

To be Typewritten, Printed, or
Handwritten Legibly in Ink

Date Received: _____

Greenwood Police Department Application for Employment

Instructions

Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add another page and identify additional information by item number.

Personal

1. Your FULL name? (print) _____
FirstMiddleLast

Give any other names you have used or been know by, and attach a statement giving reasons (if none, so state). _____

2. Your address? (print) _____

CityStateZip

3. Your telephone number () _____ () _____ () _____
HomeBusinessCell

4. When were you born? _____
MonthDayYear

5. What is your Social Security Number? _____

6. Where were you born? _____
CityState/CountryCounty

7. Are you a citizen of the United States? _____
Yes-NoNatural BornNaturalized

8. List all organizations, clubs, and associations of which you are or have been a member, or with which you are or have been associated.

9. What are your hobbies, special skills, and abilities, including speaking foreign languages?

Marital

10. Give the following information regarding marriage or marriages:

| When | Where | By Whom | Wife's Maiden Name |
|------|-------|---------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

11. If a marriage to which you were a part was dissolved, fill out the following:

| | How | Who Initiated Action | Title, Location, or Court |
|-----------|-----|----------------------|---------------------------|
| Separated | | | |
| Divorced | | | |
| Annulled | | | |

12. Give the following information concerning your parents and your spouse's parents:

| | Name | Address | Living | Place of Birth |
|-------------------------|------|---------|--------|----------------|
| Father | | | | |
| Mother (Maiden Name) | | | | |
| Father In-Law | | | | |
| Mother In-Law | | | | |

13. List below every child born to you:

| Name | Date of Birth | Place of Birth | With Whom & Where Resides? |
|------|---------------|----------------|-------------------------------|
| | | | |
| | | | |
| | | | |

14. Are you supporting all children born to you, adopted by you, or stepchildren?

Yes No If not, state detail(s): _____

References

15. Fill in below the names of three persons not related to you, and not former employers who have known you intimately for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities.

A. _____

| Name | Years Known | Residence Phone |
|------|-------------|-----------------|
|------|-------------|-----------------|

Home Address

Occupation or Profession

Business Phone

Business Address

In what capacity is the above known to you? _____

B. _____

| Name | Years Known | Residence Phone |
|------|-------------|-----------------|
|------|-------------|-----------------|

Home Address

Occupation or Profession

Business Phone

Business Address

In what capacity is the above known to you? _____

C. _____

| Name | Years Known | Residence Phone |
|------|-------------|-----------------|
|------|-------------|-----------------|

Home Address

Occupation or Profession

Business Phone

Business Address

In what capacity is the above known to you? _____

Acquaintances

16. Fill in below the names of three persons not related to you, and not former employers or references, who are friends, fellow students, or fellow workers. Names listed should be those of persons who have seen you frequently during the past year.

A. _____

| | | |
|---|----------------|-----------------|
| Name | Years Known | Residence Phone |
| Home Address | | |
| Occupation or Profession | Business Phone | |
| Business Address | | |
| In what capacity is the above known to you? _____ | | |
| ***** | | |

B. _____

| | | |
|---|----------------|-----------------|
| Name | Years Known | Residence Phone |
| Home Address | | |
| Occupation or Profession | Business Phone | |
| Business Address | | |
| In what capacity is the above known to you? _____ | | |
| ***** | | |

C. _____

| | | |
|---|----------------|-----------------|
| Name | Years Known | Residence Phone |
| Home Address | | |
| Occupation or Profession | Business Phone | |
| Business Address | | |
| In what capacity is the above known to you? _____ | | |
| ***** | | |

17. Steady girlfriend or boyfriend, whichever is applicable:

| | |
|--------------|-----------------|
| Name | Residence Phone |
| Home Address | |

Family History

18. Give the names of every member of your immediate family who is still living, including father, mother, sister(s), brother(s):

| Name | Relationship | Address | Telephone | Occupation |
|------|--------------|---------|-----------|------------|
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19. Has any member of your immediate family ever been arrested for or convicted of a felony offense? Yes No If yes, give particulars below:

| Name | Relationship | Offense | Place of Arrest |
|------|--------------|---------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Financial / Credit

20. Do you have a savings account? Yes No _____
Bank

21. Do you have a checking account? Yes No _____
Bank

22. Do you own or are you buying your own home? Yes No \$ _____
Amount Invested
_____ Bank or Company City & State

23. Do you own or are you buying an automobile? Yes No \$ _____
Amount Invested
_____ Bank or Company _____ Make _____ Year _____ License No.

24. What income other than salary do you have at present, including spouse's salary?

25. List any additional assets not listed above: _____

26. List all firms with which you have, or have had, charge accounts. List all firms from whom you have borrowed money for any purpose.

A. _____ \$ _____
Name of Firm Type of Firm Amount

_____ Business Address

_____ Date Opened Date Closed Purpose



B. _____ \$ _____
 Name of Firm Type of Firm Amount

Business Address

Date Opened Date Closed Purpose

.....

C. _____ \$ _____
 Name of Firm Type of Firm Amount

Business Address

Date Opened Date Closed Purpose

.....

D. _____ \$ _____
 Name of Firm Type of Firm Amount

Business Address

Date Opened Date Closed Purpose

.....

E. _____ \$ _____
 Name of Firm Type of Firm Amount

Business Address

Date Opened Date Closed Purpose

.....

Work History

30. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. _____
 Name & Address of Employer _____
 _____ \$ _____
 Name & Title of Your Supervisor _____ Salary per Month _____

 Exact Title or Position _____ Your Duties _____
 From _____ To _____ Number Supervised _____
 Month & Year Month & Year

 Reason for Leaving _____

B. _____
 Name & Address of Employer _____
 _____ \$ _____
 Name & Title of Your Supervisor _____ Salary per Month _____

 Exact Title or Position _____ Your Duties _____
 From _____ To _____ Number Supervised _____
 Month & Year Month & Year

 Reason for Leaving _____

C. _____
 Name & Address of Employer _____
 _____ \$ _____
 Name & Title of Your Supervisor _____ Salary per Month _____

 Exact Title or Position _____ Your Duties _____
 From _____ To _____ Number Supervised _____
 Month & Year Month & Year

 Reason for Leaving _____

D. _____
Name & Address of Employer _____ \$ _____
Name & Title of Your Supervisor _____ Salary per Month _____
Exact Title or Position _____ Your Duties _____
From _____ To _____ Number Supervised _____
Month & Year Month & Year
Reason for Leaving _____
.....

E. _____
Name & Address of Employer _____ \$ _____
Name & Title of Your Supervisor _____ Salary per Month _____
Exact Title or Position _____ Your Duties _____
From _____ To _____ Number Supervised _____
Month & Year Month & Year
Reason for Leaving _____
.....

F. _____
Name & Address of Employer _____ \$ _____
Name & Title of Your Supervisor _____ Salary per Month _____
Exact Title or Position _____ Your Duties _____
From _____ To _____ Number Supervised _____
Month & Year Month & Year
Reason for Leaving _____
.....

31. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service? Yes No If yes, state details: _____

32. Do you object to wearing a uniform? Yes No

33. Do you object to working nights? Yes No

34. Have you had experience with shift work? Yes No

35. Have you ever filed a claim for workman's compensation? Yes No

If yes, state details: _____

36. List below any extended absences from work you have had because of personal illness and describe the cause (s): _____

37. List below every employment examination you have taken. If not, so state:

| Agency | Approximate Date Of Examination | Position of List | Status |
|--------|---------------------------------|------------------|--------|
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38. Have you previously submitted an application for employment with another police department? Yes No If yes, what is the name of the police department(s) and date of application? _____

Military

39. Have you ever served in a military or naval organization of the United States? Yes No

40. Give branch of service: _____
Company

| | | |
|----------|----------|------|
| Regiment | Division | Ship |
|----------|----------|------|

41. What is your Service Number? _____

42. Highest rank held: _____

43. How many periods of active military service have you had? _____

44. Give period or periods of active military service:

| | | | |
|------------|----------|------------|----------|
| From _____ | To _____ | From _____ | To _____ |
| From _____ | To _____ | From _____ | To _____ |
| From _____ | To _____ | From _____ | To _____ |

45. Give date & location of entrance of active duty: _____

46. List all medals and decorations awarded you as a member of the armed forces:

47. What is the type of your discharge (honorable, dishonorable, medical, honorable conditions, etc.)? Be exact: _____

48. Give date & location of discharge: _____

49. If you have had no military service, give reason(s): _____

50. Are you now or were you ever an active or inactive member of any branch of the United States Reserve Forces? Yes No Active or Inactive? _____

 Branch Unit Rank

 Address

 From To

51. Are you now or were you ever a member of the National Guard? Yes No

 State Regiment Unit Rank

 From To Type of Discharge

52. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces?

Yes No If yes, explain: _____

53. List any disciplinary action taken against you in the National Guard or other reserve unit: _____

54. What is your present draft classification? _____
 _____ Date of Expiration

 Draft Board Number & Location

Education

Indicate below the schools you have attended and courses completed. If you cannot remember, say so. It is not necessary to write the school for information.

| Name of School Address (City & State) | No. Of Full Years Work completed Courses Completed | <u>Dates Attended</u> <u>From - To (mo/yr)</u> | Graduate | Principal or Dean |
|---|--|---|----------|----------------------|
| Junior High School | | | | |
| High School | | | | |
| University or College | | | | |
| Extension, Graduate, Correspondence Course | | | | |

56. Were you ever expelled or suspended from any school or were you ever disciplined by any school official? Yes No If yes, give particulars below:

Medical

57. List all physicians, surgeons, psychiatrists, or psychologist that you have been treated by or seen. Include their addresses and telephone numbers. Also state the reason for the examination/surgery. NOTE: Only areas that will affect your ability to perform police duties will be investigated in more detail. Other areas will be held in strict confidence.

58. List all hospitals where you have been treated, reason for treatment, and date of treatment:_____

59. Do you have any physical disabilities at this time or have you ever had any?

Yes No If yes, state details:_____

60. Have you ever possessed and/or smoked marijuana, hashish, PCP, or any other illegal substance? Yes No If yes, explain:_____

61. Have you ever used any other illegal drugs, opiates, pills, etc? Yes No
If yes, what were the circumstances?_____

62. Have you ever been treated for alcoholism or drug addiction or confined in any institution for either of these conditions? Yes No If yes, explain:

Criminal / Traffic

Answer all of the following questions completely and accurately. Any falsification or misstatements of fact may be sufficient to disqualify you. (exclude traffic citations)

63. Have you ever been arrested or detained by police? Yes No If yes, State details below:

A. _____

| | |
|---------------|---------------------|
| Crime Charged | Police Agency |
| _____ | _____ |
| Date | Disposition of Case |

.....

B. _____

| | |
|---------------|---------------------|
| Crime Charged | Police Agency |
| _____ | _____ |
| Date | Disposition of Case |

.....

64. Have you ever had criminal complaint filed against you which did not involve police arrest or involvement? Yes No If yes, state details: _____

65. Have you ever been placed on probation? Yes No If yes, state details:

66. Have you ever been required to pay a fine? Yes No If yes, state details:

67. Have you ever been reported as a missing person or a runaway? Yes No
 If yes, state complete details, including jurisdiction, dates, and outcome: _____

68. If you have ever been fingerprinted by a police agency, other than for an arrest, give details below. Your answers will be checked with the F.B.I. and other agencies:

| Agency | Date | Purpose |
|--------|------|---------|
| Agency | Date | Purpose |
| Agency | Date | Purpose |

69. Can you operate a motor vehicle? Yes No

70. Do you possess a valid operator's license from Delaware? Yes No

Operator's License Number: _____ Year Issued: _____

71. Did you ever possess an operator's license issued by any state other than Delaware?
 Yes No If yes, give state and number: _____

72. Was your license ever suspended or revoked? Yes No If yes, state which and give reason(s): _____

73. Was your license ever restored? Yes No When? _____

74. Have you ever been refused an operator's license by any state? Yes No
If yes, state details: _____

75. Have you ever been involved in a motor vehicle accident? Yes No
If yes, state complete details for each accident whether collision or non-collision:

A. _____ Police Investigation Yes No
Date

Location

Cause of Accident

Injury or Non-Injury

Who was legally at fault?
.....

B. _____ Police Investigation Yes No
Date

Location

Cause of Accident

Injury or Non-Injury

Who was legally at fault?
.....

C. _____ Police Investigation Yes No
Date

Location

Cause of Accident

Injury or Non-Injury

Who was legally at fault?
.....

76. List below all traffic citations you have received, exclude parking:

| Location (City & State) | Approximate Date | Nature of Violation | Penalty or Disposition |
|----------------------------|---------------------|------------------------|---------------------------|
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77. If it became necessary in the course of police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs?

Yes No If yes, explain: _____

I hereby certify that all statements made in this questionnaire are true and complete and understand that any misstatements of material facts will subject me to disqualification or dismissal.

 Signature in Full

 Date Completed

Authorization To Release Information

As an applicant for a position with the Greenwood Police Department, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Signed: _____

Date: _____

Witness: _____