|  |  |  |
| --- | --- | --- |
| Logo, calendar  Description automatically generated | **LORIS POLICE DEPARTMENT**  3909 WALNUT ST. LORIS, SC 29569  **BACKGROUND INVESTIGATION PACKET** | Logo  Description automatically generated |

|  |  |
| --- | --- |
| **DATE:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CHECK POSITION APPLIED FOR:** |  |  | **CLASS I PATROL OFFICER** | |  | |  |
|  |  |  | **OTHER** | **DESCRIBE:** | |  | |

**SECTION 1**

**PERSONAL INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FULL NAME:** |  | |  |  |  |  |
| LAST | |  | FIRST |  | MIDDLE |
| **ALIAS / MAIDEN NAMES:** | |  | | | | |

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| **HEIGHT:** |  |  | **WEIGHT:** |  |  | **HAIR:** |  |  | **EYES:** |  |  | **RACE:** |  |

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| --- | --- | --- | --- | --- |
| **DATE OF BIRTH:** |  |  | **SOCIAL SECURITY NUMBER:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLACE OF BIRTH:** |  |  | **US CITIZEN?** | **YES:** |  |
|  | CITY, STATE |  |  | **NO:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DRIVER’S LICENSE NUMER:** |  |  | **STATE ISSUED BY:** |  |

|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| **ADDRESS** |  | **CITY** |  | **STATE** |  | **ZIP CODE** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HOW LONG HAVE YOU LIVED AT THIS ADDRESS?** |  | **FROM:** |  |  | **TO:** |  |
|  |  |  | DATE |  |  | DATE |

**SECTION 2**

**EDUCATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF SCHOOL** |  | **CITY** |  | **STATE** |  | **DATES ATTENDED**  **(MONTH/YEAR)** |  | **TYPE OF DEGREE/DIPLOMA/GED RECEIVED** |
|  |  |  |  |  |  |  |  |  |
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| --- |
| IF MORE SPACE IS NEEDED, TYPE HERE: |
|  |

**SECTION 3**

**LAW ENFORCEMENT EXPERIENCE**

*\*\* IF YOU HAVE NO PRIOR LAW ENFORCEMENT EXPERIENCE, YOU MAY PROCEED TO THE NEXT SECTION \*\**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER BEEN EMPLOYED AS A POLICE OFFICER?** | | | | | | | **YES:** | |  |  | **NO:** |  |
| **AGENCY:** | | |  | | | | | **DATES:** | | |  | |
| **REASON FOR LEAVING:** | | | |  | | | | | | | |
| **AGENCY:** | | |  | | | | | **DATES:** | | |  | |
| **REASON FOR LEAVING:** | | |  | | | | | | | |
| **AGENCY:** | | |  | | | | | **DATES:** | | |  | |
| **REASON FOR LEAVING:** | | |  | | | | | | | |
| **AGENCY:** | | |  | | | | | **DATES:** | | |  | |
| **REASON FOR LEAVING:** | | |  | | | | | | | |
| \*\* MUST BE SPECIFIC. “PERSONAL REASONS” IS NOT AN APPROPRIATE ANSWER \*\* | | | | | | | | | | | | |
|  | | | | | | |  | |  |  |  |  |
| **ARE YOU CURRENTLY CERTIFIED AS A POLICE OFFICER?** | | | | | | | **YES:** | |  |  | **NO:** |  |
| **IF YES, WHERE?** | | | |  | | | | | | | | |
| **DATE LAST WORKED AS A LAW ENFORCEMENT OFFICER:** | | | | | | |  | | | | | |

|  |
| --- |
| IF MORE SPACE IS NEEDED, TYPE HERE: |
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| --- | --- | --- | --- | --- | --- |
| **IF APPLICABLE, WILL ALL YOUR PREVIOUS LE EMPLOYERS GIVE YOU A GOOD RECOMMENDATION?** | YES |  |  | NO |  |
| IF NO, EXPLAIN: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IF APPLICABLE, DID YOU RECEIVE REPRIMANDS OR SUSPENSIONS FROM A PREVIOUS LE AGENCY** | YES |  |  | NO |  |
| IF YES, EXPLAIN: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IF APPLICABLE, DID YOU RECEIVE COMMENDATIONS FROM A PREVIOUS LE AGENCY** | YES |  |  | NO |  |
| IF YES, EXPLAIN: | | | | | |
|  | | | | | |
| **IN WHAT FIELDS, RELATED TO THE POSITION APPLIED FOR, DO YOU HAVE EXPERIENCE?** | | | | | |
|  | | | | | |

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| **ONLY ANSWER THE FOLLOWING QUESTIONS IF YOU HAVE PRIOR LAW ENFORCEMENT / DETENTION / DISPATCH EXPERIENCE:** | | | | | |
| **Did you ever receive a gratuity?** | YES |  |  | NO |  |
| **Did you ever solicit anything for overlooking a violation?** | YES |  | NO |  |
| **Did you ever receive anything for overlooking a violation?** | YES |  | NO |  |
| **Did you ever make a false report?** | YES |  | NO |  |
| **Did you ever make a false entry on a log?** | YES |  | NO |  |
| **Did you ever warn a person they were the subject of a criminal INVESTIGATION?** | YES |  | NO |  |
| **Did you ever use your official position for personal gain?** | YES |  | NO |  |
| **Did you ever mishandle, misplace, or steal any criminal evidence?** | YES |  | NO |  |
| **Did you ever mishandle, misplace, or steal any prisoner’s property?** | YES |  | NO |  |
| **Did you ever perjure yourself in court?** | YES |  | NO |  |
| **Did you ever cover up any crime committed by another officer?** | YES |  | NO |  |
| **Have you ever retained evidence for your personal gain?** | YES |  | NO |  |
| **Have you ever used illegal drugs while a law enforcement officer?** | YES |  | NO |  |
| **Have you ever received payoffs from criminals?** | YES |  | NO |  |
| **Have you ever stolen any item or money from anyone you arrested?** | YES |  | NO |  |
| **Have you ever accepted a bribe?** | YES |  | NO |  |

|  |
| --- |
| **IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW:** |
|  |

**SECTION 4**

**MILITARY EXPERIENCE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU COMPLIED WITH THE DRAFT LAW?** | | | | | YES |  |  | NO |  |
|  | | | | |  |  |  |  |  |
| **HAVE YOU SERVED IN THE MILITARY?** | | | | | YES |  |  | NO |  |
| **WHAT BRANCH?** |  | | | | | | | | | | | | | | |
| **DATES OF SERVICE:** |  | | | | | | | | | | | | | | |
| **LAST RANK OBTAINED:** |  | | | | | | | | | | | | | | |
| **JOB DESCRIPTION** |  | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **HAVE YOU EVER BEEN DENIED OR HAD YOUR SECURITY CLEARANCE REVOKED?** | | | | | | | | | | YES |  | |  | | NO |  |
| **IF YES, EXPLAIN:** |  | | | | | | | | | | | | | | |
| **SECURITY CLEARANCE LEVEL:** |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **DID YOU EVER RECEIVE A COURT-MARTIAL, NON-JUDICIAL PUNISHMENT, OR ANY OTHER FORM OF DISCIPLINARY ACTION?** | | | | | | | | | | | YES |  |  | | NO | |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | |
| **DID YOU RECEIVE AN HONORABLE DISCHARGE?** | | | | | YES |  |  | NO |  |
| **IF NOT, WHAT TYPE DID YOU RECEIVE?** | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **IF OTHER THAN HONORABLE OR GENERAL, EXPLAIN THE CIRCUMSTANCES:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |

**SECTION 5**

**CRIMINAL HISTORY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER BEEN CHARGED OR CONVICTED OF ANY CRIME INCLUDING TRAFFIC RELATED** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER BEEN QUESTIONED, DETAINED, HELD, OR ARRESTED BY A LAW ENFORCEMENT AGENCY?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ARE YOU CURRENTLY OR HAVE YOU EVER BEEN ON PROBATION FOR A VIOLATION OF LAW?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WERE YOU EVER A PRISONER IN A JAIL, HOLDING FACILITY, OR PRISON?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **HAS ANYONE EVER TAKEN A WARRANT OUT ON YOU?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER BEEN CONTACTED BY THE POLICE AS A POSSIBLE SUSPECT FOR ANY KIND OF CRIMINAL INVESTIGATION?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **RIGHT NOW, ARE YOU WANTED BY ANY LAW ENFORCEMENT AGENCY ANYWHERE?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WERE YOU EVER QUESTIONED BY LAW ENFORCEMENT AUTHORITIES?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DID YOU EVER ALTER PRICE TAGS IN A STORE?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DID YOU EVER FORGE A CHECK?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER HAD, OR DO YOU NOW HAVE, ANY STOLEN MONEY, GOODS, OR MERCHANDISE IN YOUR POSSESSION?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WERE YOU EVER IN COURT AS A DEFENDANT?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER LIED UNDER OATH IN COURT?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DID YOU EVER LIE ON ANY OFFICIAL DOCUMENT?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

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| --- |
| **DESCRIBE THE MOST SERIOUS UNDETECTED CRIME YOU WERE EVER INVOLVED IN:** |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PUT AN “X” IN THE BOXES THAT APPLY TO THE CRIMES YOU’VE COMMITTED THAT HAVE GONE UNDETECTED:** | | | | | | | |
| ARSON |  |  | ILLEGAL DRUGS |  |  | COMPUTER HACKING |  |
| BURGLARY |  | RAPE |  | TERRORISTIC THREATS |  |
| SHOPLIFTING |  | FISH/GAME VIOLATIONS |  | PUBLIC DRUNKENNESS |  |
| ASSAULT |  | ILLEGAL USE OF CREDIT CARDS |  | CRIMINAL DOMESTIC VIOLENCE |  |
| BAD CHECK(S) |  | CHILD MOLESTATION |  | INCEST |  |
| THEFT |  | RECEIVING STOLEN PROPERTY |  | BRIBERY |  |
| GAMBLING |  | ILLEGAL POSSESSION OF FIREARMS |  | PERJURY |  |
| MURDER |  | ILLEGAL WIRETAP |  | TRESPASSING |  |
| VANDALISM |  | VIOLATION OF CONCEALED CARRY LAW |  | ARMED ROBBERY |  |
| ESCAPE |  | OTHER |  |  |  |

**SECTION 6**

**DRIVING RECORD**

|  |  |
| --- | --- |
| **HOW MANY MOVING VIOLATIONS HAVE YOU RECEIVED SINCE YOU STARTED DRIVING?** |  |
| **HOW MANY IN THE LAST FIVE YEARS?** |  |
| **HOW MANY IN THE PAST YEAR?** |  |
| **HOW MANY VEHICLE ACCIDENTS HAVE YOU BEEN INVOLVED IN AS A DRIVER?** |  |
| **HOW MANY ACCIDENTS HAVE YOU BEEN FOUND TO BE AT FAULT OR CONTRIBUTING?** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAS YOUR AUTOMOBILE INSURANCE EVER BEEN REFUSED OR CANCELLED?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT THAT YOU FAILED TO REPORT, EITHER TO THE POLICE OR TO THE OWNER OF THE OTHER PROPERTY INVOLVED?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **DO YOU NOW HAVE THE LEGALLY REQUIRED INSURANCE ON YOUR VEHICLE?** | | YES |  |  | NO |  |
| **IF NO, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAS YOUR DRIVER’S LICENSE EVER BEEN SUSPENDED, REVOKED OR PLACED ON PROBATION?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TO YOUR KNOWLEDGE, ARE THERE ANY OUTSTANDING TRAFFIC WARRANTS FOR YOU?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DO YOU OWE MONEY TO ANY COURTS FOR SETTLEMENTS, JUDGMENTS, FINES OR UNPAID TICKETS?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

**SECTION 7**

**SECURITY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ARE YOU CURRENTLY, OR HAVE YOU EVER BEEN A MEMBER OF ANY GROUP OR ORGANIZATION WHICH ADVOCATES VIOLENT DISSENT OR THE OVERTHROW OF ANY GOVERNMENT?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER BEEN A MEMBER OF A GROUP OR ORGANIZATION THAT ADVOCATES VIOLENCE, RACISM, OR OTHER ILLEGAL ACTIVITY?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER BEEN REFUSED A SECURITY CLEARANCE OR BOND?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER BEEN INVOLVED IN ANY TYPE OF RIOT, ILLEGAL DEMONSTRATION, OR ILLEGAL STRIKE?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER PARTICIPATED IN THE USE OR MANUFACTURE OF EXPLOSIVE DEVICES OR FIREBOMBS?** | | YES |  |  | NO |  |
| **IF YES, PLEASE EXPLAIN:** | | | | | |
|  | | | | | |

**SECTION 8**

**ALCOHOL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DID YOU EVER CALL IN SICK BECAUSE OF A HANGOVER?** | YES |  |  | NO |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DID YOU EVER DRINK ON THE JOB WHEN YOU WERE NOT SUPPOSED TO?** | YES |  |  | NO |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER BEEN STOPPED FOR DRIVING UNDER THE INFLUENCE, BUT NOT TAKEN TO JAIL?** | YES |  |  | NO |  |

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| --- | --- | --- | --- | --- | --- |
| **DID YOU EVER CONSUME ALCOHOLIC BEVERAGES PRIOR TO REPORTING FOR WORK?** | YES |  |  | NO |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DID YOU EVER CONSUME ALCOHOLIC BEVERAGES WHILE AT WORK?** | YES |  |  | NO |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DID YOU EVER OPERATE A VEHICLE/BOAT WHILE UNDER THE INFLUENCE OF ALCOHOL?** | YES |  |  | NO |  |

|  |
| --- |
| IF ANSWERED YES TO ANY OF THE ABOVE, PROVIDE DETAILS BELOW: |
|  |

**SECTION 9**

**DRUGS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER USED/TRIED MARIJUANA IN ANY FORM?** | | YES |  |  | NO |  |
| IF YES, PLEASE PROVIDE HOW MANY TIMES, DATE YOU FIRST USED AND DATE THAT YOU LAST USED: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DID YOU EVER ILLEGALLY POSSESS, PURCHASE, SELL, CULTIVATE, MANUFACTURE, AND/OR DISTRIBUTE MARIJUANA OR OTHER ILLEGAL DRUGS?** | | YES |  |  | NO |  |
| IF YES, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

|  |
| --- |
| WHEN WERE YOU LAST WITH SOMEONE WHILE THEY WERE USING MARIJUANA? : |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DID YOU EVER USE ILLEGAL DRUGS OR MARIJUANA PRIOR TO REPORT FOR WORK?** | | YES |  |  | NO |  |
| IF YES, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DID YOU EVER USE ILLEGAL DRUGS OR MARIJUANA WHILE AT WORK?** | | YES |  |  | NO |  |
| IF YES, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PUT AN “X” IN THE BOXES THAT APPLY TO THE CRIMES YOU’VE COMMITTED THAT HAVE GONE UNDETECTED:** | | | | | | | |
| COCAINE |  |  | BARBITUATE |  |  | HASHISH |  |
| THAI STICK |  | ANGEL DUST |  | CODEINE |  |
| PERCODAN |  | ECSTASY |  | VALIUM |  |
| DILAUDID |  | CRACK |  | METHADONE |  |
| QUAALUDES |  | OPIUM |  | PEYOTE |  |
| MDA |  | AMPHETAMINE |  | HASH OIL |  |
| CRANK |  | PRELUDIN |  | MORPHINE |  |
| HEROIN |  | MESCALINE |  | PCP |  |
| SPEED |  | MUSHROOMS |  | METHAQUALONE |  |
| LSD |  | HUFFING (GLUE, PAINT, ETC.) |  | OTHER |  |

|  |
| --- |
| **FOR ANY DRUGS CHECKED ABOVE, LIST THE DRUG AND A DATE FOR INITIAL USE AS WELL AS A DATE FOR THE LAST USE BELOW:** |
|  |

|  |
| --- |
| **EXPLAIN THE SPECIFICS SURROUNDING USE:** |
|  |

|  |
| --- |
| **WHEN WERE YOU LAST WITH SOMEONE WHILE THEY WERE USING ILLEGAL DRUGS OTHER THAN MARIJUANA?** |
|  |

|  |
| --- |
| **APPROXIMATELY HOW MANY OF YOUR FRIENDS OR ASSOCIATES USE MARIJUANA OR ANY OTHER TYPE OF ILLEGAL DRUGS?** |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER, OR DO YOU NOW, POSSESS OR USE DRUG RELATED OBJECTS OR PARAPHERNALIA?** | | YES |  |  | NO |  |
| IF YES, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DO YOU NOW, OR HAVE YOU EVER, USED ANY TYPE OF STEROIDS OR PERFORMANCE ENHANCING DRUGS?** | | YES |  |  | NO |  |
| IF YES, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DID YOU EVER USE SOMEONE ELSE’S PRESCRIPTION DRUG?** | | YES |  |  | NO |  |
| IF YES, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **DID YOU EVER FORGE OR ALTER A DRUG PRESCRIPTION?** | | YES |  |  | NO |  |
| IF YES, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

**SECTION 10**

**GAMBLING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DO YOU EVER GAMBLE?** | YES |  |  | NO |  |

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| **DO YOU OWE ANY GAMBLING DEBTS?** | YES |  |  | NO |  |

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| **DID YOU EVER BORROW MONEY TO PAY A GAMBLING DEBT?** | YES |  |  | NO |  |

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| **DID YOU EVER STEAL MONEY TO PAY A GAMBLING DEBT?** | YES |  |  | NO |  |

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| --- |
| IF ANSWERED YES TO ANY OF THE ABOVE, PROVIDE DETAILS BELOW: |
|  |

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| --- |
| **WHAT IS THE LARGEST AMOUNT OF MONEY YOU LOST AT ONE TIME?** |
|  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WHAT IS THE EXTENT OF YOUR GAMBLING HABIT?** | | | | | | | | | | |
| NONE |  |  | LIGHT |  |  | MEDIUM |  |  | HEAVY |  |

**SECTION 11**

**CREDIT STATUS & UNPAID DEBTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DO YOU FEEL THAT YOU NOW HAVE A GOOD CREDIT RATING?** | YES |  |  | NO |  |

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| --- |
| IF ANSWERED NO, PROVIDE DETAILS BELOW: |
|  |

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| --- | --- | --- | --- | --- | --- |
| **DO YOU NOW HAVE ANY UNPAID DEBTS PAST DUE?** | YES |  |  | NO |  |

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| --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER BEEN SUED, OR TO YOUR KNOWLEDGE, ARE YOU ABOUT TO BE SUED?** | YES |  |  | NO |  |

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| --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER FILED BANKRUPTCY?** | YES |  |  | NO |  |

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| --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER HAD YOUR WAGES ATTACHED OR GARNISHED?** | YES |  |  | NO |  |

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| **DID YOU EVER “SKIP OUT” ON A DEBT?** | YES |  |  | NO |  |

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| --- | --- | --- | --- | --- | --- |
| **DID YOU EVER HAVE AN ARTICLE REPOSSESSED?** | YES |  |  | NO |  |

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| --- |
| IF ANSWERED YES TO ANY OF THE ABOVE, PROVIDE DETAILS BELOW: |
|  |

**SECTION 12**

**REFERENCES**

**Personal: In the space provided below, list at least 4 (four) personal references. These should be individuals who you know and who ARE NOT family members.**

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| **NAME:** |  | |  | **ADDRESS:** |  |
| **CITY, STATE, ZIP:** | |  |  | **PHONE #:** |  |
|  | |  |  |  |  |
| **HOW DO YOU KNOW THIS PERSON?** | | |  | | |
| **HOW LONG HAVE YOU KNOWN THIS PERSON?** | | |  | | |
| **WHAT IS THE BEST TIME OF DAY TO CONTACT THEM?** | | |  | | |

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| **NAME:** |  | |  | **ADDRESS:** |  |
| **CITY, STATE, ZIP:** | |  |  | **PHONE #:** |  |
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| **HOW DO YOU KNOW THIS PERSON?** | | |  | | |
| **HOW LONG HAVE YOU KNOWN THIS PERSON?** | | |  | | |
| **WHAT IS THE BEST TIME OF DAY TO CONTACT THEM?** | | |  | | |

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| **NAME:** |  | |  | **ADDRESS:** |  |
| **CITY, STATE, ZIP:** | |  |  | **PHONE #:** |  |
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| **HOW DO YOU KNOW THIS PERSON?** | | |  | | |
| **HOW LONG HAVE YOU KNOWN THIS PERSON?** | | |  | | |
| **WHAT IS THE BEST TIME OF DAY TO CONTACT THEM?** | | |  | | |

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| **NAME:** |  | |  | **ADDRESS:** |  |
| **CITY, STATE, ZIP:** | |  |  | **PHONE #:** |  |
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| **HOW DO YOU KNOW THIS PERSON?** | | |  | | |
| **HOW LONG HAVE YOU KNOWN THIS PERSON?** | | |  | | |
| **WHAT IS THE BEST TIME OF DAY TO CONTACT THEM?** | | |  | | |

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| **NAME:** |  | |  | **ADDRESS:** |  |
| **CITY, STATE, ZIP:** | |  |  | **PHONE #:** |  |
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| **HOW DO YOU KNOW THIS PERSON?** | | |  | | |
| **HOW LONG HAVE YOU KNOWN THIS PERSON?** | | |  | | |
| **WHAT IS THE BEST TIME OF DAY TO CONTACT THEM?** | | |  | | |

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| **NAME:** |  | |  | **ADDRESS:** |  |
| **CITY, STATE, ZIP:** | |  |  | **PHONE #:** |  |
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| **HOW DO YOU KNOW THIS PERSON?** | | |  | | |
| **HOW LONG HAVE YOU KNOWN THIS PERSON?** | | |  | | |
| **WHAT IS THE BEST TIME OF DAY TO CONTACT THEM?** | | |  | | |

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| **NAME:** |  | |  | **ADDRESS:** |  |
| **CITY, STATE, ZIP:** | |  |  | **PHONE #:** |  |
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| **HOW DO YOU KNOW THIS PERSON?** | | |  | | |
| **HOW LONG HAVE YOU KNOWN THIS PERSON?** | | |  | | |
| **WHAT IS THE BEST TIME OF DAY TO CONTACT THEM?** | | |  | | |

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| **NAME:** |  | |  | **ADDRESS:** |  |
| **CITY, STATE, ZIP:** | |  |  | **PHONE #:** |  |
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| **HOW DO YOU KNOW THIS PERSON?** | | |  | | |
| **HOW LONG HAVE YOU KNOWN THIS PERSON?** | | |  | | |
| **WHAT IS THE BEST TIME OF DAY TO CONTACT THEM?** | | |  | | |

**Employment: In the space provided below, list all previous employers starting with most recent.**

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| **NAME:** |  | | | |  | **ADDRESS:** |  | | |
| **CITY, STATE, ZIP:** | | |  | |  | **PHONE #:** |  | | |
|  | | |  | |  |  |  | | |
| **IMMEDIATE SUPERVISOR** | | | | |  | | | | |
| **HOW LONG WERE YOU EMPLOYED?** | | | | |  | | | | |
| **DATE HIRED:** | |  | |  | **DATE EMPLOYMENT ENDED:** | | |  | |
| **REASON FOR LEAVING (BE SPECIFIC):** | | | | | | | | |
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| **CITY, STATE, ZIP:** | | |  | |  | **PHONE #:** |  | | |
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| **IMMEDIATE SUPERVISOR** | | | | |  | | | | |
| **HOW LONG WERE YOU EMPLOYED?** | | | | |  | | | | |
| **DATE HIRED:** | |  | |  | **DATE EMPLOYMENT ENDED:** | | |  | |
| **REASON FOR LEAVING (BE SPECIFIC):** | | | | | | | | |
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| **NAME:** |  | | | |  | **ADDRESS:** |  | | |
| **CITY, STATE, ZIP:** | | |  | |  | **PHONE #:** |  | | |
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| **IMMEDIATE SUPERVISOR** | | | | |  | | | | |
| **HOW LONG WERE YOU EMPLOYED?** | | | | |  | | | | |
| **DATE HIRED:** | |  | |  | **DATE EMPLOYMENT ENDED:** | | |  | |
| **REASON FOR LEAVING (BE SPECIFIC):** | | | | | | | | |
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| **NAME:** |  | | | |  | **ADDRESS:** |  | | |
| **CITY, STATE, ZIP:** | | |  | |  | **PHONE #:** |  | | |
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| **IMMEDIATE SUPERVISOR** | | | | |  | | | | |
| **HOW LONG WERE YOU EMPLOYED?** | | | | |  | | | | |
| **DATE HIRED:** | |  | |  | **DATE EMPLOYMENT ENDED:** | | |  | |
| **REASON FOR LEAVING (BE SPECIFIC):** | | | | | | | | |
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| **CITY, STATE, ZIP:** | | |  | |  | **PHONE #:** |  | | |
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| **IMMEDIATE SUPERVISOR** | | | | |  | | | | |
| **HOW LONG WERE YOU EMPLOYED?** | | | | |  | | | | |
| **DATE HIRED:** | |  | |  | **DATE EMPLOYMENT ENDED:** | | |  | |
| **REASON FOR LEAVING (BE SPECIFIC):** | | | | | | | | |
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| **CITY, STATE, ZIP:** | | |  | |  | **PHONE #:** |  | | |
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| **IMMEDIATE SUPERVISOR** | | | | |  | | | | |
| **HOW LONG WERE YOU EMPLOYED?** | | | | |  | | | | |
| **DATE HIRED:** | |  | |  | **DATE EMPLOYMENT ENDED:** | | |  | |
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| **CITY, STATE, ZIP:** | | |  | |  | **PHONE #:** |  | | |
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| **IMMEDIATE SUPERVISOR** | | | | |  | | | | |
| **HOW LONG WERE YOU EMPLOYED?** | | | | |  | | | | |
| **DATE HIRED:** | |  | |  | **DATE EMPLOYMENT ENDED:** | | |  | |
| **REASON FOR LEAVING (BE SPECIFIC):** | | | | | | | | |
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| **CITY, STATE, ZIP:** | | |  | |  | **PHONE #:** |  | | |
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| **IMMEDIATE SUPERVISOR** | | | | |  | | | | |
| **HOW LONG WERE YOU EMPLOYED?** | | | | |  | | | | |
| **DATE HIRED:** | |  | |  | **DATE EMPLOYMENT ENDED:** | | |  | |
| **REASON FOR LEAVING (BE SPECIFIC):** | | | | | | | | |
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| **CITY, STATE, ZIP:** | | |  | |  | **PHONE #:** |  | | |
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| **IMMEDIATE SUPERVISOR** | | | | |  | | | | |
| **HOW LONG WERE YOU EMPLOYED?** | | | | |  | | | | |
| **DATE HIRED:** | |  | |  | **DATE EMPLOYMENT ENDED:** | | |  | |
| **REASON FOR LEAVING (BE SPECIFIC):** | | | | | | | | |
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| **NAME:** |  | | | |  | **ADDRESS:** |  | | |
| **CITY, STATE, ZIP:** | | |  | |  | **PHONE #:** |  | | |
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| **IMMEDIATE SUPERVISOR** | | | | |  | | | | |
| **HOW LONG WERE YOU EMPLOYED?** | | | | |  | | | | |
| **DATE HIRED:** | |  | |  | **DATE EMPLOYMENT ENDED:** | | |  | |
| **REASON FOR LEAVING (BE SPECIFIC):** | | | | | | | | |
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| **NAME:** |  | | | |  | **ADDRESS:** |  | | |
| **CITY, STATE, ZIP:** | | |  | |  | **PHONE #:** |  | | |
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| **IMMEDIATE SUPERVISOR** | | | | |  | | | | |
| **HOW LONG WERE YOU EMPLOYED?** | | | | |  | | | | |
| **DATE HIRED:** | |  | |  | **DATE EMPLOYMENT ENDED:** | | |  | |
| **REASON FOR LEAVING (BE SPECIFIC):** | | | | | | | | |
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| **NAME:** |  | | | |  | **ADDRESS:** |  | | |
| **CITY, STATE, ZIP:** | | |  | |  | **PHONE #:** |  | | |
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| **IMMEDIATE SUPERVISOR** | | | | |  | | | | |
| **HOW LONG WERE YOU EMPLOYED?** | | | | |  | | | | |
| **DATE HIRED:** | |  | |  | **DATE EMPLOYMENT ENDED:** | | |  | |
| **REASON FOR LEAVING (BE SPECIFIC):** | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| **DID YOU INTENTIONALLY OMIT ANY PLACES OF EMPLOYMENT FROM YOUR APPLICATION THAT YOU FEEL WOULD BE DETRIMENTAL TO YOU?** | YES |  |  | NO | |  |
| IF ANSWERED YES, PROVIDE DETAILS BELOW: | | | | |
|  | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT FOR ANY REASON?** | YES |  |  | NO | |  |
| IF ANSWERED YES, PROVIDE DETAILS BELOW: | | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER QUIT A JOB IN LIEU OF BEING TERMINATED?** | YES |  |  | NO | |  |
| IF ANSWERED YES, PROVIDE DETAILS BELOW: | | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER BEEN ASKED TO RESIGN FROM A JOB?** | YES |  |  | NO | |  |
| IF ANSWERED YES, PROVIDE DETAILS BELOW: | | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| **ARE THERE ANY OF YOUR PAST EMPLOYERS THAT YOU FEEL WOULD GIVE YOU OTHER THAN A GOOD RECOMMENDATION?** | YES |  |  | NO | |  |
| IF ANSWERED YES, PROVIDE DETAILS BELOW: | | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER STOLEN ANYTHING FROM A FORMER EMPLOYER?** | YES |  |  | NO | |  |
| IF ANSWERED YES, PROVIDE DETAILS BELOW: | | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER APPLIED FOR A JOB WITH ANY OTHER LAW ENFORCEMENT AGENCY?** | YES |  |  | NO | |  |
| IF ANSWERED YES, PROVIDE DETAILS BELOW: | | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER CHEATED AN EMPLOYER? (UNAUTHORIZED SICK LEAVE, PADDED EXPENSE ACCOUNTS)** | YES |  |  | NO | |  |
| IF ANSWERED YES, PROVIDE DETAILS BELOW: | | | | |
|  | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER BEEN REPRIMANDED AT WORK?** | YES |  |  | NO | |  |
| IF ANSWERED YES, PROVIDE DETAILS BELOW: | | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| **DID YOU EVER HAVE ANY TROUBLE (JOB DISAGREEMENTS, ETC.)? WHILE WORKING WITH OTHERS?** | YES |  |  | NO | |  |
| IF ANSWERED YES, PROVIDE DETAILS BELOW: | | | | |
|  | | | | |

**SECTION 13**

**RESIDENCES**

**In the space provided below, list all places you have lived in the past ten (10) years.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ADDRESS:** |  | |  | **CITY, STATE, ZIP:** |  | | |
|  | |  |  |  |  | | |
| **HOW LONG AT THIS RESIDENCE:** | |  |  | **DID YOU RENT OR OWN THIS RESIDENCE:** | |  |

|  |  |
| --- | --- |
| **IF RENTAL, NAME & PHONE # OF LANDLORD:** |  |

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| --- |
| **OTHER PERSONS LIVING AT THE RESIDENCE:** |
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| **ADDRESS:** |  | |  | **CITY, STATE, ZIP:** |  | | |
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| **HOW LONG AT THIS RESIDENCE:** | |  |  | **DID YOU RENT OR OWN THIS RESIDENCE:** | |  |

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| **IF RENTAL, NAME & PHONE # OF LANDLORD:** |  |

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| **OTHER PERSONS LIVING AT THE RESIDENCE:** |
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| **ADDRESS:** |  | |  | **CITY, STATE, ZIP:** |  | | |
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| **HOW LONG AT THIS RESIDENCE:** | |  |  | **DID YOU RENT OR OWN THIS RESIDENCE:** | |  |

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| **IF RENTAL, NAME & PHONE # OF LANDLORD:** |  |

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| **OTHER PERSONS LIVING AT THE RESIDENCE:** |
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| **ADDRESS:** |  | |  | **CITY, STATE, ZIP:** |  | | |
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| **HOW LONG AT THIS RESIDENCE:** | |  |  | **DID YOU RENT OR OWN THIS RESIDENCE:** | |  |

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| **IF RENTAL, NAME & PHONE # OF LANDLORD:** |  |

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| **OTHER PERSONS LIVING AT THE RESIDENCE:** |
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| **ADDRESS:** |  | |  | **CITY, STATE, ZIP:** |  | | |
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| **HOW LONG AT THIS RESIDENCE:** | |  |  | **DID YOU RENT OR OWN THIS RESIDENCE:** | |  |

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| **IF RENTAL, NAME & PHONE # OF LANDLORD:** |  |

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| **OTHER PERSONS LIVING AT THE RESIDENCE:** |
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| **ADDRESS:** |  | |  | **CITY, STATE, ZIP:** |  | | |
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| **HOW LONG AT THIS RESIDENCE:** | |  |  | **DID YOU RENT OR OWN THIS RESIDENCE:** | |  |

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| **IF RENTAL, NAME & PHONE # OF LANDLORD:** |  |

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| **OTHER PERSONS LIVING AT THE RESIDENCE:** |
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| **ADDRESS:** |  | |  | **CITY, STATE, ZIP:** |  | | |
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| **HOW LONG AT THIS RESIDENCE:** | |  |  | **DID YOU RENT OR OWN THIS RESIDENCE:** | |  |

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| **IF RENTAL, NAME & PHONE # OF LANDLORD:** |  |

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| **OTHER PERSONS LIVING AT THE RESIDENCE:** |
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**SECTION 14**

**Medical Examination Data (This information may be used for Polygraph)**

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| --- | --- | --- | --- | --- | --- |
| **DO YOU HAVE ANY PHYSICAL CONDITION WHICH YOU FEEL MAY AFFECT YOUR ABILITY TO TAKE A POLYGRAPH EXAMINATION?** | YES |  |  | NO |  |

|  |  |  |  |  |  |
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| **HAVE YOU BEEN A PATIENT IN ANY HOSPITAL IN THE LAST TWO (2) YEARS FOR TREATMENT WHICH MAY AFFECT YOUR ABILITY TO SIT FOR A POLYGRAPH EXAMINATION?** | YES |  |  | NO |  |

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| --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER HAD TROUBLE WITH NERVES REQUIRING MEDICATION?** | YES |  |  | NO |  |

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| **HAVE YOU EVER BEEN TREATED FOR ANY HEART PROBLEMS?** | YES |  |  | NO |  |

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| **ARE YOU CURRENTLY TAKING ANY TYPE OF PRESCRIPTION MEDICATION?** | YES |  |  | NO |  |

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| **DO YOU HAVE HIGH BLOOD PRESSURE?** | YES |  |  | NO |  |

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| IF ANSWERED YES TO ANY OF THE ABOVE, PROVIDE DETAILS BELOW: |
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**SECTION 14**

**Additional Polygraph Information**

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| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER HAD A POLYGRAPH EXAMINATION?** | | YES |  |  | NO |  |
| IF YES, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TO THE BEST OF YOUR KNOWLEDGE, DID YOU ANSWER ALL THE QUESTIONS ON YOUR EMPLOYMENT APPLICATION TRUTHFULLY?** | | YES |  |  | NO |  |
| IF NO, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DID YOU INTENTIONALLY OMIT ANY FACTS FROM YOUR EMPLOYMENT APPLICATION THAT YOU FEEL MIGHT DISQUALIFY YOU FROM THIS POSITION?** | | YES |  |  | NO |  |
| IF YES, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER, AT ANY TIME, USED AN ALIAS?** | | YES |  |  | NO |  |
| IF YES, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

**SECTION 14**

**Truthfulness**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU EVER LIED ABOUT ANYTHING REALLY IMPORTANT?** | | YES |  |  | NO |  |
| IF YES, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **DID YOU EVER TELL A LIE TO STAY OUT OF SERIOUS TROUBLE?** | | YES |  |  | NO |  |
| IF YES, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU INTENTIONALLY FALSIFIED ANY ANSWERS ON THIS QUESTIONNAIRE?** | | YES |  |  | NO |  |
| IF YES, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DID YOU INTENTIONALLY OMIT ANY FACTS FROM ANY QUESTIONS ON THIS QUESTIONNAIRE THAT YOU FEEL MIGHT DISQUALIFY YOU FROM THIS POSITION?** | | YES |  |  | NO |  |
| IF YES, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DID YOU DELIBERATELY FAIL TO ANSWER A QUESTION ON THIS QUESTIONNAIRE IN LIEU OF DISCUSSING THE MATTER WITH THE DEPARTMENT?** | | YES |  |  | NO |  |
| IF YES, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DO YOU AFFIRM OR ATTEST THAT ALL THE ANSWERS YOU HAVE PROVIDED TO QUESTIONS IN THIS QUESTIONNAIRE ARE TRUE AND CORRECT?** | | YES |  |  | NO |  |
| IF NO, PLEASE EXPLAIN: | | | | | |
|  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| By my signature I hereby state that I understand that providing false, fictitious, or misleading information on this questionnaire is grounds for immediate termination of the application process.  *\*DISCLAIMER: By typing your name below, you are signing this request electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.* | | | | |
| Signature: |  |  | Date: |  |

**PLEASE ATTACH A SEPARATE, TYPED ADDENDUM EXPLAINING IN DETAIL YOUR ANSWERS TO ANY OF THE PRECEEDING QUESTIONS THAT YOU FEEL MAY HAVE A DETRIMENTAL IMPACT ON YOUR EMPLOYMENT POTENTIAL WITH THE LORIS POLICE DEPARTMENT.**

**RELEASE AND WAIVER**

**To Whom It May Concern:**

**I hereby authorize a representative of the Loris Police Department bearing this release (or a copy of it), to obtain copies of any information in your files concerning me, or information pertaining to my employment, including but not limited to documents concerning my credit history or education, academic achievement, attendance, athletics, personal history, work performance, background investigations, polygraph examinations, and any and all internal affairs investigations and discipline, including any files which are deemed to be confidential, and or sealed.**

**I hereby direct you to release this information upon request to the bearer of this document (or a copy of it). This release is executed with full knowledge and understanding that the information is for the official use of the Loris Police Department.**

**I further understand that I waive any right or opportunity to read or review any information provided in the background investigation report prepared by the Loris Police Department.**

**I hereby release you, as my employer, former employer or representative of either of them, any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.**

**I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.**

|  |  |
| --- | --- |
| **NAME (PRINT):** |  |
| **SIGNATURE:** |  |
| **DATE:** |  |
| **DATE OF BIRTH:** |  |
| **CURRENT ADDRESS:** |  |
| **PHONE NUMBER:** |  |

***\*\*\* THIS FORM MUST BE SIGNED AND SENT BACK EITHER BY EMAIL, IN-PERSON, OR BY MAIL \*\*\****

***This allows the Loris Police Department to complete a comprehensive background investigation on you. Failure to return this signed document will result in your background investigation being incomplete and will hamper your ability to be considered for job openings.***

**NOTICE**

**Please read this carefully**

**The following MUST be turned in to the Loris Police Department with this package:**

**• One photocopy of your current driver license**

**• One photocopy of your birth certificate \*\***

**• One photocopy of your Social Security Card**

**• One photocopy of your DD 214, Discharge from Military Duty (if applicable)**

**• One photocopy of your high school diploma or equivalency certificate**

**• One Ten Year Driver History from the State of South Carolina (SC Residents only) \*\* NOTE: SC residents who have obtained a driver license from any other state in the past five years must provide a five-year driver history from those states in addition to the Ten-Year SC Driver History.**

**• One Driver History for the past five years from each state in which you have obtained a driver license (out-of-state residents only) \*\***

**• Photocopies of all Law Enforcement related certificates to include a copy of the curriculum from the Academy you attended if that Academy is outside of S.C. (if applicable)**

***NOTE: Items above marked \*\* may be copies. In the event you are hired, you will be required to provide CERTIFIED copies of those documents the date you are hired. The South Carolina Criminal Justice Academy will only accept certified copies of those documents during the registration process. Please insure you comply with this request.***

**Packages that are submitted incomplete WILL NOT be considered in the hiring process.**

**Please return all completed documents to: LORIS POLICE DEPARTMENT**

**Attn: Hiring Manager**

**3909 Walnut St**

**Loris, South Carolina 29569**