



18. Chronologically list all previous places of residence during the last 10 years:

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From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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19. Do you drink alcoholic beverages? \_\_\_\_ Yes \_\_\_\_ No; If yes, what is your estimated monthly rate of consumption? \_\_\_\_\_

20. Have you ever used, tried or experimented with marijuana? \_\_\_\_ Yes \_\_\_\_ No;  
If yes, how many times and when was the last time you used, tried or experimented with marijuana? (Explain the circumstances): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

21. Have you ever used, tried, or experimented with any other illegal drugs, opiates, barbiturates, amphetamines, hallucinogens, prescription medicines not prescribed to you, steroids, hashish, cocaine, heroin, etc.? \_\_\_\_ Yes \_\_\_\_ No;  
If yes, how many times and when was the last time you used, tried, or experimented with any illegal drugs? (Explain the circumstances): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

22. Have you ever sold, packaged, participated in the sale of, transported or delivered any amount of illegal drugs (i.e. Marijuana, cocaine, hashish, prescription medication, or heroin, etc.)? \_\_\_\_ Yes \_\_\_\_ No

A. If yes, which illegal drug and how many times? \_\_\_\_\_

B. Have you ever held, carried or transported any of the above listed drugs for someone else to allow them to avoid detection or to make money for yourself? \_\_\_\_ Yes \_\_\_\_ No If yes, explain which type and how many times? \_\_\_\_\_

\_\_\_\_\_

23. Have you ever downloaded/viewed child pornography? \_\_\_Yes \_\_\_No If yes to either, provide details on a separate sheet of paper.

24. Have you ever performed any illegal sex acts (i.e. paid for sex, including oral sex or offered yourself for prostitution)? \_\_\_Yes \_\_\_No

25. Have you ever had sexual or inappropriate contact (improper touching or fondling) of a minor child? \_\_\_ Yes \_\_\_ No If yes, please provide details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

26. Have you ever committed any deviant sexual acts such as bestiality or necrophilia? \_\_\_ Yes \_\_\_ No. If yes, please explain \_\_\_\_\_

\_\_\_\_\_

27. Have you ever committed any acts of theft: Retail, workplace or otherwise? \_\_\_ Yes \_\_\_ No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

28. Any undetected crimes you have committed or were a part of, that were not reported? Example: stalking, criminal mischief, cyber-crime, voyeurism, obtained a prescription by fraud, acted as a lookout for someone else to commit an offense. \_\_\_Yes \_\_\_No

If your response is yes, please provide information for all offenses that apply:

\_\_\_\_\_  
\_\_\_\_\_

29. Have you ever driven while impaired? (drugs or alcohol) \_\_\_ Yes \_\_\_ No If yes, how many times and which type(s)? \_\_\_\_\_

When was the last time? (Approx. month and year) \_\_\_\_\_

30. Have you ever been the victim of a crime? \_\_\_\_ Yes \_\_\_\_ No If yes, of what nature?

\_\_\_\_\_

Did you report it? \_\_\_\_ Yes \_\_\_\_ No To which agency? \_\_\_\_\_

31. Do you have any biases concerning race, gender, nationality or sexual orientation that would alter your ability to properly investigate or report an offense? \_\_\_\_ Yes \_\_\_\_ No

If yes, please advise which bias applies and provide detailed information to support your view: \_\_\_\_\_

\_\_\_\_\_

32. Have you ever disposed of, altered or kept evidence from a crime you investigated?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A If yes, please provide detailed information:

\_\_\_\_\_

33. Have you ever fled from the police? \_\_\_\_ Yes \_\_\_\_ No If yes, please provide the

circumstances: \_\_\_\_\_

\_\_\_\_\_

34. Any involvement with explosives (i.e. made a pipe bomb or similar devices) outside of your work duties? \_\_\_\_ Yes \_\_\_\_ No If yes, please provide details and whether you

ever detonated the device: \_\_\_\_\_

\_\_\_\_\_

35. Have you ever been investigated for child abuse/neglect? \_\_\_\_ Yes \_\_\_\_ No If yes,

please provide details to include how many times, the report/offense number, which agency or agencies investigated the accusation(s) and the final disposition of the case(s):

\_\_\_\_\_

\_\_\_\_\_

36. Have you ever committed domestic battery, whether reported to law enforcement or not?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide details to include the relationship of the person to you, your age at the time of the incident and if injuries were incurred by either party:

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37. Have you ever committed arson? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide details to include whether an investigation was conducted, if you were charged, which year it occurred and your age at the time of the incident (please complete on a separate sheet of paper).

38. Have you ever made a false official statement(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain the circumstances and result(s): \_\_\_\_\_

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39. Have you ever committed sexual harassment? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide detailed information, whether it was investigated by your place of work and if so, what the final results were: \_\_\_\_\_

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40. Have you ever drank alcohol or used illegal drugs while at work? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide details and whether you were on a break \_\_\_\_\_

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41. Have you ever had sex at work or while considered on duty? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

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42. Have you ever called into work as sick, after consuming too much alcohol? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many times? \_\_\_\_\_ When was the last time? \_\_\_\_\_

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43. Have you ever reported to work while still under the influence of alcohol or illegal drugs?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many times? \_\_\_\_\_ When was the last time?

\_\_\_\_\_

44. Are you now or have you ever been the member of a gang, a hate group or a subversive group? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, which gang, hate group or subversive group were

you a part of and what were you required to do as part of your initiation to get in as a member? (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

45. Have you ever transmitted nude photos of yourself to another (including texting, Snapchat or other forms of social media) in an effort to convince another to go on a date or engage in a sexual relationship with you? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please

provide full details: \_\_\_\_\_

\_\_\_\_\_

46. Have you ever participated in revenge porn? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

**II. MARRIAGE** (information in this section applies only to those applicants who are married or in a recognized civil union at the present time):

1. Spouse's Full Name: \_\_\_\_\_  
Last First Middle

2. Maiden Name: \_\_\_\_\_  
Last First Middle

3. Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

4. Date of Marriage: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

4. Date of Marriage: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

5. Location of Marriage: \_\_\_\_\_  
(City, County, State)

6. Are you presently living with your spouse? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, current address: \_\_\_\_\_

7. List spouse's occupation and place of employment and phone number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### III. Family

List in order given, parents, guardians, stepparents, parents-in-law, brothers, sisters, children, even though deceased.

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Relationship \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

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Relationship \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

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Relationship \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

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Relationship \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

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Relationship \_\_\_\_\_ Name \_\_\_\_\_

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Relationship \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (      ) \_\_\_\_\_

Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

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Relationship \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (      ) \_\_\_\_\_

Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

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#### IV. Education

1. List all elementary, junior high, and high schools attended:

Name	Location	Dates Attended		Years Completed	Graduate	
		From	To		Yes	No

2. List all colleges or universities attended (include official transcripts):

Name/Location of College/University	Dates Attended		Credit Hours Sem.Quar.	Degree Received	Year Received
	From	To			

3. Other schools/ training (trade, vocational, business or military):

Name of School and Location	Dates Attended		Course/Studies	Certificate	
	From	To		Yes	No

4. Were you ever expelled or suspended from ANY SCHOOL or were you ever disciplined by any school official? \_\_\_\_\_ Yes \_\_\_\_\_ No; If yes, give particulars:

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**V. ADDITIONAL LANGUAGES SPOKEN (OTHER THAN ENGLISH):**

1. Enter language and indicate your knowledge of each by placing an "X" in the proper column.

Language	Reading			Speaking			Understanding			Writing		
	Ex	Good	Fair	Ex	Good	Fair	Ex	Good	Fair	Ex	Good	Fair

**VI. SPECIAL QUALIFICATIONS AND SKILLS:**

1. Indicate special skills/ licenses you possess (pilot, radio operator, machines, equipment, computer, etc.). Licenses: Show licensing authority, where first issued, and date the current license expires.)

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2. Indicate special qualifications not covered in the application. For example, your most important publications (do not submit copies unless requested), your patents or inventions, public speaking and publications experience, membership in professional, or scientific societies, civic or fraternal organizations, and honors and fellowships received:

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**VII. MILITARY INFORMATION:**

1. Have you ever served on active duty in any military organization in the U.S.?  Yes  No  
If yes, give period of active military service and other data requested:

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From: \_\_\_\_\_ To: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_  
Serial Number: \_\_\_\_\_ Rank: \_\_\_\_\_  
Type of Discharge Received: \_\_\_\_\_  
Reason for Discharge: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_  
Serial Number: \_\_\_\_\_ Rank: \_\_\_\_\_  
Type of Discharge Received: \_\_\_\_\_  
Reason for Discharge: \_\_\_\_\_

2. Are you now or were you ever a member of any branch of the United States Military Reserve or National Guard?  Yes  No

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From: \_\_\_\_\_ To: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Present or Last Rank: \_\_\_\_\_  
Type of Discharge Received: \_\_\_\_\_  
Mailing Address of Unit: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Present or Last Rank: \_\_\_\_\_  
Type of Discharge Received: \_\_\_\_\_  
Mailing Address of Unit: \_\_\_\_\_

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3. Were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations?  Yes  No; If yes, indicate on separate sheet of paper the (1) dates; (2) charges against you, (3) type of court-martial or other disciplinary proceeding, and (4) the disposition of charges.
4. Has your discharge or separation ever been corrected or changed? Yes  No ; If yes, indicate details below: Changed from \_\_\_\_\_ To: \_\_\_\_\_ Authority: \_\_\_\_\_

**VIII. EMPLOYMENT**

1. What is your occupation? \_\_\_\_\_
2. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service from any job you ever held?  Yes  No; Have you ever been disciplined or suspended?  Yes  No; If yes, explain, giving name and address of employer, approximate date and reason in each case: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been the subject of an Internal Affairs investigation?  Yes  No; What was the nature and disposition of complaint? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Do you object to wearing a uniform?  Yes  No
4. Do you object to working shifts?  Yes  No
5. Have you ever received unemployment benefits?  Yes  No. If yes, how many times? \_\_\_\_\_
6. List **ALL** jobs you have held in the past 10 years. **PLACE YOUR PRESENT OR MOST RECENT JOB FIRST.** If you need more space, you may make additional copies of the Employment page. Include military service in proper time sequence and also all periods of unemployment. If you were self-employed, provide copies of tax returns. If any of the employers listed are relatives, indicate which ones (include relatives through marriage). Failure to list all employment may result in automatic disqualification.

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Name of Employer \_\_\_\_\_  
Relative \_\_\_\_\_ Yes \_\_\_\_\_ No; If yes, relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Part time \_\_\_\_\_ Full Time \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-Worker \_\_\_\_\_  
Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

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Name of Employer \_\_\_\_\_  
Relative \_\_\_\_\_ Yes \_\_\_\_\_ No; If yes, relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Part time \_\_\_\_\_ Full Time \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-Worker \_\_\_\_\_  
Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

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Name of Employer \_\_\_\_\_  
Relative \_\_\_\_\_ Yes \_\_\_\_\_ No; If yes, relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Part time \_\_\_\_\_ Full Time \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-Worker \_\_\_\_\_  
Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

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Name of Employer \_\_\_\_\_  
Relative \_\_\_\_\_ Yes \_\_\_\_\_ No; If yes, relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Part time \_\_\_\_\_ Full Time \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-Worker \_\_\_\_\_  
Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

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Name of Employer \_\_\_\_\_  
Relative \_\_\_\_\_ Yes \_\_\_\_\_ No; If yes, relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Part time \_\_\_\_\_ Full Time \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-Worker \_\_\_\_\_  
Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

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Name of Employer \_\_\_\_\_  
Relative \_\_\_\_\_ Yes \_\_\_\_\_ No; If yes, relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Part time \_\_\_\_\_ Full Time \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-Worker \_\_\_\_\_  
Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

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7. Do you object to your present employer being contacted? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Have you ever applied for a position with any law enforcement agency? (Failure to provide accurate and complete information may result in automatic disqualification).

\_\_\_\_\_ Yes \_\_\_\_\_ No; If yes indicate on a separate sheet the following information:

1. The police department to which you made the application
  2. The date on which you applied
  3. Whether you were rejected or accepted
    - i. If rejected, the reason for rejection
    - ii. If accepted, why you refused employment
  4. Whether you are now on an eligibility list and for what position
  5. If you were ever placed on an eligibility list and were not hired, state why
  6. If employed, reason for leaving
9. Has any license or permit (excluding driver license or learner permit) issued by any city, county, state or federal agency ever been denied to you or any corporation or partnership of which you were an officer, director or partner? \_\_Yes \_\_No; If yes, provide details:

\_\_\_\_\_

\_\_\_\_\_

10. Has any license or permit been revoked, cancelled or suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**IX. FINANCIAL HISTORY**

1. List firms which you have, have had, charge accounts. List firms from whom you have borrowed money for any purpose (to establish your credit worthiness, credit checks may be made).

Name of Firm _____	Original Amount Owed _____
Type of Business _____	Current Amount Owed _____
Street Address _____	Monthly Payment _____
Purpose _____	Date Closed _____

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Name of Firm \_\_\_\_\_ Original Amount Owed \_\_\_\_\_  
Type of Business \_\_\_\_\_ Current Amount Owed \_\_\_\_\_  
Street Address \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Purpose \_\_\_\_\_ Date Closed \_\_\_\_\_

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Name of Firm \_\_\_\_\_ Original Amount Owed \_\_\_\_\_  
Type of Business \_\_\_\_\_ Current Amount Owed \_\_\_\_\_  
Street Address \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Purpose \_\_\_\_\_ Date Closed \_\_\_\_\_

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Name of Firm \_\_\_\_\_ Original Amount Owed \_\_\_\_\_  
Type of Business \_\_\_\_\_ Current Amount Owed \_\_\_\_\_  
Street Address \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Purpose \_\_\_\_\_ Date Closed \_\_\_\_\_

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Name of Firm \_\_\_\_\_ Original Amount Owed \_\_\_\_\_  
Type of Business \_\_\_\_\_ Current Amount Owed \_\_\_\_\_  
Street Address \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Purpose \_\_\_\_\_ Date Closed \_\_\_\_\_

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Name of Firm \_\_\_\_\_ Original Amount Owed \_\_\_\_\_  
Type of Business \_\_\_\_\_ Current Amount Owed \_\_\_\_\_  
Street Address \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Purpose \_\_\_\_\_ Date Closed \_\_\_\_\_

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Name of Firm \_\_\_\_\_ Original Amount Owed \_\_\_\_\_  
Type of Business \_\_\_\_\_ Current Amount Owed \_\_\_\_\_  
Street Address \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Purpose \_\_\_\_\_ Date Closed \_\_\_\_\_

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2. What is your total indebtedness at the present time? \_\_\_\_\_

3. Have you filed for bankruptcy? \_\_\_ Yes \_\_\_ No Business: \_\_\_ Yes \_\_\_ No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever had accounts placed in the hands of a collection agency? \_\_\_ Yes \_\_\_ No;

Business  Yes  No; If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Have you ever had your wages garnished?  Yes  No

6. Do you or your spouse have any immediate civil actions pending against you?  Yes

No If yes, please explain: \_\_\_\_\_

7. Have you ever had a judgment rendered against you?  Yes  No

8. Do you now or have you ever had any type of legal action pending against you?

Domestic violence injunction, stalking, etc.  Yes  No If yes, give details:

\_\_\_\_\_

\_\_\_\_\_

9. Are you responsible for child support payments?  Yes  No; If yes, are your

payments current? \_\_\_\_\_

10. If you are responsible for making child support payments or paying alimony, has legal

action ever been taken against you for either failing to make payments or delaying

payments?  Yes  No

11. Are you responsible for paying alimony?  Yes  No If yes, are your payments

current? \_\_\_\_\_

12. Have you ever written a worthless check?  Yes  No

13 a. List any business you or your spouse have a financial interest in:

Business	Amount of Interest	Yearly Income	Name and Address of Partners

b. Of these businesses, do any currently have a contract with the City of Tampa?

Yes  No; If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. List all motor vehicles owned by you or your spouse or that you operate:

Make	Year	VIN Number	Cost	Date of Purchase

**X. CRIMINAL AND JUVENILE RECORD** (Arrest, Detention and Litigation- show all arrests including juvenile and traffic arrests):

1. Have you ever been arrested, charged or detained by ANY law enforcement agency? Provide police and court records, if available (include any arrest in which the records were expunged):

Crime Charged: \_\_\_\_\_

Police Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition of Case: \_\_\_\_\_  
\_\_\_\_\_

Attach a detailed description of the incident(s) on a separate sheet.

2. Have you ever been placed on probation?  Yes  No; If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been required to pay a fine other than traffic?  Yes  No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been reported as a missing person or runaway?  Yes  No;

If yes, give complete details, including jurisdiction, dates and outcome: \_\_\_\_\_  
\_\_\_\_\_

5. If you have ever been fingerprinted by a law enforcement agency for any reason, give details below. Your answers will be checked with the F.B.I. and other agencies.

Agency \_\_\_\_\_ Date: \_\_\_\_\_  
 Purpose \_\_\_\_\_

6. Have you ever been advised of your Miranda rights? If yes, give complete details: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Have you ever been listed as a suspect in an offense or the subject/person of interest in a police investigation? \_\_\_ Yes \_\_\_ No;  
 If yes, give details, including police department and date: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Have you ever had a polygraph examination? \_\_\_ Yes \_\_\_ No; If yes, list:

Date	Examiner's Name	Purpose	Results

9. Has any member of your immediate family ever been arrested or convicted of a criminal offense? \_\_\_ Yes \_\_\_ No

Name	Relationship	Offense	Where Arrested	Date

**XI. VEHICLE OPERATOR'S LICENSE (Driver's, Chauffeur's, etc.)**

- Can you operate a motor vehicle? \_\_\_ Yes \_\_\_ No
- Do you now possess a valid driver's license from the State of Florida? \_\_\_ Yes \_\_\_ No  
Driver's License Number \_\_\_\_\_
- Did you ever possess a driver's license issued by any state other than Florida? \_\_\_ Yes \_\_\_ No  
If yes, provide the following information:

State	Driver's License Number	Date Issued	Restrictions

- Was your license ever restricted, suspended or revoked? \_\_\_ Yes \_\_\_ No  
If yes, give reasons, date, and length of suspension: \_\_\_\_\_  
\_\_\_\_\_
- Was your license ever restored? \_\_\_ Yes \_\_\_ No  
If yes, when? \_\_\_\_\_
- Have you ever been refused a driver's license from any state? \_\_\_ Yes \_\_\_ No  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_
- List below all traffic citations you have received in the last 10 years: (Additional spaces on the next page):

Location (Street, City, State)	Approximate Date	Nature of Violation	Penalty or Disposition


8. Have you ever been involved in a motor vehicle accident?  Yes  No If yes, give complete details for each accident, whether collision, non-collision or hit and run in the below areas:

Date: \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_

Cause of Accident (ran red light, careless driving, etc.): \_\_\_\_\_

Who was charged with accident and court disposition? \_\_\_\_\_

Injury  Non-Injury

Date: \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_

Cause of Accident (ran red light, careless driving, etc.): \_\_\_\_\_

Who was charged with accident and court disposition? \_\_\_\_\_

Injury  Non-Injury

Date: \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_

Cause of Accident (ran red light, careless driving, etc.): \_\_\_\_\_

Who was charged with accident and court disposition? \_\_\_\_\_

Injury  Non-Injury

---

Date: \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_

Cause of Accident (ran red light, careless driving, etc.): \_\_\_\_\_

\_\_\_\_\_

Who was charged with accident and court disposition? \_\_\_\_\_

\_\_\_\_\_

Injury  Non-Injury

---

---

Date: \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_

Cause of Accident (ran red light, careless driving, etc.): \_\_\_\_\_

\_\_\_\_\_

Who was charged with accident and court disposition? \_\_\_\_\_

\_\_\_\_\_

Injury  Non-Injury

---

---

Date: \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_

Cause of Accident (ran red light, careless driving, etc.): \_\_\_\_\_

\_\_\_\_\_

Who was charged with accident and court disposition? \_\_\_\_\_

\_\_\_\_\_

Injury  Non-Injury

---

**XII. CHARACTER REFERENCES:** List 8 character references. (Do **not** include relatives, former employers, or persons living outside the United States or its territories.) List only character references that have a definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors. **E-mail address is preferred-if** they have no e-mail address, then complete the mailing address. (Please make a concerted effort to obtain the E-mail addresses, as this will expedite your background processing).

Name of Character Reference	Years Known	E-mail Address or Mailing address (Street, City, State, Zip)	Phone Number	
			Cell	Home
			( )	( )
			( )	( )
			( )	( )
			( )	( )
			( )	( )
			( )	( )
			( )	( )
			( )	( )

1. List any members of the Tampa Police Department with whom you are acquainted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. List any members of other Law Enforcement Agencies with whom you are acquainted and the agency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Florida Department of Law Enforcement

**AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



**CJSTC 58**

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records  
APPLICANT'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

AGENCY REQUESTING BACKGROUND INFORMATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Having made application for certification or employment as a law enforcement, correctional or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and 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. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Address \_\_\_\_\_

**OATH**

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

Signature of Notary Public - State of Florida \_\_\_\_\_

Print, Type, or Stamp Commissioned name of Notary Public \_\_\_\_\_

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_



Florida Department of Law Enforcement

**AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



**CJSTC 58**

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records  
APPLICANT'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

AGENCY REQUESTING BACKGROUND INFORMATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and 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. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Address \_\_\_\_\_

**OATH**

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

Effective: 8/9/2001 Pursuant to Sections 943.134(2)(a) and (4), F.S.

Original - Employing Agency

1 of 1

Commission-Approved Revisions: 12/16/10  
Form Effective Date: 3/2013

**The following is to be executed prior to submission of this questionnaire:**

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentation, falsifications, or omissions, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Tampa Police Department, or, if after my acceptance for employment, subsequent investigation should disclose misrepresentation, falsifications, or omissions, it will be just cause for immediate dismissal.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public) State of Florida

(Print, Type, or Stamp Commissioned Name of Notary Public)

\_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**NEIGHBORHOOD REFERENCES: (Do not include Relatives) List Five Neighbors.**

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Name \_\_\_\_\_ Number of Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

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Name \_\_\_\_\_ Number of Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

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Name \_\_\_\_\_ Number of Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

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Name \_\_\_\_\_ Number of Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

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Name \_\_\_\_\_ Number of Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

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**CITY OF TAMPA  
EMPLOYMENT INQUIRY FORM**

APPLICANT – PLEASE PRINT

Name: \_\_\_\_\_  
Last                                      First                                      Middle

Current Address: \_\_\_\_\_

\_\_\_\_\_  
City                                      State                                      Zip Code                                      Country

\_\_\_\_\_  
Social Security Number                                      Race/Sex                                      Date of Birth

Additional Information: \_\_\_\_\_

**APPLICANT – READ CAREFULLY AND SIGN**

**AUTHORIZATION TO RELEASE CREDIT BUREAU REPORTS AND INFORMATION**

For and in consideration of my being considered for employment, I hereby authorize the City of Tampa to conduct a credit history investigation. I hereby voluntarily waive any privilege or right of confidentiality with respect to any claim or liability arising from this inquiry for any entity, person, employer or consumer reporting agency providing records to the City of Tampa. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to the employer by writing or calling the consumer reporting agency listed below.

\_\_\_\_\_  
Signature of Applicant                                      Date Signed

Employer Name:            **CITY OF TAMPA**

Address:                    **306 E. JACKSON STREET, TAMPA, FLORIDA 33602**

Telephone: (        )                                      Fax Number:: (        )                                      \_\_\_\_\_

Authorized Employer Representative: \_\_\_\_\_

Last                                      First

**COMPANY'S CERTIFICATION**

The City of Tampa hereby certifies to \_\_\_\_\_ that it is requesting a consumer credit report(s) on the applicant named above and that the City of Tampa will use the report(s) on the applicant named above for employment purposes.

**CITY OF TAMPA  
BACKGROUND INVESTIGATION AUTHORIZATION**

(Please Print)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Race/Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**APPLICANT READ CAREFULLY AND SIGN**

**AUTHORIZATION TO RELEASE CREDIT BUREAU REPORTS AND CRIMINAL HISTORY INFORMATION**

For and in consideration of my being considered for employment, I hereby authorize the City of Tampa to conduct a credit history investigation. I hereby voluntarily waive any privilege or right of confidentiality with respect to any claim or liability arising from this inquiry for any entity, person, employer or consumer reporting agency providing records to the City of Tampa. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to the employer by writing or calling the consumer reporting agency listed below.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

Employer Name:

**CITY OF TAMPA**

Address:

**306 E. JACKSON STREET 7N, TAMPA, FLORIDA 33602**

Telephone Number:

**(813) 274-7555 Fax Number: (813) 274-8365**

Authorized Employer Representative: \_\_\_\_\_

Company Certification: The city of Tampa hereby certifies to \_\_\_\_\_

that it is requesting a consumer credit report(s) on the applicant named above and that the City of Tampa will use the report(s) on the applicant named above for employment purposes.

This form may not be combined or reproduced in conjunction with any other document per section 604 of the Fair Credit Reporting Act.

**CITY OF TAMPA  
PRE-EMPLOYMENT BACKGROUND CHECK**

**NOTICE TO APPLICANT:**

IT IS THE POLICY OF THE CITY OF TAMPA THAT NO APPLICANT CAN BE HIRED UNTIL AN ACCEPTABLE REPORT OF THEIR BACKGROUND IS RECEIVED. NOTE THAT A CRIMINAL CONVICTION DOES NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT. ANY INFORMATION RECEIVED AS A RESULT OF THIS INVESTIGATION WILL BE CONSIDERED WITH SPECIFIC REFERENCE TO THE TYPE OF EMPLOYMENT APPLIED FOR ON AN INDIVIDUALIZED BASIS. FALSIFICATION OR WITHHOLDING OF INFORMATION IS GROUNDS FOR REJECTION OF YOUR APPLICATION OR TERMINATION OF CITY EMPLOYMENT.

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Applicant Information: (please print clearly)

Name: \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

IF YOUR NAME HAS CHANGED, OR IF YOU HAVE USED AN ALIAS, PROVIDE DETAILS BELOW:

Previous Name: \_\_\_\_\_

Alias: \_\_\_\_\_

Location of Change: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

WERE YOU EVER DISCHARGED, TERMINATED, FIRED OR FORCED TO RESIGN FROM A JOB? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN, GIVING NAME AND ADDRESS OF EMPLOYER, APPROXIMATE DATE, AND REASON IN EACH CASE.

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PLEASE READ AND SIGN THE STATEMENT BELOW. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNED AUTHORIZATION TO CONDUCT THIS BACKGROUND CHECK.

I hereby authorize the City of Tampa to obtain information related to my background, including educational records, criminal history, driving record, employment history and other areas directly related to determining my suitability for employment. I hereby direct all holders of such records and information to release same to authorized agents of the City of Tampa. I hereby release you, as the custodian of such records, from any and all liability associated with the release of said records. Should you have any questions or concerns regarding the validity of this release, you may contact me. I further consent to a polygraph examination if one is required for a position for which I am under consideration.

Full Name (Signature): \_\_\_\_\_

Full Name (Printed): \_\_\_\_\_

**FINGERPRINT VERIFICATION FORM**

Civil Service Board-Supplementary Application for: \_\_\_\_\_

Investigator: \_\_\_\_\_

**FINGERPRINT RECORD OF:**

Name: \_\_\_\_\_ Date Printed: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Signed: \_\_\_\_\_  
(ID Technician)

Address: \_\_\_\_\_ Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Previous Record: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In. (w/o Shoes)

Weight: \_\_\_\_\_

Civil Service Application Date: \_\_\_\_\_

Computer Check: \_\_\_\_\_

TPD#: \_\_\_\_\_

**IDENTIFICATION RECORD**  
**TAMPA POLICE DEPARTMENT**  
**TAMPA, FLORIDA**

Name:	Race/Sex:	TPD/J-NBR:	Date:
Alias (Nicknames):		Printed By:	Photo By:
Date of Birth:	Social Sec. #:	Computer Check:	NCIC/FCIC Check
Address:		Hazeltine Check:	
Place of Birth:		Classed By/Searched By:	Verified By:
Height:	Weight:	Fingerprint Classification:	
Eyes:	Hair:	_____	
Complexion:	Build:	Other Remarks: (References)	
Occupation/Place of Business (for Applicants):			
Charge:	Officer/Number:	Flat Impressions:	
Location of Arrest:	Time:		
Date of Offense:	Offense Number:		
Complainant (for Juvenile Offenders):			