Sworn Personal History Statement

Plano Police Department
Professional Standards Unit
10/29/19

Toll Free Number: 1.866.485.7777

Plano Police Department
909 14th Street
P.O. Box 860358
Plano, Texas 75086-0358
APPLICANT DECLARATION OF ELIGIBILITY

(Initial each of the following statements indicating you have read and understand each)

I have reviewed the MINIMUM REQUIREMENTS for Police Officer with the Plano Police Department and I meet or exceed all listed items.

I understand that falsifying any information in this document will cause my application for employment to be denied. Further, I understand that falsifying any information in this document will cause me to become permanently ineligible for employment with the Plano Police Department.

SECTION A

(Initial each of the following requirements if you meet them).

By submitting my Personal History Statement to the Plano Police Department, I certify the following:

I am at least 21 years of age.

I will not have reached my 45th birthday by the date of the Civil Service Exam.

I am a citizen of the United States.

I am able to read, write and fluently speak the English language.

I am able to perform the essential functions of this Police Officer position to which I seek appointment, with or without reasonable accommodation.

I will be available to attend the Basic Police Officer Academy as well as Field Training for a period of up to 18 months immediately following my date of hire.

SECTION B

(Initial each criterion that applies to you)

AND I possess at least one of the following:

A baccalaureate degree from an accredited college or university by the United States Department of Education or the Council of Higher Education Accreditation at the time of their start date with the department.

60 semester hours credit from an accredited college or university by the United States Department of Education or the Council of Higher Education Accreditation at the time of their start date with the department AND at least three (3) years prior Active Duty military service

60 semester hours credit from an accredited college or university by the United States Department of Education or the Council of Higher Education Accreditation at the time of their start date with the department AND two (2) years full-time, paid sworn law enforcement experience.
INSTRUCTIONS

Read these instructions carefully before proceeding

These instructions are provided as a guide to assist you in properly completing your Personal History Statement (PHS). It is essential that all information be accurate. This information will be used to conduct a thorough background investigation that will determine your eligibility for employment. If you make it to the polygraph portion of the hiring process, this booklet will be used by the examiner to develop questions that will be used to determine if you have been completely and totally truthful in this booklet. Intent to deceive, falsify, mislead, or withhold information will result in disqualification.

Avoid errors by reading the directions carefully before making any entries on the form. You are not expected to be perfect, but you are expected to be honest.

1. THE PHS MUST BE COMPLETED BY THE APPLICANT. This completed PHS, and any additional explanation pages, should be printed single-sided, typed or printed legibly in BLACK ink. Variations of those PHS requirements will not be accepted.

2. If a field does not apply, enter “N/A” (not applicable).

3. You are responsible for obtaining all correct information (addresses, email accounts, and telephone numbers, etc.) for your references, employers, family, roommates and other contacts. If you do not know an answer and you do not know where/how to find it, indicate that on the form.

4. If additional space is needed for explanation, then all responses should be attached in one separate document with the explanations in the same order as addressed in the PHS. You must print your name at the top of each page and you must sign at the bottom of each page. Each response must reference the appropriate section of the PHS and question number before continuing your answer. (Example: Arrest/Detention, #5: followed by your detailed explanation).

5. An accurate and complete PHS will expedite your background investigation and increase your chances of becoming a Plano Police Officer.

6. It is your responsibility to have the Personal Inquiry Waiver Form (page 4), Confidential Information Agreement Form (page 5), and the Certification Page (page 6) notarized.

7. Please bring your completed (signed and notarized) PHS booklet with you to the Civil Service Exam. Do not submit this document electronically.

8. If there is any doubt as to whether information should be included in this PHS or not, INCLUDE IT. You will be given an opportunity to explain your answers.
PERSONAL INQUIRY WAIVER

Authority to Release Information

TO WHOM IT MAY CONCERN:

I hereby authorize the Plano Police Department and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education, medical records, or drug screen results including but not limited to academic, achievement, attendance, athletic, personal history, disciplinary records, medical records, psychological, polygraph, police records and credit scores.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official duties and responsibilities. I hereby release you, as a custodian of such records, and any school, college, university, or other education institution, hospital, or other repository or medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including officers, employees, or related personnel, both individually and collectively, from any and all liabilities for damages of whatever kind, which may at any time result to me, my heirs, family, associates because of compliance with this authorization and request information, or attempt to comply with it. I authorize full disclosure of all records concerning myself regardless of any agreement I may have made with you previously to the contrary, or any statute or policy that may make these records confidential.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Plano Police Department. I understand that all materials pertaining to this background investigation become the property of the Plano Police Department and will not be returned to me.

Applicant’s Printed Full Name: ____________________________________________________________

Address: ______________________________________________________________________________

Telephone Number: __________________________________________________________________________

Applicant’s Signature: ___________________________ Date: ___________________________

Sworn and subscribed before me, Notary Public, in and for the State of __________, this the ______ day of __________ , __________ 

__________________________________________ Notary Printed Name ____________________________ Notary Signature

(SEAL)

My Commission expires: ______________________

Initials _______
CONFIDENTIAL INFORMATION AGREEMENT

In order to determine your qualifications for this sworn Civil Service position, it will be necessary to conduct a comprehensive background investigation. To a great extent, an employment offer will depend upon an assessment of confidential information obtained from your interview, polygraph examination, psychological evaluation, driving history, credit report, and other confidential documents. In addition, confidential information will be sought from previous employers and other persons with whom you have been associated. Applicants will not have access to the above-named information, nor have access to the identities of persons interviewed. Your signature below will serve as your waiver of any right to access this information under State and Federal Law.

I understand a credit/consumer check will be conducted as part of my application for employment with the Plano Police Department. This document authorizes the Plano Police Department to obtain credit information from any source, including but not limited to consumer-reporting agencies. This consent extends to any medical information that might be included in the credit/consumer report. I understand the Plano Police Department may take adverse action, denying my application for employment, as a result of the information contained in my credit/consumer report.

By signing this form, I authorize the Plano Police Department to check my credit/consumer report for employment purposes, and I have received a summary of my rights under the Fair Credit Reporting Act.

If you are rejected for cause, one or more of the fourteen (14) reasons for rejection as listed in Section 143.023 of the Local Civil Service Government Code, said cause will be noted in written notification of rejection to you. Your rejection notification will also reflect whether the reason(s) for your non-acceptance is of a temporary reconcilable nature, or one of permanence.

This agreement is not to be in conflict with State Civil Service Rules, and such rules shall be the governing policy as long as the Civil Service Rules are in effect.

I have read the above statement and fully understand its meaning and agree with its provisions.

__________________________________________  ____________________________________________
Applicant Name (Print)                                      Date

__________________________________________
Signature of Applicant

Sworn and subscribed before me, Notary Public, in and for the State of ______________, this the _______ day
of ________________________, ____________

__________________________________________
Printed Notary Name

__________________________________________
Notary Signature

(Seal)

My Commission expires: __________________________

Initials__________                                      Page 5
CERTIFICATION PAGE

Please read thoroughly.

Could you take a human life as a Police Officer? ................................................................. Yes ☐ No ☐

You have now completed the Personal History Statement and polygraph pretest booklet. You should stop for a moment and think about your answers to ensure that you have accurately portrayed all of the information that was requested. Should you recall any information that was requested which you did not place in the booklet, please go back and make the correction at this time.

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS BOOKLET. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE PERMANENT REJECTION OF MY APPLICATION, OR IF CURRENTLY EMPLOYED WITH THE DEPARTMENT, TERMINATION OF SAID EMPLOYMENT.

_____________________________  __________________________
Signature of Applicant               Date

Sworn and subscribed before me, Notary Public, in and for the State of ____________, this the _____ day of ____________.

_____________________________  __________________________
Printed Notary Name               Notary Signature

My Commission expires: _________________ (Seal)

Please bring your completed (signed and notarized) PHS booklet with you to the Civil Service Exam. Do not submit this document electronically.
RECRUITING INFORMATION

Name: ______________________________________________________________________

(Last) (First) (Middle Initial)

Information on sex, race and ethnic background is collected for record keeping and compliance with Federal law. This information will not be used as a basis for making employment decisions.

Race: □ White □ Black/African American □ American Indian/Alaska Native
(Check ONE) □ Asian □ Native Hawaiian/Other Pacific Islander □ Two or more races

□ Male □ Female
(Check ONE)

Ethnicity: □ Hispanic □ Non-Hispanic
(Check ONE)

The following information is used for recruiting purposes only.

How did you become aware of this employment opportunity? Please be specific:

□ Social Media (which one) ______________________________________________________

□ Recruiter / Recruiting Event/Career Fair (where / when) __________________________

□ General Internet Search (using which search engine) ______________________________

□ Indeed

□ PoliceOne

□ TMPA

□ TCOLE

□ College Job Board ____________________________________________________________

□ City Website (if used, what drew you to the City website) __________________________

□ Military Installations/Armed Forces Recruiting event ______________________________

□ Word of mouth ______________________________________________________________

□ City of Plano Employee _________________________________________________________

□ Newspaper ___________________________________________________________________

□ Women in Law Enforcement event _____________________________________________

□ Other ______________________________________________________________________
PERSONAL HISTORY STATEMENT

The information provided in this section is used for identification purposes.

Your True and Legal Name: __________________________________________________________
First       Middle       Last

Other Names Used: __________________________________________________________________

Maiden Name: ______________________________________________________________________

Street Address: ____________________________________________________________________

City, State and Zip: __________________________________________________________________

Home Telephone Number _____________________________________________________________

Work Number: ______________________________________________________________________

Primary Email: _____________________________________________________________________

Any Additional Emails (include active and inactive accounts): _____________________________

Cell Phone Number: __________________________ Other Phone Number: _____________________

Date of Birth: __________________________ Sex: ☐ Male ☐ Female Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: ☐ White ☐ Black / African American ☐ Asian ☐ American Indian / Alaska Native

☐ Native Hawaiian / Other Pacific Islander ☐ Two or More Races

Social Security Number __________________________ U.S. Citizen: ☐ Yes ☐ No ☐

Place of Birth (include city, county, and state): _________________________________________

Driver's License (include number, state of issue, and expiration): __________________________

Concealed Handgun License (include number, state of issue and expiration): ___________________

Height: ________________ Weight: ________________ Hair Color: ________________ Eye Color: __________

Identifying Marks: _____________________________________________________________________

SCARS (Describe): ____________________________________________________________________

TATTOOS (Description and Location): _____________________________________________________

Preferred Name: _____________________________________________________________________

Do you have a social networking site? ☐ Yes ☐ No ☐

List all Social Networking Sites You Use: _________________________________________________

Initials_______

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EMPLOYMENT HISTORY

Beginning with your present or most recent job, list ALL jobs you have had, including all part time, temporary, and seasonal or volunteer/intern positions. Attach additional pages if necessary. If you have been terminated or asked to resign, are not eligible for re-hire, or received any type of disciplinary action, explain in detail these circumstances.

☐ Check this box if you were employed by a business involved in the sale of marijuana / THC / CBD / or any of their derivatives. If yes, please indicate your involvement with this business:

______________________________________________________________________________________

If you need additional pages than those provided in the PHS, print additional pages and insert them in the proper section of the PHS.
Ensure you include ALL jobs you have ever held.

Employer #1

Check appropriate job description(s): ☐ Full  ☐ Part  ☐ Temp  ☐ Seasonal  ☐ Volunteer  ☐ Intern
Employer: ___________________________________________  Phone: ___________________________________
Employer’s Address: ___________________________________________
Supervisor’s Name: ___________________________  Supervisor’s Phone: ___________________________
Supervisor’s Email: ___________________________  Eligible for Rehire? ☐ Yes ☐ No ☐
Employment began on: ___________________________  Ended on: ___________________________
Title: ___________________________________________  Salary / Hourly Rate: ___________________________
Duties / Responsibilities: ___________________________________________
Did you receive Job Performance Evaluations? ☐ Yes ☐ No ☐
Reason for leaving? ☐ Resignation  ☐ Termination  ☐ Lay-Off
Explain: ___________________________________________
Was notice given? ☐ Yes ☐ No ☐  What type? ☐ Verbal  ☐ Written
If notice given, how much? (If less than two (2) weeks, please explain): ___________________________
________________________________________________________
________________________________________________________
List at least one co-worker: ___________________________  Phone: ___________________________
Email: ___________________________________________

If more room is needed for explanation(s), please use a separate sheet.
EMPLOYMENT HISTORY

Employer #2

Check appropriate job description(s): □ Full □ Part □ Temp □ Seasonal □ Volunteer □ Intern

Employer: __________________________________________ Phone: __________________________

Employer’s Address: ________________________________________________________________

Supervisor’s Name: ___________________________ Supervisor’s Phone: ______________________

Supervisor’s Email: ________________________________ Eligible for Rehire? □ Yes □ No □

Employment began on: ___________________________ Ended on: ___________________________

Title: __________________________________________ Salary / Hourly Rate: __________________

Duties / Responsibilities: _____________________________________________________________

Did you receive Job Performance Evaluations? □ Yes □ No □

Reason for leaving? □ Resignation □ Termination □ Lay-Off

Explain: ____________________________________________________________

Was notice given? □ Yes □ No □ What type? □ Verbal □ Written

If notice given, how much? (If less than two (2) weeks, please explain): _______________________

List at least one co-worker: __________________________ Phone: __________________________

Email: ________________________________________________

If more room is needed for explanation(s), please use a separate sheet.
EMPLOYMENT HISTORY

Employer #3

Check appropriate job description(s): □ Full □ Part □ Temp □ Seasonal □ Volunteer □ Intern

Employer: __________________________________________ Phone: __________________________

Employer’s Address: __________________________________________________________

Supervisor’s Name: ___________________________ Supervisor’s Phone: ______________________

Supervisor’s Email: ___________________________ Eligible for Rehire? _Yes □ No □

Employment began on: ___________________________ Ended on: ___________________________

Title: _________________________________________ Salary / Hourly Rate: ___________________

Duties / Responsibilities: __________________________________________________________

Did you receive Job Performance Evaluations? Yes □ No □

Reason for leaving? □ Resignation □ Termination □ Lay-Off

Explain: __________________________________________________________________________

Was notice given? Yes □ No □ What type? □ Verbal □ Written

If notice given, how much? (If less than two (2) weeks, please explain): __________________

_________________________________________________________________________________

_________________________________________________________________________________

List at least one co-worker: ___________________________ Phone: __________________________

Email: ___________________________________________________________________________

If more room is needed for explanation(s), please use a separate sheet.
EMPLOYMENT HISTORY

Employer #4

Check appropriate job description(s):  ☐ Full  ☐ Part  ☐ Temp  ☐ Seasonal  ☐ Volunteer  ☐ Intern

Employer: ___________________________________________ Phone: __________________________

Employer’s Address: ____________________________________________________________

Supervisor’s Name: ___________________________ Supervisor’s Phone: ______________________

Supervisor’s Email: _______________________________ Eligible for Rehire?  Yes ☐ No ☐

Employment began on: ___________________________ Ended on: _________________________

Title: ___________________________________________ Salary / Hourly Rate: __________________

Duties / Responsibilities: __________________________________________________________________

Did you receive Job Performance Evaluations?  Yes ☐ No ☐

Reason for leaving?  ☐ Resignation  ☐ Termination  ☐ Lay-Off

Explain: _____________________________________________________________________________

Was notice given?  Yes ☐ No ☐  What type?  ☐ Verbal  ☐ Written

If notice given, how much? (If less than two (2) weeks, please explain): ____________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

List at least one co-worker: ___________________________ Phone: __________________________

Email: ________________________________________________________________________________

If more room is needed for explanation(s), please use a separate sheet.
EMPLOYMENT HISTORY

Employer #5

Check appropriate job description(s):  ☐ Full  ☐ Part  ☐ Temp  ☐ Seasonal  ☐ Volunteer  ☐ Intern

Employer: __________________________________________  Phone: ____________________________

Employer’s Address: ________________________________________________________________

Supervisor’s Name: ___________________________  Supervisor’s Phone: ___________________________

Supervisor’s Email: ___________________________  Eligible for Rehire?  ☐ Yes  ☐ No

Employment began on: ___________________________  Ended on: ___________________________

Title: ___________________________________________  Salary / Hourly Rate: ___________________________

Duties / Responsibilities: ________________________________________________________________

Did you receive Job Performance Evaluations?  ☐ Yes  ☐ No

Reason for leaving?  ☐ Resignation  ☐ Termination  ☐ Lay-Off

Explain: ________________________________________________________________

Was notice given?  ☐ Yes  ☐ No  ☐  What type?  ☐ Verbal  ☐ Written

If notice given, how much? (If less than two (2) weeks, please explain): ___________________________

________________________________________________________

________________________________________________________

List at least one co-worker: ___________________________  Phone: ____________________________

Email: ____________________________________________________________

If more room is needed for explanation(s), please use a separate sheet.
EMPLOYMENT HISTORY

Employer #6

Check appropriate job description(s):  ☐ Full  ☐ Part  ☐ Temp  ☐ Seasonal  ☐ Volunteer  ☐ Intern

Employer: _______________________________ Phone: _______________________________

Employer’s Address: ______________________________________________________________

Supervisor’s Name: ___________________________ Supervisor’s Phone: ___________________

Supervisor’s Email: ______________________________ Eligible for Rehire?  ☐ Yes  ☐ No

Employment began on: ___________________________ Ended on: _________________________

Title: _________________________________________ Salary / Hourly Rate: ________________

Duties / Responsibilities: ____________________________________________________________

Did you receive Job Performance Evaluations?  ☐ Yes  ☐ No

Reason for leaving?  ☐ Resignation  ☐ Termination  ☐ Lay-Off

Explain: __________________________________________________________________________

Was notice given?  ☐ Yes  ☐ No  ☐ What type?  ☐ Verbal  ☐ Written

If notice given, how much? (If less than two (2) weeks, please explain): ____________________
                                                                                       ____________________
                                                                                       ____________________

List at least one co-worker: ______________________ Phone: ____________________________

Email: ______________________________________________________________________________

If more room is needed for explanation(s), please use a separate sheet.
EMPLOYMENT HISTORY

Employer #7

Check appropriate job description(s): □ Full □ Part □ Temp □ Seasonal □ Volunteer □ Intern

Employer: ___________________________________________ Phone: _____________________________

Employer’s Address: ____________________________________________________________

Supervisor’s Name: _______________________________ Supervisor’s Phone: ____________________________

Supervisor’s Email: _______________________________ Eligible for Rehire? _Yes □ No □

Employment began on: _____________________________ Ended on: _____________________________

Title: __________________________________________ Salary / Hourly Rate: ___________________________

Duties / Responsibilities: ________________________________

Did you receive Job Performance Evaluations? Yes □ No □

Reason for leaving? □ Resignation □ Termination □ Lay-Off

Explain: ___________________________________________

Was notice given? Yes □ No □ What type? □ Verbal □ Written

If notice given, how much? (If less than two (2) weeks, please explain): _____________________________

List at least one co-worker: ___________________________ Phone: _____________________________

Email: ___________________________________________

If more room is needed for explanation(s), please use a separate sheet.
EMPLOYMENT HISTORY

Employer #8

Check appropriate job description(s):  ☐ Full  ☐ Part  ☐ Temp  ☐ Seasonal  ☐ Volunteer  ☐ Intern

Employer: _______________________________ Phone: _______________________________

Employer’s Address: ____________________________________________________________

Supervisor’s Name: ______________________ Supervisor’s Phone: ______________________

Supervisor’s Email: ___________________________ Eligible for Rehire?  Yes ☐ No ☐

Employment began on: ______________________ Ended on: ______________________

Title: ______________________________ Salary / Hourly Rate: ______________________

Duties / Responsibilities: _______________________________________________________

Did you receive Job Performance Evaluations?  Yes ☐ No ☐

Reason for leaving?  ☐ Resignation  ☐ Termination  ☐ Lay-Off

Explain: ________________________________________________________________

Was notice given?  Yes ☐ No ☐  What type?  ☐ Verbal  ☐ Written

If notice given, how much? (If less than two (2) weeks, please explain): ______________________

List at least one co-worker: ___________________________ Phone: ______________________

Email: ________________________________________________________________

If more room is needed for explanation(s), please use a separate sheet.
EMPLOYMENT HISTORY

If you answer YES to any question in this section, please explain.

1. Did you intentionally omit any of your prior employment on this Personal History Statement .................................................................................................................... Yes ☐ No ☐

2. Do you, on average, miss as much as one day of work per month? ........................................... Yes ☐ No ☐

3. Have you ever used sick leave without actually being sick? ...................................................... Yes ☐ No ☐

4. Have you ever been late or tardy to work for any reason? .......................................................... Yes ☐ No ☐

5. In a normal work month, how many times are you late or tardy to work? ________________________

6. Number of days missed from work during the past year: ______________________________________

For the purposes of this Personal History Statement, termination includes being fired, discharged, dismissed, released, let go and other similar terms; disciplinary action includes being reprimanded, counseled (verbally or in writing), or otherwise put on notice to improve your conduct or performance in the workplace.

7. Have you, regardless of whether the matter is or was appealed, regardless of whether the matter is part of your official record, regardless of whether you believe or think that it might not still be in your file:
   a. Ever been terminated from employment for any reason? ................................................... Yes ☐ No ☐
   b. Ever resigned in lieu of termination (after being told your employer intended to terminate you)? ................................................................................................................... Yes ☐ No ☐
   c. Ever resigned in lieu of disciplinary action (after being told your employer intended to take disciplinary action against you)? .............................................................. Yes ☐ No ☐
   d. Ever quit because you suspected you were going to be terminated or disciplined? .............................................................. Yes ☐ No ☐
   e. List all disciplinary actions you have EVER received on any job: ________________________
       _______________________________________________________________________

☐ Check this box if you have NEVER been fired or asked to resign from a job.

8. If you have been terminated, asked to resign, or received discipline on any job, complete the following information for each occurrence:

   Employer: ____________________________ Phone: ____________________________

   Address: ________________________________________________________________

   Date of employment: ________________ Thru: ________________________________

   Reason for dismissal or disciplinary action: ________________________________

Initials______
EMPLOYMENT HISTORY

If you answer YES to any question in this section, please explain.

9. While at work and / or during work hours, have you ever:
   a. Slept? (If not caused by a medical conditional recognized by the Americans with Disabilities Act) ..................................................................................................... Yes ☐ No ☐
   b. Been involved in any sexual act? ................................................................................... Yes ☐ No ☐
   c. Consumed alcohol? ........................................................................................................ Yes ☐ No ☐
   d. Been involved in an act of masturbation? ...................................................................... Yes ☐ No ☐

10. Were you ever involved in a physical / verbal altercation with a supervisor, co-worker, or customer? ......................................................................................................... Yes ☐ No ☐

11. Have you ever been accused of sexual harassment or discrimination (such as racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, or customer? ......................................................................................................... Yes ☐ No ☐

12. Have you ever sold, released, or given away legally confidential information? ................. Yes ☐ No ☐

13. Has your work performance ever been affected by your use of alcohol or drugs? ............... Yes ☐ No ☐
   When: ___________________________ Name of employer: ________________________________

14. Have you been warned by an employer about your drinking or drug habits and their impact on your performance? .................................................................................................. Yes ☐ No ☐
   When: ___________________________ Name of employer: ________________________________

15. Have you ever claimed that you worked more hours than you actually worked? ............ Yes ☐ No ☐

16. Have you ever violated a company policy, knowing that you were doing so? ............... Yes ☐ No ☐

17. Have you ever claimed to have been injured or disabled when you were not? ............. Yes ☐ No ☐

18. Have you ever had the knowledge that another employee was stealing or being dishonest and not acted upon it? ......................................................................................................... Yes ☐ No ☐
# PERIODS OF EMPLOYMENT

1. If you have never held employment, explain why: ___________________________________________

2. Record any period of unemployment since graduating from High School (a period of unemployment is any time you did not have a job).

   If you were a full-time college student and held only seasonal employment during school breaks, indicate your beginning and ending school dates and list the seasonal jobs in the Employment History Section of this packet.

<table>
<thead>
<tr>
<th>From (Month / Year)</th>
<th>To: (Month / Year)</th>
<th>Length</th>
<th>Reason</th>
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MARITAL AND FAMILY HISTORY

Check your current status: □ Single □ Engaged □ Married □ Divorced □ Widowed

If you are engaged:

Fiancée’s Name: ___________________________ Date of Birth: ______________
Employer: ___________________________ Address: ___________________________
Home Telephone: ___________________________ Work: ___________________________
Email: ___________________________

If you are married or separated:

Spouse’s Name: ___________________________ Date of Birth: ______________
Date Married: ___________________________
Employer: ___________________________ Address: ___________________________
Home Telephone: ___________________________ Work: ___________________________
Email: ___________________________

If you are divorced:

Former Spouse’s Name: ___________________________ Date of Birth: ______________
Address: ___________________________ Telephone: ___________________________
Date Married: ___________________________ Date Divorced: ___________________________
State and Court where divorce decree issued: ___________________________

If you are widowed:

Spouse’s Name: ___________________________ Date of Birth: ______________
Date of Death: ___________________________
FAMILY INFORMATION

List immediate Family Members (including those related by marriage); if deceased, indicate the year of death.

(Please include all ADULT family members including: Natural, Step, In-laws, Mother, Father, Siblings
Children will be included in the next section)

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<th>Relation:</th>
<th>DOB:</th>
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<th>Home Address:</th>
<th>City:</th>
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<th>Home Phone:</th>
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If you need more spaces, please list them on additional pages.

Initials_________ Page 21
**FAMILY INFORMATION**

(Please include all ADULT family members including: Natural, Step, In-laws, Mother, Father, Siblings)

<table>
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If you need more spaces, please list them on additional pages.
**FAMILY INFORMATION**

List all children related to you or your spouse.

*(Please include all children including: Natural, Step, Adopted, and Foster)*

<table>
<thead>
<tr>
<th>Name:</th>
<th>Custodial parent or guardian (if other than you):</th>
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<tbody>
<tr>
<td>☐ Male ☐ Female</td>
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Initials_________ Page 23
# FAMILY INFORMATION

(Please include all children including: Natural, Step, Adopted, and Foster)

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RESIDENCES

List all residences during the last ten (10) years or since 17 years of age. Provide complete addresses (include markers such as Street, Drive, East, West, etc. and unit or apartment number). Do not use PO Boxes. If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.

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PERSONAL, CREDIT, AND MARTITAL INFORMATION

If you answer YES to any question in this section, please explain.

1. Have you intentionally left any relatives’ names out of this booklet? ........................................ Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

2. Are you paying alimony? ............................................................................................................ Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

3. Have you ever been ordered into court for non-payment of alimony or child support? .......... Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

4. Are you in arrears or behind on any required payments to your former spouse or children? ................................................................................................................................. Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

5. Have you ever been married to more than one person at a time? ........................................... Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

6. Has any member of your family, including step, natural, or in-laws, been arrested, charged or convicted of a crime other than Class C Misdemeanor traffic violations? ........ Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

7. Have you ever been turned over to a collection agency for failing to pay a bill? ................. Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

8. Have you ever filed for bankruptcy? ....................................................................................... Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

9. Have you ever been sued or involved in a lawsuit? ................................................................. Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

10. Do you have any suits / claims pending against any city, state, or federal institution? ........ Yes ☐ No ☐
    If yes, please explain: ________________________________________________________________

11. Do you owe more money per month than you make per month? ......................................... Yes ☐ No ☐
    If yes, please explain: ________________________________________________________________

12. Do you have any credit issues that have not been addressed? ............................................. Yes ☐ No ☐
    If yes, please explain: ________________________________________________________________

Initials_________
PERSONAL, CREDIT, AND MARTITAL INFORMATION

If you answer YES to any question in this section, please explain.

13. Since the age of 17, have you ever been evicted from a residence? ........................................... Yes ☐ No ☐
   If yes, please explain: .................................................................................................................................

14. Do you have income other than from your salary or wages? ...................................................... Yes ☐ No ☐
   If yes, please explain: .................................................................................................................................

15. Have you ever been delinquent on income or other tax payments? ............................................ Yes ☐ No ☐
   If yes, please explain: .................................................................................................................................

16. Have you ever had an employment bond refused? ................................................................. Yes ☐ No ☐
   If yes, please explain: .................................................................................................................................

17. Have you ever spent money for illegal purposes (i.e.: drugs, prostitution, purchase fraudulent documents, etc.? .................................................. Yes ☐ No ☐
   If yes, please explain: .................................................................................................................................

18. Have you ever been the subject of an emergency protective, restraining, or stay away order? .................................................. Yes ☐ No ☐
   If yes, please explain: .................................................................................................................................

19. Have you ever fraudulently received welfare, unemployment compensation, or other state or federal assistance? .................................................. Yes ☐ No ☐
   If yes, please explain: .................................................................................................................................

20. Have you ever filed a false insurance or workers’ compensation claim? ................................ Yes ☐ No ☐
    If yes, please explain: .................................................................................................................................
MILITARY HISTORY

1. Have you met the registration requirements for selective service? ............................................. Yes □ No □
   □ N/A Female Applicant

2. Have you ever been in the military service? ............................................................................... Yes □ No □
   If yes, which branch: ___________________________ Highest Rank: ___________________________
   Date of Induction: ___________________________ Position Held: ___________________________

   If you answer YES to any question in following section, please explain.

3. Have you ever been rejected by any branch of the US Armed Forces? ...................................... Yes □ No □
   If yes, please explain: ___________________________________________________________________________

4. Have you ever been AWOL? ........................................................................................................... Yes □ No □
   If yes, please explain: ___________________________________________________________________________

5. Have you ever been the subject of a military investigation? ........................................................... Yes □ No □
   If yes, please explain: ___________________________________________________________________________

6. Were you ever disciplined under UCMJ (i.e.: Article 15, Capt. Mast, Page 11, N.J.P., Letter of Comment, Letter of Counsel, etc.)? .......................................................... Yes □ No □
   If yes, please explain: ___________________________________________________________________________

7. While in the military service, were you ever arrested for an offense which resulted in a trial by Deck Court of Summary, Special or General court martial? ........................................... Yes □ No □
   Charge: ___________________________ Date: _________ Results: ___________________________
   Charge: ___________________________ Date: _________ Results: ___________________________
   If yes, please explain: ___________________________________________________________________________

8. Were you ever reduced in rank? ...................................................................................................... Yes □ No □
   If yes, please explain: ___________________________________________________________________________

9. Were you ever confined to the brig or guardhouse? ..................................................................... Yes □ No □
   If yes, please explain: ___________________________________________________________________________

10. Were you ever awarded a security clearance? ............................................................................ Yes □ No □
    If yes, please explain: ___________________________________________________________________________

11. Have you ever violated a government security clearance? .......................................................... Yes □ No □
    If yes, please explain: ___________________________________________________________________________

Initials_______

Page 29
MILITARY HISTORY

If you answer YES to any question in following section, please explain.

12. Did you ever have an accident while in the military that was not reported? .................................. Yes ☐ No ☐
   If yes, please explain: ........................................................................................................................................

13. Are you eligible for reenlistment? ........................................................................................................... Yes ☐ No ☐
   If yes, please explain: ........................................................................................................................................

14. Do you have any current military obligations? ...................................................................................... Yes ☐ No ☐
   If yes, please explain: ........................................................................................................................................

15. Last duty station and name of Commanding Officer: ___________________________________________
   If yes, please explain: ........................................................................................................................................

16. Are you: □ Active □ Standby □ Inactive □ IRR
   Organization / Station / Unit and Location: ______________________________________________________________

17. Were you discharged prior to the end of your tour of duty? ................................................................. Yes ☐ No ☐
   If yes, please explain: ........................................................................................................................................

18. Type of Discharge:
   □ Honorable □ General □ Other than Honorable □ Bad Conduct □ Dishonorable
   Discharge date: ______________________________________________________________________________________

Initials_________  Page 30
EDUCATIONAL INFORMATION

List all high schools, colleges, technological or trade schools you have ever attended regardless of whether you graduated and/or completed the prescribed curriculum. You will be required to furnish transcripts to support all of your educational claims.

If you are listing colleges/universities, and you did not graduate, indicate the number of credit hours you have earned. If you attended a technological or trade school, indicate your course of study and also note if you were awarded a diploma or certificate.

Check highest grade completed: ☐ High School ☐ Diploma ☐ GED ☐ College ☐ Some College
☐ Associate’s ☐ Bachelor’s ☐ Master’s ☐ Ph.D.

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<tr>
<th>School Name / City / State</th>
<th>Dates Attended (From – To)</th>
<th>Credit Hours Earned &amp; GPA</th>
<th>Degree / Major</th>
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If you answer YES to any question in following section, please explain.

1. Have you ever been expelled from any school you have attended? ............................................ Yes ☐ No ☐
   If yes, please explain: __________________________________________

2. Have you ever been placed on academic probation? .................................................................. Yes ☐ No ☐
   If yes, name of school: ____________________________________________________________

3. Have you been involved in any community activities? .............................................................. Yes ☐ No ☐
   If yes, please explain: ____________________________________________________________

4. Have you received any awards, commendations, or special recognitions? List all: __________________________
   __________________________ __________________________ __________________________

5. Have you ever attended a Basic Licensing Course? ................................................................. Yes ☐ No ☐
   If yes, provide the PID you were assigned: __________________________
   Academy Name: __________________________ From: __________ To: __________
   Location: __________________________
   Name of Training Coordinator: __________________________ Contact Number: __________________________
   Did you graduate? ........................................................................................................ Yes ☐ No ☐
APPLICATIONS WITH LAW ENFORCEMENT AGENCIES

If you have applied with other law enforcement agencies for any position (including all city, county, state and federal agencies and any position such as officer, detention officer, dispatcher, etc.), please complete the following.

Do not fail to list any, regardless of the status of your application. (Add additional page if needed)

☐ Check this box if you have NEVER applied with another law enforcement agency.

☐ Check this box if you have ever been a paid or unpaid police informant.

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<tr>
<td>Background Investigators Name (if known):</td>
<td>Contact Number (Ext):</td>
<td>Email:</td>
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</tbody>
</table>

Check each step in the process that you completed, and your status:

STEPS: ☐ Application ☐ Written ☐ Physical Agility ☐ Oral ☐ Polygraph / CVSA

☐ Background ☐ Chief’s Oral ☐ Conditional Job Offer

☐ Psychological Examination Date: _____________ ☐ Medical Date: _____________

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified ☐ Not Selected

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**APPLICATIONS WITH LAW ENFORCEMENT AGENCIES**

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<th>Position Applied:</th>
<th>Date Applied:</th>
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<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Background Investigators Name (if known):</td>
<td>Contact Number (Ext):</td>
<td>Email:</td>
</tr>
</tbody>
</table>

Check each step in the process that you completed, and your status:

**STEPS:**
- Application
- Written
- Physical Agility
- Oral
- Polygraph / CVSA
- Background
- Chief’s Oral
- Conditional Job Offer
- Psychological Examination Date: _____________
- Medical Date: _____________

**STATUS:**
- Hired
- On List
- Withdrawn
- Disqualified
- Not Selected

If more spaces are needed, please list them on additional sheets.

Initials_________ Page 33
**APPLICATIONS WITH LAW ENFORCEMENT AGENCIES**

Do not fail to list any, regardless of the status of your application.

<table>
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<th>Date Applied:</th>
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**STEPS:**
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- ☐ Written
- ☐ Physical Agility
- ☐ Oral
- ☐ Polygraph / CVSA
- ☐ Background
- ☐ Chief’s Oral
- ☐ Conditional Job Offer
- ☐ Psychological Examination Date: _____________
- ☐ Medical Date: _____________

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# APPLICATIONS WITH LAW ENFORCEMENT AGENCIES

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<td>State:</td>
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<td>Background Investigators Name (if known):</td>
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<td>Email:</td>
</tr>
</tbody>
</table>

Check each step in the process that you completed, and your status:

**STEPS:**
- [ ] Application
- [ ] Written
- [ ] Physical Agility
- [ ] Oral
- [ ] Polygraph / CVSA
- [ ] Background
- [ ] Chief’s Oral
- [ ] Conditional Job Offer
- [ ] Psychological Examination Date: _____________
- [ ] Medical Date: _____________

**STATUS:**
- [ ] Hired
- [ ] On List
- [ ] Withdrawn
- [ ] Disqualified
- [ ] Not Selected

If more spaces are needed, please list them on additional sheets.
ARREST / DETENTION

If you answer YES to any question in this section, please explain.
Explanations in this section must include the date, charge, police agency/city or locality, and penalty

1. Have you ever been arrested by the police, regardless of the final disposition? ......................... Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

2. Have you been charged / filed-on with an offense regardless of the disposition? ...................... Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

3. Have you ever been questioned or detained as either a suspect, victim, or witness by
   the police as part of any police investigation? ............................................................................ Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

4. Have you ever lied to a police employee when being questioned about any type of
   criminal activity? ........................................................................................................... ............. Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

5. Have you ever been present during the commission of a crime? ................................................ Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

6. Have you ever been summoned into court for a criminal offense? ............................................. Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

7. Have you ever been the subject of a Protective Order? .............................................................. Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

8. Have you ever collected unemployment or welfare benefits (including food stamps)
   when you were not entitled to them, or received an “overpayment” which you were
   required to repay? ........................................................................................................... ............ Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________
DRIVING RECORD

If you answer YES to any question in this section, please explain.

1. Do you possess a valid driver’s license? ................................................................. Yes ☐ No ☐

   If no, please explain: ____________________________________________________________

<table>
<thead>
<tr>
<th>Driver’s License Number (including state)</th>
<th>Years</th>
<th>Class</th>
</tr>
</thead>
</table>

2. Have you ever had a driver’s license suspended? ................................................... Yes ☐ No ☐

   If yes, please explain: ____________________________________________________________

3. Have you ever knowingly driven a motor vehicle after your driver’s license was suspended, or after it had been revoked? ................................................................. Yes ☐ No ☐

   If yes, please explain: ____________________________________________________________

4. Do you have a valid driver’s license in more than one state? .................................... Yes ☐ No ☐

   If yes, please list state(s) and license number(s): __________________________________

5. Have you ever applied for a driver’s license using a fictitious name? ......................... Yes ☐ No ☐

   If yes, please explain: ____________________________________________________________

6. Have you ever been involved in a hit-and-run accident? ............................................. Yes ☐ No ☐

   If yes, please explain: ____________________________________________________________

7. Have you ever failed to appear in court for a traffic citation? .................................... Yes ☐ No ☐

   If yes, please explain: ____________________________________________________________

8. Have you ever failed to pay a parking citation? ........................................................ Yes ☐ No ☐

   If yes, please explain: ____________________________________________________________

9. What company carries your automobile insurance policy? _____________________________

   Address: _______________________________________________________________________

   Policy Number: ____________________________  Expiration Date: ________________________

Initials_________  Page 37
## DRIVING RECORD

10. List all vehicles you currently own, possess, and / or that are registered to you:

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Color</th>
<th>Model and Body Style</th>
<th>License Number (include state)</th>
</tr>
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</table>

11. List **ALL** traffic accidents from the past three (3) years in which you have been involved as the driver regardless of whether the accident was reported or placed on your record:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Police Report</th>
<th>Your Fault</th>
<th>Drinking</th>
<th>Drug Use</th>
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<td>□ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No</td>
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<td>□ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No</td>
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</table>

12. List **ALL** traffic citations you have received in the past three (3) years:

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Type of Violation</th>
<th>Issuing Agency</th>
<th>Disposition</th>
</tr>
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<tbody>
<tr>
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THEFT FROM EMPLOYERS / INTEGRITY

If you answer YES to any question in this section, please explain.

Many people have taken things from a place where they worked, which they did not have permission to take. The items may have been cash, merchandise, or property. You may have simply borrowed one of these items and forgotten to return it, gave merchandise to another person, or padded your expense account. You will have ample opportunity to explain these issues prior to the polygraph examination.

Although these incidents may be minor in nature, your honesty in this area may directly reflect your character in the work environment. Therefore, the Plano Police Department is interested in any incidents of theft or misappropriations from an employer that you may have committed or in which you may have been involved.

1. Have you taken any money from a place of employment (no matter the amount)? ................. Yes ☐ No ☐

2. Have you taken any equipment, tools, merchandise, or supplies from a place of employment? .................................................................................................................................. Yes ☐ No ☐

If you answered yes to either of the questions above, please list the items / amounts taken below:

<table>
<thead>
<tr>
<th>Item(s) Taken</th>
<th>Value</th>
<th>Date</th>
<th>Employer</th>
</tr>
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<tbody>
<tr>
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</table>

☐ Check this box if you are still in possession of any of the above listed items.

☐ Check this box if you NEVER taken anything from an employer.

Before going to the next section, be sure you have not failed to list ANY theft that you may have committed from an employer.
CRIMINAL ACTIVITY

If you answer YES to any question in this section, please explain.

You are applying for a position that requires the trust of the citizens. Consequently, the Plano Police Department is interested in your participation in, or commission of any criminal activity. We realize it would be a rarity for any applicant to answer “no” to all of these questions, so we place a high degree of value on a person’s honesty and integrity in answering the following questions truthfully.

If you have committed or participated in any of the acts listed you must check the box indicating participation in the act. Obviously, there are some acts of criminal behavior that may preclude your selection for employment; nonetheless, you must admit those acts to successfully complete the polygraph examination. Prior to your polygraph examination, you will be given ample opportunity to explain your participation in these acts.

1. Any act of unlawfully taking the life of another person? ............................................................ Yes □ No □
   If yes, please explain: ________________________________________________________________

2. Any act of unlawfully abducting another person? ................................................................. Yes □ No □
   If yes, please explain: ________________________________________________________________

3. Any sexual act after you were 17 of age with another person who was less than 15 years of age?  ................................................................................................................ ............... Yes □ No □
   (This includes: sexual intercourse, oral sex, anal sex, or touching the genitals, breasts, or anus of another person.)
   If yes, please explain: ________________________________________________________________

4. Any act, as an adult, of exposing your anus or genitals in public to arouse sexually or gratify yourself or another person? ................................................................. Yes □ No □
   If yes, please explain: ________________________________________________________________

5. Any act, as an adult, of assault by physically striking another person, stranger, family members, or others? ................................................................. Yes □ No □
   If yes, please explain: ________________________________________________________________

6. Any act, as an adult, of cruelty to any creature or animal which results in harm, injury, or death other than legally licensed sport, hunting, or fishing? ......................... Yes □ No □
   If yes, please explain: ________________________________________________________________

7. Any act of rape or sexual assault, either by force, threats, or injury? ................................. Yes □ No □
   If yes, please explain: ________________________________________________________________

Again, be sure to acknowledge participation, commission, arrest, conviction, or questioning for any of the above acts.

Initials_________  Page 40
CRIMINAL ACTIVITY

If you answer YES to any question in this section, please explain.

8. Any act of Family Violence resulting in a court conviction? .......................................................... Yes ☐ No ☐
   If yes, please explain: 

9. Any act involving hurting, harming, or attempting to hurt or harm another person
   using a firearm, knife, club, or any other deadly weapon? ............................................................. Yes ☐ No ☐
   If yes, please explain: 

10. Any act involving hurting, harming, abusing, striking or injuring any person under
   the age of 15 years? ..................................................................................................................... Yes ☐ No ☐
    If yes, please explain: 

11. Being married to two or more people at the same time? .............................................................. Yes ☐ No ☐
    If yes, please explain: 

12. Any incestuous act of knowingly inflicting sexual contact or sexual penetration to
    include sexual intercourse, oral sexual intercourse, or anal sexual intercourse with
    your natural child, stepchild, or child by adoption; natural grandchild, step-
    grandchild, or grandchild by adoption; sister, stepsister, brother, stepbrother, niece,
    nephew, or other family member .............................................................................................. Yes ☐ No ☐
    If yes, please explain: 

13. Any act involving taking or keeping a child under the age of 18 years out of the state
    in which the child resides, in violation or a judgment order of a court disposing of the
    child’s custody ......................................................................................................................... Yes ☐ No ☐
    If yes, please explain: 

14. As an adult, any act involving computer internet searches or chat rooms where
    sexually oriented material or messaging was viewed or performed involving an
    individual who identified themselves as a juvenile? (under the age of 17 years) .................... Yes ☐ No ☐
    If yes, please explain: 

15. Any act of causing, planning, or starting, or attempting to start, a fire or an explosion
    to damage or destroy a building, habitation, or vehicle belonging to another person,
    or a building, habitation, vehicle, or property belonging to you which was insured? ............ Yes ☐ No ☐
    If yes, please explain: 

Again, be sure to acknowledge participation, commission, arrest, conviction,
or questioning for any of the above acts.
CRIMINAL ACTIVITY

If you answer YES to any question in this section, please explain.

16. Any act, as an adult, involving the intentional damage or destruction of any property, belonging to another person? ................................................................. Yes ☐ No ☐

If yes, please explain: ____________________________________________________________

17. Any act involving the use of a firearm, knife, club, deadly weapon, physical force, threats, or intimidation in order to steal or take property belonging to another person? ............. Yes ☐ No ☐

If yes, please explain: ____________________________________________________________

18. Any act involving breaking into a building, habitation, or any portion of a habitation or building in order to take or steal cash, property, or merchandise, or with the intent of committing any other criminal act? ................................................................. Yes ☐ No ☐

If yes, please explain: ____________________________________________________________

19. Any act, as an adult, involving breaking into a coin-operated device in order to steal property, merchandise, cash, or to obtain services? ................................................................. Yes ☐ No ☐

If yes, please explain: ____________________________________________________________

20. Any act, as an adult, involving breaking into or entering a vehicle of any kind, in order to steal any cash, property or merchandise? ................................................................. Yes ☐ No ☐

If yes, please explain: ____________________________________________________________

21. Any act, as an adult, involving entering or remaining on the property of another, knowing that you did not have permission of the owner to do so ........................................... Yes ☐ No ☐

If yes, please explain: ____________________________________________________________

22. Any act, as an adult, which unlawfully deprives an individual of property, cash, or merchandise through appropriation, theft, false pretext, theft from a person, shoplifting, swindling, passing a worthless check, embezzlement, extortion, changing price tags, receiving stolen property, unlawfully receiving a service without paying for it, stealing vehicle accessories, walking a check, or any form of theft – including making a false claim to an insurance company? (This does not include previously mentioned thefts from employers.) ................................................................. Yes ☐ No ☐

If yes, please explain: ____________________________________________________________

23. Any act involving forgery of any writing, document, signature, money, any legal document, license, contract, credit card, check security agreement, will deed, or any deed or trust with the intention to defraud or harm any person or business ........................................... Yes ☐ No ☐

Again, be sure to acknowledge participation, commission, arrest, conviction, or questioning for any of the above acts.

Initials_________
CRIMINAL ACTIVITY

If you answer YES to any question in this section, please explain.

24. Any act involving stealing a credit card, presenting a credit card to obtain property or services fraudulently, using a credit card without the consent of the person to whom the card was issued, using an expired credit card, using a fictitious credit card or number, using a stolen credit card, any involvement in the manufacture of counterfeit credit cards, buying a credit card, selling a credit card, forging a signature on a credit card receipt or in any way attempting to commit theft or steal from anyone using a credit card? ................................................................. Yes □ No □
   If yes, please explain: ____________________________________________

25. Any act involving theft of a vehicle, using of a vehicle without the owner’s consent or joyriding in a stolen vehicle? ................................................................. Yes □ No □
   If yes, please explain: ____________________________________________

26. Any act involving bribing or attempting to bribe any government officer or employee? ................................................................. Yes □ No □
   If yes, please explain: ____________________________________________

27. Any act involving telling any lie, falsehood or misrepresentation of any act while under oath or on a sworn or notarized document? ................................................................. Yes □ No □
   If yes, please explain: ____________________________________________

28. Have you ever falsely identified yourself as anyone other than your true identity on any document, including any government document? ................................................................. Yes □ No □
   If yes, please explain: ____________________________________________

29. Have you ever allowed anyone to use your identification as his/her own? ......................... Yes □ No □
   If yes, please explain: ____________________________________________

30. Any act, as an adult, related to filing a false report to any peace officer or law enforcement employee? ................................................................. Yes □ No □
   If yes, please explain: ____________________________________________

31. Any act involving impersonating a Peace Officer, Police Officer, or law enforcement official? ................................................................. Yes □ No □
   If yes, please explain: ____________________________________________

32. Any act, as an adult, of impersonating a government official? ......................................... Yes □ No □
   If yes, please explain: ____________________________________________

Again, be sure to acknowledge participation, commission, arrest, conviction, or questioning for any of the above acts.

Initials_________ Page 43
CRIMINAL ACTIVITY

If you answer YES to any question in this section, please explain.

33. Any act involving resisting or interfering with any peace officer in making any arrest or detention of any person, including yourself? ................................................................. Yes ☐ No ☐

   If yes, please explain: ___________________________________________________________________________

34. Any act of fleeing from a peace officer, in a motor vehicle or by foot, who is attempting to arrest, detain or question you or another? ............................................................. Yes ☐ No ☐

   If yes, please explain: ___________________________________________________________________________

35. Any act, as an adult, involving the production, sale, distribution, promotion or possession with intent to sell any picture, magazine, film, device, tape, book or any other items which depicts any patently offensive sexual acts, including any form of copulation, masturbation, excretory functions, sadism, masochism or lewd exhibition? ................................................................. Yes ☐ No ☐

   If yes, please explain: ___________________________________________________________________________

36. Any act, as an adult, involving engaging in any sexual act, including intercourse, oral intercourse or sexual contact with the genitals, breasts or anus of another person in return for cash, property, merchandise or anything of value? ................................................................. Yes ☐ No ☐

   If yes, please explain: ___________________________________________________________________________

37. Any act involving the receipt of compensation or anything of value for any act of prostitution committed by any person, or forcing any person by threat or physical force to commit an act of prostitution? ................................................................. Yes ☐ No ☐

   If yes, please explain: ___________________________________________________________________________

38. Any act involving the unlawful possession of any explosive device, machine gun, sawed-off shotgun or rifle, armor piercing ammunition or silencer? ................................................................. Yes ☐ No ☐

   If yes, please explain: ___________________________________________________________________________

39. Any unlawful act, as an adult, of carrying a pistol, illegal knife, illegally altered weapon, incendiary device, or other illegal weapons? ................................................................. Yes ☐ No ☐

   If yes, please explain: ___________________________________________________________________________

40. Any act, as an adult, or participation in the promotion of illegal gambling, maintaining or involvement in a gambling place, or the possession of a gambling device, equipment or paraphernalia, excluding dice or cards? ................................................................. Yes ☐ No ☐

   If yes, please explain: ___________________________________________________________________________

   Again, be sure to acknowledge participation, commission, arrest, conviction, or questioning for any of the above acts.

Initials__________

Page 44
41. Any act involving any participation in any criminal enterprise or organized activity which seeks to further murder, arson, robbery, burglary, theft, kidnapping, aggravated assault, forgery, gambling, prostitution, promotion or distribution of drugs, promotion or sale of obscene materials or other criminal act? ......................................... Yes ☐ No ☐

If yes, please explain: .................................................................

42. Any act of participation or act that resulted in you being in possession of, receiving, buying or selling any property that was stolen or that you had reason to believe was stolen? ................................................................. Yes ☐ No ☐

If yes, please explain: .................................................................

43. Have you ever failed to file or filed a fraudulent income tax return or statement ..................... Yes ☐ No ☐

If yes, please explain: .................................................................

44. Have you ever converted government property to your own use or sold it? .............................. Yes ☐ No ☐

If yes, please explain: .................................................................

45. Have you ever failed to pay any local, state, or federal taxes? ................................................... Yes ☐ No ☐

If yes, please explain: .................................................................

46. Have you ever been indicted by a grand jury?  ............................................................................ Yes ☐ No ☐

If yes, please explain: .................................................................

47. Have you ever been sentenced or confined in a city, county, state, or federal penal institution or institution for criminally insane?  ........................................................................... Yes ☐ No ☐

If yes, please explain: .................................................................

48. Do you currently live, reside, or associate with any relatives, friends, or personal contacts involved in any criminal activity? ................................................................. Yes ☐ No ☐

If yes, please explain: .................................................................

49. Have you ever stolen or taken part in a theft of state, city, or commercial utilities? (i.e., water, gas, electric, cable television, etc.) ................................................................. Yes ☐ No ☐

If yes, please explain: .................................................................

Again, be sure to acknowledge participation, commission, arrest, conviction, or questioning for any of the above acts.
CRIMINAL ACTIVITY

If you answer YES to any question in this section, please explain.

50. Do you currently live, reside or associate with any relatives, friends or personal contacts who have ever been a member of, or associated with any of the following:
   a. Any criminal organization(s)? ................................................................. Yes □ No □
   b. Any association(s) that have as its purpose the overthrow of the federal government? ......................................................... Yes □ No □
   c. Any street gang or paramilitary organization? ................................. Yes □ No □
   d. Any group that advocates racial or sexual discrimination? .............. Yes □ No □
   e. Any terrorist cell or organization? ...................................................... Yes □ No □
   f. Any group that promotes a subversive ideology or advocates for the use of force, violence, or extreme prejudice? ................ Yes □ No □

51. Do you currently live, reside, or associate with any relatives, friends or personal contacts who have ever been convicted of a felony? ......................................................... Yes □ No □

      If yes, please explain: .........................................................................................................................

52. Do you have any tattoos or body art depicting membership or support of any of the organizations (listed in question 50 a – f) above? ................................. Yes □ No □

      If yes, please explain: .........................................................................................................................

53. Have you ever intentionally viewed, transported or received any pornographic material that depicts a child younger than 18 years of age, engaging in sexual conduct? ................................................................. Yes □ No □

      If yes, please explain: .........................................................................................................................

54. As an adult, have you ever accessed a computer, computer software, computer system, or computer network without the effective consent of the owner? ......................Yes □ No □

      If yes, please explain: .........................................................................................................................

55. Have you ever participated in any type of fraud or theft using a computer ................. Yes □ No □

      If yes, please explain: .........................................................................................................................

56. As an adult, have you ever intentionally or knowingly provided false or misleading information to obtain property or credit for yourself or another? ............................. Yes □ No □

      If yes, please explain: .........................................................................................................................

Again, be sure to acknowledge participation, commission, arrest, conviction, or questioning for any of the above acts.

Initials_________  Page 46
CRIMINAL ACTIVITY

If you answer YES to any question in this section, please explain.

57. Have you committed an act of window peeping ................................................................. Yes ☐ No ☐
    If yes, please explain: ________________________________________________________________________

58. Have you ever used a computer, the internet or other electronic device to purposefully stalk, harass, threaten or intimidate someone? ................................................................. Yes ☐ No ☐
    If yes, please explain: ________________________________________________________________________

59. Have you ever used a social media platform (i.e. tinder, bumble) to contact or attempt to contact a person to engage in illegal sexual activity? .......................................................... Yes ☐ No ☐
    If yes, please explain: ________________________________________________________________________

60. Have you ever taken part in an act of civil disobedience? ....................................................... Yes ☐ No ☐
    If yes, please explain: ________________________________________________________________________

61. Have you ever been a paid or unpaid police informant? .......................................................... Yes ☐ No ☐
    If yes, please explain: ________________________________________________________________________

62. As an adult, have you taken, or been a party to, any theft involving any property valued at $100.00 or greater, in the past ten (10) years? ................................................................. Yes ☐ No ☐
    If you answered yes to question 61, the explanation must include the date, location, and value of the item(s) taken for each incident. ________________________________________________________________________

63. Have you have ever received: ☐ Probation or Community Supervision  ☐ Deferred Adjudication
    ☐ Final Conviction  ☐ Jail or Prison

Before continuing on, be sure that you have listed all areas of criminal behavior in which you had involvement.
**DRUG USAGE / SALES / POSSESSION**

If you answer YES to any question in this section, please explain.

Participation in the sale of drugs is common in our society. For the purposes of employment, the Plano Police Department treats the sale of each drug differently. In all cases, the Department is concerned with the sale of drugs to another person (with or without profit to you); delivery of drugs to another person; transporting drugs to be sold; trading drugs for anything of value; manufacturing drugs; the cultivation of drugs for anything of value; manufacturing drug plants or in any other way being involved in a transaction involving drugs.

1. Have you ever been involved in the sale or delivery of any controlled substance or drug(s) with or without a profit to you? ................................................................. Yes ☐ No ☐
   
   If yes, please explain your involvement in detail: ____________________________________________

2. Have you ever transported any drugs across a state line or United States border? ................. Yes ☐ No ☐
   
   If yes, please explain: ________________________________

3. Have you ever transported any drug as a favor to someone else, or helped in any manner to deliver any drug(s)? ................................................................. Yes ☐ No ☐
   
   If yes, please explain: ________________________________

4. Have you ever participated in the manufacture of any drug(s)? ........................................... Yes ☐ No ☐
   
   If yes, please explain your involvement in detail: ____________________________________________

5. Have you ever cultivated or grown any drug or substance? ............................................... Yes ☐ No ☐
   
   If yes, please explain: ________________________________

In the space provided below, please list the type and amount of drug(s) sold, transported, manufactured and/ or grown, your age at the time, and the number of times you committed these acts:

<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>Amount of Drug</th>
<th>Age</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Before continuing, be sure that you have listed all drug sales in which you had **IN尔VOLVEMENT**
DRUG USAGE / SALES / POSSESSION

If you answer YES to any question in this section, please explain.

It is important the Plano Police Department be aware of your past and current drug usage. As a peace officer you may be called to testify as a witness in a criminal prosecution of an individual charged with drug usage and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

By usage we mean the ingestion of drugs into your system. Ingestion is defined as, but not limited to; snort, sniff, inject (needle), smoke, puff, toke, oral (by pill, tab, tasting, or mixed with food or drink), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes “one time used.”

Identify exactly when you used a drug. You will be given an opportunity to explain the first date that you used each drug and the last time you used each drug. Explain how you used the drug. If the drug was smoked, snorted, injected, eaten, or used in any other manner, you must explain how it was used.

When asked to give the maximum number of times that you used the drug, you must give the ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG. For instance, if you have snorted cocaine six times, and you state that you used cocaine five times, you will appear to be deceptive when questioned on the polygraph. If you are not sure how many times you used a drug, then state the absolute maximum number of times you could have used the drug.

On the following page explain your usage of each of the drugs mentioned; the first time (year) you used the drug, the last time (month and year) you used the drug, the maximum number of times you used the drug, and how you used the drug*. If you never used the particular drug, then check the appropriate “NEVER” area.

This section does not pertain to your involvement in the sale of prescription drugs at a retail establishment (i.e.: Pharmacy Clerk)

* Regardless of whether or not the drug had any effect.

MARIJUANA USE

If you have never used marijuana, please check here: ☐ I have never used marijuana.
## DRUG USAGE / SALES / POSSESSION

<table>
<thead>
<tr>
<th>DRUG</th>
<th>List Drug Used</th>
<th>First Time Used (Month / Year)</th>
<th>Last Time Used (Month / Year)</th>
<th>Maximum Times Used</th>
<th>How Used*</th>
<th>If Never Used Check Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>All cannabis or cannabinoids, including, but not limited to: CBD, Hash, hashish, marijuana, marinol, edibles, and THC (such as oils or other derivatives)</td>
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<tr>
<td>Synthetics, Designer Drugs, Other Drug Combinations</td>
<td>All synthetics, designer drugs, other combinations of drugs, non-personally prescribed prescription, or other narcotic not previously mentioned, included, but not limited to, the following: Synthetic cannabinoids, K2, Spice, Climax, “Sherms”, “Clickums” (dipped joints), “Speedball”, “Dust”, Anabolic Steroids, Human Growth Hormones (HGH), bath</td>
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<tr>
<td>Hallucinogens</td>
<td>All hallucinogen, including, but not limited to, the following: MDMA (Ecstasy; Molly), LSD (Acid), DET, MDA (Sally), Peyote, Psilocybin (Mushrooms), Salvia Divinorum, TMA, Mescaline</td>
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<tr>
<td>Dissociative Anesthetics</td>
<td>All dissociative anesthetics, including, but not limited to, the following: Dextromethorphan (DXM), Ketamine (Special K), PCP (Angel Dust), Sernyl, Sernylan</td>
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<tr>
<td>Narcotic Analgesics</td>
<td>All natural alkaloids of opium, synthetic opiates, or opium derivatives, including, but not limited to, the following: Codeine, Morphine, Opium, Thebaine, Demerol, Fentanyl, Methadone, OxyContin (Oxycodone), Dilaudid, Vicodin, Hydrocodone, Heroin, Percodan, PBZ, Talwin</td>
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</tbody>
</table>

(*)Smoked, Injected, Oral, Snorted, Transdermal Ingested, etc.)
### DRUG USAGE / SALES / POSSESSION

<table>
<thead>
<tr>
<th>DRUG</th>
<th>List Drug Used</th>
<th>First Time Used (Month / Year)</th>
<th>Last Time Used (Month / Year)</th>
<th>Maximum Times Used</th>
<th>How Used*</th>
<th>If Never Used Check Here</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inhalants</strong></td>
<td>All volatile solvents, anesthetic gases, or aerosols, including, but not limited to, the following: <em>Dry cleaning fluids, engine degreasers, lacquer thinners, paints, paint removers, gas, kerosene, glues, toluene, chloroform, nitrous oxides, Freons, insecticides, dust off</em></td>
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<tr>
<td><strong>Central Nervous System</strong></td>
<td>All Barbiturates, Non-Barbiturates, Anti-Depressants, Anti-Anxiety Tranquilizers, Anti-Psychotic Tranquilizers, or other Combinations, including, but not limited to, the following: <em>Downers, Soma, Quaaludes, Xanax, Ambien, Cymbalta, Valium, Thorazine, Haldol, Triavil, Limbitrol, GHB, Rohypnol</em></td>
<td></td>
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</tr>
<tr>
<td><strong>Central Nervous System</strong></td>
<td>All illicit or prescribed stimulants, including, but not limited to, the following: <em>Adderall, Amphetamine, Amphetamine Sulfate, Benzedrine, Cocaine, Crack, Cylert, Desoxyn, Dextedrine, Biphetamine, Methamphetamine (Ice, Speed), Preludin, Ritalin</em></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

(*Smoked, Injected, Oral, Snorted, Transdermal Ingested, etc.*

Before continuing, think carefully to ensure that you have not forgotten to list in the above tables any drug usage that you can recall.

---

Initials_________  Page 51
DRUG USAGE / SALES / POSSESSION

If you answer YES to any question in this section, please explain.

1. List any additional drug(s) you have used not listed above: ________________________________

2. Would you have a problem arresting a friend or family member for a drug violation if you were a Police Officer? ............................................................ Yes ☐ No ☐
   If yes, please explain: ______________________________________________________________

3. Have you ever used a prescription medication(s) without a valid prescription? .......... Yes ☐ No ☐
   If yes, please explain: ______________________________________________________________

4. Have you ever used a prescription medication(s) prescribed to another person?......... Yes ☐ No ☐
   If yes, please explain: ______________________________________________________________

5. Have you ever used a prescription in a manner that wasn’t instructed? ......................... Yes ☐ No ☐
   If yes, please explain: ______________________________________________________________

6. Have you ever lied to a doctor about symptoms in order to get a prescription? ............ Yes ☐ No ☐
   If yes, please explain: ______________________________________________________________

7. Do you associate or reside with individuals who use drugs and / or abuse medication? ............................................................ Yes ☐ No ☐
   If yes, please explain: ______________________________________________________________

8. Have you ever attempted and / or succeeded in “getting high” with products such as paint, glue, gasoline, nitrous oxide, etc.? ............................................................ Yes ☐ No ☐
   If yes, please explain: ______________________________________________________________

9. Have you ever caused another person to ingest, drink, or otherwise consume a substance without their knowledge? ............................................................ Yes ☐ No ☐
   If yes, please explain: ______________________________________________________________

10. Have you ever been present when someone else was buying, selling, or using drugs? ............................................................................................................................... Yes ☐ No ☐
   If yes, please explain: ______________________________________________________________
ALCOHOL USAGE / SALE / DISTRIBUTION

If you answer YES to any question in this section, please explain.

The legal definition of intoxication is: *Not having the normal use of mental or physical faculties by reason of the introduction of alcohol, a controlled substance, a drug, a dangerous drug, a combination of two or more of those substances, or any other substance into the body or having an alcohol concentration of 0.08 or more.*

1. Have you provided alcohol to a minor (under 21 years of age)? ............................................ Yes ☐ No ☐
   If yes, please explain: ________________________________________________________________

2. List the number of times in the past five (5) years you have been intoxicated in public:
   Number of times: __________________________
   For each incident above, please include the following information:
   Date and location: _________________________________________________________________
   Type of drinks (i.e. beer, wine, liquor): ______________________________________________
   Number and size of drinks: _________________________________________________________
   Time frame of your drinking: _______________________________________________________
   Your estimated weight when you were intoxicated in public: ___________________________

3. Have you ever operated a motor vehicle with an open container? ................................. Yes ☐ No ☐
   If yes, please explain: _____________________________________________________________

4. Have you ever operated a vehicle while under the influence of alcohol or drugs? ............................ Yes ☐ No ☐
   If yes, please explain: _____________________________________________________________

5. List the number of times in the past five (5) years you operated any motor vehicle while intoxicated?
   Number of times: __________________________
   For each incident above, please include the following information:
   Date and location: _________________________________________________________________
   Type of drinks (i.e. beer, wine, liquor): ______________________________________________
   Number and size of drinks: _________________________________________________________
   Time frame of your drinking: _______________________________________________________
   Your estimated weight when you were intoxicated in public: ___________________________
ALCOHOL USAGE / SALE / DISTRIBUTION

If you answer YES to any question in this section, please explain.

6. As an adult, have you ever been convicted of DWI or DUI? ......................................... Yes ☐ No ☐

If yes, provide a detailed explanation: __________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________
PRIOR LAW ENFORCEMENT SERVICE

If you answer YES to any question in this section, please explain.

☐ Check this box if you NEVER served in a position as a sworn or commissioned law enforcement officer, peace officer, sheriff’s deputy, or state or federal agent, commissioned reserve officer, detention officer or any other position charged and sworn to uphold the law, including security guard, bouncer or any other security duty. If you check this box, go to the next section of the booklet.

☐ Check this box if you have prior law enforcement service or security officer service, and please complete the following questions. These questions deal only with your employment as a law enforcement officer or security officer.

1. While employed as a law enforcement officer or security guard, did you ever commit a felony or misdemeanor which would have been punishable by incarceration? ..................... Yes ☐ No ☐
   If yes, please explain: ........................................................................................................

2. While employed as a law enforcement officer or security guard, have you ever abused a prisoner or violated a prisoner’s civil rights? ................................................................. Yes ☐ No ☐
   If yes, please explain: ........................................................................................................

3. Have you ever been terminated or asked to resign from a position as a law enforcement or security officer as a result of an internal investigation or allegation of misconduct? ............ Yes ☐ No ☐
   If yes, please explain: ........................................................................................................

4. While employed as a law enforcement officer or security guard, have you ever used any illegal drug or illegally-obtained drug? ............................................................................. Yes ☐ No ☐
   If yes, please explain: ........................................................................................................

5. While employed as a law enforcement officer or security guard, have you ever confiscated a prisoner’s property and made use of it? ............................................................. Yes ☐ No ☐
   If yes, please explain: ........................................................................................................

6. While employed as a law enforcement officer or security guard, have you ever received any disciplinary action? .................................................................................................. Yes ☐ No ☐
   If yes, please explain: ........................................................................................................

7. Have you ever been formally investigated for misconduct? ............................................. Yes ☐ No ☐
   If yes, please explain: ........................................................................................................
PRIOR LAW ENFORCEMENT SERVICE

If you answer YES to any question in this section, please explain.

8. While employed as a law enforcement officer or security guard, have you ever received a suspension or any written or verbal reprimands? ............................................................... Yes ☐ No ☐
   If yes, please explain: ................................................................................................................

9. While employed as a law enforcement officer or security guard, have you ever falsified anything in a police report? .............................................................. Yes ☐ No ☐
   If yes, please explain: ................................................................................................................

10. While employed as a law enforcement officer or security guard, have you ever used excessive or unnecessary force? .................................................. Yes ☐ No ☐
    If yes, please explain: ................................................................................................................

11. While employed as a law enforcement officer or security guard, have you ever perjured yourself or given false testimony? .................................................. Yes ☐ No ☐
    If yes, please explain: ................................................................................................................

12. While employed as a law enforcement officer or security guard, have you ever:
    a. Slept on duty? ....................................................................................................... Yes ☐ No ☐
    b. Been involved in any sexual act on duty? ................................................................. Yes ☐ No ☐
    c. Been involved in an act of masturbation on duty? .................................................... Yes ☐ No ☐
    d. Consumed alcohol on duty? .................................................................................... Yes ☐ No ☐

13. Have you ever been sued in your capacity as a peace officer in state or federal court? ........ Yes ☐ No ☐
    If yes, please explain: ................................................................................................................

14. Have you ever used any position of authority to abuse or mistreat anyone? ...................... Yes ☐ No ☐
    If yes, please explain: ................................................................................................................

15. Have you ever been placed on a “Brady” or other type of disclosure list used to notify a prosecuting authority of potential impeachment evidence? ......................... Yes ☐ No ☐
    If yes, please explain: ................................................................................................................
PERSONAL REFERENCES

List six (6) persons that can provide current information about you. Do not list relatives, past / present employers, or acquaintances involved in law enforcement.

1. Name:_________________________ Occupation:_________________________
   Address:_________________________ Years Known:_________________________
   Home / Cell Phone:_____________________ Work Phone:____________________
   Email:_____________________________ Relationship:_____________________

2. Name:_________________________ Occupation:_________________________
   Address:_________________________ Years Known:_________________________
   Home / Cell Phone:_____________________ Work Phone:____________________
   Email:_____________________________ Relationship:_____________________

3. Name:_________________________ Occupation:_________________________
   Address:_________________________ Years Known:_________________________
   Home / Cell Phone:_____________________ Work Phone:____________________
   Email:_____________________________ Relationship:_____________________

4. Name:_________________________ Occupation:_________________________
   Address:_________________________ Years Known:_________________________
   Home / Cell Phone:_____________________ Work Phone:____________________
   Email:_____________________________ Relationship:_____________________

5. Name:_________________________ Occupation:_________________________
   Address:_________________________ Years Known:_________________________
   Home / Cell Phone:_____________________ Work Phone:____________________
   Email:_____________________________ Relationship:_____________________

6. Name:_________________________ Occupation:_________________________
   Address:_________________________ Years Known:_________________________
   Home / Cell Phone:_____________________ Work Phone:____________________
   Email:_____________________________ Relationship:_____________________

Initials______

Page 57
**PERSONAL REFERENCES**

List any references who are members of law enforcement agencies.

1. Name: ____________________________  Occupation: ____________________________
   Address: ____________________________  Years Known: ____________________________
   Home / Cell Phone: ____________________________  Work Phone: ____________________________
   Email: ____________________________  Relationship: ____________________________

2. Name: ____________________________  Occupation: ____________________________
   Address: ____________________________  Years Known: ____________________________
   Home / Cell Phone: ____________________________  Work Phone: ____________________________
   Email: ____________________________  Relationship: ____________________________

3. Name: ____________________________  Occupation: ____________________________
   Address: ____________________________  Years Known: ____________________________
   Home / Cell Phone: ____________________________  Work Phone: ____________________________
   Email: ____________________________  Relationship: ____________________________

4. Name: ____________________________  Occupation: ____________________________
   Address: ____________________________  Years Known: ____________________________
   Home / Cell Phone: ____________________________  Work Phone: ____________________________
   Email: ____________________________  Relationship: ____________________________

5. Name: ____________________________  Occupation: ____________________________
   Address: ____________________________  Years Known: ____________________________
   Home / Cell Phone: ____________________________  Work Phone: ____________________________
   Email: ____________________________  Relationship: ____________________________

6. Name: ____________________________  Occupation: ____________________________
   Address: ____________________________  Years Known: ____________________________
   Home / Cell Phone: ____________________________  Work Phone: ____________________________
   Email: ____________________________  Relationship: ____________________________
## HOBBIES AND SPORTS

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<thead>
<tr>
<th>Name of Sport</th>
<th>Duration</th>
<th>Level of Proficiency</th>
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## MEMBERSHIPS IN GROUPS / ASSOCIATIONS / CLUBS

<table>
<thead>
<tr>
<th>Official Name of Organization</th>
<th>Group Type: (Social, Fraternal, Professional, etc.)</th>
<th>Office(s) Held</th>
<th>Dates of Membership From</th>
<th>To</th>
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Initials_________  Page 59
NEPOTISM

1. Do you or your spouse have a relative currently employed with the Plano Police Department? ................................................................. Yes ☐ No ☐
   If “Yes,” please provide Name, Relationship, and Position with the Department:
   ____________________________________________________________
   ____________________________________________________________

2. Do you or your spouse have a relative currently employed with the City of Plano? ................................................................. Yes ☐ No ☐
   If “Yes,” please provide Name, Relationship, and Position with the City: __________________________
   ____________________________________________________________

3. Police work requires working irregular hours, (i.e: evening and night time hours, weekends, holidays, etc.) Please indicate if this would be an issue:................. Yes ☐ No ☐
   If “Yes,” please explain: ________________________________________________________________
   ________________________________________________________________
INTEGRITY

Before answering the following questions, we would like to inform you that each word in these answers will be evaluated. Take your time and think before you answer these questions.

1. Are there any incidents in your life, not mentioned previously herein, which may reflect upon your suitability to perform the duties which you may be called upon to undertake

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Have you deliberately falsified any information in this booklet? .................................... Yes ☐  No ☐
   Please explain: __________________________________________________________________________

3. Have you intentionally left any information out of this booklet? ................................. Yes ☐  No ☐
   Please explain: __________________________________________________________________________

4. How do you feel now that you have completed this questionnaire?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Should we believe your answers to the questions on the previous pages?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
INTEGRITY

Take your time and think before you answer these questions.

6. What will you say if it is later determined that you lied, misrepresented, or withheld significant information on this questionnaire?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. Did you ever discuss or consider the possibility of lying, misrepresenting, or withholding significant information on this questionnaire?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, timeliness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment — or to take or take another adverse action against you — must tell you, and must give you the name, address and phone number of the agency that provided the information.

- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In some cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - A person has taken adverse action against you because of information in your credit report;
  - You are the victim of identify theft and place a fraud alert in your file;
  - Your file contains inaccurate information as a result of fraud;
  - You are on public assistance;
  - You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the lender.

- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
  - Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
  - Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need — usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
  - You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
  - You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8080.
  - You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
  - Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

<table>
<thead>
<tr>
<th>TYPE OF BUSINESS:</th>
<th>CONTACT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer reporting agencies, creditors and others not listed below</td>
<td>Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357</td>
</tr>
<tr>
<td>National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)</td>
<td>Office of the Comptroller of the Currency Compliance Management Mail Stop 6-8 Washington, D.C. 20219 1-800-613-6743</td>
</tr>
<tr>
<td>Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)</td>
<td>Federal Reserve Board Division of Consumer &amp; Community Affairs Washington, D.C. 20551 202-452-3093</td>
</tr>
<tr>
<td>Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)</td>
<td>Office of Thrift Supervision Consumer Complaints Washington, D.C. 20250 800-982-8620</td>
</tr>
<tr>
<td>Federal credit unions (words “Federal Credit Union” appear in institution’s name)</td>
<td>National Credit Union Administration 1775 Duke Street Alexandria, Va. 22314 703-519-4030</td>
</tr>
<tr>
<td>State-chartered banks that are not members of the Federal Reserve System</td>
<td>Federal Deposit Insurance Corporation Consumer Response Center 2346 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342</td>
</tr>
<tr>
<td>Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission</td>
<td>Department of Transportation Office of Financial Management Washington, DC 20590 202-305-1300</td>
</tr>
<tr>
<td>Activities subject to the Packers and Stockyards Act of 1921</td>
<td>Department of Agriculture Office of Deputy Administrator - GIPSA Washington, D.C. 20250 202-730-7051</td>
</tr>
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