
PERSONAL

Below you will provide basic information about yourself. Review these questions carefully and provide **complete and accurate responses**. Reminder: for phone number, address and email fields, do not type additional characters, notes or comments in these fields. List only valid phone numbers, standard address data as you would on an envelope, and an email address.

Ensure you have answered all questions. An incomplete Applicant Profile will be returned to the applicant which will delay processing of the background investigation.

Full Name (First, Middle, Last):
Have you ever used or been known by another name (including maiden name and nicknames)?
<input type="checkbox"/> No <input type="checkbox"/> Yes
List all other names you have been known by (including maiden name):
Address where you live:
Home phone number:
Cell phone number:
Work phone number:
Current email address:
Are you a U.S. citizen?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you a resident alien who is eligible and has applied for U.S. citizenship?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Birth place (city, county, state, country):
Birthdate (mm/dd/yyyy):
Age:
Social security number:

Driver license number, state and expiration date:

Sex:

Race:

Height:

Weight:

Hair color:

Eye color:

EDUCATION

Below you will provide information about your education history.

Review the questions carefully and provide complete and accurate responses. **You will be required to furnish transcripts or other proof to support your educational claims.**

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Have you read, and do you understand all the instructions at the top of this questionnaire?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Select applicable:
<input type="checkbox"/> High School Diploma <input type="checkbox"/> High School Equivalency Test/GED

Starting with your first high school, list all schools you have attended thereafter. To add another school or institution, click the "Add School" button at the bottom of the page.

School 1
Total units completed (Indicate quarter system or semester system):
Did you earn a degree?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Major/area of study:
Have you ever attended a police basic or dispatcher academy? This includes regular, modular, specialized investigators', reserve or dispatcher?
<input type="checkbox"/> No <input type="checkbox"/> Yes

Course 1
For each academy/course attended, provide the following information: dates of attendance, city and state of course and name of training officer/academy coordinator, officer or coordinator's contact number. Include if you passed/graduated:
Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or public safety (police, dispatcher, corrections, etc.) course or academy?
<input type="checkbox"/> No <input type="checkbox"/> Yes

Fully explain all details of each occurrence. Include date or approximate date and final outcome:

Since the age of 18, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any public safety (police, dispatcher, corrections, etc.) course or academy exam?

No Yes

Fully explain all details of each occurrence. Include date or approximate date:

Do you have any other training or skills you believe may help you in the position you have applied for?

No Yes

Fully explain all training and skills you have you believe will be helpful:

RELATIVES

On this questionnaire you will provide information regarding specific relatives. In the dropdown menu below, there is a list of relatives you are **required** to provide complete and accurate information for. After completing one relative's information, click the "Add Relative" button at the bottom of the page to add another relative.

List information for all relative types, if they are listed in the dropdown menu, and they exist in your family (not optional).

Contact your relatives and ensure the information you have is accurate. Inform the relative he or she may be contacted by email, mail, or phone.

We cannot process your background and make a hiring decision unless we receive complete responses from your relatives. For that reason, it is important your relatives check their mail, and email daily, including email junk and spam folders, and respond to our requests, promptly.

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Have you read, and do you understand all the instructions at the top of this questionnaire?

No Yes

Relative 1

When was the last time you had contact with this relative?

Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?

Yes No

To your knowledge, has this relative ever been convicted of any crime?

Yes No

EMPLOYMENT

Below you will provide information about your employment and volunteer history.

Do not leave out any job or volunteer position you ever have held, since age 15.

Start with your current or most recent job and list in reverse chronological order. In example, your current job should appear in "Employer 1", and oldest job should be listed last.

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Have you read, and do you understand all the instructions at the top of this questionnaire?

No Yes

Employer 1

Type of employment (full time, part time, temporary, seasonal, volunteer, etc.):

Duties at this job:

Why did you leave (or want to leave):

List two coworkers:

Coworker 1

DO NOT answer the below questions until you have listed all your employers and volunteer history above.

Do you have any period of unemployment between any of your jobs listed above?

Yes No

Have you ever been disciplined at work? This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.

Yes No

Have you ever been fired, released from probation, or asked to resign?

Yes No

Were you ever involved in a physical or verbal altercation with a supervisor, coworker, or customer?

Yes No

Have you ever quit without giving proper notice?

Yes No

Have you ever resigned in lieu of termination?

Yes No

Have you ever been accused of discrimination, sexual harassment, racial bias, sexual orientation harassment or discrimination, etc., by a coworker, superior, subordinate or customer?

Yes No

Have you ever been the subject of a written complaint at work that resulted in disciplinary action against you?

Yes No

Have you ever been counseled at work due to lateness or absences?

Yes No

Did you ever receive an unsatisfactory performance review?

Yes No

Have you ever sold, released, or given away legally confidential information?

Yes No

Have you ever called in sick when you were neither sick nor caring for a sick family member?

Yes No

While working, have you ever engaged in sexual intercourse or unwarranted touching of intimate body parts of another person? Do not include lawful contact such as pat searches in the course of your official law enforcement or corrections work duties.

Yes No

While working and without prior consent, have you ever sent photographs to coworkers that included nudity or that depicted sexual acts?

Yes No

In the past three (3) years, have you missed days or been late to work due to drug or alcohol consumption?

Yes No

Has your work performance ever been affected by your use of alcohol or drugs?

Yes No

In the past three (3) years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?

Yes No

APPLICATIONS

Below you will list every law enforcement agency (city, county, state, tribal, federal), correctional facility, 911 dispatch agency, or other public safety & criminal justice agency you have ever applied to. **You must list all, regardless of date, current status, or outcome.**

Start with the most recent, and list all others in reverse chronological order. To add another application, click the "Add Application" button at the bottom of the page.

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Ensure you have answered all questions. An incomplete Applicant Profile will be returned to the applicant which will delay processing of the background investigation.

Have you read, and do you understand all the instructions at the top of this questionnaire?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever submitted an application to this agency or another agency as described above?
<input type="checkbox"/> No <input type="checkbox"/> Yes

List ALL agencies you have ever applied to. Use the Add Agency button to create additional space to add another agency.

Application 1
Provide the background investigator's first and last name, office phone number, cell phone number (if known), and email address (if known):
Check each step that you have completed with this agency:
<input type="checkbox"/> Submitted application
<input type="checkbox"/> Took Written Test
<input type="checkbox"/> Took Physical Ability Test
<input type="checkbox"/> Oral Board
<input type="checkbox"/> Submitted background information
<input type="checkbox"/> Met with background Investigator
<input type="checkbox"/> Took polygraph/CVSA
<input type="checkbox"/> Completed Background Investigation
<input type="checkbox"/> Final or Chief's Interview
<input type="checkbox"/> Conditional Offer

Select your current status with this agency:

- Hired
- On Eligibility List
- Withdrew
- Not Selected
- Disqualified
- In Background Investigation Process
- List Expired
- Other

MILITARY

Below you will provide information about any military involvement you have had.

Review these questions carefully and provide complete, accurate responses.

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Have you read, and do you understand all the instructions at the top of this questionnaire?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you required to register for the Selective Service?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> I did not register, but I'm required to by law.
What is your Selective Service Registration Number?
Explain why you are not required to register for the Selective Service:
Explain all details as to why you did not register:
Have you served in the military? (Includes Reserve & National Guard)
<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of service (month/year to month/year):
Branch of service:
Select your type of discharge:
What is your re-entry code (1-4), if applicable? (refer to your DD-214)
Are you currently participating in the Military Reserve or National Guard?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been the subject of any judicial or non-judicial disciplinary action (such as court martial, captain's mast, office hours, company punishment)?

Yes No

Have you ever been denied a security clearance, or had a clearance revoked, suspended, or downgraded?

Yes No

Have you ever taken military property without permission for personal use, to sell, or to give away?

Yes No

NEIGHBORS

On this questionnaire you will provide information about four of your immediate, closest (in proximity) neighbors.

After entering one neighbor's information, click the "Add Neighbor" button at the bottom of the page to add another neighbor, until you have listed at least four neighbors.

Contact your neighbors and ensure the information you have is accurate. Inform the neighbors they may be contacted by email, mail, or phone.

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Have you read, and do you understand all the instructions at the top of this questionnaire?

No Yes

Neighbor 1

Have you ever had any conflict with this neighbor, or anyone else at the address, including guests?

No Yes

COMPUTER USE

Below you will provide information about your use of information technology (computers, tablets, smartphones, etc.).

Review these questions carefully and provide complete, accurate responses.

Ensure you have answered all questions. An incomplete Applicant Profile will be returned to the applicant which will delay processing of the background investigation.

Have you read, and do you understand all the instructions at the top of this questionnaire?

No Yes

Email Address 1

Have you ever used any social media website(s) or application(s), to includes, but not limited to: Facebook, Twitter, Instagram, Youtube, etc.?

No Yes

Social Media Accounts 1

Have you ever entered an information technology system without proper authorization? This includes software programs, networks, databases, email accounts, etc.

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever illegally, or without proper authorization, modified, destroyed, manipulated or denied another person or people access to information/data residing on an information technology system?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever accessed or used any part of an information technology system in a way that was against the law or company policy? This includes access to NCIC and other criminal justice information systems.

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever created, introduced, or aided in the introduction of any performance altering code or application (virus, worm, spyware, malware, adware)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever used the Internet (to include email) to engage in any illegal activity?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

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OTHER TOPICS

Below you will provide information about other topics.

Review these questions carefully and provide complete, accurate responses.

Ensure you have answered all questions. An incomplete Applicant Profile will be returned to the applicant which will delay processing of the background investigation

Have you read, and do you understand all the instructions at the top of this questionnaire?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been refused a permit or license to carry a concealed weapon?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Fully explain the details of each occurrence. Include date(s) or approximate date(s) of application, name and location (city, state) of police agency involved.
Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Fully explain all details of each affiliation. Include date(s) or approximate date(s) of affiliation, group name, location, the group's purpose and your involvement type in the group:
Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Fully explain all details of each occurrence. Include date(s) or approximate date(s):
Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Fully explain all details of each occurrence. Include date(s) or approximate date(s), and your age at the time:
Do you, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual orientation or disability?
<input type="checkbox"/> No <input type="checkbox"/> Yes
List each tattoo you have. Include location, size, date you got the tattoo, what the tattoo means to you and the associated affiliation. List each tattoo separately using the "Add Tattoo" button below:

Do you have any other tattoos?

No Yes

Tattoo 1

List each tattoo you have. Include location, size, date you got the tattoo, and what the tattoo means to you. List each tattoo separately using the "Add Tattoo" button below:

Have you ever been denied a passport or had your passport revoked?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s) and reason:

Have you ever been denied entry into another country?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s), country and reason:

That you are aware of, have any of your acquaintances, friends or family members been convicted of a felony since age 15?

No Yes

Individual 1

List the person's first and last name, relationship to you, date of last contact, frequency of contact and offense. List each person separately using the "Add Individual" button below.

Do you have any past or present acquaintances, friends or family confined in a corrections facility (jail) operated by this agency?

No Yes

List below the Inmate's first and last name, your relationship to the inmate, date of last contact, frequency of contact and offense(s):

Do you own or have in your possession any illegal firearms?

No Yes

List all illegal firearms you have possession of or that are in your control. Include make, model, description, serial number and why you have the firearm.

Do you currently (or recently) engage in any volunteer work?

No Yes

List the following: Name of organization/group, city/state, description of the volunteer work you've done/do:

Do you have any hobbies or interests?

No Yes

Describe your hobbies and/or interests:

MOTOR VEHICLES

Below you will provide information relating to your current and past motor vehicle operation.

Review these questions carefully and provide complete, accurate responses. Reminder: for phone number, address, email address and website address fields, do not type additional characters, notes or comments in these fields; list only valid phone numbers, standard addresses as you would on an envelope, and email address.

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Have you read, and do you understand all the instructions at the top of this questionnaire?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you currently have a valid driver's license for the state you reside in?
<input type="checkbox"/> No <input type="checkbox"/> Yes
List the state, license number, issue date, expiration date, any restrictions, and your name as it appears on the license:
Fully explain why you do not have a current/valid driver's license for the state you currently reside in:
Have you ever had a driver's license issued by any other state?
<input type="checkbox"/> No <input type="checkbox"/> Yes

Driver's License 1

For each state: list the state, license number, issued date, and expiration date (if known). List each driver's license separately using the "Add Driver's License" button below.

Have you ever been refused a driver's license?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Fully explain all details for each occurrence. Include date(s) or approximate date(s), and involved agency's name:
Has any driver's license you have ever been issued been cancelled, suspended or revoked?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Fully explain all details of each occurrence. Include date(s) or approximate date(s), and the license involved:
Do you currently have the proper liability insurance to drive your vehicle(s)?
<input type="checkbox"/> No <input type="checkbox"/> Yes

You must complete the below questions regarding liability insurance on your vehicles.

Vehicle 1

Year, make and model of vehicle:

License plate number and state:

Type of coverage:

- Insured
 Bonded
 Cash Deposit

Insurance policy number and date policy expires:

Insurance Company's Name, phone number and full mailing address:

Fully explain why you do not have the proper liability insurance to drive your vehicle(s):

Excluding parking tickets, have you received any traffic citations within the past ten (10) years?

- No Yes

You must answer the below questions for each citation received within the past seven years. List each citation separately by using the "Add Citation" button below.

Citation 1

Date of violation:

Violation:

Location (street, city, state):

Name of law enforcement agency:

Outcome (i.e., fined, traffic school, dismissed, not guilty):

As a driver and within the past seven (7) years, have you been in a motor vehicle crash?

- No Yes

For each vehicle crash you have been in where you were the driver, you must answer the below questions. List each crash separately by using the "Add Crash" button below.

Crash 1

Date of crash:

Location (street, city, state):

Did the police respond?

 No Yes

Type of crash:

 Injuries No injuries

Were you at fault?

 No Yes

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following: failed to appear, failed to complete traffic school, failed to pay the required fine?

 No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever operated a motor vehicle without auto insurance, as required by law?

 No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever been refused automobile liability insurance, a bond, or had either canceled?

 No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s), insurance company's name, phone number and policy number:

Explain all details of each occurrence: Include date or approximate date and location of occurrence:

DRUG USE

Below you will provide information about your history with illegal drugs and inhalants.

For the purpose of answering the questions below, "illegal drugs" includes the unauthorized or illegal use of prescription medications or over-the-counter drugs. It also includes the illegal use of any other substance for the purpose of getting "high".

Examples of illegal drugs and Inhalants are as follows, but are not limited to:

- Ambien
- Amphetamines / Adderall / Methamphetamines (Crystal / Ice / Speed / Crank / Meth / uppers, etc.)
- Barbiturates (downers / Reds / Barbs / Yellow Jackets)
- Benzedrine / Bennies / Valium / Xanax / Soma
- Cocaine / Cocaine Base / Crack Cocaine
- Cocaine / Tuci / Strawberry Quick
- Concentrated Cannabis (Dabbing, Errl, Gummies, Honey Oil, Shatter, Wax)
- Demerol
- Designer drugs (Ecstasy, Molly, etc.)
- Dexedrine / Ritalin
- Dextromethorphan (DXM) / Robo / Skittles / Triple C
- Gamma-Hydroxy-Butyrate (GHB)
- Gasoline
- Glue, solvents, paint, whippets, C02 Cannisters, Xylene or any substance containing toluene
- Hallucinogens (Peyote, Mescaline / LSD, Acid / Magic Mushrooms / Shrooms)
- Hashish / Hash / Hashish oil / Black Glass
- Heroin / Opium / Methadone / Oxycodone
- K2/ Spice
- Ketamine (Special K)

- Librium
- Marijuana (with or without a prescription)
- Mescaline
- Morphine / Dilaudid / Dillies
- Norco / Vicodin / Yellows
- Oxycontin / Ox
- PCP / Angel Dust
- Percocet / Percs
- Phenergan-Codeine / cough syrups / Purple Drank / Lean
- Psilocybin / Foxy
- Quaaludes / Ludes
- Rohypnol / Rophies
- Seconal / Nembutal
- Sharpies / Markers
- Steroids
- Synthetic Stimulants / Bath Salts / Cloud 9
- Tetrahydrocannabinol (THC)

Review these questions carefully and provide complete, accurate responses

Ensure you have answered all questions. An incomplete Applicant Profile will be returned to the applicant which will delay processing of the background investigation.

Have you read, and do you understand all the instructions at the top of this questionnaire?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you used or sold any controlled substances (excluding Marijuana) within 5 years of applying for this position?
<input type="checkbox"/> No <input type="checkbox"/> Yes

Drug 1

Provide the following details for each type of drug possessed or used within the last twelve (12) months: drug used (name/type), most recent date of use, total times used and circumstances. List each drug type separately by using the "Add Drug" button below. All drugs used within the last twelve (12) months MUST be listed.

In your lifetime, have you ever possessed or used an illegal drug as indicated above?

No Yes

Drug 1

Provide the following details for each type of drug ever possessed or used: drug used (name/type), most recent date of use, total times used and circumstances. List each drug type separately by using the "Add Drug" button below. All drugs you have ever used in your lifetime must be listed.

Have you ever engaged in any of the activities listed below involving drugs, narcotics, or illegal substances, including marijuana or prescription drugs without a prescription? Check all that apply:

- Sold
- Manufactured
- Purchased
- Furnished
- Cultivated
- Carried or held for another person
- None of the above

Drug 1

Provide the following details: name/type of drug(s) sold, date or approximate date(s), time period involved and circumstances. List each involved drug type separately using the "Add Drug" button below. All involved drugs must be listed.

Drug 1

Provide the following details: name/type of drug(s) manufactured, date or approximate date(s), time period involved and circumstances. List each involved drug type separately using the "Add Drug" button below. All involved drugs must be listed.

Drug 1

Provide the following details: name/type of drug(s) purchased, date or approximate date(s), time period involved and circumstances. List each involved drug type separately using the "Add Drug" button below. All involved drugs must be listed.

Drug 1

Provide the following details: name/type of drug(s) furnished, date or approximate date(s), time period involved and circumstances. List each involved drug type separately using the "Add Drug" button below. All involved drugs must be listed.

Drug 1

Provide the following details: name/type of drug(s) cultivated, date or approximate date(s), time period involved and circumstances. List each involved drug type separately using the "Add Drug" button below. All involved drugs must be listed.

Drug 1

Provide the following details: name/type of drug(s) carried or held for another person, date or approximate date(s), time period involved and circumstances. List each involved drug type separately using the "Add Drug" button below. All involved drugs must be listed.

Within the past five (5) years, have you associated with friends, acquaintances, housemates, or family members who have illegally possessed, used drugs or narcotics or illegally used prescription medications?

No Yes

Occurrence 1

Fully explain all details of each occurrence. Include date or approximate date(s) and name (type) of drug involved. List each occurrence separately using the "Add Occurrence" button below.

Have you ever taken a drug to keep you awake while studying or working?

No Yes

Drug 1

Provide the following details for each type of drug taken to help you stay awake to study or work: drug used (name/type), most recent date of use, total times used and circumstances. List each drug type separately by using the "Add Drug" button below. All drugs you have used for the purpose of staying awake must be listed.

Have you ever forged or altered a prescription for drugs?

No Yes

Fully explain all details of each occurrence. Include name of drug, who the drug was prescribed to originally and date(s) or approximate date(s) of each occurrence:

LEGAL

This section requires you to report detentions, arrests, and convictions, including diversion programs, and in some cases, offenses that may have been pardoned.

As an applicant for a law enforcement position or position related to law enforcement, you are required to disclose this information. Omitting information that should have been disclosed may be grounds for disqualification from any further consideration.

Ensure you have answered all questions. An incomplete Applicant Profile will be returned to the applicant which will delay processing of the background investigation.

Have you read, and do you understand all the instructions at the top of this questionnaire?

No Yes

Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction, including offenses in the Uniform Code of Military Justice?

No Yes

Incident 1

Fully explain all details of the occurrence. Include incident date(s), location of occurrence and the involved law enforcement agency's name. List each incident separately using the Add Incident button.

Have you ever been placed on court probation?

No Yes

Incident 1

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever been a party in a civil lawsuit (e.g., small claims action, dissolution, child custody, paternity, support, etc.)

No Yes

Occurrence 1

Fully explain all details of each occurrence. Include date or approximate date. List each occurrence separately:

Have the police ever been called to your home for any reason?

No Yes

Occurrence 1

Fully explain all details of each occurrence. Include date or approximate date. List each occurrence separately:

Have you or your spouse/partner ever been referred to Child Protective Services or similar agency?

No Yes

Fully explain all details of each occurrence. Include date or approximate date:

Have you ever been the subject of an emergency protective, restraining or stay-away order?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was requested to make payment to the other party?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever filed a false insurance or workers' compensation claim?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Regardless of if you were caught, you must indicate if you have EVER in your lifetime (regardless of age), committed any act listed below. You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest or conviction that arose from it.

Animal abuse or neglect?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Annoying, obscene, or harassing contacts by telephone or other electronic communication device (email, text messages, messaging/chat services, etc.)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Assault or battery (use of force or violence upon another)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Brandished any type of weapon?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Carried a concealed weapon without a permit?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Contributed to the delinquency of a minor?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Defrauding an Innkeeper (not paying for food or room at a hotel, campground, etc.)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Driven a vehicle or operated a boat or other vessel while under the influence of alcohol or drugs?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Drunk in public (being so intoxicated in a public place that you were not able to care for yourself)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Filed a false police report, made false statements to a police officer or 911 operator?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Hit & run collision with no injuries to any party?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Gambled illegally?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Went hunting or fishing illegally (example: out of season or without a license)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Impersonated (pretended to be) a police officer or government official?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Indecent exposure or lewd or obscene conduct?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Intentionally wrote a bad check?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Joyriding (using a car or other vehicle without owner's permission)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Voyeurism or peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Theft of an item or items valued less than \$1000, to include shoplifting or price tag switching?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Possession of alcohol as a minor (under age 21)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Possession of falsified or altered identification, including use of another person's ID (for any reason)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Prostitution or solicitation of prostitution, including, but not limited to, patronizing illegal massage parlors?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Reckless driving?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Resisted arrest and/or delayed or obstructed an officer, including, but not limited to running from the police)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Trespassed?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Vandalized another's property, including but not limited to: tagging, criminal or malicious mischief, or any other act amounting to property damage?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Any other act amounting to a misdemeanor, regardless of if you were caught?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Arson (intentionally destroying property by setting a fire)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Blackmail or extortion?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Burglary (entering a structure or vehicle to commit theft or other crime)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Child molestation (performing unlawful acts with a child, to include inappropriate touching of a child)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Elder abuse or neglect (physical or financial)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Embezzlement (theft of money or other valuables entrusted to you)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

As a driver, involved in an injury crash while intoxicated?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Illegal sex acts?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Rape?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Forgery (falsifying any type of document, check, gift certificate, license, currency, etc.)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Fraudulent use of a credit, ATM, debit, or check card?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Theft with a value of \$1000 or more, or an automobile or any firearm?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Hit & run involving injuries?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Hate crime?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Insurance fraud?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Murder, homicide, attempted murder, manslaughter, or assault with the intent to kill someone?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Perjury (lying under oath)?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Possessed an explosive/destructive device?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Robbery (theft from another person using a weapon, force or fear)?

No Yes

Fully explain all details of each occurrence. Include date or approximate date:

Stalked someone?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Theft of a vehicle or vehicle parts?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Downloading, viewing or possessing child pornography?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

As an adult, communicated with an underage male or female with the intent to perform a sexual act?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

Any other act amounting to a felony regardless of if you were caught?

No Yes

Fully explain all details of each occurrence. Include date(s) or approximate date(s):

FINANCIAL

Below you will provide information about your finances and financial history.

Review these questions carefully and provide complete, accurate responses.

Ensure you have answered all questions. An incomplete Applicant Profile will be returned to the applicant which will delay processing of the background investigation.

Have you read, and do you understand all the instructions at the top of this questionnaire?
<input type="checkbox"/> No <input type="checkbox"/> Yes
What is your total monthly disposable income? The total should include money from investments, rental income, alimony, side business(es), etc.
How much do you spend each month? The total should include living expense, such as housing, utilities, credit cards and other loan payments, food, gas and car maintenance, entertainment, etc., and any other obligations you may have.
Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Explain all details of each occurrence. Include date(s) or approximate date(s):
Have any of your bills ever been turned over to a collection agency?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Explain all details of each occurrence. Include date(s) or approximate date(s):
Have you ever had purchased goods repossessed?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Explain all details of each occurrence. Include date(s) or approximate date(s):
Have your wages ever been garnished?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Explain all details of each occurrence. Include date(s) or approximate date(s):
Have you ever been delinquent on income or other tax payments?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever failed to file income tax or cheated/lifted on an income tax form?

No Yes

Explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever had an employment bond refused?

No Yes

Explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever avoided paying any lawful debt by moving away?

No Yes

Explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever defaulted on (failed to pay) a loan?

No Yes

Explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever borrowed money to pay a gambling debt?

No Yes

Explain all details of each occurrence. Include date(s) or approximate date(s). If you have any outstanding gambling debt, explain below:

Have you ever spent money for illegal purposes? (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)

No Yes

Explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever failed to make, or been late on a court-ordered payment? (e.g., child support, alimony, restitution, etc.)

No Yes

Explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever written a check knowing there would not be funds to cover the whole check amount?

No Yes

Explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever used a company, non-profit or other organization's credit line, credit card or any other account entrusted to you, inappropriately, regardless of amount or justification?

No Yes

Explain all details of each occurrence. Include date(s) or approximate date(s):

Have you ever been the victim of identity theft?

No Yes

Explain all details of each occurrence. Include date(s) or approximate date(s). Include if you reported the incident to any one of the credit bureaus (Experian, Equifax or TransUnion) or law enforcement: