

Fairplay Police Department Background Packet

Instructions

Read Carefully

The following instructions are furnished as a guide to assist you in filling out the personal history form. This form must be complete and detailed in all respects. It is the basis for your background investigation, which will be conducted to determine your suitability for employment with the Fairplay Police Department.

All questions must be answered completely and accurately. If a question does not apply, enter N/A in the space provided. **Falsification or failure to include information as directed will be considered just grounds for non-acceptance, or termination if already employed.** Avoid errors by reading the directions carefully before making any entries on the form. Make sure your information is correct and in proper sequence before you begin.

You are responsible for obtaining correct and complete addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local telephone numbers.

Whenever a report of an incident is required, be sure that you give all the facts pertaining to it. Present the information in such a manner that any person unfamiliar with the situation will be provided with all the details and facts in the order in which they occur. Include the approximate dates or times the events took place, and the names of persons or organizations involved.

If there is not sufficient space on the form for you to include all the information required, it should be placed on the back of the sheet on which the question appears, or attached to this packet.

Remember, every item will be checked and must be verified. If our investigation uncovers unacceptable behavior pertaining to violence, firearms abuse/illegalities and/or poor driving habits and this behavior is substantiated, your application may be withdrawn or employment may be terminated. A careful, accurate, and complete form will help expedite your examination. All answers are to be legible and printed in ink. You will be administered a polygraph examination to determine authenticity of information given by you.

Answer every question on the following pages.

Print legibly in ink.

Use back of page or attach additional sheets if necessary.

Personal History

Applicant Last Name		First Name		Middle Name	
Nickname(s)/Maiden Name or Other Names By Which You Have Been Known					
Social Security Number		Date of Birth		Sex	
Height	Weight		Hair		Eyes
Address (Physical)					
City	County		State		Zip
Home Phone Number			Cell Phone Number		
Place of Birth City		County		State	
Are You A U.S. Citizen?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
					(Explain)

Marital Information

What Is Your Marital Status? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Spouse's Last Name		First Name	Middle Name
Date of Marriage		Place of Marriage (City, County & State)	

*If previously separated, divorce, or annulled, provide the following information on former spouse(s).
If more than one, provide information on back of this page. **Attach a copy of the divorce decree(s).***

Former Spouse's Last Name		First Name		Middle Name	
Address of Former Spouse		City/State/Zip			
Home Phone of Former Spouse			Work Phone of Former Spouse		
Date of Marriage		Place of Marriage (City/County/State)			
Place of Divorce (City/County/State)					
Title of Court Issuing Divorce					
Date Divorce Filed			Date Divorce Granted		

Family History

List all children related to you, including natural, step children, adopted, foster children or other dependents. Use back of page if needed. If child is deceased, please indicate so.

Child's Last Name		First Name		Middle Name	
Address	Phone Number	Date of Birth		Relationship	

Child's Last Name		First Name		Middle Name	
Address	Phone Number	Date of Birth		Relationship	

Child's Last Name		First Name		Middle Name	
Address	Phone Number	Date of Birth		Relationship	

Child's Last Name		First Name		Middle Name	
Address	Phone Number	Date of Birth		Relationship	

Child's Last Name		First Name		Middle Name	
Address	Phone Number	Date of Birth		Relationship	

List other relatives in order of father, mother (include maiden name), spouse (include maiden name), brothers, sisters, and other legal guardians. Use back of page if needed. If relative is deceased, please indicate so.

Relative's Last Name		First Name		Middle Name		Age
Address		Phone	Relationship		Employer	

Relative's Last Name		First Name		Middle Name		Age
Address		Phone	Relationship		Employer	

Relative's Last Name		First Name		Middle Name		Age
Address		Phone	Relationship		Employer	

Relative's Last Name		First Name		Middle Name		Age
Address		Phone	Relationship		Employer	

Relative's Last Name		First Name		Middle Name		Age
Address		Phone	Relationship		Employer	

Personal References

List five (5) persons who know you well enough to provide current and past information about you.

Do not list relatives or former employers.

Last Name	First Name	Years Known
Home Address	City/State/Zip	
Home Phone	Work Phone	
Work Place	Work Address	

Last Name	First Name	Years Known
Home Address	City/State/Zip	
Home Phone	Work Phone	
Work Place	Work Address	

Last Name	First Name	Years Known
Home Address	City/State/Zip	
Home Phone	Work Phone	
Work Place	Work Address	

Last Name	First Name	Years Known
Home Address	City/State/Zip	
Home Phone	Work Phone	
Work Place	Work Address	

Last Name	First Name	Years Known
Home Address	City/State/Zip	
Home Phone	Work Phone	
Work Place	Work Address	

Financial Information

Sources of Income

What Is Your Current Salary or Wage?

Do You Have Income From Sources Other Than Principal Occupation?

- No
 Yes (Explain, i.e., source, how often, how much) _____

Do You Own Any Real Estate?

- No
 Yes (Explain, i.e., value, location) _____

Do You Own Any Bonds – Government or Other?

- No
 Yes (Explain, i.e., type, value) _____

Do You Own Any Corporate Stock?

- No
 Yes (Explain, i.e., company, value) _____

Do You Have A Bank Account?

- No
 Yes

Savings – Average Balance

Name/Address of Bank

Checking – Average Balance

Name/Address of Bank

Other/Additional – Average Balance

Name/Address of Bank

Have You Ever Filed Bankruptcy?

- No
 Yes (Explain, i.e., when, location, write-off amount)

Outstanding Debts – List all current debts involving you or your spouse.

Creditor	Address (Street/City/State/Zip)	Balance	Payment	Open or Closed
Rent or Mortgage				
Vehicle				
Charge Accounts				
Credit Cards (List Account Number)				
Other				
Totals				

Employment History

*Begin with your present or most recent job and list your complete work records. List dates in proper sequence.
When listing military service, give name and rank of last immediate supervisor.
If there is a gap between jobs, please indicate the reason for unemployment and list the dates.*

From Date	To Date	Employer
Phone Number	Address (Street/City/State/Zip)	
Job Duties		
Supervisor's Name		
Reason for Leaving		

From Date	To Date	Employer
Phone Number	Address (Street/City/State/Zip)	
Job Duties		
Supervisor's Name		
Reason for Leaving		

From Date	To Date	Employer
Phone Number	Address (Street/City/State/Zip)	
Job Duties		
Supervisor's Name		
Reason for Leaving		

From Date	To Date	Employer
Phone Number	Address (Street/City/State/Zip)	
Job Duties		
Supervisor's Name		
Reason for Leaving		

Employment History, Continued...

From Date	To Date	Employer
Phone Number		Address (Street/City/State/Zip)
Job Duties		
Supervisor's Name		
Reason for Leaving		

From Date	To Date	Employer
Phone Number		Address (Street/City/State/Zip)
Job Duties		
Supervisor's Name		
Reason for Leaving		

From Date	To Date	Employer
Phone Number		Address (Street/City/State/Zip)
Job Duties		
Supervisor's Name		
Reason for Leaving		

Have you ever been discharged or asked to resign from any position or employment?

No

Yes

If yes, explain in full detail, including the name of the employer _____

Civil Service Exam Information

List below every civil service or public agency competitive examination you have taken. Include any other law enforcement agencies or previous applications with the Town of Fairplay.

Agency Name	Date of Examination	Accepted? (Yes or No)

Residence History

List all addresses where you have lived during the past ten (10) years. Account for all the time, starting with the most recent address. During military enlistment, list all addresses off base rather than military quarters. Include month and year in the date information. Use the back of the page if necessary.

Please include the complete address, including the county and apartment number or lot number as it applies. Also include current phone numbers and addresses.

From Date	To Date
Address (Street/City/County/State/Zip)	
If rental, list name, current phone number and current address of landlord and/or roommate.	

From Date	To Date
Address (Street/City/County/State/Zip)	
If rental, list name, current phone number and current address of landlord and/or roommate.	

Residence History, Continued...

From Date	To Date
Address (Street/City/County/State/Zip)	
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From Date	To Date
Address (Street/City/County/State/Zip)	
If rental, list name, current phone number and current address of landlord and/or roommate.	

Military History

Have you ever enlisted and/or service in a military or naval organization of the United States?

- No
 Yes (Complete the following.)

List all periods of active service in the armed forces of the United States.

Attach a copy of all discharge papers.

Service From Date	Service To Date	Branch of Service
Unit Designation	Highest Rank Held	
Military Service Number	Type of Discharge	
If you received a discharge other than honorable, give complete details.		

Military Reserve Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive	
Branch of Service	Unit Designation
Address of Unit	
Beginning Commitment Date	Ending Commitment Date
Are you required to attend a period of active duty annually? <input type="checkbox"/> No <input type="checkbox"/> Yes – Number of days _____	

Have you ever asked for or received deferment from military service? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give draft board number and location, as well as dates and full detail of the deferment. _____ _____		
Address of Present Draft Board		
Draft Board Number	Selective Service Number	Classification

Education History

*List all high schools, colleges, universities, trade and business schools attended.
Begin with the most recent and continue in sequence.*

Name of School	Mailing Address	Phone Number	Fax Number	Dates of Attendance	Graduate (Yes or No)

If you attended college, please complete the following.

Number of Credit Hours Completed	Major Course of Study	Minor Course of Study
Type of Degree	School Issuing Degree	

Number of Credit Hours Completed	Major Course of Study	Minor Course of Study
Type of Degree	School Issuing Degree	

<p>Were you ever suspended or expelled from any school?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Explain) _____</p> <p>_____</p> <p>_____</p>
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<p>List any courses or training you feel have a bearing on your qualifications for this position.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Arrest Information

Have you ever been contacted by police for ANY reason, arrested, detained, or summoned into court? **(Do not include traffic violations.)**

No

Yes (Complete the Following – **Include Juvenile and Adult Occurrences**)

Crime Charged	Police Agency (City and State)	Date	Disposition of Case

Were you ever disciplined while in Military Service (including court martial, captain's masts, company punishment, or other)?

No

Yes (Complete the Following)

Crime Charged	Agency	Date	Age	Disposition

Driver History

Do you possess a valid operator's license?

No

Yes

Driver's License Number	Driver's License State
Type (Class) of License	Expiration Date

Was your license ever suspended, denied or revoked?

No

Yes (Explain, including date, location and reason.)

List any other states where you have previously held a driver's license:

List below all driving citations and written or verbal warnings for traffic violations you have received as an adult or juvenile, excluding parking tickets.

Month/Year of Citation	Charge	City and State	Disposition

Liquor & Narcotics Information

Describe in your own words your current use of intoxicating liquors.

Have you ever used marijuana?

No

Yes (Explain) _____

Have you ever used any form of drugs or narcotics other than those prescribed by your physician?

No

Yes (Explain) _____

Miscellaneous Information

If it became necessary, in the course of your duties, to take a human life, would you have any reluctance due to personal or other beliefs?

No

Yes (Explain) _____

Are there any features of police work that would be distasteful to you?

What phase of police work are you most interested in? (Patrol, Investigation, Juvenile, etc.)

Do you know of anything that would disqualify you for a police appointment or prevent you from fully discharging official duties of said position?

No

Yes (Explain) _____

Is there any reason why you can't work any day of the week or any shift hours?

No

Yes (Explain) _____

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant's Name _____ Date of Birth _____ SSN _____

Current Address: _____ Phone Number _____

Date: _____ Authorized Signature: _____

NOTARY _____

My Commission Expires: _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Fairplay Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Fairplay Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Fairplay Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Fairplay Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigation files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____ organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it, I direct you to release such information upon request of the duly accredited representative of the Fairplay Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Fairplay Police Department's acceptance and processing of my application for employment. I agree to hold the _____, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any connected with the decision whether or not to employ me with the Fairplay Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Fairplay Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy of FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of 6 months from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.