

LANGLEY POLICE DEPARTMENT

APPLICANT PRE EMPLOYMENT



PERSONAL HISTORY QUESTIONNAIRE

Important Instructions

If there is enough space under the questions to explain your YES answers, then do so. If not, explain on the back of the page. Please footnote your answers using the section and question number. **YOU MUST ANSWER EVERY QUESTION: LEAVE NO BLANK SPACES.** Failure to fully explain your answers, intentionally make a false statement on any material fact or practices or attempt any deception or fraud may disqualify you from the selection process immediately.

(1) PERSONAL HISTORY / GENERAL BACKGROUND INFORMATION

Full Legal Name: _____
Last First Middle

1. Present Home Address:

Street City State Zip

2. Home Phone _____ Business Phone _____ Cellular Phone _____

E-mail Address _____

3. Date of Birth _____ Male () Female () Social Security Number _____

Place of Birth _____
City State Country Zip Code

4. Have you ever used a different name? Yes () No ()

5. Have you ever legally changed your name? Yes () No ()

Name changed from _____

Name changed to _____

Date and location of change _____

Reason for change _____

6. Have you ever used a different Social Security number? Yes () No ()

7. Have you ever used a different date of birth? Yes () No ()

8. Are you a United States Citizen? Yes () No ()

9. If you are a naturalized citizen, supply the following information:

Naturalization certificate issued to: Self () Parent () Spouse ()

Court: _____ Date: _____

Location: _____

10. If adopted, Parent's Certificate Number: _____

Parent's name on certificate: _____

Court: _____ Date: _____

Location: _____

11. Do you have a passport? Yes () No ()

If "Yes", # _____

12. Do you have a Permit to carry a firearm? Yes () No ()

If "Yes", # _____

13. Have you ever been denied a firearms permit by any agency? Yes () No ()

If "Yes", list agency or agencies _____

14. For the purposes of identification, provide the following information:

Height _____ Weight _____ Eye Color _____ Hair Color _____

15. Do you have any distinguishing scars, marks, or tattoos? Yes () No ()

If "Yes", describe them and state their location on your body.

16. Educational Background:

17. Name of High School City/State Yr. Graduated

18. Name of College _____

City/State _____ Yr. Graduated _____

19. Degree Received / Field of Study (major) _____

20. Name of Grad School _____

City/State _____ Yr. Graduated _____

21. Degree Received / Field of Study (major) _____

22. Specialty Training Beyond above: _____

23. Have you ever taken a polygraph or other type truth verification or honesty test? Yes () No ()

If "Yes" When Where Reason or purpose

24. Did you intentionally misrepresent any information during this or any prior police selection process?

Yes () No ()

25. Did you have any unauthorized material or information to benefit yourself in this or any prior police selection process? Yes () No ()

26. During this or any prior selection process, did you "cheat" in any way? Yes () No ()

RELATIVES, REFERENCES AND ACQUAINTANCES

During the course of the background investigation persons who know you will be asked to comment upon your suitability for the position you have applied for. Inquiries will be confined to job-related matters.

27. PRESENT MARITAL STATUS Single () Married () Separated () Divorced () Widowed ()

28. MARRIAGE INFORMATION

Marriage Date: _____

Where Performed: _____

Spouse's Name/Wife's Maiden Name: _____

Spouse's D.O.B. _____

29. EX-SPOUSE INFORMATION: (if separated or divorced)

Name: _____ Telephone: _____

Address: _____

Street

City

State

Zip

Separated () Marriage Annulled () Divorced ()

Date of Order/Decree _____

Granted by: _____

Court,

City,

State

30. CHILDREN List all of your children, including step-children and adopted children. Give the following information. (Attach additional pages if necessary)

Full Name _____

Address

Street

City

State

Zip

Date of Birth _____ Phone _____

Full Name _____

Address

Street

City

State

Zip

Date of Birth _____ Phone _____

Full Name _____

Address _____

Street

City

State

Zip

Date of Birth _____ Phone _____

Full Name _____

Address _____

Street

City

State

Zip

Date of Birth _____ Phone _____

31. FAMILY MEMBERS

List the FULL NAME of your Father, Mother (maiden and current surname), Step-Father, Step-Mother (including maiden name) ALL Brothers, Sisters, Step-Brothers, and Step-Sisters and any person(s) residing in your home whether related to you or not.

Full Name _____

Date of Birth _____ Relationship _____

Address _____

Telephone _____

Full Name _____

Date of Birth _____ Relationship _____

Address _____

Telephone _____

Full Name _____

Date of Birth _____ Relationship _____

Address _____

Telephone _____

Full Name _____

Date of Birth _____ Relationship _____

Address _____

Telephone _____

Full Name _____

Date of Birth _____ Relationship _____

Address _____

Telephone _____

Full Name _____

Date of Birth _____ Relationship _____

Address _____

Telephone _____

Full Name _____

Date of Birth _____ Relationship _____

Address _____

Telephone _____

Full Name _____

Date of Birth _____ Relationship _____

Address _____

Telephone _____

Full Name _____

Date of Birth _____ Relationship _____

Address _____

Telephone _____

32. ROOMMATES

List those individuals with whom you have resided with in the last 20 years. EXCLUDE family members. DO NOT list information prior to your 15th birthday.

Name _____

Address lived at _____

Dates (from/to) _____ Telephone _____

Name _____

Address lived at _____

Dates (from/to) _____ Telephone _____

Name _____

Address lived at _____

Dates (from/to) _____ Telephone _____

Name _____

Address lived at _____

Dates (from/to) _____ Telephone _____

Name _____

Address lived at _____

Dates (from/to) _____ Telephone _____

Name _____

Address lived at _____

Dates (from/to) _____ Telephone _____

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Dates (from/to) _____ Telephone _____

Name _____

Address lived at _____

Dates (from/to) _____ Telephone _____

Name _____

Address lived at _____

Dates (from/to) _____ Telephone _____

Name _____

Address lived at _____

Dates (from/to) _____ Telephone _____

Name _____

Address lived at _____

Dates (from/to) _____ Telephone _____

33. ACQUAINTANCES

List 3 to 5 individuals who are social acquaintances (i.e. people you have seen frequently during the past year) and who have knowledge of you and your qualifications. EXCLUDE relatives and former employers.

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

34. RESIDENCES

Persons who have become acquainted with you by reason of your residing in different locations are often helpful in providing useful information for the background investigation. List ALL ADDRESSES beginning with your present address.

1. Address _____
City State Zip

Dates of Residence: from _____ to _____

Landlord (information): Name: _____ Telephone: _____

Address: _____

2. Address _____
City State Zip

Dates of Residence: from _____ to _____

Landlord (information): Name: _____ Telephone: _____

Address: _____

3. Address _____
City State Zip

Dates of Residence: from _____ to _____

Landlord (information): Name: _____ Telephone: _____

Address: _____

4. Address _____
City State Zip

Dates of Residence: from _____ to _____

Landlord (information): Name: _____ Telephone: _____

Address: _____

5. Address _____
City State Zip

Dates of Residence: from _____ to _____

Landlord (information): Name: _____ Telephone: _____

Address: _____

(2) EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment list all jobs FULL-TIME, PART-TIME, TEMPORARY AND VOLUNTARY POSITIONS, you have held. If you had intervening periods of military service or unemployment, list those periods in sequence in the spaces provided. (Attach additional pages if needed)

****ALL TIME MUST BE ACCOUNTED FOR****

Name of Employer: _____

Address: _____

Telephone: _____ Dates of Employment: from _____ to _____

Job Title: _____ Full-Time () Part-Time () Temporary () Voluntary ()

Name of Supervisor: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____

Telephone: _____ Dates of Employment: from _____ to _____

Job Title: _____ Full-Time () Part-Time () Temporary () Voluntary ()

Name of Supervisor: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____

Telephone: _____ Dates of Employment: from _____ to _____

Job Title: _____ Full-Time () Part-Time () Temporary () Voluntary ()

Name of Supervisor: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____

Telephone: _____ Dates of Employment: from _____ to _____

Job Title: _____ Full-Time () Part-Time () Temporary () Voluntary ()

Name of Supervisor: _____

Reason for Leaving: _____

Name of Employer: _____
Address: _____
Telephone: _____ Dates of Employment: from _____ to _____
Job Title: _____ Full-Time () Part-Time () Temporary () Voluntary ()
Name of Supervisor: _____
Reason for Leaving: _____

Name of Employer: _____
Address: _____
Telephone: _____ Dates of Employment: from _____ to _____
Job Title: _____ Full-Time () Part-Time () Temporary () Voluntary ()
Name of Supervisor: _____
Reason for Leaving: _____

Name of Employer: _____
Address: _____
Telephone: _____ Dates of Employment: from _____ to _____
Job Title: _____ Full-Time () Part-Time () Temporary () Voluntary ()
Name of Supervisor: _____
Reason for Leaving: _____

Name of Employer: _____
Address: _____
Telephone: _____ Dates of Employment: from _____ to _____
Job Title: _____ Full-Time () Part-Time () Temporary () Voluntary ()
Name of Supervisor: _____
Reason for Leaving: _____

Name of Employer: _____
Address: _____
Telephone: _____ Dates of Employment: from _____ to _____
Job Title: _____ Full-Time () Part-Time () Temporary () Voluntary ()
Name of Supervisor: _____
Reason for Leaving: _____

1. Have you ever been fired, asked to resign, or forced to leave a job? Yes () No ()

2. Have you ever resigned from a position to avoid termination? Yes () No ()

3. Ever been the subject of an allegation charging you with racial or ethnic bias or sexual harassment?
Yes () No ()

4. Ever receive unemployment compensation while working at any job? Yes () No ()

5. Ever receive unemployment compensation or unemployment compensation while working at any job that you were not entitled to? Yes () No ()

6. Ever work and get paid "under the table or off the books"? Yes () No ()

7. Have you ever been disciplined (e.g., oral/written reprimand, docked pay, suspension, demoted, etc.) for excessive absences, tardiness, poor judgment, unbecoming conduct, work performance or other work related reasons? Yes () No ()

8. Ever keep an overage (more money than the final accounting showed)? Yes () No ()

9. What is the most valuable thing you ever took from an employer?

10. Ever aware of any fellow employees taking from your employer? Yes () No () If yes, what did you do about it? _____

11. List any other pending applications for other police positions:

12. Ever not been selected for a police position? Yes () No () If yes, why?

13. Have you ever taken a psychological examination? Yes () No () If yes, explain (location, date, performed by, reason)

(3) MILITARY RECORD

Are you registered with Selective Service? Yes () No ()

If so, date registered:_____ Selective Service Number:_____

Have you ever served on active duty in the U.S. Armed Forces? Yes () No ()

Branch_____ Date of Service_____

Serial Number_____ Type of Discharge_____

Location of Separation Center:_____

Location of Induction Center:_____

Basis for Discharge:_____

Are you currently, or have you ever been a member of the Reserves or National Guard? Yes () No ()

Branch_____ Date of Service_____ Reserve Status_____

If you are in a pay status, where do you attend drills, meetings, or camps. Give name of unit and location, name of Supervisor and phone number.

Were you ever tried, punished, reprimanded or reduced in rank for infraction(s) of military rules and regulations? Yes () No () If yes, indicate the following information: Date:_____

Charges:_____ Type of

Proceedings:_____

Disposition:_____

Has your discharge or separation ever been corrected or changed? Yes () No ()

If yes, list details below: Changed from:_____

Changed to:_____ Authority:_____

Date of Change:_____

(4) FINANCIAL STATUS

The management of personal finances is relevant to an individual's qualifications for the position of Police Officer. Fill in the required information in this section. BE COMPLETE AND ACCURATE. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations. 1. Do you receive income from sources other than your principal occupation? Yes () No ()

What is the source? _____

Amount per month? _____

2. Do you have a bank account? Yes () No ()

Name and location of bank: _____

Name and location of bank: _____

3. Do you have a checking account? Yes () No ()

Name and location of bank: _____

Name and location of bank: _____

4. Are you responsible for making alimony payments? Yes () No ()

If "Yes", indicate amount of payment: \$ _____ per: _____

5. Are you responsible for making child support payments? Yes () No () If "Yes", indicate amount of payment: \$ _____ per: _____

6. If you are responsible for making alimony or child support payments, has legal action ever been taken against you for either failing to make payments or delaying payments? Yes () No ()

If "Yes", explain details: _____

7. Have you or your spouse ever filed for or declared bankruptcy? Yes () No ()

If "Yes", give details when, where and reasons: _____

8. Have any of your bills ever been turned over to a collection agency? Yes () No ()

If "Yes", give details, including date(s), firm(s) involved and circumstances.

9. Have you ever had, purchased goods repossessed? Yes () No ()
If "Yes", give details, including dates, firms involved, and circumstances:

10. Have your wages ever been attached or garnished? Yes () No () If "Yes", give dates, reason, who attached the wages, etc.

11. Have you ever been delinquent on federal income tax, state, local or other taxes? Yes () No () If "Yes", explain giving details including date, where and reason why.

12. Do you now or have you ever had any illegal gambling debts? Yes () No () If "Yes", explain giving date(s) and details.

13. Ever not pay a dept – just skip out on it? Yes () No ()

14. Have you ever been evicted? Yes () No ()

15. Ever have a credit card recalled? Yes () No ()

16. Ever not financially support someone you were obligated to? Yes () No ()

17. Ever issue a check or other debt instrument knowing you did not have the funds to cover it? Yes ()
No () _____

18. Are you presently experiencing any financial problems? Yes () No ()

19. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes () No () If "yes",
explain, including reasons for refusals, names of insurance companies, dates.

20. Do you currently have any financial obligation to any of the following?

AMOUNT OWED

Doctor / Dentist () Yes () No _____

Hospital/ Clinic () Yes () No _____

Mortgage () Yes () No _____

Financial Company () Yes () No _____

Auto Loan () Yes () No _____

Fed/ State/Local taxes () Yes () No _____

Credit Union () Yes () No _____

Student Loan () Yes () No _____

Court Judgment () Yes () No _____

Child Support () Yes () No _____

Alimony () Yes () No _____

Rent () Yes () No _____

Utilities () Yes () No _____

Bank Loans () Yes () No _____

Loans From others () Yes () No _____

Credit Cards () Yes () No _____

Other Creditors Not Listed () Yes () No _____

1. Have you or your spouse ever been involved as a plaintiff or defendant in any CIVIL COURT action?
Yes () No () If "Yes", list the date, place and full details of each incident below.

2. Have you ever been reported to a Law Enforcement Agency as a Missing Person or as a Runaway?
Yes () No () If "Yes", list the date, place and full details of each incident below.

3. Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult? Yes () No () If "Yes", list the date, place and full details of each incident below.

4. Have you ever been involved in any of the following in any way (participated in, conspired with or assisted anyone, regardless of whether or not you were caught)?

Caused a person's death / person to be hospitalized Yes () No ()

Taken items from a store as a child / as an adult Yes () No ()

Take any property or money without the owner's permission Yes () No ()

Take a motor vehicle without the owner's permission Yes () No ()

Falsely report a fire or other emergency situation Yes () No ()

Falsely report a Crime Yes () No ()

Use a phony identification Yes () No ()

Use a credit card or ATM card Illegally Yes () No ()

Use or display a weapon during an altercation Yes () No ()

Make a threatening or obscene communication anonymously (via telephone, mail, E-Mail, fax, etc.)
Yes () No ()

Receive or distribute any item you knew to be stolen Yes () No ()

Intentionally damage property of someone else Yes () No ()

Were you ever in illegal possession of a weapon Yes () No ()

Make a false or inflated insurance claim Yes () No ()

Take something from someone by force Yes () No ()

Break into a motor vehicle Yes () No ()

Break into a building (home / business, etc.) Yes () No ()

Set fire to anything Yes () No ()

Kidnap or otherwise keep someone against their will Yes () No ()

Counterfeit anything Yes () No ()

Commit blackmail / any form of extortion Yes () No ()

- Tamper with a witness or evidence Yes () No ()
- Use a computer to commit a crime Yes () No ()
- Make a false statement to the police Yes () No ()
- Harass or stalk someone Yes () No ()
- Interfere with a police officer Yes () No ()
- Deliberately hurt an animal Yes () No ()
- Make or take an illegal bet Yes () No ()
- Impersonate a police officer Yes () No ()
- Ever use physical force with your spouse or significant other (strike, push, slapping, shaking, etc.)
Yes () No ()
- Ever use physical force with a parent Yes () No ()
- Ever use physical force with a child Yes () No ()
- Ever been subject of a restraining/protective order Yes () No ()
- Ever been convicted of a criminal offense Yes () No ()
- Ever have a criminal charge reduced in court Yes () No ()
- Do you have a permit to carry a pistol or revolver Yes () No ()
- Did you ever have a pistol permit denied/revoked Yes () No ()
- Any friends, family, close acquaintances ever been involved in any criminal activity Yes () No ()
- If Yes, did you assist them in any way Yes () No ()
- Ever been involved in organized crime Yes () No ()

(6) MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of the position of Police Officer. An investigation of your driving history will be made through record checks. To expedite this procedure, supply the following information.

1. Connecticut Operator's License Number: _____ License Type: _____ Expiration Date: _____ Name under which license was issued: _____ License Restrictions: _____

2. List all other states where you have been licensed to operate a motor vehicle.

State: _____ License Number: _____ License Type: _____ Name under which license granted: _____
Restrictions: _____

State: _____ License Number: _____ License Type: _____ Name under which license granted: _____
Restrictions: _____

3. Have you ever been denied a driver's license by any state? Yes () No () If "Yes", explain below. Include when, where, and reason why.

4. Have any of your driver's licenses ever been suspended or revoked? Yes () No () If "Yes", explain below. Include when, where, and reason why.

5. Have you ever attended a Driver Improvement School? Yes () No () If "Yes", explain below. Include when, where, and reason why.

6. Have you ever been charged with driving under the influence of alcohol or drugs? Yes () No () If "Yes", explain below. Include when, where, and reason why.

7. Have you ever been charged with Reckless Driving? Yes () No () If "Yes", explain below. Include when, where, and reason why.

8. Have you ever been charged with vehicular homicide? Yes () No () If "Yes", explain below. Include when, where, and reason why.

9. List each and every traffic ticket or summons you have ever received in chronological order starting with the most recent. DO NOT INCLUDE PARKING VIOLATIONS. (Attach additional pages if necessary)

Month/Year: _____ Charge: _____

City/State: _____ Disposition: _____

Month/Year: _____ Charge: _____

City/State: _____ Disposition: _____

Month/Year: _____ Charge: _____
City/State: _____ Disposition: _____

10. Have you ever been involved as a driver in a motor vehicle accident, whether or not they were investigated by the police? Yes () No ()

If "Yes", give details below. (Attach additional pages if necessary)

Police Investigation: Yes () No () Police Agency: _____

Date: _____ Injury () Non-Injury () Fatalities ()
Location: _____ Police
Investigation: Yes () No () Police Agency: _____

Date: _____ Injury () Non-Injury () Fatalities ()
Location: _____ Police
Investigation: Yes () No () Police Agency: _____

Date: _____ Injury () Non-Injury () Fatalities ()
Location: _____

11. Were alcohol or drugs ever a factor in an accident in which you were involved? Yes () No ()

12. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes () No () If "Yes", explain, including reasons for refusals, names of insurance companies, dates.

13. Have you ever driven a car that was improperly registered or insured? Yes () No ()

14. Do you have any outstanding parking tickets? Yes () No ()

15. Within the last 12 months, have you driven a motor vehicle while under the influence of alcohol, drugs, or both? Yes () NO () 16. Give the following information regarding automobile insurance on any vehicles registered to you and/or your spouse.

Insurance company: _____
Address: _____ Policy
Number: _____ Expiration Date: _____

Insurance company: _____
Address: _____ Policy
Number: _____ Expiration Date: _____

Insurance company: _____
Address: _____ Policy
Number: _____ Expiration Date: _____

17. Have you ever had a driver's licenses from more than one state at the same time? Yes () No ()

18. Have you ever altered a license or given false information to obtain a license? Yes () No ()

19. Ever knowingly drive an unregistered or uninsured motor vehicle? Yes () No ()

20. Ever knowingly damage another's property with a vehicle and not report it? Yes () No ()

21. Currently owe any fines for traffic or parking violations? Yes () No ()

22. Ever have traffic or parking tickets "fixed"? Yes () No ()

23. Have you ever been subject to a Breathalyzer or sobriety test? Yes () No ()

24. Have you ever been involved in a motor vehicle accident where you left the scene without identifying yourself (hit & run)? Yes () No ()

(7) USE OF ALCOHOL

1. How much alcohol have you consumed in the past 24 Hours? _____

2. In the past week? _____

3. Your average consumption during a typical week? _____

4. When was the last time you drank too much? _____

5. When was the last time you operated a motor vehicle after you had consumed alcohol?

6. Did you ever drink more heavily than you do now? Yes () No ()

7. Ever miss work because of alcohol consumption? Yes () No ()

8. Ever been treated for, counseled for, or sought self-help for a drinking problem? (AA, etc.) Yes ()
No () If "yes" Explain:

9. Has Drinking ever caused you a problem in your personal life or any of your employments? Yes ()
No () If "yes" Explain:

10. Have you ever consumed alcohol while you were working? Yes () No ()

11. Have you ever felt you had a drinking problem? Yes () No ()

12. Have you ever been told by someone that they felt you had a drinking problem? Yes () No ()

13. How many times have you been drunk in the past twelve months? _____

14. Have you ever woke up in the morning, after a night of drinking, and were unable to remember the night before? Yes () No () If "yes" Explain:

15. Do you consider yourself to be a (circle one) Non-drinker light drinker moderate drinker heavy drinker Other (explain)

(8) SEXUAL MISCONDUCT

Have you ever been involved in any of the following (that is, have you committed, participated in, or conspired with anyone, regardless of whether or not you were caught)?

1. Ever force someone to have sexual relations/contact with you? (including spouse) Yes () No ()

2. Ever sexually involved with a minor? (under age 18 yrs) Yes () No ()

3. Ever sexually aroused by a child? Yes () No ()

4. Ever masturbate to fantasies of children? Yes () No ()

5. Ever have sexual relations/contact with a relative? Yes () No ()

6. Ever have sexual relations/contact with an animal? Yes () No ()

7. Ever have sexual relations/contact with a corpse? Yes () No ()
8. Ever sexually aroused by a fire? Yes () No ()
9. Ever paid for sex, been paid for sex or had a third party pay for sex you received? Yes () No ()
10. Ever have sexual relations/contact (including masturbation) while at work? Yes () No ()
11. Ever possess, sell, purchase, produce, download, view or distribute any child pornographic material, (or assist anyone)? Yes () No ()
12. Ever intentionally expose yourself in public? Yes () No ()
13. Ever expose yourself to a child? Yes () No ()
14. Ever physically or sexually abuse a child? Yes () No ()
15. Ever touch a child in a sexual way? Yes () No ()
16. Ever have sexual relations/contact with someone not able to give consent (ability to consent or diminished due to unconsciousness, drugs, alcohol, or mentally incompetent)? Yes () No ()
17. Ever been involved in any illegal sexual activity? Yes () No ()
18. Ever been involved in what you consider to be an unusual sex act? Yes () No ()

(9) DRUGS / NARCOTICS

1. Do you now or have you ever used any tobacco products? Yes () No () If yes explain:

2. Do you now or have you ever used marijuana? () Yes () No

If yes when did you first use marijuana? _____ Last use? _____

3. Estimate the total number of USAGES: _____ Periods of heavier USAGE: _____

4. Ever purchase, sell, distribute marijuana, or assist anyone? Yes () No ()

5. Ever USE marijuana while at work? Yes () No ()

6. Do you now or have you ever used Cocaine? () Yes () No

If yes, when did you first use Cocaine? _____ Last use? _____

7. Estimate total USAGE of cocaine? _____ Most used in 24hr period: _____

8. Ever purchase, sell, manufacture distribute cocaine, or assist anyone? Yes () No ()

9. Other drugs tried: FIRST TIME LAST TIME TOTAL TIMES Hashish _____
_____ Heroin _____ Quaaludes _____
_____ Downers _____ Speed/Meth
_____ LSD/Acid _____
Mescaline _____ Peyote _____
_____ Mushrooms _____ THC (purple pill)
_____ PCP/ angel dust _____
_____ Ecstasy _____ Steroids _____
_____ Illy _____ Nitrous Oxide
_____ Rush (amyl nitrate) _____

10. Ever USED any other illegal narcotic substance that has not been mentioned? Yes () No () If "yes"
Explain: _____

11. Ever USED any other person's prescription medication? Yes () No ()

12. Are any close friends, relatives or significant others (examples; spouse, fiancé, live-in) involved in the use, sale, manufacture, or distribution of any illegal substance? Yes () No ()

(10) SUBVERSIVE, OR GANG ACTIVITY

Have you ever been associated with (that is, you were a member or associate member, attended meetings, provided financial or any other type of assistance, volunteered for or were in any way affiliated with) any group organization, gang or movement that:

1. Advocates or uses violence to further its goal? Yes () No ()

2. Requires the commission of a crime to become a member or to retain membership? Yes () No ()

3. Engage in criminal activity? Yes () No ()

4. Espouses hatred for any racial, ethnic or religious groups? Yes () No ()

5. Advocates any subversive activity, such as altering the government by unconstitutional means?
Yes () No ()

6. Espouses hatred or advocates violence against Americans? Yes () No ()

7. Have you ever been asked to join or have you ever attempted to join any group/organization mentioned? Yes () No ()

8. Do you have any friends, relatives or close acquaintances that have any ties with any of the groups/organizations that have been mentioned? Yes () No ()

9. Is any member of your immediate or extended family involved in a street gang?
Yes () No ()

(11) Medical

1. Please list your primary care physician? Physician name:

Address: _____

Phone: _____

Who provides current medical insurance? _____

2. Have you ever been admitted to the hospital as a patient? Yes () No () If "yes" explain below

Name of Hospital Dates Nature of Illness

Name of Hospital Dates Nature of Illness

Name of Hospital Dates Nature of Illness

List all hospital and medical centers where you have been treated.

3. Do you have any condition which would require frequent absence from work? Yes () No ()

If "yes" Explain below:

4. Do you have any physical limitations, injuries, psychological or psychiatric problems that would have an impact on your duties as a police officer? Yes () No () If "yes" Explain below:

5. Have you ever been counseled for or treated for any psychological or emotional conditions or institutionalized for such a problem? Yes () No () If "yes" Explain below:

6. Have you undergone rehabilitative treatment for injuries, illness, or addictions? Yes () No () If "yes" Explain below:

7. Do you have a disability that would require a reasonable accommodation to do the job? Yes () No () If "yes" Explain below:

8. Are you currently using any medication, over the counter or prescription? Yes () No () If "yes" Explain below: _____

9. Have you ever undergone a surgical procedure of any type? () Yes () No

10. Have you ever had an illness or injury which resulted in a permanent impairment or loss of mobility to any body part or permanent disability? () Yes () No

11. Are you currently being treated for a chronic condition of any type? () Yes () No

12. Have you ever been counseled or treated for an addiction to any illegal drugs? () Yes () No

13. Have you ever intentionally tried to physically harm yourself? () Yes () No

14. Have you ever been treated for high blood pressure or hypertension, or been told that you have either condition? () Yes () No

15. List any prescription medication you have taken within the last six months: (even if it was not yours)

| Medication | Purpose |
|------------|---------|
|------------|---------|

| Medication | Purpose |
|------------|---------|
|------------|---------|

16. When, where and why did you last seek professional medical treatment for any reason?

| When | Location | Purpose |
|------|----------|---------|
|------|----------|---------|

Full Disclosure

Is there anything in your past or present, not specifically asked for in this Personal History Statement, which, if become known, would embarrass you or the Southington Police Department, which would cause you to be compromised in the discharge of your duties? (examples: a family member convicted of a crime, relationships with persons of questionable character, excessive gambling, etc.) Unless it is directly related to your ability to do police work, your answer to this question will not affect your application. You are being asked to fully appraise the department of your background to prevent the possibility of being compromised in the future. Yes () No () If "Yes", explain below in detail.

It is the responsibility of each applicant to notify the Langley Police Department of any changes in your address or phone numbers. Failure to do so may result in your elimination from the testing process.
How did you hear about our employment opportunity?

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

I understand that this questionnaire is but one element of the selection process for Police Officer and that an acceptable background investigation does not guarantee my selection as an Officer.

In the event of employment, I understand that false or misleading information given herein or during interview(s) will result in my being disqualified from future consideration and/or termination from employment by the Police Department.

I, _____, being duly sworn, depose and say that I am the above named person. I have read and answered each and every preceding question and I do solemnly swear that each and every answer is full, true and correct to the best of my knowledge and belief.

I further agree that should any investigation disclose any misrepresentation, falsification or omission, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be discharged.

Date _____ Applicant's Signature _____

Subscribed and sworn to me this _____ day of _____, 20_____.

_____ Notary Public

WAIVER OF CONFIDENTIALITY I hereby waive the privilege of confidentiality to which I otherwise may be entitled, and authorize the release of those records about or concerning me as may be in the possession of others, which are required as a condition of my employment with the SOUTHWINGTON POLICE DEPARTMENT, and will assist in determining my suitability for employment with such Department. Among those records, the release of which I hereby authorize, shall include my medical history or treatment records, education records, financial and/or credit records, military records, psychiatric history and mental health records, psychological exams and their results, arrest convictions and fingerprint records, police reports, including background investigations, polygraph exams and their results, and employment records. I hereby agree that copies of all such records requested may be released to the SOUTHWINGTON POLICE DEPARTMENT for the purpose of my employment application.

(Print or type full name here)

Signature: _____

Date: _____

Witness printed or typed named. _____

Witness signature _____

Date: _____