Southwestern College/Otay Mesa HEC
Police Academy
8100 Gigantic Street
San Diego, CA 92154

Instructions to the Applicant

The information you provide in this Program Entry Application will be used to assist and determine your suitability for the Southwestern College Police Academy.

1. The application must be completed electronically/typewritten, NOT HANDWRITTEN.
2. It is your responsibility to complete this application form in its entirety. This means that every question/item must have a response. The goal is to provide complete, accurate information for all required sections.
3. If a section/question does not apply, enter “N/A” once in the first applicable response field of that numbered section, rather than putting N/A in every individual box.
4. If an answer needs more room, use page 16 (Supplemental Information) and clearly label the additional response with the corresponding 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.

BOTTOM LINE*: *You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the California Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions.

Signature: _____ **Date**: _____

PROGRAM ENTRY APPLICATION

01/2024

SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST | FIRST | MIDDLE

2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES) ☐ N/A

3. ADDRESS WHERE YOU LIVE

NUMBER / STREET | APT / UNIT

CITY | STATE | ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)

5. CONTACT NUMBERS

HOME ( ) | WORK ( ) | EXT | OTHER ( ) ☐ CELL ☐ FAX

6. CONTACT EMAIL

7. LIST **ALL** OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)

8. CITIZENSHIP

Are you a U.S. citizen? ☐ Yes ☐ No

IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship? ☐ Yes ☐ No

9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)

10. BIRTHDATE (MM/DD/YYYY)

11. DRIVER'S LICENSE

NUMBER: | STATE: | EXPIRES:

12. PHYSICAL DESCRIPTION

HEIGHT: | WEIGHT: | HAIR COLOR: | EYE COLOR:

SECTION 2: EDUCATION

- **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 2; if required by the course you are applying for under the Police Academy Programs.** *If more space is needed, continue your response on page 16.*

13. CHECK APPLICABLE

	MM/YYYY
☐ High School Diploma:	/
☐ High School Equivalency Test:	/
☐ California High School Proficiency Certificate:	/

14. LIST HIGH SCHOOL(S) ATTENDED

	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
14.1		/	/
	CITY		STATE
14.2		/	/
	CITY		STATE

15. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
15.1		/	/	____ ☐ QTR SYSTEM ☐ SEM SYSTEM

ADDRESS (NUMBER / STREET)			DEGREE EARNED
			☐ YES ☐ NO TYPE:
CITY	STATE	ZIP	MAJOR / AREA OF STUDY

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 2: EDUCATION *continued*

15.2

NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	/	/	☐ QTR SYSTEM ☐ SEM SYSTEM

ADDRESS (NUMBER / STREET)	DEGREE EARNED
	☐ YES ☐ NO TYPE:

CITY	STATE	ZIP	MAJOR / AREA OF STUDY

15.3

NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	/	/	☐ QTR SYSTEM ☐ SEM SYSTEM

ADDRESS (NUMBER / STREET)	DEGREE EARNED
	☐ YES ☐ NO TYPE:

CITY	STATE	ZIP	MAJOR / AREA OF STUDY

16. LIST **ALL** TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED - Enter "N/A" if not applicable.

16.1

NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
	/	/	☐ Yes ☐ No

CITY	STATE	TYPE OF SCHOOL OR TRAINING

LIST **ALL** POST BASIC COURSES ATTENDED

17. Have you ever taken a **PC832** (Arrest and/or Firearms) Course? ☐ Yes ☐ No

IF YES, provide the following information:

A. COURSE PRESENTER NAME	LOCATION (CITY / STATE)

B. COURSE COMPLETION	COMPLETION DATE (MM/YYYY)
Did you successfully complete the course? ☐ Yes ☐ No	/

18. Have you ever attended a **POST** Basic Course/Academy: Regular, Modular, Specialized Investigators', Reserve, or Dispatcher? ☐ Yes ☐ No

IF YES, provide the following information:

18.1

NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
	/	/	☐ Yes ☐ No

LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER
		( )

18.2

NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
	/	/	☐ Yes ☐ No

LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER
		( )

Supplemental POST basic course information included on Page 16 ☐

19. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or POST basic course/academy? ☐ Yes ☐ No

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

20. Since the age of 18, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any POST exam? ☐ Yes ☐ No

IF YES, explain circumstances.

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: EXPERIENCE AND EMPLOYMENT

21. EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in ***excess of 30 days***.
- *If more space is needed, continue your response on page 16.*

21.1

NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY) /	TO (MM/YYYY) /
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER ( )	EXT
CITY	STATE	ZIP	EMAIL	
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) ☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING	
SUPERVISOR	CONTACT NUMBER ( )	EXT.	EMAIL	
NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL	
1)	( )			
2)	( )			

Would there be a problem if we contact your current employer? ..... ☐ Yes ☐ No

IF YES, explain:

21.2

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY) /	TO (MM/YYYY) /
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____		

21.3

NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY) /	TO (MM/YYYY) /
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER ( )	EXT
CITY	STATE	ZIP	EMAIL	
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) ☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING	
SUPERVISOR	CONTACT NUMBER ( )	EXT.	EMAIL	
NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL	
1)	( )			
2)	( )			

21.4

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY) /	TO (MM/YYYY) /
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: EXPERIENCE AND EMPLOYMENT *continued*

21.5

NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
			( )	
CITY	STATE	ZIP	EMAIL	
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
			☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING	
SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL	
	( )			
NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL	
1)	( )			
2)	( )			

21.6

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

21.7

NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
			( )	
CITY	STATE	ZIP	EMAIL	
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
			☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING	
SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL	
	( )			
NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL	
1)	( )			
2)	( )			

21.8

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

21.9

NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
			( )	
CITY	STATE	ZIP	EMAIL	
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
			☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING	
SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL	
	( )			
NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL	
1)	( )			
2)	( )			

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: EXPERIENCE AND EMPLOYMENT *continued*

21.10

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

21.11

NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
			( )	
CITY	STATE	ZIP	EMAIL	
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
			☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING	
SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL	
	( )			
NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL	
1)	( )			
2)	( )			

21.12

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

21.13

NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
			( )	
CITY	STATE	ZIP	EMAIL	
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
			☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING	
SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL	
	( )			
NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL	
1)	( )			
2)	( )			

21.14

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

Supplemental employment information included on Page 16 ☐

22.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	☐ Yes ☐ No
23.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	☐ Yes ☐ No
24.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	☐ Yes ☐ No
25.	Have you ever quit without giving proper notice?	☐ Yes ☐ No
26.	Have you ever resigned in lieu of termination?	☐ Yes ☐ No
27.	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?	☐ Yes ☐ No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: EXPERIENCE AND EMPLOYMENT *continued*

28. Were you ever the subject of a written complaint at work that resulted in disciplinary action against you? ☐ Yes ☐ No

29. Have you ever been counseled at work due to lateness or absences? ☐ Yes ☐ No

30. Did you ever receive an unsatisfactory performance review? ☐ Yes ☐ No

31. Have you ever sold, released, or given away legally confidential information? ☐ Yes ☐ No

32. Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ Yes ☐ No

IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days

33. While working (i.e. on duty), have you ever engaged in sexual intercourse or the unwarranted touching of the intimate body parts of another person while working (i.e. on duty)? (NOTE: Do not include *lawful* contact such as pat searches in law enforcement duties and/or training.) ☐ Yes ☐ No

34. While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? (NOTE: Do not include *lawful* exchange of investigative content and/or evidence pursuant to official law enforcement investigations.) ☐ Yes ☐ No

If you answered "YES" to any of **Questions 22–34**, explain (include when, where, and circumstances – *reference corresponding numbers*).

Supplemental employment information included on Page 16 ☐

35. 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? _____

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

IF YES, when? _____ Name of employer: _____

37. *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

IF YES, when? _____ Name of employer: _____

38. Have you ***ever*** applied for ***any*** position at this or any other law enforcement agency (city, county, state, or federal)? ☐ Yes ☐ No

- If you answered "YES" **to Question 38,** 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 page 16.*

38.1

NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
				/
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:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) _____

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: EXPERIENCE AND EMPLOYMENT *continued*

38.2

NAME OF LAW ENFORCEMENT AGENCY | DATE APPLIED (MM/YYYY) /

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:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) _____

38.3

NAME OF LAW ENFORCEMENT AGENCY | DATE APPLIED (MM/YYYY) /

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:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) _____

38.4

NAME OF LAW ENFORCEMENT AGENCY | DATE APPLIED (MM/YYYY) /

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:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) _____

38.5

NAME OF LAW ENFORCEMENT AGENCY | DATE APPLIED (MM/YYYY) /

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:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) _____

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: EXPERIENCE AND EMPLOYMENT *continued*

38.6

NAME OF LAW ENFORCEMENT AGENCY | DATE APPLIED (MM/YYYY) /

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:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) _____

38.7

NAME OF LAW ENFORCEMENT AGENCY | DATE APPLIED (MM/YYYY) /

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:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) _____

Supplemental employment information is included on Page 16 ☐

SECTION 4: MILITARY EXPERIENCE

39. Are you required to register for the Selective Service? ☐ Yes ☐ No

IF YES, have you registered? ☐ Yes ☐ No

IF NO, explain: _____

40. Have you ever served in the military? ☐ Yes ☐ No

41. If you answered "YES" to Question 40, include the following service information:

BRANCH OF SERVICE | FROM (MM/YYYY) / | TO (MM/YYYY) /

TYPE OF DISCHARGE

☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable

Re-entry Code (1–4) if applicable – *refer to your DD-214:* _____

42. Are you currently participating in one of the following? If yes, check box below that applies. ☐ Yes ☐ No

☐ Military Reserve ☐ National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____

43. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ☐ Yes ☐ No

44. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? ☐ Yes ☐ No

45. Have you ever taken military property without permission for personal use, to sell, or to give away? ☐ Yes ☐ No

If you answered "YES" to any of **Questions 39-45**, explain (include dates and circumstances)

Supplemental military information included on Page 16 ☐

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: LEGAL

▶ Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- *If more space is needed, continue your response on page 16.*

46. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? ☐ Yes ☐ No

IF YES, explain each incident:

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
46.1		/	
	DISPOSITION OR PENALTY		
46.2		/	
	DISPOSITION OR PENALTY		

Supplemental disclosure information included on Page 16 ☐

47. Have you ever been placed on court probation? ☐ Yes ☐ No

48. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? ☐ Yes ☐ No

49. Have the police ever been called to your home for any reason? ☐ Yes ☐ No

50. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? ☐ Yes ☐ No

If you answered "YES" to any of **Questions 47-50**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). *If more space is needed, continue your response on page 16.*

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: LEGAL *continued*

▶ Involvement in Criminal Acts – Part 1

51. Have you committed any of the following acts ***within the past seven (7) years***? (You do NOT have to report any acts committed ***prior to age 15***.)

- You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/ Police Cadet.
- **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it**.

51.1	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	☐ Yes	☐ No
51.2	Battery (use of force or violence upon another)	☐ Yes	☐ No
51.3	Brandishing a weapon (any type of weapon)	☐ Yes	☐ No
51.4	Carrying a concealed weapon without a permit	☐ Yes	☐ No
51.5	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	☐ Yes	☐ No
51.6	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	☐ Yes	☐ No
51.7	Filing a false police report	☐ Yes	☐ No
51.8	Hit & run collision (no injuries)	☐ Yes	☐ No
51.9	Illegal gambling	☐ Yes	☐ No
51.10	Illegal hunting and/or fishing (for example, without a license, out of season)	☐ Yes	☐ No
51.11	Impersonating a peace officer (pretending to be a police officer)	☐ Yes	☐ No
51.12	Indecent exposure and/or lewd or obscene conduct	☐ Yes	☐ No
51.13	Intentionally writing a bad check	☐ Yes	☐ No
51.14	Joyriding (using a car or other vehicle without owner's permission)	☐ Yes	☐ No
51.15	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	☐ Yes	☐ No
51.16	Petty theft (value up to $950, including shoplifting/switching price tags)	☐ Yes	☐ No
51.17	Possession of falsified or altered identification, including use of another person's ID (for any reason)	☐ Yes	☐ No
51.18	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	☐ Yes	☐ No
51.19	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	☐ Yes	☐ No
51.20	Reckless driving	☐ Yes	☐ No
51.21	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	☐ Yes	☐ No
51.22	Trespassing	☐ Yes	☐ No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: LEGAL *continued*			
51.23	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	☐ Yes	☐ No
51.24	Any other act amounting to a misdemeanor	☐ Yes	☐ No

- If you answered "YES" to **ANY** of the item(s) in **Question 51**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 51.5) for each explanation.*
- *If more space is needed, continue your response on page 16.*

Supplemental legal information included on Page 16 ☐

▶ Involvement in Criminal Acts – Part 2

52. ***At any time in your life***, have you ***EVER*** committed any of the following acts?

NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

52.1	Arson (intentionally destroying property by setting a fire)	☐ Yes	☐ No
52.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	☐ Yes	☐ No
52.3	Blackmail or extortion	☐ Yes	☐ No
52.4	Burglary (entering a structure or vehicle to commit theft or other crime)	☐ Yes	☐ No
52.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	☐ Yes	☐ No
52.6	Elder abuse and/or neglect (physical and/or financial)	☐ Yes	☐ No
52.7	Embezzlement (theft of money or other valuables entrusted to you)	☐ Yes	☐ No
52.8	Felony drunk driving (involving injuries)	☐ Yes	☐ No
52.9	Felony illegal sex acts	☐ Yes	☐ No
52.10	Forcible rape	☐ Yes	☐ No
52.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	☐ Yes	☐ No
52.12	Fraudulent use of a credit, ATM, debit, and/or check card	☐ Yes	☐ No
52.13	Grand theft (value of over $950, automobile, any firearm)	☐ Yes	☐ No
52.14	Hit & run (with injuries)	☐ Yes	☐ No
52.15	Hate crime	☐ Yes	☐ No
52.16	Insurance fraud	☐ Yes	☐ No
52.17	Murder, homicide, attempted murder, or assault with intent to commit murder	☐ Yes	☐ No
52.18	Perjury (lying under oath)	☐ Yes	☐ No
52.19	Possession of an explosive/destructive device	☐ Yes	☐ No
52.20	Robbery (theft from another person using a weapon, force, or fear)	☐ Yes	☐ No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: LEGAL *continued*

52.21	Stalking	☐ Yes	☐ No
52.22	Theft of a vehicle and/or vehicle parts	☐ Yes	☐ No
52.23	Viewing and/or possessing child pornography	☐ Yes	☐ No
52.24	Any other act amounting to a felony	☐ Yes	☐ No

- If you answered "YES" to **ANY** of the item(s) in **Question 52**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 52.3) for each explanation.*
- *If more space is needed, continue your response on page 16.*

▶ Illegal Use of Drugs

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high."
- Your responses should include — ***but not be limited to*** — your use of any of the following:

▶ Amphetamines / Methamphetamines *(Uppers, Speed, Crank, etc)*
▶ Barbiturates (*Downers)*
▶ Cocaine / Crack Cocaine
▶ Designer Drugs *(Ecstasy, Synthetic Heroin, etc.)*
▶ Fentanyl
▶ GHB *(Date Rape Drug)*
▶ Hallucinogens *(Peyote, LSD, Mushrooms)*
▶ Heroin / Opium
▶ Mescaline
▶ Morphine
▶ PCP / Angel Dust
▶ Quaaludes
▶ Steroids
▶ Glue, paint, aerosol, or any substance containing toluene

53. ***Within the past six months***, excluding the use of cannabis off the job and away from the workplace, have you used any drug(s) as indicated above? ..... ☐ Yes ☐ No

IF YES, give details including ***drug(s) used***, ***most recent date used***, and ***circumstances:***

54. ***Prior to the past six months:***

☐ I have ***never*** used any drug recreationally. (You may mark this box, if the only drug you have used recreationally was cannabis.)

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

IF YOU CHECKED BOX 2, give details including ***drug(s) used***, ***most recent date used***, and ***circumstances*:**

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: LEGAL *continued*

55. Have you ***EVER*** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including prescription drugs without a prescription, **excluding** the use of cannabis off the job and away from the workplace?

☐ Yes ☐ No ***If YES, indicate which activities (mark all that apply):***

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including ***drug(s) involved***, ***over what time period(s)***, and ***circumstances***.

56. During the ***past five years***, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications, **excluding** the use of cannabis off the job and away from the workplace? ☐ Yes ☐ No

IF YES, explain:

Supplemental drug information included on Page 16 ☐

SECTION 6: MOTOR VEHICLE INFORMATION

57. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

58. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

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

IF YES, explain (include when, where, and circumstances):

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

IF YES, explain (include when, where, and circumstances):

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 6: MOTOR VEHICLE INFORMATION *continued*

61. List your current liability insurance on your vehicle(s).

61.1

TYPE OF COVERAGE	VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE
☐ Insured ☐ Bonded ☐ Cash Deposit			

INSURANCE COMPANY	POLICY NUMBER	EXPIRATION DATE (MM/DD/YYYY)
		/ /

ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP	CONTACT NUMBER
				( )

Supplemental drug information included on Page 16 ☐

SECTION 7: OTHER TOPICS

62. Have you ever been refused a permit to carry a concealed weapon? ..... ☐ Yes ☐ No

63. 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?..... ☐ Yes ☐ No

64. Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you? ..... ☐ Yes ☐ No

65. ***Since the age of 15***, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?..... ☐ Yes ☐ No

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? ..... ☐ Yes ☐ No

If you answered "YES" to any of **Questions 62–66**, give details including dates and circumstances – *reference corresponding numbers*).

SECTION 8: CERTIFICATION

67. *I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), 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:**

Use the following page to continue your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding question/item numbers.

Initial this page to indicate that you have provided complete and accurate information: _____

SUPPLEMENTAL INFORMATION

- 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.). *Reference the corresponding questions and/or specific items.*
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.

Initial this page to indicate that you have provided complete and accurate information: _____