



Ashland Police Department APPLICATION FOR EMPLOYMENT

101-C W. Broadway
P.O. Box 135
Ashland, Missouri 65010
(573) 657-9062
Fax:(573)657-7018
www.ashlandpd.com

*****READ CAREFULLY BEFORE PROCEEDING*****

Please answer all questions completely and accurately, as this application will serve as an initial screening for employment. Applications submitted with misspelled words, inaccurate information, or incomplete fields may be rejected.

First save the application to your device, then fill out the saved version. In order to digitally sign the form and utilize the "CLICK HERE TO SUBMIT" button when you have completed the application, you must first save it to your device. When you are finished, please digitally sign the document using the block provided, and click the "CLICK HERE TO SUBMIT" button. If for any reason the submission button does not work, ensure you have signed the application and send it to apdjobs@ashlandmo.us.

Be advised that subsequent to an offer of employment, a drug test will be administered by a physician designated by the City of Ashland. The city may withdraw its offer of employment if the results of the examination demonstrate that the applicant is unable to perform the essential functions of the job.

The City of Ashland is an equal opportunity employer, and is committed to providing a workplace free from harassment and discrimination. We do not discriminate on the basis of race, religion, color, national origin, gender, sexual orientation, gender identity or expression, age, marital status, veteran status, disability status, pregnancy, parental status, genetic information, political affiliation, or any other status protected by the laws or regulations in the locations where we operate.

Personal Information:

Full Legal Name (First, Middle, Last, Suffix)		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number			

General Information: Please list your special training, certificates, or skills.

U.S Military or Naval Service Yes No	Military Branch:

RESIDENCES

Please list the last 5 places you actually lived, regardless of the period of time you resided there, from today back. For military veterans listing ON POST housing locations, please list dates and branch only. Do not list mailing addresses unless you actually lived at these locations. Attach an extra sheet if needed.

Start Date	End Date	Address	State	Zip Code
------------	----------	---------	-------	----------

Employment History Please start with your most recent employer

Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment: _____

Job Title: _____ Job Title: _____

Reason for Leaving: _____

Summary of Duties: _____

Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment: _____

Job Title: _____ Job Title: _____

Reason for Leaving: _____

Summary of Duties: _____

Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment: _____

Job Title: _____ Job Title: _____

Reason for Leaving: _____

Summary of Duties: _____

Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment: _____

Job Title: _____ Job Title: _____

Reason for Leaving: _____

Summary of Duties: _____

If you need more space for any response, use the last page of this form (page 8) and identify the additional information by the question number.

Disqualification

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: Be as complete, honest and specific as possible in your responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

SECTION 1: FINANCIAL

1. INCOME AND EXPENSES

For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income?	\$	per month
B) Do you have income other than from your salary or wages?	Yes	No
If yes, fill in amount:	\$	per month
Explain:		
C) How much do you spend each month?	\$	per month
<i>Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.</i>		

	YES	NO
2. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?		
3. Have any of your bills ever been turned over to a collection agency?		
4. Have you ever had purchased goods repossessed?		
5. Have your wages ever been garnished?		
6. Have you ever been delinquent on income or other tax payments?		
7. Have you ever failed to file income tax or cheated/lie on an income tax form?		
8. Have you ever had an employment bond refused?		
9. Have you ever avoided paying any lawful debt by moving away?		
10. Have you ever defaulted on (failed to pay) a loan?		
11. Have you ever borrowed money to pay for a gambling debt?		
a. If yes, do you currently have any outstanding debts as a result of gambling?		
12. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?		
13. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?		
14. Have you written three or more bad checks in a one-year period?		

If you answered yes to any of **Questions 1-14**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

SECTION 2: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a position with the Ashland Police Department, you are required to disclose any of the following which occurred on or after your 15th birthday, even if the records were sealed, expunged, dismissed or pardoned:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed if more space is needed, continue on page 8.

15. Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?

Yes No

If yes, explain each incident.

A) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
B) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
C) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
D) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			

SECTION 2: LEGAL *continued*

	YES	NO
16. Have you ever been placed on court probation as an adult?		
17. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?		
18. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?		
19. Have the police ever been called to your home for any reason?		
20. Have you or your spouse/partner ever been referred to Child Protective Services?		
21. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?		
22. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?		
23. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?		
24. Have you ever filed a false insurance or workers' compensation claim?		

If you answered yes to any of **Questions 16-24**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

SECTION 2: LEGAL *continued*

25. UNDETECTED ACTS – PART 1		
Within the past seven years OR at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?	YES	NO
A) Annoying / obscene phone calls		
B) Battery (use of force or violence upon another)		
C) Brandishing a weapon (any type of weapon)		
D) Carrying a concealed weapon without a permit (when a permit is required)		
E) Contributing to the delinquency of a minor		
F) Defrauding an innkeeper (not paying for food or room at a hotel/motel)		
G) Driving under the influence of alcohol and/or drugs		
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)		
I) Hit & run collision (no injuries)		
J) Hunting/fishing without a license		
K) Illegal gambling		
L) Impersonating a peace officer (pretending to be a police officer)		
M) Indecent exposure (including flashing or mooning)		
N) Joyriding (using a car or other vehicle without owner's permission)		
O) Petty theft (value up to \$400, including shoplifting/switching price tags)		
P) Possession of alcohol as a minor		
Q) Possession of falsified or altered identification, including use of another person's ID (for any reason)		
R) Possession of stolen property (including vehicles)		
S) Prostitution or soliciting a prostitute		
T) Resisting arrest (including running from the police)		
U) Trespassing		
V) Vandalism (including "tagging," malicious mischief and/or property damage)		
W) Intentionally writing a bad check		
X) Filing a false police report		
Y) Any other act amounting to a misdemeanor within the past seven years		

If you answered yes to ***any*** item(s) in **Question 25**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (25-A, etc.) for each explanation.

SECTION 2: LEGAL *continued*

26. UNDETECTED ACTS – PART 2	YES	NO
<i>At any time in your life, have you ever committed any of the following?</i>		
A) Arson (intentionally destroying property by setting a fire)		
B) Assault with a deadly weapon		
C) Theft of a vehicle and/or vehicle parts		
D) Burglary (entering a structure or vehicle to commit theft or other crime)		
E) Child molestation (performing unlawful acts with a child)		
F) Accessing and/or possessing child pornography		
G) Elder abuse/neglect		
H) Embezzlement (theft of money or other valuables entrusted to you)		
I) Felony drunk driving (involving injuries)		
J) Forcible rape or other act of unlawful intercourse		
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.)		
L) Hit & run (with injuries)		
M) Hate crime		
N) Insurance fraud		
O) Grand theft (value of over \$400, or any firearm)		
P) Murder, homicide, or attempted murder		
Q) Perjury (lying under oath)		
R) Possession of an explosive/destructive device		
S) Robbery (theft from another person using a weapon, force, or fear)		
T) Stalking		
U) Blackmail or extortion		
V) Any other act amounting to a felony		

If you answered yes to ***any*** item(s) in **Question 26**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (26-A, etc.) for each explanation.

SECTION 2: LEGAL *continued*

Questions 26 and 27 ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

Amphetamines / Methamphetamines, Glue, Mescaline, Hallucinogens, Morphine, Cocaine / Crack Cocaine, Hashish / Hashish Oil, Quaaludes, Designer Drugs, Heroin / Opium, Fentanyl, Steroids, Marijuana or THC, Synthetic Cannabinoids (i.e. "K2"), GHB (*Date Rape Drug*), PCP/Angel Dust, Peyote, Mushrooms, LSD.

YES	NO
------------	-----------

26. **Within the past six months**, have you used any drug(s) as indicated above?

If yes, give details, including drug(s) used and circumstances in the box below.

27. **Prior to the past six months** (check all that apply):

I have **never** used any drug recreationally.

I have tried or used one or more drugs, but only under **limited** circumstances (for example, experimentation, at parties, concerts, special events, etc.).

If checked, give details including drug(s) used, most recent date used, and circumstances in the box below.

28. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

Sold	Purchased	Cultivated	
Manufactured	Furnished	Carried	or held for another

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances in the box below.

ADDITIONAL SPACE

Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Identify the corresponding question and specific item being referenced.

SECTION 3: RELATIVES AND REFERENCES

29. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below. • Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 15.

N/A	A. Immediate Family (Father, Mother, Siblings, Spouse, Step-Parents)				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	RELATION		

N/A	B. Immediate Family (Father, Mother, Siblings, Spouse, Step-Parents)				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	RELATION		

N/A	C. Immediate Family (Father, Mother, Siblings, Spouse, Step-Parents)				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	RELATION		

N/A	D. Immediate Family (Father, Mother, Siblings, Spouse, Step-Parents)				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	RELATION		

N/A	E. Immediate Family (Father, Mother, Siblings, Spouse, Step-Parents)				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	RELATION		
Years of Marriage		Is there, or has there been, a restraining or stay-away order in effect for this individual?			Yes No

N/A	F. Children				
List all of your living children 16 years of age and older, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.					
1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
F		CONTACT NUMBER	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
F		CONTACT NUMBER	EMAIL		

30. REFERENCES

List 5 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or house mates, or other individuals listed elsewhere.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

SECTION 4: EDUCATION

31. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE?	
CITY	STATE		Yes	No
B) NAME	FROM	TO	DID YOU GRADUATE?	
CITY	STATE		Yes	No

32. List all colleges, universities, trade, vocational, or business schools/institutions attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

33. Have you ever attended a **POST** Basic Academy? Yes No
 If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE?	
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		Y	N
			CONTACT NUMBER	

34. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: EDUCATION <i>continued</i>	YES	NO
35. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)		
36. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?		
37. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?		
38. Have you ever quit without giving proper notice?		
39. Have you ever resigned in lieu of termination?		
40. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?		
41. Were you ever the subject of a written complaint at work?		
42. Have you ever been counseled at work due to lateness or absences?		
43. Did you ever receive an unsatisfactory performance review?		
44. Have you ever sold, released, or given away legally confidential information?		
45. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness?		

If you answered yes to any of **Questions 35-45**, explain (include when, where, and circumstances; indicate corresponding number):

SECTION 5: EXPERIENCE AND EMPLOYMENT

46. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? Yes No
 If yes, how often?

47. Has your work performance ever been affected by your use of alcohol or drugs? Yes No

WHEN?	NAME OF EMPLOYER
-------	------------------

48. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No

WHEN?	NAME OF EMPLOYER
-------	------------------

49. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)? Yes No

- If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on the final page.

A) NAME OF AGENCY	DATE APPLIED
-------------------	--------------

ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER
			EXT
POSITION APPLIED FOR	EMAIL		

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

STEPS: Application Written Physical agility Oral Polygraph/CVSA Background Chief's oral Conditional job offer

STATUS: Hired On List Withdrawn Disqualified

B) NAME OF AGENCY	DATE APPLIED
-------------------	--------------

ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER
			EXT
POSITION APPLIED FOR	EMAIL		

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

STEPS: Application Written Physical agility Oral Polygraph/CVSA Background Chief's oral Conditional job offer

STATUS: Hired On List Withdrawn Disqualified

C) NAME OF AGENCY	DATE APPLIED
-------------------	--------------

ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER
			EXT
POSITION APPLIED FOR	EMAIL		

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

STEPS: Application Written Physical agility Oral Polygraph/CVSA Background Chief's oral Conditional job offer

STATUS: Hired On List Withdrawn Disqualified

SECTION 7: MOTOR VEHICLE OPERATION

56. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

57. Have you ever been refused a driver's license by any state?..... Yes No

If yes, explain (include when, where, and circumstances):

58. Has your driver's license ever been suspended or revoked? Yes No

If yes, explain (include when, where, and circumstances):

59. Do you currently have liability insurance on your vehicle (s)..... Yes No

INSURANCE COMPANY/AGENT NAME				
ADDRESS (NUMBER / STREET	CITY	STATE	ZIP	CONTACT NUMBER

60. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed <input type="checkbox"/>		
B) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed <input type="checkbox"/>		
C) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed <input type="checkbox"/>		

d) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

61. Have you been involved as the driver in a motor vehicle accident within the past seven years?..... Yes No

If yes, give details.

A) DATE		LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT YES NO		LAW ENFORCEMENT AGENCY		INJURY	NON-INJURY
B) DATE		LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT YES NO		LAW ENFORCEMENT AGENCY		INJURY	NON-INJURY
C) DATE		LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT YES NO		LAW ENFORCEMENT AGENCY		INJURY	NON-INJURY

62. Have you ever driven a vehicle without auto insurance, as required by law? Yes No

If yes, give a reason:

Date Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
--------------------	----------------------------------	------	-------	-----

63. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No

If yes, give a reason:

INSURANCE COMPANY	
Date Month Year	LOCATION (NUMBER / STREET / APT) CITY STATE ZIP

SECTION 8: OTHER TOPICS

YES

NO

64. Have you ever been refused a permit to carry a concealed weapon?

65. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?

66. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?

67. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?

68. Have you ever hit or physically overpowered a spouse or romantic partner?

If you answered yes to any of **Questions 64-68**, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

63. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL

DATE

ADDITIONAL INFORMATION

Use this section to add any additional information you did not have space for in any part of the previous forms.