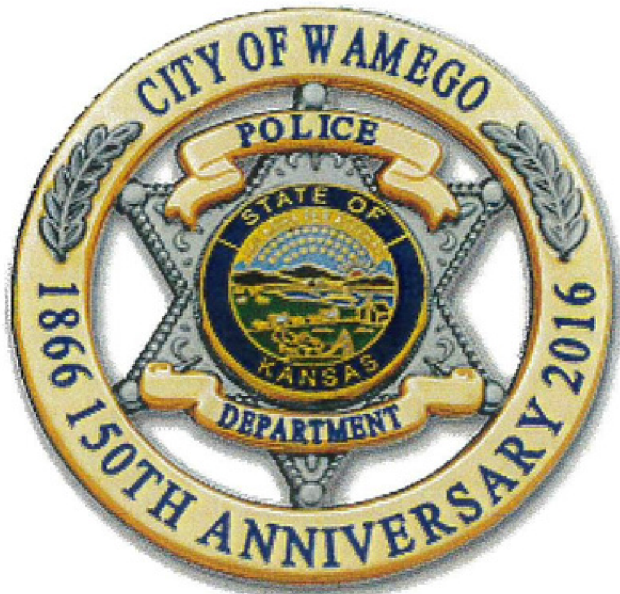


WAMEGO POLICE DEPARTMENT PERSONAL HISTORY STATEMENT



NAME: _____

POSITION(S) APPLIED:

- POLICE OFFICER
- OTHER (Specify)

Wamego Police Department
408 Elm Street P.O. Box 86
Wamego, KS 66547
785-456-9553

Wamego Police Department

Personal History Statement

Instructions

The information that you provide in this questionnaire will be used by the background investigator in determining your suitability for a position with our department. As you complete this form, please keep the following in mind:

- All statements are subject to verification and any negative information will be evaluated fairly. Applicants will be disqualified for intentionally altering / misrepresenting the facts or omitting an incident that would not have otherwise disqualified them.
- Provide complete and accurate information. If you omit, or try to conceal any pertinent information you will be disqualified. If you are unsure if something is pertinent, include it in the appropriate section of this document.
- Account for all time periods in your background. You will be asked to provide a work history, and you are required to account for all time periods in-between jobs.
- **List all arrests and convictions even if you received a release, pardon or had your records expunged.** Again, if you are unsure if something is pertinent, include it in the appropriate section of this document.
- Be sure to provide complete and legible information about items requested. **Your Personal History Statement will be evaluated for completeness and legibility.** In instances where information requested is incomplete or illegible, applicants may be disqualified.
- This document will only be accepted in its original form. **DO NOT** scan it into a computer and complete it using a computer.
- This document will be strictly confidential and it is the exclusive property of the Wamego Police Department. By signing this document, you acknowledge that you will not receive and are not entitled to know the contents of the confidential reports received. You further understand that these reports are privileged.

I certify that I have read the above information and understand that I am required to provide accurate and complete information. Furthermore, I understand that providing false or misleading information could result in disqualification from the hiring process, or termination from employment.

Applicant Signature

Date

WAMEGO POLICE DEPARTMENT

Personal History Statement

IMPORTANT INSTRUCTIONS

This application is a permanent record. All information must be neatly printed **by the applicant**, using **black ink only**. **Illegible** or **incomplete** applications **will not be accepted**. Do not write in shaded areas. **Upon reporting to your oral interview, you must present your completed application Personal History Statement as well as a photo copy of the following documents. Do not** mail this application or the above requested documents. Applicants must complete all sections of the application.

Your documents will be checked upon arriving for your oral interview, if you do not provide copies of the must have documents, your interview will not take place and you will be disqualified from the process.

DOCUMENTS	√ showing you attached copy or list as n/a
Birth Certificate	
Valid Driver's License	
Social Security Card	
High School Diploma or GED	
DD-214, if you have been in the military	
College Transcripts, if you have college hours	
Proof of auto insurance for all vehicles that you operate (police officer applicants only)	
Name change records, if applicable	
Civil suit records, if applicable	
Letters of recommendation (optional)	
Other	

Marital Status

·Single	·Married	·Widowed	·Separated	·Annulled	·Divorced
---------	----------	----------	------------	-----------	-----------

Full name of spouse	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place of marriage			
Spouse's employer	Occupation or position		How long employed?	
Current address of spouse, if not living with you	Home phone (area code)		Work phone (area code)	

If divorced, widowed, or had an annulment, provide the following information.

Full name of former spouse	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place of marriage (city, county, state, and country)			
Former spouse's employer	Occupation or position		How long employed?	
Current address of former spouse or last known address	Home phone (area code)		Work phone (area code)	
Date filed for divorce	City, county, and state of divorce		Is divorce final? · Yes · No	

Full name of former spouse	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place of marriage (city, county, state, and country)			
Former spouse's employer	Occupation or position		How long employed?	
Current address of former spouse or last known address	Home phone (area code)		Work phone (area code)	
Date filed for divorce	City, county, and state of divorce		Is divorce final? · Yes · No	

Have you ever been ordered by a court to pay child support? · Yes · No If yes, what is or was the monthly amount? _____ Have you ever been required to pay alimony? · Yes · No If yes, what is or was the monthly amount? _____
Have you ever been delinquent in child support or alimony payment? · Yes · No If yes, explain below:

Residences

List all your residences during the last seven years. Begin with your most current residence. When listing military bases, include nearest city, state, and zip code. When listing addresses, include Street, Avenue, Drive, Court, North, South, East, and West. Include unit number or apartment number where applicable.

Current address	City, state, and zip code	Since (month/year)
With whom do you live?		

Former address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Former address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Former address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Former address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Residences (continued)

Former address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Former address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Former address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Former address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Cohabitants (roommates, friends, significant others, etc.)

List those individuals with whom you have resided during the last seven years, excluding family members.			
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known
Current address (include zip code)	Occupation		Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known

Experience and Employment

Beginning with your most current employment, list every job, including military service. Account for all time periods. Jobs include self-employment, part-time jobs, full-time jobs, temporary work, volunteer work, and internships. You must list all employment regardless of the length of employment. Addresses must be complete and accurate. Zip codes are required. IF you have periods of unemployment, list those periods in sequence in the spaces specifically provided. Start with your most current employment. If you run out of space, use the general information page to list additional employers.

Do you object to our contacting your present employer(s) prior to your being accepted? · Yes · No
 If yes, please explain.

Date of employment From _____ To _____ Month/Year Month/Year _____/_____/_____ _____/_____/_____ How long employed there? _____ · Present employment	Name of Employer		Work phone (area code)
	Complete address		
	Work schedule (for example: Monday through Friday, 9 to 5, etc.)		
	Job title or position	· Full time · Volunteer · Internship · Temporary	· Part time
Describe your duties			
Actual reason(s) for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
· Unemployed From: _____ To: _____			

Experience and Employment (continued)

Date of employment From _____ To _____ Month/Year Month/Year ____/____ ____/____ How long employed there? ____	Name of Employer		Work phone (area code)
	Complete address		
	Work schedule (for example: Monday through Friday, 9 to 5, etc.)		
	Job title or position	<input type="checkbox"/> Full time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	<input type="checkbox"/> Part time
Describe your duties			
Actual reason(s) for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
Unemployed From: _____ To: _____		Are you eligible for re-hire? Yes No	

Date of employment From _____ To _____ Month/Year Month/Year ____/____ ____/____ How long employed there? ____	Name of Employer		Work phone (area code)
	Complete address		
	Work schedule (for example: Monday through Friday, 9 to 5, etc.)		
	Job title or position	<input type="checkbox"/> Full time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	<input type="checkbox"/> Part time
Describe your duties			
Actual reason(s) for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
Unemployed From: _____ To: _____		Are you eligible for re-hire? Yes No	

Experience and Employment (continued)

Date of employment From _____ To _____ Month/Year Month/Year _____/_____/_____ How long employed there? _____	Name of Employer		Work phone (area code)
	Complete address		
	Work schedule (for example: Monday through Friday, 9 to 5, etc.)		
	Job title or position	<input type="checkbox"/> Full time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	<input type="checkbox"/> Part time
Describe your duties			
Actual reason(s) for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
<input type="checkbox"/> Unemployed From: _____ To: _____		<input type="checkbox"/> Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date of employment From _____ To _____ Month/Year Month/Year _____/_____/_____ How long employed there? _____	Name of Employer		Work phone (area code)
	Complete address		
	Work schedule (for example: Monday through Friday, 9 to 5, etc.)		
	Job title or position	<input type="checkbox"/> Full time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	<input type="checkbox"/> Part time
Describe your duties			
Actual reason(s) for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
<input type="checkbox"/> Unemployed From: _____ To: _____		<input type="checkbox"/> Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Experience and Employment (continued)

Date of employment From _____ To _____ Month/Year Month/Year _____/_____/_____ How long employed there? _____	Name of Employer		Work phone (area code)
	Complete address		
	Work schedule (for example: Monday through Friday, 9 to 5, etc.)		
	Job title or position	<input type="checkbox"/> Full time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	<input type="checkbox"/> Part time
Describe your duties			
Actual reason(s) for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
<input type="checkbox"/> Unemployed From: _____ To: _____		<input type="checkbox"/> Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date of employment From _____ To _____ Month/Year Month/Year _____/_____/_____ How long employed there? _____	Name of Employer		Work phone (area code)
	Complete address		
	Work schedule (for example: Monday through Friday, 9 to 5, etc.)		
	Job title or position	<input type="checkbox"/> Full time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	<input type="checkbox"/> Part time
Describe your duties			
Actual reason(s) for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
<input type="checkbox"/> Unemployed From: _____ To: _____		<input type="checkbox"/> Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Experience and Employment (continued)

Date of employment From _____ To _____ Month/Year Month/Year ____/____ ____/____ How long employed there? ____	Name of Employer		Work phone (area code)
	Complete address		
	Work schedule (for example: Monday through Friday, 9 to 5, etc.)		
	Job title or position	· Full time · Part time · Volunteer Internship · Temporary	Salary
Describe your duties			
Actual reason(s) for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
· Unemployed From: _____ To: _____		· Are you eligible for re-hire? · Yes · No	

Date of employment From _____ To _____ Month/Year Month/Year ____/____ ____/____ How long employed there? ____	Name of Employer		Work phone (area code)
	Complete address		
	Work schedule (for example: Monday through Friday, 9 to 5, etc.)		
	Job title or position	· Full time · Part time · Volunteer Internship · Temporary	Salary
Describe your duties			
Actual reason(s) for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
· Unemployed From: _____ To: _____		· Are you eligible for re-hire? · Yes · No	

Experience and Employment (continued)

Date of employment From _____ To _____ Month/Year Month/Year _____/_____/_____ _____/_____/_____ How long employed there? _____	Name of Employer		Work phone (area code)
	Complete address		
	Work schedule (for example: Monday through Friday, 9 to 5, etc.)		
	Job title or position	<input type="checkbox"/> Full time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	<input type="checkbox"/> Part time
Describe your duties			
Actual reason(s) for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
<input type="checkbox"/> Unemployed From: _____ To: _____		<input type="checkbox"/> Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date of employment From _____ To _____ Month/Year Month/Year _____/_____/_____ _____/_____/_____ How long employed there? _____	Name of Employer		Work phone (area code)
	Complete address		
	Work schedule (for example: Monday through Friday, 9 to 5, etc.)		
	Job title or position	<input type="checkbox"/> Full time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	<input type="checkbox"/> Part time
Describe your duties			
Actual reason(s) for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
<input type="checkbox"/> Unemployed From: _____ To: _____		<input type="checkbox"/> Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Experience and Employment (continued)

Have you ever held employment under another name? · Yes · No
If yes, list the names used, the employer, and the dates of employment.

Name used	Employer	From (month/year)	To (month/year)

Have you ever been terminated (fired) or asked to resign from a job or position in lieu of termination? · Yes · No
If yes, start with the most recent, and list the following information, giving details. If more space is needed, please explain under the general information section at the end of this application.

Date	Employer
Details	

Date	Employer
Details	

Date	Employer
Details	

Date	Employer
Details	

Have you ever had any extended work absences for any reason other than medical or earned vacation? (leave of absence, suspensions, layoffs, etc.) · Yes · No
If yes, list the dates name of employer, and details.

Date	Employer
Details	

Experience and Employment (continued)

Have you ever held a full-time or part-time position with peace officer powers? (Prior police experience includes police officer, police reserve, or military police). · Yes · No
 If yes, list dates employer/agency, rank, and duties. Start with the most recent.

Date	Employer/agency	Rank
Duties/assignments		

Date	Employer/agency	Rank
Duties/assignments		

Have you ever attended a police academy or a law enforcement training center? · Yes · No
 If yes, please provide the following information.

Name and address of training site	Date started	Date ended
Was the training · Full-time · Part-time	List the total number of hours of the training course	
Did you complete the training? · Yes · No	If no, explain the reason.	

Name and address of training site	Date started	Date ended
Was the training · Full-time · Part-time	List the total number of hours of the training course	
Did you complete the training? · Yes · No	If no, explain the reason.	

Have you ever been decertified as a police officer? · Yes · No
 If yes, explain the reason.

Have you ever been a police cadet or explorer? · Yes · No
 If yes, please provide the following information.

Agency	Date started	Date ended
Agency	Date started	Date ended

Prior Wamego Police Department Applications

Have you ever applied to the Wamego Police Department before (for any position)? Yes No
If yes, please provide the date, the position, and results. Check all boxes that apply. Do not include this application.

Date applied	Position			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; border: none;"> <input type="checkbox"/> Submitted application only <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Background pending <input type="checkbox"/> Was not selected <input type="checkbox"/> Expired from the list </td> <td style="width: 33%; vertical-align: top; border: none;"> <input type="checkbox"/> Took written test <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Took polygraph <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Other </td> <td style="width: 33%; vertical-align: top; border: none;"> <input type="checkbox"/> Failed written test <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application or declined </td> </tr> </table>		<input type="checkbox"/> Submitted application only <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Background pending <input type="checkbox"/> Was not selected <input type="checkbox"/> Expired from the list	<input type="checkbox"/> Took written test <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Took polygraph <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Other	<input type="checkbox"/> Failed written test <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application or declined
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Background pending <input type="checkbox"/> Was not selected <input type="checkbox"/> Expired from the list	<input type="checkbox"/> Took written test <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Took polygraph <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Other	<input type="checkbox"/> Failed written test <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application or declined		

Date applied	Position			
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<input type="checkbox"/> Submitted application only <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Background pending <input type="checkbox"/> Was not selected <input type="checkbox"/> Expired from the list	<input type="checkbox"/> Took written test <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Took polygraph <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Other	<input type="checkbox"/> Failed written test <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application or declined		

Applications with other agencies

Have you ever applied for any other law enforcement agency (city, county, state, or federal agencies). Yes No
*If yes, list **EVERY** agency you have applied with. Start with the most recent. Give complete, accurate addresses. All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.*

Name of agency	Date applied			
Complete address including zip code	Position			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; border: none;"> <input type="checkbox"/> Submitted application only <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Background pending <input type="checkbox"/> Was not selected <input type="checkbox"/> Expired from the list </td> <td style="width: 33%; vertical-align: top; border: none;"> <input type="checkbox"/> Took written test <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Took polygraph <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Other </td> <td style="width: 33%; vertical-align: top; border: none;"> <input type="checkbox"/> Failed written test <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application or declined </td> </tr> </table>		<input type="checkbox"/> Submitted application only <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Background pending <input type="checkbox"/> Was not selected <input type="checkbox"/> Expired from the list	<input type="checkbox"/> Took written test <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Took polygraph <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Other	<input type="checkbox"/> Failed written test <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application or declined
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What was the background investigator's name and phone number:				

Name of agency	Date applied			
Complete address including zip code	Position			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; border: none;"> <input type="checkbox"/> Submitted application only <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Background pending <input type="checkbox"/> Was not selected <input type="checkbox"/> Expired from the list </td> <td style="width: 33%; vertical-align: top; border: none;"> <input type="checkbox"/> Took written test <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Took polygraph <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Other </td> <td style="width: 33%; vertical-align: top; border: none;"> <input type="checkbox"/> Failed written test <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application or declined </td> </tr> </table>		<input type="checkbox"/> Submitted application only <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Background pending <input type="checkbox"/> Was not selected <input type="checkbox"/> Expired from the list	<input type="checkbox"/> Took written test <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Took polygraph <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Other	<input type="checkbox"/> Failed written test <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application or declined
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Background pending <input type="checkbox"/> Was not selected <input type="checkbox"/> Expired from the list	<input type="checkbox"/> Took written test <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Took polygraph <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Other	<input type="checkbox"/> Failed written test <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application or declined		
What was the background investigator's name and phone number:				

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Background pending <input type="checkbox"/> Was not selected <input type="checkbox"/> Expired from the list	<input type="checkbox"/> Took written test <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Took polygraph <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Other
<input type="checkbox"/> Failed written test <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application or declined	
What was the background investigator's name and phone number:	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Background pending <input type="checkbox"/> Was not selected <input type="checkbox"/> Expired from the list	<input type="checkbox"/> Took written test <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Took polygraph <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Other
<input type="checkbox"/> Failed written test <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application or declined	
What was the background investigator's name and phone number:	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Background pending <input type="checkbox"/> Was not selected <input type="checkbox"/> Expired from the list	<input type="checkbox"/> Took written test <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Took polygraph <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Other
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<input type="checkbox"/> Failed written test <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application or declined	
What was the background investigator's name and phone number:	

Drugs/Narcotics and Prescriptions

Complete with respect to any use you have had with the following illegal drugs or narcotics.

DRUG/NARCOTIC	√ IF NEVER	DATE FIRST USED	DATE LAST USED	MAX No. OF TIMES
Marijuana				
Hashish				
PCP				
Angel Dust				
THC				
Peyote				
Mescaline				
Mushrooms				
Heroin				
Cocaine				
Qualudes				
Uppers				
Downers				
Tranquilizers				
Amphetamines				
Ecstasy (XTC)				
Preludin				
Speed				
Inhalants				
Methamphetamine				
Opium				
Steroids				
LSD				
Methadone				

List any type of illegal drug, narcotic, or other substance(s) you have used, *to include prescription drugs not prescribed for you*, for the purpose of getting "high" or changing your emotional state:

Have you ever manufactured, brought, sold, distributed, or given away any type of illegal drug or narcotic?

· Yes · No

If yes, explain _____

Military Service

Did you comply with the draft registration law? · Yes · No		Selective Service number	
Have you ever served in any of the Armed Forces, National Guard, or military reserves? · Yes · No If yes, what is your current status with the military? · Active · Reserve · Inactive · Discharged			
Branch of service	Unit/Occupation	Enlistment Date	Discharge Date
Service number	Highest rank attained	Rank at discharge	Type of discharge
Separation code	Re-enlistment code	If active or current reserve, list your commanding officer's name	

Were you ever investigated for any criminal activity while in the military or military reserves? · Yes · No
If yes, please explain.

Have you ever been reduced in pay grade or been the subject of any judicial or nonjudicial disciplinary action while in the military, National Guard, or military reserves? · Yes · No
If yes, please explain.

Approximate date	Violation	Penalty

Did you receive an honorable discharge? · Yes · No
If you received a discharge other than honorable, please explain.

Starting with most recent, list all duty stations (include basic training, tours overseas, etc.) while in the military.

From (Month/Year)	To (Month/Year)	Location	Duties / purpose

Education

Please mark all that apply.

- I possess a high school diploma from a US institution.
- I possess a two-year college degree from an accredited college.
- I possess a four-year degree from an accredited college or university.
- I passed the GED test meeting the required scores.

During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

Name and address of US high schools attended and/or graduated from	From (Month/Year)	To (Month/Year)	Did you graduate?
			· Yes · No
			· Yes · No

Have you ever attended college? · Yes · No

If yes, list all colleges and universities attended including past graduate courses

Name of college or university	City and State	Major	From	To	Total units earned	Type degree earned

Have you ever attended a trade, vocational, or business school? · Yes · No

If yes, please provide the following information.

Name of school (Include city and state)	Type of school or training	Dates attended	Did you finish the course?
			· Yes · No
			· Yes · No
			· Yes · No

Have you ever been placed on academic probation, suspended, or expelled from any high school, university, or trade school? · Yes · No

If yes, please explain in detail.

Motor vehicle operations and insurance

Have you ever received a traffic citation? · Yes · No
If yes, list all traffic citations for the last seven years. Start with most recent.

Month/Year	Traffic Violation	City and State	What action resulted? (fined, traffic school, dismissed)

List all vehicles that are registered to you.

Year	Make/Model	Color	License number and state	Currently registered?	Currently insured?
				· Yes · No	· Yes · No
				· Yes · No	· Yes · No
				· Yes · No	· Yes · No
				· Yes · No	· Yes · No
				· Yes · No	· Yes · No

Kansas law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list your insurance company or companies.

Company	Telephone number (area code)	Policy number	Expiration date

Have you ever been refused auto insurance for any reason? · Yes · No
If yes, please explain.

As a driver, have you ever been involved in an accident where you left the scene without identifying yourself (hit and run)? · Yes · No
If yes, please explain.

As a driver, have you ever been involved in a motor vehicle accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please provide the following information for the past seven years.</i>	
Date	City and state
Police agency that took the report: _____	
Details of accident: _____	
Were you at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No Was there a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the accident cause injury to another person? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the accident a hit or run? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date	City and state
Police agency that took the report: _____	
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Date	City and state
Police agency that took the report: _____	
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Were you at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No Was there a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the accident cause injury to another person? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the accident a hit or run? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List other states where you are, or have been, licensed to operate a motor vehicle		
State	Name under which license was issued	Driver's License number

Have you ever been refused a driver's license by any state, including Kansas? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain. Give state, dates, and reasons.</i>

Have you ever obtained a driver's license or state identification card under a fictitious name? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain. Give state, dates, and reasons.</i>

Have you ever failed to appear in court on a traffic citation or parking citation? · Yes · No			
<i>If yes, provide the following information.</i>			
Approximate Date	Traffic Violation	City / county / state	Reason you failed to appear

Have you ever had a warrant issued for you regarding a traffic citation or parking citation? · Yes · No			
<i>If yes, provide the following information.</i>			
Approximate Date	Traffic Violation	City / county / state	Penalty

CRIMINAL CHARGES AND /OR ARRESTS

Either as an adult or a juvenile, have you ever been <u>arrested or charged</u> with a criminal act? · Yes · No			
<i>Include charges that were dismissed, dropped, or reduced. If yes, provide the following information. Start with most recent.</i>			
Date	Charges	Police Agency	Penalty
Explain circumstances			

Date	Charges	Police Agency	Penalty
Explain circumstances			

Either as an adult or a juvenile, have you ever been detained for a criminal investigation, or named as a suspect in a police report, or held on suspicion, or questioned, or fingerprinted by any law enforcement agency or military authority, even as a victim or witness?

· Yes · No *If yes, include the following information.*

Date	Charges or reason for investigation	Police Agency
Explain circumstances		

Date	Charges or reason for investigation	Police Agency
Explain circumstances		

Have you ever received a misdemeanor citation in lieu of going to jail? · Yes · No
If yes, explain below giving details, dates, and name of the law enforcement agency issuing the citation.

LEGAL

Have you ever been placed on court probation? · Yes · No
 Are you currently on probation? · Yes · No
If yes to either question, explain below giving details, dates, and reason. If you were on probation more than once, please indicate.

Date	Details

Have you ever violated probation? · Yes · No
If yes, please explain below.

Have you ever had a warrant issued for your arrest or have you ever failed to appear in court on a criminal matter?
 · Yes · No *If yes, please explain below.*

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Have you ever been served or named in a protection from abuse/restraining order?
 · Yes · No
If yes, please explain below.

Have you ever been reported to a law enforcement agency as a missing person or runaway? · Yes · No	
<i>If yes, please explain below.</i>	
Date	Details

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? · Yes · No	
<i>If yes, please explain below.</i>	
Date	Details

Have you ever applied for a permit to carry a concealed weapon? · Yes · No		
<i>If yes, please explain below.</i>		
Date applied	Was permit granted? · Yes · No	Weapon?
Name of the agency where applied (city, county, and state). _____		
For what purpose?		

Are you now or have you ever been involved as a plaintiff or defendant in any civil court actions? · Yes · No			
Ever had a judgment rendered against you? · Yes · No			
<i>If yes to either question, provide the following information.</i>			
Date	Location of court	· Plaintiff	· Defendant
Details			

Date	Location of court	· Plaintiff	· Defendant
Details			

