



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.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given by the Program Technician, type-in your response(s).
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the supplemental information page on the last page of this form (page 16) 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.

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: _____

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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)					<input type="checkbox"/> 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 ()	<input type="checkbox"/> CELL	<input type="checkbox"/> FAX
6. CONTACT EMAIL			7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
8. CITIZENSHIP					
Are you a U.S. citizen?					<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship?					<input type="checkbox"/> Yes <input type="checkbox"/> 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	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> High School Equivalency Test:	/	<input type="checkbox"/> California High School Proficiency Certificate:
14. LIST HIGH SCHOOL(S) ATTENDED				
14.1	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
		CITY	STATE	
14.2	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
		CITY	STATE	
15. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED				
15.1	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
			TOTAL UNITS COMPLETED	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
ADDRESS (NUMBER / STREET)			DEGREE EARNED	
			<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:	
CITY		STATE	ZIP	MAJOR / AREA OF STUDY

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SECTION 2: EDUCATION *continued*

15.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
				_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM

ADDRESS (NUMBER / STREET)	DEGREE EARNED		
	<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:		
CITY	STATE	ZIP	MAJOR / AREA OF STUDY

15.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
				_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM

ADDRESS (NUMBER / STREET)	DEGREE EARNED		
	<input type="checkbox"/> YES <input type="checkbox"/> 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?
				<input type="checkbox"/> Yes <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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?
				<input type="checkbox"/> Yes <input type="checkbox"/> 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?
				<input type="checkbox"/> Yes <input type="checkbox"/> 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.

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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)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, explain: 					

21.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> 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)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

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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)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> 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)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> 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)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
DUTIES / ASSIGNMENTS			REASON FOR LEAVING			
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL		
		()				
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL		
1)		()				
2)		()				

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21.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	FROM (MM/YYYY) / /	TO (MM/YYYY) / /
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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) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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) <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	FROM (MM/YYYY) / /	TO (MM/YYYY) / /
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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) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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) <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	FROM (MM/YYYY) / /	TO (MM/YYYY) / /
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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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____						

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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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> 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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> 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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> 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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____						

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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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer	
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> 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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer	
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> 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		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> 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

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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:

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

DISPOSITION OR PENALTY

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

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.*

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

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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

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SECTION 5: LEGAL *continued*

52.21	Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52.22	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52.23	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52.24	Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:**

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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):

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SECTION 6: MOTOR VEHICLE INFORMATION *continued*

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

61.1	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP

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.

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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.