

Owasso Police Department

Background Investigation Questionnaire



APPLICANT NAME (LAST, FIRST, MIDDLE)

TODAY'S DATE

INSTRUCTIONS

Read and follow all the instructions below. Failure to do so will delay or void your application.

- Questionnaire responses must be **TYPED**, no hand written questionnaires will be accepted. Questionnaire must be completed by applicant.
- Answer each question completely and accurately.
- **Each blank must have an answer in it.** If the question does not apply, write "N/A" in the appropriate space **AND** all related spaces to the question.
- Keep a copy of the questionnaire for your records.
- If you require additional space to complete this questionnaire (e.g., additional residence or employer information) an expandable field is located at the end of the document. If you use this field simply explain what type of information is being entered.
- After completing the questionnaire please email to jalonzobretanus@cityofowasso.com or mail all information to the address below:

City of Owasso
Attn: Human Resources
200 S. Main St/P.O. Box 180
Owasso, OK 74055

PLEASE NOTE THE FOLLOWING

- Incomplete or inaccurate answers may be grounds for rejection or removal.
- If you cannot remember specific dates, get as close as you can and note it as unsure and the reason as to why.
- Whether intentional or inadvertent, omissions are taken very seriously.
- It is better to provide information that is unnecessary than to omit information that may be necessary.
- It is always better to tell the truth, no matter what. Your application will be given every consideration in light of the information available.
- You are required to submit additional information or documentation pertaining to your application such as certified copies of college and high school transcripts, birth certificate, diplomas, military records, marriage license etc (see pg. 2 for complete list).

IMPORTANT!

Any discrepancies between this background/application packet and the polygraph examination will result in automatic withdrawal from the hiring process.

Documentation Required to be Submitted with Background Investigation Questionnaire:

- ✓ Copy of your driver's license
- ✓ Copy of your birth certificate
- ✓ **Certified** copy of college transcript(s)

Documentation Required (if applicable):

- ✓ Copy of college diploma
- ✓ Copy of military records (DD-214, etc)
- ✓ Copy of marriage license(s)
- ✓ Copy of divorce decree(s)
- ✓ Copy of child support/court order documentation
- ✓ Copy of child custody papers

Documentations can be mailed or emailed with the packet, depending on how you return your packet.

We have to have certified copies of college transcripts. These can be mailed to you directly from the college and you submit it to the City with all other documents or the college can mail them directly to the City's address listed on the cover page of this questionnaire.

Absolutely NO scanned copies of college transcripts will be accepted.

I. PERSONAL INFORMATION

FULL LEGAL NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER		
LIST ALL OTHER NAMES OR NICKNAMES USED (INCLUDE ANY MAIDEN NAMES AND LEGAL NAME CHANGES. LIST DATE AND REASON FOR NAME CHANGE)					
DRIVERS LICENSE #	STATE	EXP. DATE			
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)					
HOME PHONE NUMBER	CELL PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS		
WORK PHONE NUMBER	ALTERNATE PHONE NUMBER FOR MESSAGES			PAGER NUMBER	
ARE YOU PRESENTLY LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES ON A FULL-TIME BASIS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
HAVE YOU EVER APPLIED TO THE OWASSO POLICE DEPARTMENT BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF SO, WHEN AND DISPOSITION Click here to enter text.		

II. EMPLOYMENT HISTORY

IMPORTANT NOTICE: You must list every job you have ever held, regardless of whether you feel it is relevant to the position for which you are applying. Failure to do so will result in automatic disqualification. Failure to complete all required information (names, addresses, dates, phone numbers) may limit our ability to assess your suitability for hire, and eliminate you from further consideration.

BEGIN WITH YOUR CURRENT EMPLOYMENT AND WORK BACKWARD. LIST ALL EMPLOYMENT CHRONOLOGICALLY, INCLUDING SUMMER AND PART TIME JOBS, TEMPORARY AND VOLUNTEER WORK. COMPLETE INFORMATION IS REQUIRED.

DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>		
SALARY WAGE:		JOB TITLE & DUTIES:			
DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>		
SALARY WAGE:		JOB TITLE & DUTIES:			
DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>		
SALARY WAGE:		JOB TITLE & DUTIES:			
DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>		
SALARY WAGE:		JOB TITLE & DUTIES:			

# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY WAGE:	JOB TITLE & DUTIES:		
DATES EMPLOYED:		EMPLOYER INFORMATION:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	PHONE AND EXT. NUMBER: EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY WAGE:	JOB TITLE & DUTIES:		
DATES EMPLOYED:		EMPLOYER INFORMATION:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	PHONE AND EXT. NUMBER: EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY WAGE:	JOB TITLE & DUTIES:		
DATES EMPLOYED:		EMPLOYER INFORMATION:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	PHONE AND EXT. NUMBER: EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY WAGE:	JOB TITLE & DUTIES:		
DATES EMPLOYED:		EMPLOYER INFORMATION:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	PHONE AND EXT. NUMBER: EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY WAGE:	JOB TITLE & DUTIES:		
IF YOU HAVE HELD ADDITIONAL JOBS LIST THEM HERE:			
IF YOU HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN, EXPLAIN THE CIRCUMSTANCES (INCLUDE DATE, PLACE & SPECIFIC DETAILS)			
HAVE YOU EVER RECEIVED UNEMPLOYMENT INSURANCE? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHEN & WHERE?			
HAVE YOU PREVIOUSLY APPLIED TO THE CITY OF OWASSO? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHICH DEPARTMENT(S):			
DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF OWASSO? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES: GIVE NAME, RELATIONSHIP, AND DEPARTMENT THEY WORK FOR:			
HAVE YOU EVER WORKED FOR THE CITY OF OWASSO? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST WHICH DEPARTMENT AND WHEN: LIST SUPERVISOR'S NAME AND PHONE NUMBER:			
ARE YOU NOW, OR HAVE YOU EVER BEEN ENGAGED IN BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? NO <input type="checkbox"/> YES <input type="checkbox"/>			
MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, PLEASE EXPLAIN:			

HAVE YOU EVER APPLIED TO ANY MUNICIPAL, STATE OR FEDERAL AGENCY? NO YES

IF YES, LIST AGENCY AND DATE:

HAVE YOU EVER APPLIED TO ANY LAW ENFORCEMENT AGENCY OR PUBLIC SAFETY AGENCY (e.g., POLICE DEPARTMENT, SHERIFF'S DEPARTMENT, FIRE DEPARTMENT, EMT) THAT DID NOT HIRE YOU FOR ANY REASON, INCLUDING NOT HAVING SUFFICIENT OPENINGS? NO YES

IF YES, LIST PAST AND PRESENT APPLICATIONS, INCLUDING THOSE WITH THE OWASSO POLICE DEPARTMENT BELOW:

AGENCY	ADDRESS	DATE OF APPLICATION	DISPOSITION	BACKGROUND INVESTIGATOR

HAVE YOU EVER BEEN INVOLVED IN THE OWASSO POLICE RESERVE? NO YES IF YES, LIST DATES:

HAVE YOU EVER BEEN DENIED A POSITION WITH THE OWASSO POLICE RESERVE? NO YES
IF YES, LIST DATES AND REASON:

HAVE YOU EVER BEEN INVOLVED IN ANY OTHER POLICE RESERVE OR AUXILLIARY UNIT? NO YES
IF YES, INDICATE BELOW:

AGENCY	ADDRESS	DATE OF SERVICE	POSITION HELD	REASON FOR LEAVING

HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY OR BEEN CERTIFIED OR LICENSED AS A LAW ENFORCEMENT OFFICER? NO YES IF YES, LIST WHEN AND WHERE:

HAVE YOU EVER BEEN SUBJECTED TO A POLYGRAPH TEST? NO YES
IF YES, LIST DETAILS (WHEN, WHERE AND WHY):

III. EDUCATION HISTORY

ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL, COLLEGE OR UNIVERSITY? NO YES
IF YES, GIVE PROJECTED GRADUATION DATE:

LIST ALL SCHOOLS EVER ATTENDED IN ORDER. BEGIN WITH THE MOST RECENTLY ATTENDED/CURRENTLY ENROLLED SCHOOL. INCLUDE BUSINESS COLLEGES, TECHNICAL/VOCATIONAL, CORRESPONDENCE, AND MILITARY SCHOOLS.

COLLEGES AND UNIVERSITIES

SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION

SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:		HOURS EARNED:	GPA:	COMMENTS:
VOCATIONAL / TECHNICAL / MILITARY OR OTHER POST-SECONDARY SCHOOLS					
SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:		HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:		HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:		HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:		HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:		HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:		HOURS EARNED:	GPA:	COMMENTS:
HIGH SCHOOL					
SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:					
SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:					
SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:					
SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:					

WAS ANY DISCIPLINARY ACTION TAKEN AGAINST YOU WHILE YOU WERE IN COLLEGE OR HIGH SCHOOL, INCLUDING PROBATION, SUSPENSIONS, DISMISSALS OR LOSS OF SCHOLARSHIPS FOR DISCIPLINARY REASONS?
 NO YES IF YES, LIST THE DATES AND DETAILS BELOW:

GIVE EXPLANATION FOR ACADEMIC PROBLEMS, INCLUDING ACADEMIC PROBATIONS, ACADEMIC SUSPENSIONS, WITHDRAWALS (PASSING OR FAILING), AND ANY GRADE BELOW A 2.00 GPA:

LIST ALL HONORS, CITATIONS, SPECIAL RECOGNITION, OFFICES HELD, AND GROUPS OR TEAMS YOU BELONGED TO WHILE ATTENDING HIGH SCHOOL AND COLLEGE:

LIST ANY FOREIGN LANGUAGE ABILITY YOU HAVE AND TO WHAT EXTENT (INCLUDING SIGN LANGUAGE):
USE A SCALE OF 1 TO 5. EXAMPLE: 1=SOME, 3=MODERATE, 5=FLUENT

LANGUAGE AND DIALECT (IF APPLICABLE):	SPEAK	READ	WRITE
1			
2			
3			

IV. MILITARY HISTORY

HAVE YOU EVER BEEN DENIED ENTRY INTO THE MILITARY? NO YES IF YES, EXPLAIN:

HAVE YOU EVER SERVED IN A MILITARY ORGANIZATION OF ANY FOREIGN GOVERNMENT? NO YES IF YES, EXPLAIN:

HAVE YOU EVER JOINED THE MILITARY SERVICE? NO YES IF YES, LIST MILITARY BRANCH AND UNITS SERVED

BRANCH	SERVICE NUMBER	TYPE OF UNIT	M.O.S.	JOB TITLE AND DESCRIPTION
1.				
2.				

DATE OF ENLISTMENT	DATES OF ACTIVE DUTY	HIGHEST RANK ON ACTIVE DUTY

TYPE OF DISCHARGE OR SEPARATION: HONORABLE GENERAL-UNDER HONORABLE
 DISHONORABLE GENERAL-UNDER OTHER THAN HONORABLE
 BAD CONDUCT

GIVE A BRIEF EXPLANATION OF REASONS FOR DISCHARGE:

INDICATE STATUS AT TIME OF DISCHARGE BELOW:

DATE OF DISCHARGE	RANK AT TIME OF DISCHARGE	DATE OF RANK	TOTAL AMOUNT OF MILITARY SERVICE		
			YEARS	MONTHS	DAYS

LIST ALL CITATIONS OR COMMENDATIONS:

LIST ALL MILITARY TRAINING AND EDUCATION:

HAVE YOU EVER BEEN UNDER INVESTIGATION BY A MILITARY AUTHORITY? NO YES
 IF YES: LIST ALL DISCIPLINARY PROBLEMS WHILE IN THE MILITARY (ARTICLE 15's, UCMJ CONVICTIONS, DEMOTIONS, INCLUDING ANY JUDICIAL OR NON-JUDICIAL ACTION ETC.) INCLUDE DISPOSITION OF INVESTIGATION AND EXPLAIN IN FULL DETAIL:

PAST COMMANDING OFFICERS OR MILITARY ACQUAINTANCES ARE POTENTIAL SOURCES OF RELEVANT INFORMATION PERTAINING TO YOUR BACKGROUND. PLEASE LIST THOSE INDIVIDUALS WHO KNOW YOU WELL ENOUGH TO PROVIDE ACCURATE INFORMATION ABOUT YOU.

NAME	ADDRESS	PHONE	# OF YEARS KNOWN
1			
2			
3			

HAVE YOU EVER BEEN A MEMBER OF A RESERVE UNIT? NO YES IF YES, INDICATE YOUR STATUS BELOW

CURRENTLY ACTIVE RESERVE? NO YES MEMBER IN I.R.R.? NO YES

HOW OFTEN DO YOU ATTEND DRILLS? WEEKLY MONTHLY SUMMER ONLY

GIVE DETAILS OF YOUR CURRENT RESERVE UNIT BELOW:

UNIT NAME AND ADDRESS	COMMANDING OFFICER NAME &PHONE	YOUR CURRENT RANK

V. CRIMINAL AND DRIVING HISTORY

LIST ALL OFFICIAL CONTACT YOU HAVE HAD WITH ANY LAW ENFORCEMENT AGENCY OR COURT SYSTEM. THIS INCLUDES MUNICIPAL, COUNTY, STATE AND FEDERAL AGENCIES OR COURT SYSTEMS, INCLUDING MILITARY COURTS, MILITARY POLICE AND MILITARY INVESTIGATIVE UNITS. LIST ALL INCIDENTS WHERE YOU HAVE BEEN QUESTIONED, WARNED, ISSUED A SUMMONS, DETAINED, ARRESTED OR CONVICTED. THIS INCLUDES ALL INFRACTIONS, ORDINANCE VIOLATIONS, MISDEMEANORS AND FELONIES. THIS INCLUDES ALL TRAFFIC STOPS WHETHER OR NOT YOU WERE ISSUED A CITATION, WRITTEN WARNING, OR GIVEN A VERBAL WARNING.

NOTE: The existence of an arrest record and/or convictions is **NOT** an automatic disqualifying factor. Giving a false answer to this question **IS** a disqualifying factor.

DATE	AGENCY OR COURT	DESCRIPTION	SENTENCE	DISPOSITION

HAVE YOU EVER BEEN IN OR AFFILIATED WITH ANY STREET GANG? NO YES IF YES, EXPLAIN IN FULL DETAIL:

HAVE YOU EVER BEEN REPORTED TO A LAW ENFORCEMENT AGENCY AS A MISSING PERSON OR A RUNAWAY? NO YES
IF YES, EXPLAIN IN FULL DETAIL:

HAVE YOU EVER STOLEN OR TAKEN ANYTHING FROM ANYONE WITHOUT PERMISSION, OR COMMITTED ANY OTHER CRIME IN WHICH YOU WERE NOT CAUGHT? NO YES IF YES, EXPLAIN IN FULL DETAIL, INCLUDING DATES, PLACES AND AMOUNT TAKEN OR CRIME COMMITTED:

HAVE YOU EVER APPLIED FOR A PERMIT TO CARRY A CONCEALED WEAPON? NO YES IF YES, WAS THE REQUEST GRANTED?
NO YES IF NO PLEASE EXPLAIN:

HAS AN EX-PARTE OR OTHER TYPE OF RESTRAINING ORDER OR PROTECTIVE ORDER EVER BEEN PLACED AGAINST YOU? NO YES
IF YES, EXPLAIN:

LIST BELOW ANY FRIENDS, ASSOCIATES OR RELATIVES, PAST AND PRESENT WHO HAVE BEEN ARRESTED OR CONVICTED OF A FELONY OR PARTICIPATED IN A CRIMINAL ACT. GIVE A BRIEF EXPLANATION OF YOUR RELATIONSHIP TO THE PERSON AND THE CRIMINAL ACTIVITY IN WHICH THEY ARE OR WERE INVOLVED:

NAME (LAST, FIRST MIDDLE)	RELATIONSHIP	EXPLAIN CRIMINAL ACTIVITIES AND/OR CONVICTIONS

DO YOU CURRENTLY HAVE ANY UNPAID FINES, COURT COSTS, OR COURT ORDERED RESTITUTION? NO YES
IF YES, GIVE ALL DETAILS, INCLUDING THE LAW ENFORCEMENT AGENCY, LOCATION AND COURT DATES:

HAVE YOU EVER BEEN FINGERPRINTED? NO YES IF YES, BY WHOM AND WHY?

HAVE YOU EVER BEEN THE VICTIM OF A CRIME? NO YES IF YES, DID YOU REPORT IT TO A LAW ENFORCEMENT AGENCY?
NO YES IF YES, EXPLAIN:

GIVE INFORMATION ON ANY DRIVER'S LICENSE OR PERMIT THAT YOU HAVE BEEN ISSUED CURRENTLY OR IN THE PAST (INCLUDING MILITARY AND ANY SPECIAL ENDORSEMENTS):

APPROX. DATE ISSUED	STATE	LICENSE NUMBER	TYPE (OPERATOR, COMMERCIAL, MILITARY, ETC.)	EXPIRATION DATE

HAVE YOU EVER BEEN INVOLVED AS A **DRIVER** IN A MOTOR VEHICLE COLLISION?
NO YES IF YES, LIST EACH COLLISION BELOW STARTING WITH THE MOST RECENT:

1	COLLISION INFORMATION
---	-----------------------

DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>		
AMOUNT OF DAMAGE?		WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?		
2 COLLISION INFORMATION					
DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>		
AMOUNT OF DAMAGE?		WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?		
3 COLLISION INFORMATION					
DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>		
AMOUNT OF DAMAGE?		WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?		
4 COLLISION INFORMATION					
DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO <input type="checkbox"/> YES <input type="checkbox"/>		
AMOUNT OF DAMAGE?		WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?		
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PLEASE GIVE DETAILS (INCLUDE WHEN, WHERE):					
HAVE YOU EVER BEEN DENIED AUTO INSURANCE OR HAD INSURANCE CANCELLED? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN BELOW:					
PLEASE LIST ALL OF YOUR CURRENT VEHICLES BELOW					
YEAR:	MAKE:	MODEL:	TAG NUMBER:	STATE:	REGISTERED TO:
VI. DRUG AND ALCOHOL USE					
DO YOU NOW OR HAVE YOU EVER USE ANY DRUG THAT YOU HAVE OBTAINED WITHOUT A PRESCRIPTION OR HAVE OBTAINED BY SOME TRICK OR DECEPTION? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST BELOW AND GIVE DETAILS:					
DO YOU HAVE ANY CLOSE FRIENDS THAT YOU KNOW USE ILLEGAL DRUGS OR SIMILAR SUBSTANCES? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, TELL US HOW MANY OF YOUR FRIEND(S) AND WHAT TYPE OF DRUGS YOUR FRIEND(S) USE OR USED:					
DO YOU NOW, OR HAVE YOU EVER USED, POSSESSED, SUPPLIED OR SOLD ANY NARCOTIC OR CONTROLLED SUBSTANCE SUCH AS, BUT NOT LIMITED TO; MARIJUANA, HASHISH, COCAINE, LSD, METHAMPHETAMINE, HEROIN, STEROID PHARMACEUTICALS OR DRUGS OF SIMILAR NATURE? (Drug use is not necessarily an automatic disqualifying factor, however, lying about it is.) NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST BELOW.					
SUBSTANCE:	EVER USED?	FIRST DATE USED	LAST DATE USED	NUMBER OF TIMES USED	LARGEST AMT. POSSESSED
MARIJUANA	NO <input type="checkbox"/> YES <input type="checkbox"/>				
HASHISH	NO <input type="checkbox"/> YES <input type="checkbox"/>				
COCAINE	NO <input type="checkbox"/> YES <input type="checkbox"/>				
PCP	NO <input type="checkbox"/> YES <input type="checkbox"/>				
HEROIN	NO <input type="checkbox"/> YES <input type="checkbox"/>				
LSD	NO <input type="checkbox"/> YES <input type="checkbox"/>				
METHAMPHETAMINES	NO <input type="checkbox"/> YES <input type="checkbox"/>				
OTHER (LIST)					
OTHER (LIST)					
OTHER (LIST)					
GIVE A DETAILED SUMMARY CONCERNING THE CIRCUMSTANCES OF ANY OF THE DRUG HISTORY INDICATED ABOVE					

DO YOU CURRENTLY CONSUME ALCOHOLIC BEVERAGES? NO YES

IF YES, PLEASE EXPLAIN BY INCLUDING FREQUENCY, QUANTITY AND TYPE OF BEVERAGE (E.G., LIQUOR, WINE, BEER):

HAVE YOU EVER DRIVEN UNDER THE INFLUENCE OF DRUGS OR ALCOHOL? NO YES

IF YES, EXPLAIN THE CIRCUMSTANCES AND NUMBER OF TIMES

VII. ORGANIZATIONS AND OTHER ACTIVITIES

LIST ALL GROUPS, CLUBS, AND ORGANIZATIONS TO WHICH YOU CURRENTLY BELONG OR HAVE BELONGED IN THE PAST. EXCLUDING HIGH SCHOOL AND COLLEGE (INCLUDE OFFICES HELD, NAME OF ORGANIZATION, ADDRESS AND PHONE NUMBER, ACTIVITIES YOU WERE INVOLVED IN WHILE BELONGING TO THIS GROUP, NAME OF A CONTACT PERSON, ADDRESS AND PHONE NUMBER):

DO YOU BELONG TO ANY GROUP THAT HOLDS BELIEFS, OR DO YOU HOLD BELIEFS THAT WOULD PREVENT YOU FROM VOWING ALLEGIANCE TO THE FLAG OF THE UNITED STATES AND/OR THE CONSTITUTION OF THE UNITED STATES?

NO YES IF YES, GIVE COMPLETE DETAILS

LIST ANY HOBBIES, SKILLS AND SPECIAL INTERESTS OR ABILITIES YOU HAVE, INCLUDING ANY HONORS YOU HAVE RECEIVED WHILE INVOLVED IN THESE ACTIVITIES:

LIST ANY SPECIALIZED TRAINING, SKILLS OR AREAS OF EXPERTISE THAT YOU HAVE WHICH ARE DIRECTLY OR INDIRECTLY RELATED TO LAW ENFORCEMENT WORK:

LIST ANY OTHER INFORMATION ABOUT YOURSELF THAT IS NOT ASKED BY THE ABOVE QUESTIONS WHICH YOU FEEL WOULD BE BENEFICIAL FOR US TO KNOW :

VIII. CREDIT AND FINANCIAL HISTORY

LIST AND EXPLAIN ALL FINANCIAL PROBLEMS, PAST OR PRESENT. INCLUDE OVERDUE ACCOUNTS, LATE PAYMENTS, BANKRUPTCIES, FAILURE TO PAY STUDENT LOANS, ETC. (A COMPLETE CREDIT HISTORY WILL BE OBTAINED BY THE OWASSO POLICE DEPARTMENT):

LIST AND EXPLAIN ALL LIENS OR OTHER ENCUMBRANCES THAT HAVE BEEN PLACED AGAINST YOUR PROPERTY, FILES, SCHOOL TRANSCRIPTS, ETC., FOR FAILURE TO PAY DEBTS:

HAVE YOU EVER HAD PURCHASED GOODS REPOSSESSED OR HAD ANY OF YOUR BILLS TURNED OVER TO A COLLECTION AGENCY? NO YES IF YES, PLEASE EXPLAIN:

HAVE YOUR OR YOUR SPOUSE'S WAGES EVER BEEN GARNISHED? NO YES IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN, OR ARE YOU NOW DELINQUENT ON TAXES TO ANY CITY, COUNTY, STATE OR FEDERAL GOVERNMENT? NO YES IF YES, PLEASE EXPLAIN:

HAVE YOU OR YOUR SPOUSE EVER WRITTEN ANY BAD OR INSUFFICIENT FUND CHECKS? NO YES
IF YES, PLEASE LIST AND EXPLAIN (INCLUDE ESTIMATED NUMBER OF BAD CHECKS AND DATE OF LAST BAD CHECK WRITTEN):

WAS PROPERTY REPOSSESSED AS A RESULT? NO YES IF YES, PLEASE EXPLAIN:

TO WHOM WERE THE BAD CHECKS WRITTEN?

HAVE ANY OF YOUR CHECKS EVER BEEN TURNED OVER TO THE DISTRICT ATTORNEY FOR PROSECUTION?
NO YES IF YES, PLEASE EXPLAIN WHAT THE OUTCOME WAS:

HAVE YOU EVER HAD A JUDGMENT RENDERED AGAINST YOU? NO YES IF YES, PROVIDE AMOUNT AND DETAILS:

THE FOLLOWING QUESTIONS PERTAIN TO YOU IF YOU HAVE CHILDREN NOT LIVING WITH YOU

DO YOU PAY CHILD SUPPORT?
NO YES IF YES, HOW MUCH?

IS THE CHILD SUPPORT COURT ORDERED? NO YES

ARE YOUR CHILD SUPPORT PAYMENTS CURRENT? NO YES IF NO, WHY NOT?:

HAVE YOU EVER BEEN DELINQUENT WITH CHILD SUPPORT? NO YES IF SO, WHEN AND WHY?

HAVE YOU EVER BEEN TAKEN BACK TO COURT? NO YES IF YES, EXPLAIN:

IF YOU ARE NOT PAYING CHILD SUPPORT, WHAT IS THE FINANCIAL ARRANGEMENT FOR CARE OF THE CHILD?

WHO HAS PRESENT LEGAL CUSTODY OF THE CHILDREN?

WHAT ARE YOUR VISITATION RIGHTS?

IS YOUR VISITATION SUPERVISED OR UNSUPERVISED?

IX. REFERENCES

LIST THREE (3) REFERENCES, NOT RELATIVES, WHO HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS. DO NOT LIST ANY PAST OR PRESENT EMPLOYERS. INDICATE IF THE PERSON IS A MR. OR MS. NOTE: COMPLETE INFORMATION IS REQUIRED.

1. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
EMAIL:			
2. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
EMAIL:			
3. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
EMAIL:			

LIST THREE (3) REFERENCES, NOT LISTED IN THE SECTION ABOVE, WHO ARE SOCIAL ACQUAINTANCES AND HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS. (PREFERABLY YOUR AGE GROUP). INDICATE IF THE PERSON AS A MR. OR MS.

1. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	NAME OF EMPLOYER:
EMAIL:			
2. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	NAME OF EMPLOYER:
EMAIL:			
3. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	NAME OF EMPLOYER:
EMAIL:			

X. RESIDENCES

WITH WHOM DO YOU PRESENTLY RESIDE? (LIST BELOW): NOT INCLUDING FAMILY MEMBERS LISTED IN SECTION XII

FULL NAME:	BIRTHDATE:	RELATIONSHIP:
FULL NAME:	BIRTHDATE:	RELATIONSHIP:
FULL NAME:	BIRTHDATE:	RELATIONSHIP:

LIST **ALL** RESIDENCES WHERE YOU HAVE LIVED (INCLUDING WHILE IN SCHOOL OR MILITARY). BEGIN WITH **PRESENT** RESIDENCE FIRST. IF NEEDED, A SUPPLEMENTAL PAGE IS INCLUDED AT THE END OF THIS PACKET.

FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:

LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
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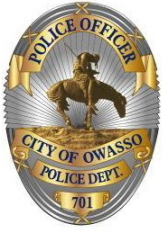
HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE A RENTAL HOUSE, APARTMENT OR OTHER DWELLING?
YES NO IF YES, EXPLAIN:

GIVE A BRIEF EXPLANATION OF ANY SERIOUS DISPUTES YOU HAVE HAD WITH FRIENDS, ASSOCIATES, RELATIVES WITH WHICH YOU'VE LIVED, OR NEIGHBORS. INCLUDE THE NATURE OF THE PROBLEM, THE PEOPLE INVOLVED, THE RESOLUTION AND YOUR ROLE.

XI. AUTOBIOGRAPHY

IN THE SPACE BELOW, IN YOUR OWN WORDS, COMPLETE A SHORT BIOGRAPHY OF YOUR LIFE. IN THIS BIOGRAPHY DESCRIBE THE REASONS YOU CHOSE TO APPLY WITH THE OWASSO POLICE DEPARTMENT.





Owasso Police Department

Background Investigation Questionnaire

FOR DISTRIBUTION TO BACKGROUND INVESTIGATING OFFICER ONLY



APPLICANT NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH
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BIRTHPLACE (CITY, STATE, COUNTRY)

**THE FOLLOWING INFORMATION WILL BE USED FOR
BACKGROUND INVESTIGATION ONLY**

XII. FAMILY INFORMATION ~ MARITAL

CURRENT MARITAL STATUS: MARRIED WIDOWED DIVORCED ENGAGED SEPARATED
 UNMARRIED ANNULLED OTHER (IF OTHER, PLEASE EXPLAIN)

GIVE INFORMATION BELOW ON CURRENT MARITAL STATUS: (A copy of the marriage license must be supplied at a later date)

DATE OF PRESENT MARRIAGE	PLACE OF MARRIAGE (COUNTRY, STATE, COUNTY AND CITY)
DATE:	LOCATION:

SPOUSE'S FULL NAME BEFORE MARRIAGE:	DATE OF BIRTH:	BEST PHONE NUMBER BY WHICH TO BE REACHED:
SPOUSE'S FORMER ADDRESS:	SPOUSE'S PLACE (OR FORMER PLACE) OF EMPLOYMENT:	
SPOUSE'S CURRENT JOB TITLE:	SPOUSE'S WORK PHONE:	SPOUSE'S WORK HOURS:

LIST ALL YOUR CHILDREN AND/OR OTHER DEPENDENTS (INCLUDE FOSTER, STEP, ADOPTED):

FULL NAME OF CHILD	DATE OF BIRTH	BIRTH / LEGAL FATHER AND MOTHER	PRESENT ADDRESS

**XIII. FAMILY INFORMATION ~
FORMER MARRIAGES, PARENTS AND SIBLINGS**

LIST ALL FORMER MARRIAGES (GIVE ALL INFORMATION EVEN IF DECEASED).

FULL NAME BEFORE MARRIAGE	CURRENT LAST NAME	PRESENT ADDRESS	DATE OF MARRIAGE
PLACE OF MARRIAGE	PRESENT PHONE NUMBER		DATE OF DIVORCE
PLACE OF DIVORCE	COURT	COURT FILE NUMBER	
REASON FOR DIVORCE			

FULL NAME BEFORE MARRIAGE		CURRENT LAST NAME	PRESENT ADDRESS	DATE OF MARRIAGE
PLACE OF MARRIAGE		PRESENT PHONE NUMBER		DATE OF DIVORCE
PLACE OF DIVORCE		COURT	COURT FILE NUMBER	
REASON FOR DIVORCE				
DO YOU PAY ALIMONY? NO <input type="checkbox"/> YES <input type="checkbox"/>				
HAVE YOU EVER BEEN TAKEN BACK TO COURT FOR MORE ALIMONY? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN BRIEFLY:				
HAVE YOU BEEN INVOLVED IN A DOMESTIC VIOLENCE INCIDENT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PLEASE EXPLAIN:				
LIST ALL PARENTAL INFORMATION (INCLUDE ADOPTIVE PARENTS IF APPLICABLE)				
FATHER'S FULL NAME		BIRTHDATE		PLACE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)		HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	
STEP-FATHER'S FULL NAME		BIRTHDATE		PLACE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)		HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	
MOTHER'S CURRENT NAME		MAIDEN NAME	BIRTHDATE	PLACE OF BIRTH
ADDRESS (STREET, CITY STATE, ZIP)				
HOME PHONE		PLACE OF EMPLOYMENT AND WORK PHONE		
STEP-MOTHER'S CURRENT NAME		MAIDEN NAME	BIRTHDATE	PLACE OF BIRTH
ADDRESS (STREET, CITY STATE, ZIP)				
HOME PHONE		PLACE OF EMPLOYMENT AND WORK PHONE		
LIST ALL SIBLINGS, INCLUDING STEP, HALF, AND ADOPTIVE				
1. FULL NAME		BIRTHDATE		RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)
ADDRESS (STREET, CITY, STATE, ZIP)		HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	
SPOUSE'S FULL NAME		PLACE OF EMPLOYMENT AND WORK PHONE		
2. FULL NAME		BIRTHDATE		RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)
ADDRESS (STREET, CITY, STATE, ZIP)		HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	
SPOUSE'S FULL NAME		PLACE OF EMPLOYMENT AND WORK PHONE		
3. FULL NAME		BIRTHDATE		RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)
ADDRESS (STREET, CITY, STATE, ZIP)		HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	
SPOUSE'S FULL NAME		PLACE OF EMPLOYMENT AND WORK PHONE		
4. FULL NAME		BIRTHDATE		RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)
ADDRESS (STREET, CITY, STATE, ZIP)		HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	
SPOUSE'S FULL NAME		PLACE OF EMPLOYMENT AND WORK PHONE		

5. FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
SPOUSE'S FULL NAME	PLACE OF EMPLOYMENT AND WORK PHONE	
6. FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
SPOUSE'S FULL NAME	PLACE OF EMPLOYMENT AND WORK PHONE	

XIV. FAMILY INFORMATION ~ SPOUSE'S FAMILY

LIST SPOUSE'S PARENTS, STEP-PARENTS, SIBLINGS, AND STEP-SIBLINGS BELOW.

1. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:		PLACE OF EMPLOYMENT:
2. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:		PLACE OF EMPLOYMENT:
3. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:		PLACE OF EMPLOYMENT:
4. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:		PLACE OF EMPLOYMENT AND WORK PHONE:
5. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:		PLACE OF EMPLOYMENT AND WORK PHONE:
6. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:		PLACE OF EMPLOYMENT AND WORK PHONE:
7. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:		PLACE OF EMPLOYMENT AND WORK PHONE:

I HAVE COMPLETED THIS QUESTIONNAIRE TO THE BEST OF MY ABILITY. I HEREBY STATE THAT THERE ARE NO WILFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE QUESTIONNAIRE AND THAT ALL ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. BY AGREEING WITH THIS STATEMENT, I UNDERSTAND THAT IF AT ANY TIME DURING THE BACKGROUND INVESTIGATION, QUESTIONS SHOULD ARISE CONCERNING THE VALIDITY OF THIS QUESTIONNAIRE, I COULD BE REMOVED FROM THE APPLICATION PROCESS.

AGREE DISAGREE

If you require additional space to answer questions use the following field: