

PRINCE GEORGE'S COUNTY, MARYLAND  
OFFICE OF HUMAN RESOURCES MANAGEMENT  
PUBLIC SAFETY INVESTIGATIONS



## Personal History Statement

### Public Safety Applicants

Do not mail or hand carry this document to Public Safety Investigations.  
An Investigator will contact you to schedule your Initial Interview.

For questions regarding the completion of this document email us at:  
psi@co.pg.md.us

**Do not call to schedule your Initial Interview**

Print clearly and use black ink only

Applicant's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name Middle Initial

**Do not mail or bring this Personal History Statement to Public Safety Investigations. An Investigator will contact you by telephone with detailed instructions. Complete the section below when contacted by your Investigator.**

**Address, map and directions provided on page thirty-five (35) are to the Public Safety Investigations Offices. You will be contacted by your Investigator and instructed when to report for your Initial Interview. Be certain you have all the requested documents listed on page two (2).**

Initial Interview scheduled for: Date: _____ / _____ / _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Background Investigator's Name: _____
Investigator's telephone number(s): (301) _____ (____) _____
Investigator's FAX number: (301) 324-2967
Additional documents requested by the Investigator: _____ _____

Should you need assistance completing your Personal History Statement email Public Safety Investigations at:  
psi@co.pg.md.us

*Do not mail or bring this document to PSI before your Initial Interview time and date.*

### **Personal History Statement Instructions**

- ❖ **Do not type or allow another person to write in this Personal History Statement. Doing so may result in disqualification. The applicant, using black ink only, must neatly print all information.**
- ❖ Read each question carefully before answering.
- ❖ Personal History Statements that are incomplete or illegible will not be accepted at the Initial Interview. Your Initial Interview will be re-scheduled, delaying your background investigation.
- ❖ It is mandatory that every question in the Personal History Statement be answered. If a question does not apply enter “N/A” in the space provided.
- ❖ **When providing contact telephone numbers keep in mind your background investigation will be delayed if your Investigator is unable to contact people you have listed. Contact telephone numbers listed must be where the person can most easily be reached. (cell, work, or home)**
- ❖ Notify each person who is to be contacted and inform them an Investigator will be calling regarding your background investigation.
- ❖ If you feel that contacting your current employer would create a problem note it in the “Current Employer” section and discuss this with your Investigator during the Initial Interview. In your discussion with the Investigator an appropriate date can be established to contact your current employer.
- ❖ Any false statements or intentional omissions of pertinent information on any document or during any oral interview may be cause for disqualification or immediate termination if an appointment has already been offered or accepted.
- ❖ **Do not sign the “Applicant Declaration” on page thirty-one (31) until instructed to do so during your Initial Interview.**

### **Information and Instructions for the Initial Interview**

- ❖ Do not call Prince George's County Office of Human Resources or Public Safety Investigations regarding the date of your Initial Interview.
- ❖ You will be contacted by an Investigator to schedule your Initial Interview.
- ❖ When contacted, record your Investigator’s name, contact information, and the date and time for your Initial Interview on the cover of this document.
- ❖ Before Public Safety Investigations schedules the Initial Interview, you must complete this Personal History Statement.
- ❖ Appropriate business attire is required for the Initial Interview.
- ❖ A full business day is required for the Initial Interview.
- ❖ You may request that your high school or college transcripts be mailed to Public Safety Investigations before your Initial Interview is scheduled. School transcripts must be “sealed” and not opened. See page thirty-five (35) for mailing address.
- ❖ After your Initial Interview facts may arise or events occur that may not have been known or were not anticipated by you at the time you submitted your Personal History Statement. These facts or events may require you to submit revisions or amendments. All such revisions or amendments must be reported to your Investigator as soon as practicable.

You must bring the **originals** of all required documents. You may make and bring copies of documents, however; you must also bring the **originals** of all documents for your Initial Interview. **\*Applicant is required to provide a certified English translation of documents marked with asterisk.** You may use the services listed on page thirty-five (35) or any **certified** language service you prefer.

**Do not write on this page, your Investigator will complete this form during your Initial Interview.**

	<u>Date Received by PSI</u>	<u>Investigators Initials</u>
Federal tax returns for the last two (2) years. <a href="http://www.irs.gov/">http://www.irs.gov/</a>	_____	_____
State tax returns for the last two (2) years. <a href="http://individuals.marylandtaxes.com/taxhelp/localoffices.asp">http://individuals.marylandtaxes.com/taxhelp/localoffices.asp</a> and/or out of state tax returns for the last two (2) years. <a href="http://www.taxadmin.org/fta/link/FORMS.html">http://www.taxadmin.org/fta/link/FORMS.html</a>	_____	_____
All employer(s) W-2s for the last two (2) years.	_____	_____
*Certified copy of birth certificate. <a href="http://www.vsa.state.md.us/">http://www.vsa.state.md.us/...</a> Passport is required in the absence of a traditional birth certificate.	_____	_____
Social Security Card. <a href="http://www.ssa.gov/ssnumber/">http://www.ssa.gov/ssnumber/</a>	_____	_____
Maryland and/or any other driver's license(s).	_____	_____
Auto registration for all vehicles owned or driven by you.	_____	_____
Proof of auto insurance for all vehicles. Must contain expiration dates of insurance.	_____	_____
*Certified copy of any name change records.	_____	_____
Certificate of Naturalization.	_____	_____
Resident Alien Card or other proof of immigration or alien status.	_____	_____
*Certified copy of marriage certificate(s).	_____	_____
*Certified Copy of divorce decree(s).	_____	_____
DD214 or entry level discharge documents <b>Member # 4 copy</b> with "Character of Service" Information <a href="http://www.archives.gov/veterans/evetrecs/">http://www.archives.gov/veterans/evetrecs/</a>	_____	_____
Selective Service Registration information. <a href="http://www.sss.gov/">http://www.sss.gov/...</a>	_____	_____
*High school diploma or G.E.D. Certificate.	_____	_____
*Sealed high school transcripts.	_____	_____
*Sealed transcripts for all colleges or universities you have attended.	_____	_____
Court documents, charging documents or any documents regarding any criminal matter pertaining to the applicant.	_____	_____
Other documents provided by applicant: _____	_____	_____

**Print clearly and use black ink only**

Last name	First name	Middle name

Other names you have used (example: maiden name, name(s) by a former marriage, or name change)	

List the current address where you physically reside (Not a post office box number).			
Number, street, and apt. number.	City	State	Zip code

List a mailing address if unable to obtain mail at your residence.			
Number, street and apt. number or PO Box	City	State	Zip code

Residence telephone number	Work telephone number
(_____) _____ Area code	(_____) _____ Area code
E-mail address	Cell telephone number
_____	(_____) _____ Area code

Date of birth	Current Age	Social Security Number
____/____/____ Month Day Year	_____	____/____/____

Sex	Height	Weight	Hair color	Eye color	Race
<input type="checkbox"/> Male <input type="checkbox"/> Female	____ Feet ____ Inches	_____	_____	_____	_____

Driver's License Number List restriction codes on back of license	Class	Restriction codes	State of Issue	Expiration Date
_____	_____	_____ <input type="checkbox"/> No restrictions	_____	____/____/____ Month Day Year

<input type="checkbox"/> Check box if born in the United States or; _____ Country of birth if <u>not</u> the United States
_____/_____/_____ City of birth County, Parish State of birth
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. citizen date you <u>first enter</u> the United States: ____/____/____ Month Year
Immigration status: _____ or if nationalized:
Naturalization Certificate number: _____ Date of Certificate: ____/____/____ Month Day Year

- Yes  No Are you currently MPTC or MPCTC Certified?
- Yes  No Have you ever been MPTC or MPCTC Certified?
- Yes  No EMS Certified?
- Yes  No Have you ever been certified as a police officer, deputy sheriff or corrections officer in any State or jurisdiction?

If you answered "YES" Bring the documents listed below to your Initial Interview

1. All training records
2. MPTC or MPCTC Certification Card
3. EMS Certification Card

**Questions one (1) thru seven (7) below are for applicants that have or require Certification with MPTC or MPCTC  
"Maryland Police & Correctional Training Commission"  
Police Officer, Deputy Sheriff, Corrections Officer, Mandated Corrections Position and Fire Investigator**

- Yes  No 1. Have you ever had an arrest, charge or conviction (felony or misdemeanor) of domestic assault, domestic violence or assault and battery expunged or pardoned? Applicant must provide court documents verifying pardon or expungment.

What was the type of arrest, charge or conviction that was expunged?

Date expunged: \_\_\_\_\_ / \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
Month Year County State

- Yes  No 2. Have you ever been charged or convicted of a crime constituting a felony that has been or is in the process of being expunged or pardoned?
- Yes  No 3. Have you ever used a controlled dangerous substance, narcotic drug or marijuana while employed to enforce Federal, State, Military or local law by any government entity or while in a position directly and immediately affecting the public safety?
- Yes  No 4. Do you belong to any organization or institution or do you adhere to any belief(s) that in any way would restrict or prohibit your working on particular days or during particular hours?
- Yes  No 5. Do you belong to any organization or institution or do you adhere to any belief(s) that in any way would restrict you from conforming to agency grooming standards?
- Yes  No 6. As a law enforcement or corrections officer do you feel you could take a human life if your life or the life of an innocent person was threatened with great bodily harm or deadly force?
- Yes  No 7. As a law enforcement or corrections officer would you physically assist another officer if they were being physically assaulted by an inmate, prisoner or any other person?

**If "Yes" to questions one (1) thru five (5) or  
If "No" to questions six (6) or seven (7) explain on page thirty (30)**

**In your lifetime, have you ever used, tried or experimented with any of these controlled dangerous substances, narcotic drugs or marijuana.**

**“Times used” must be a number, i.e. 2, 3, 8, 15, etc.**

1.  Yes  No Marijuana or marijuana in any form (THC, hashish, hash oil, Thai sticks).  
Times used: \_\_\_\_\_ Number of times used since 21<sup>st</sup> birthday: \_\_\_\_\_
2.  Yes  No Heroin  
Times used: \_\_\_\_\_ Number of times used since 21<sup>st</sup> birthday: \_\_\_\_\_
3.  Yes  No PCP, LSD or any other hallucinogens (extasy, mushrooms, mescaline, peyote, etc.)  
Times used: \_\_\_\_\_ Number of times used since 21<sup>st</sup> birthday: \_\_\_\_\_
4.  Yes  No Cocaine or cocaine in any form (crack cocaine, rock).  
Times used: \_\_\_\_\_ Number of times used since 21<sup>st</sup> birthday: \_\_\_\_\_
5.  Yes  No Steroids (oral or injected). *That were not prescribed or legally purchased over the counter.*  
Times used: \_\_\_\_\_ Number of times used since 21<sup>st</sup> birthday: \_\_\_\_\_
6.  Yes  No Have you ever inhaled, injected, or ingested (swallowed) **any drug or substance with the intention of getting high?**  
Drug or substance used: \_\_\_\_\_ Times used: \_\_\_\_\_ Number of times used since 21<sup>st</sup> birthday: \_\_\_\_\_
7.  Yes  No Have you ever purchased, sold, distributed, received, held, transported or manufactured a controlled dangerous substance, narcotic drug, or marijuana?
8.  Yes  No Have you ever participated in the giving of any intoxicating/illegal substance to another person without their knowledge/permission or against their will?
9.  Yes  No Have you ever used or obtained a forged or altered prescription?

Explain any “Yes” answers below


10.  Yes  No Are the responses to the above drug use questions the same responses you gave during the Preliminary Screening? If not, explain below.




**Print clearly and use black ink only**

List all scars, tattoos, identifying marks, etc. Fully describe and state exactly where located and sizes in inches. Provide detailed description, photo and/or drawing of any tattoos, scars, brands or markings designating membership in any organization, group, club, or gang. Continue on page thirty (30) if necessary.


Yes  No Do you have, or have you ever had, a tattoo, cut (scarring), brand (burn) or any body marking signifying membership in, or affiliation with, a criminal enterprise, street gang, motorcycle club or any other group or club?

Yes  No Have you ever been photographed or had photographs taken of tattoos or any body markings by any law enforcement agency?

Yes  No Do you now have or ever had a nickname, alias or used another name while affiliated with a street gang, motorcycle club, or any other group or club?

Names used: \_\_\_\_\_

**Current Military Status**

No military service

Active duty  Discharged  Reserves  National Guard  Inactive  Inactive Ready Reserve

**Military Service**

Branch of Service: \_\_\_\_\_ Term of Service: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Type discharge:  Honorable  Other than honorable  Did not complete basic training and released from commitment

Yes  No Are you eligible for re-enlistment? If not eligible, explain: \_\_\_\_\_

Type of discharge if other than honorable: \_\_\_\_\_

Yes  No Have you ever been denied or rejected entry into any type of military service?

Yes  No Have you ever served in the military of any other country?

**Military Discipline**

Yes  No Have you received or are any actions ongoing or pending regarding any type of punishment, non-judicial punishment, or military inquires or investigations?  
 If "Yes" explain on page thirty (30)



Investigator's initials \_\_\_\_\_

Spouse, fiancée or girlfriend (first name, last name)	Spouse's maiden name	Date of marriage _____/_____/_____ Month / Day / Year
Current address of spouse, fiancée or girlfriend if not living with you. Write "SAME" if address is the same as yours.		
(_____) _____ Area code		Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

Complete the first section below to provide information if you were raised by someone other than your parents or step parents. If you were raised by your parents or step parents, place "N/A" in the first block below and proceed to "Father's Name."  
**Print clearly and use black ink only**

Person's name (first name, middle initial, last name)	Relationship to you (aunt, uncle, etc.)	<input type="checkbox"/> Deceased
Current Residence Address.	Contact number (_____) _____ Area code	
Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening		

Father's name (first name, middle initial, last name)	<input type="checkbox"/> Deceased	Date of birth _____/_____/_____ Month / Day / Year
Current Residence Address	Contact number (_____) _____ Area code	
Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening		

Mother's name (first name, middle initial, last name)	<input type="checkbox"/> Deceased	Date of birth _____/_____/_____ Month / Day / Year
Current Residence Address	Contact number (_____) _____ Area code	
Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening		

Step-Father's name (first name, middle initial, last name)	<input type="checkbox"/> Deceased	Date of birth _____/_____/_____ Month / Day / Year
Current Residence Address	Contact number (_____) _____ Area code	
Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening		

Step-Mother's name (first name, middle initial, last name)	<input type="checkbox"/> Deceased	Date of birth _____/_____/_____ Month / Day / Year
Current Residence Address	Contact number (_____) _____ Area code	
Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening		

**Print clearly and use black ink only**

**Children and Dependants**

Number of dependant children living with you: \_\_\_\_\_ Number of dependant children not living with you: \_\_\_\_\_

Number of other dependants living or not living with you: \_\_\_\_\_ Relationship(s) to you: \_\_\_\_\_

**Contact Information for other parent of child if not currently living with you**

Name of other parent: \_\_\_\_\_ / \_\_\_\_\_  
First name Last name

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
Area code

**Contact Information for other parent of child if not currently living with you**

Name of other parent: \_\_\_\_\_ / \_\_\_\_\_  
First name Last name

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
Area code

If divorced, widowed, or had an annulment, provide all the following information.

Former spouse's name (first name, last name)	Date of marriage	Date of final divorce
_____	_____/_____/_____ <small>Month Year</small>	_____/_____/_____ <small>Month Year</small>

**Contact Information**

Deceased Name: \_\_\_\_\_ / \_\_\_\_\_  
First name Last name

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
Area code

Former spouse's name (first name, last name)	Date of marriage	Date of final divorce
_____	_____/_____/_____ <small>Month Year</small>	_____/_____/_____ <small>Month Year</small>

**Contact Information**

Deceased Name: \_\_\_\_\_ / \_\_\_\_\_  
First name Last name

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
Area code

Is anyone you are related to by either blood or marriage employed with Prince George's County?  
 Continue on page thirty (30) if necessary

Yes  No

Name of person(s) and relationship to you: \_\_\_\_\_

Position with Prince Georges County: \_\_\_\_\_

Contact number:(\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
Area code (home, work or cell phone)

List as references three (3) individuals that you have known for at least five (5) years and who have knowledge of you and your qualifications. Examples are friends, friends of the family, teachers, classmates, or military acquaintances. Do not include relatives, family members, or individuals who belong to the law enforcement profession.

Name (first name, last name)		Current Address	
Contact number: (_____) _____ (Home or cell) Area code		Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	
How long have you known?	Occupation	Relationship	
Years: _____			

Name (first name, last name)		Current Address	
Contact number: (_____) _____ (Home or cell) Area code		Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	
How long have you known?	Occupation	Relationship	
Years: _____			

Name (first name, last name)		Current Address	
Contact number: (_____) _____ (Home or cell) Area code		Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	
How long have you known?	Occupation	Relationship	
Years: _____			

**List below any individuals who are members of law enforcement agencies whom you are acquainted with and have knowledge of you and your qualifications.**

Name and rank: (first name, last name)		Agency where employed or retired from	
Relationship to you: (relative, family friend, etc)		How long have you known this person?	
		Years _____	
Contact number: (_____) _____ (Home or cell) Area code		Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	
Name and rank: (first name, last name)		Agency where employed or retired from	
Relationship to you: (relative, family friend, etc)		How long have you known this person?	
		Years _____	
Contact number: (_____) _____ (Home or cell) Area code		Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	

**Print clearly and use black ink only**

List all of your residences for the last ten (10) years. Begin with your current residence. When listing military bases, include nearest city, state, and zip code. When listing addresses, include street, avenue, drive, court, north, south, east, and west. Include unit number and/or apartment number where applicable. Include name of apartment complex if applicable. You must list two (2) neighbors for your current residence and one (1) former neighbor for each of your former residences.

**Current Residence**

Number, street and apartment number	City	State	Zip code
Name of apartment complex if applicable		Resident since	
		_____/_____ Month Year	

With whom do you reside and what is their relationship to you?	

If you are currently renting provide the information required below. You must include a contact name and a contact telephone number. If you are not on the lease, enter the name, contact telephone number and the relationship to you of the person(s) on the lease.

In whose name(s) (first name, last name) is the lease? Name, relationship to you and contact telephone number.
Name of lease holder: _____ (If you are not on the lease)
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code
Relationship to you: _____

Name (first name, last name) of resident manager, property manager, or landlord and contact telephone number.
Name: _____
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code

**Current Neighbor 1**

Name (first name, last name)	Current Address
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code	

**Current Neighbor 2**

Name (first name, last name)	Current Address
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code	

**Print clearly and use black ink only**

**Former residence 1**

Street address including unit number and/or apartment number. Also include name of apartment complex.	
	Dates of residence: From: _____ / _____ To: _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Year</span> <span>Month</span> <span>Year</span> </div>

N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

**Former Neighbor**

Name (first name, last name)	Current Address
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <small>(Home or cell) Area code</small>	

**Former residence 2**

Street address including unit number and/or apartment number. Also include name of apartment complex.	
	Dates of residence: From: _____ / _____ To: _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Year</span> <span>Month</span> <span>Year</span> </div>

N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

**Former Neighbor**

Name (first name, last name)	Current Address
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <small>(Home or cell) Area code</small>	

**Print clearly and use black ink only**

## Former residence 3

Street address including unit number and/or apartment number. Also include name of apartment complex.

Dates of residence:

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

## Former Neighbor

Name (first name, last name)

Current Address

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

## Former residence 4

Street address including unit number and/or apartment number. Also include name of apartment complex.

Dates of residence:

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

## Former Neighbor

Name (first name, last name)

Current Address

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

**Print clearly and use black ink only**

## Former residence 5

Street address including unit number and/or apartment number. Also include name of apartment complex.

Dates of residence:

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

## Former Neighbor

Name (first name, last name)

Current Address

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

## Former residence 6

Street address including unit number and/or apartment number. Also include name of apartment complex.

Dates of residence:

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

## Former Neighbor

Name (first name, last name)

Current Address

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

**Begin with your current or most recent employer.** List all employers, since your 18<sup>th</sup> birthday in chronological order. List every position, including active military, reserve, and National Guard service. Employment includes self-employment and volunteer positions including volunteer fire and rescue. If you are or were employed by a temporary agency and worked at multiple job locations please lists the name, title and telephone number for your agency contact person in addition to your actual job locations and supervisors. If unemployed, list those periods in sequence and enter dates.

**Make copies of page twenty (20) if you need more space.**

**You must list two (2) co-workers with your current employer and one (1) co-worker for each former employer.**

Currently Unemployed	<input type="checkbox"/> Yes	Unemployment start date	_____/_____/_____ Month Year
Employment start date	Name of current employer		
_____/_____/_____ Month Year			
<input type="checkbox"/> Full time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Military <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship			
Would you have a problem with your Investigator interviewing your current employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Current employer's mailing address		If not the same as mailing address, list your actual work location	
Current employer's telephone number for employment verification (Personnel)		Your annual salary	
Telephone number (_____) _____ Area code		_____	
Your title or position			
Supervisor's name		Supervisor's title	
Telephone number where your supervisor may be reached and time available to take calls (work or cell phone)			
Telephone number (_____) _____ Area code (work or cell phone)		Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	
Have you ever received or do you have any ongoing or pending disciplinary actions? Explain in section below; continue on page thirty (30) if necessary.			<input type="checkbox"/> Yes <input type="checkbox"/> No
First co-worker's name: (first name, last name)		Telephone number where co-worker can be reached	
		(_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)	
Second co-worker's name: (first name, last name)		Telephone Number	
		(_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)	



1<sup>st</sup> former employer or period of unemployment

Name of former employer	Former employer's mailing address

Start Date	_____/_____/_____ Month Year	End Date	_____/_____/_____ Month Year
------------	---------------------------------	----------	---------------------------------

Full time    Part-Time    Temporary    Military    Self-Employed    Volunteer    Internship    Unemployed

Former employer's telephone number for employment verification (Personnel)	Your title or position
Telephone number (_____) _____ Area code	

Reason for leaving employment	
<input type="checkbox"/> Resigned to take better position	<input type="checkbox"/> Lay off
<input type="checkbox"/> Contract expired	<input type="checkbox"/> Return to school
<input type="checkbox"/> Terminated (fired)	<input type="checkbox"/> Completion of military service
<input type="checkbox"/> Resigned to avoid being terminated	<input type="checkbox"/> Resigned while under investigation
<input type="checkbox"/> Quit without giving notice as required by company policy	<input type="checkbox"/> Reason not listed, explain below

Explain reason for leaving employment; continue on page thirty (30) if necessary

Do you feel this former employer would rehire you? If you answered "No" explain below; continue on page thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supervisor's name (first name, last name)	Supervisor's title

Telephone number where your former supervisor may be reached and time available to take calls	
Telephone number (_____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

Did you ever received or do you have any pending disciplinary actions? Explain below; continue on page thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-worker's name: (first name, last name)	Telephone number where co-worker can be reached
	(_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)

2<sup>nd</sup> former employer or period of unemployment

Name of former employer	Former employer's mailing address

Start Date	_____/_____/_____ Month Year	End Date	_____/_____/_____ Month Year
------------	---------------------------------	----------	---------------------------------

Full time    Part-Time    Temporary    Military    Self-Employed    Volunteer    Internship    Unemployed

Former employer's telephone number for employment verification (Personnel)	Your title or position
Telephone number (_____) _____ Area code	

Reason for leaving employment
<input type="checkbox"/> Resigned <input type="checkbox"/> Entered Military <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to school <input type="checkbox"/> Terminated (fired) <input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid being terminated <input type="checkbox"/> Resigned while under investigation <input type="checkbox"/> Quit without giving notice as required by company policy <input type="checkbox"/> Reason not listed, explain below

Explain reason for leaving employment; continue on page thirty (30) if necessary

Do you feel this former employer would rehire you? If you answered "No" explain below; continue on page thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supervisor's name (first name, last name)	Supervisor's title

Telephone number where your former supervisor may be reached and time available to take calls	
Telephone number (_____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

Did you ever received or do you have any pending disciplinary actions? Explain below; continue on page thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-worker's name: (first name, last name)	Telephone number where co-worker can be reached
	(_____) _____ Area code (home or cell phone) Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

3<sup>rd</sup> former employer or period of unemployment

Name of former employer	Former employer's mailing address

Start Date	_____/_____/_____ Month Year	End Date	_____/_____/_____ Month Year
------------	---------------------------------	----------	---------------------------------

Full time    Part-Time    Temporary    Military    Self-Employed    Volunteer    Internship    Unemployed

Former employer's telephone number for employment verification (Personnel)	Your title or position
Telephone number (_____) _____ Area code	

Reason for leaving employment
<input type="checkbox"/> Resigned <input type="checkbox"/> Entered Military <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to school <input type="checkbox"/> Terminated (fired) <input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid being terminated <input type="checkbox"/> Resigned while under investigation <input type="checkbox"/> Quit without giving notice as required by company policy <input type="checkbox"/> Reason not listed, explain below

Explain reason for leaving employment; continue on page thirty (30) if necessary

Do you feel this former employer would rehire you? If you answered "No" explain below; continue on page thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supervisor's name (first name, last name)	Supervisor's title

Telephone number where your former supervisor may be reached and time available to take calls	
Telephone number (_____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

Did you ever received or do you have any pending disciplinary actions? Explain below; continue on page thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-worker's name: (first name, last name)	Telephone number where co-worker can be reached
	(_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)

4<sup>th</sup> former employer or period of unemployment

Name of former employer	Former employer's mailing address

Start Date	_____/_____/_____ Month Year	End Date	_____/_____/_____ Month Year
------------	---------------------------------	----------	---------------------------------

Full time    Part-Time    Temporary    Military    Self-Employed    Volunteer    Internship    Unemployed

Former employer's telephone number for employment verification (Personnel)	Your title or position
Telephone number (_____) _____ Area code	

Reason for leaving employment
<input type="checkbox"/> Resigned <input type="checkbox"/> Entered Military <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to school <input type="checkbox"/> Terminated (fired) <input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid being terminated <input type="checkbox"/> Resigned while under investigation <input type="checkbox"/> Quit without giving notice as required by company policy <input type="checkbox"/> Reason not listed, explain below

Explain reason for leaving employment; continue on page thirty (30) if necessary

Do you feel this former employer would rehire you? If you answered "No" explain below; continue on page thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supervisor's name (first name, last name)	Supervisor's title

Telephone number where your former supervisor may be reached and time available to take calls	
Telephone number (_____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

Did you ever received or do you have any pending disciplinary actions? Explain below; continue on page thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-worker's name: (first name, last name)	Telephone number where co-worker can be reached
	(_____) _____ Area code (home or cell phone) Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

5<sup>th</sup> former employer or period of unemployment

Name of former employer	Former employer's mailing address

Start Date	_____/_____/_____ Month Year	End Date	_____/_____/_____ Month Year
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Full time    Part-Time    Temporary    Military    Self-Employed    Volunteer    Internship    Unemployed

Former employer's telephone number for employment verification (Personnel)	Your title or position
Telephone number (_____) _____ Area code	

Reason for leaving employment
<input type="checkbox"/> Resigned <input type="checkbox"/> Entered Military <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to school <input type="checkbox"/> Terminated (fired) <input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid being terminated <input type="checkbox"/> Resigned while under investigation <input type="checkbox"/> Quit without giving notice as required by company policy <input type="checkbox"/> Reason not listed, explain below

Explain reason for leaving employment; continue on page thirty (30) if necessary

Do you feel this former employer would rehire you? If you answered "No" explain below; continue on page thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supervisor's name (first name, last name)	Supervisor's title

Telephone number where your former supervisor may be reached and time available to take calls	
Telephone number (_____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

Did you ever received or do you have any pending disciplinary actions? Explain below; continue on page thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-worker's name: (first name, last name)	Telephone number where co-worker can be reached
	(_____) _____ Area code (home or cell phone) Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

**Print clearly and use black ink only**

Questions one (1) thru fourteen (14) apply to all employment since your 18<sup>th</sup> birthday, regardless of whether the matter is or was appealed, is not part of your permanent record, or is no longer in your personnel file.

Explain in detail on page thirty (30).

- Yes  No 1. Have you ever been discharged or terminated from employment (fired) for any reason?

Name of employer: \_\_\_\_\_ Date of termination: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

- Yes  No 2. Have you ever resigned (quit) after being told that your employer intended to discharge or terminate (fire) you?

Name of employer: \_\_\_\_\_ Date resigned: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

- Yes  No 3. Have you ever resigned (quit) after being told that your employer intended to take disciplinary action against you?

Name of employer: \_\_\_\_\_ Date resigned: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

- Yes  No 4. Have you ever resigned (quit) because you suspected your employer intended to discharge or terminate (fire) you for any reason?

Name of employer: \_\_\_\_\_ Date resigned: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

- Yes  No 5. Have you ever used illegal drugs or alcoholic beverages on the job or in violation of company policy?

Name of employer: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

- Yes  No 6. Have you ever been investigated by your employer's internal affairs, loss prevention or any other enforcement or disciplinary investigation unit?

Name of employer: \_\_\_\_\_ Date of investigation: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

- Yes  No 7. Have you ever resigned while under investigation by your employer's internal affairs, loss prevention, enforcement or any other disciplinary investigation unit?

Name of employer: \_\_\_\_\_ Date resigned: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

- Yes  No 8. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc) by a co-worker, superior, subordinate, client or customer?

Name of employer: \_\_\_\_\_ Date of investigation: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Yes  No 9. Have you ever left an employer and been told you were not eligible for rehire?

Name of employer: _____	Date: _____ / _____ Month Year
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Yes  No 10. Have you ever received a written reprimand from any employer?

Name of employer: _____	Date: _____ / _____ Month Year
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Yes  No 11. Have you ever received counseling or otherwise been put on notice by any employer?

Name of employer: _____	Date: _____ / _____ Month Year
-------------------------	-----------------------------------

Yes  No 12. Has any employer ever suspended you for misconduct or as a disciplinary action?

Name of employer: _____	Date: _____ / _____ Month Year
-------------------------	-----------------------------------

Yes  No 13. Did you ever steal anything of value from your employer?

Name of employer: _____	Date of theft: _____ / _____ Month Year
Item(s) taken: _____	

Yes  No 14. Have you ever been terminated by any public safety agency while employed as a Police Officer, Deputy Sheriff, Corrections Officer, Military Police officer or in any position that enforced Federal, State, Military or local laws or in a position that directly and immediately affected the public safety?

Public Safety Agency: \_\_\_\_\_

Reason for termination: \_\_\_\_\_

Date of termination: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Explain reason for termination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





**Print clearly and use black ink only**

- Yes  No Have you ever applied for a position with any other Public Safety Agencies and/or Fire Departments? Includes all city, county, state, or federal agencies. If "Yes", list the name of every agency where you have applied. All agencies must be listed, regardless of the outcome or status. Make copies of page twenty-four (24) if necessary.

**Date of application: 1**

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Background Investigator's Name: \_\_\_\_\_  Currently in background processing.Telephone number for your background investigator or the agency phone number : ( \_\_\_\_\_ ) \_\_\_\_\_  
Area code Disqualified or not selected: Reason: \_\_\_\_\_ / \_\_\_\_\_  
Month Year**Date of application: 2**

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Background Investigator's Name: \_\_\_\_\_  Currently in background processing.Telephone number for your background investigator or the agency phone number : ( \_\_\_\_\_ ) \_\_\_\_\_  
Area code Disqualified or not selected: Reason: \_\_\_\_\_ / \_\_\_\_\_  
Month Year**Date of application: 3**

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Background Investigator's Name: \_\_\_\_\_  Currently in background processing.Telephone number for your background investigator or the agency phone number : ( \_\_\_\_\_ ) \_\_\_\_\_  
Area code Disqualified or not selected: Reason: \_\_\_\_\_ / \_\_\_\_\_  
Month Year**Date of application: 4**

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Background Investigator's Name: \_\_\_\_\_  Currently in background processing.Telephone number for your background investigator or the agency phone number : ( \_\_\_\_\_ ) \_\_\_\_\_  
Area code Disqualified or not selected: Reason: \_\_\_\_\_ / \_\_\_\_\_  
Month Year**Date of application: 5**

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Background Investigator's Name: \_\_\_\_\_  Currently in background processing.Telephone number for your background investigator or the agency phone number : ( \_\_\_\_\_ ) \_\_\_\_\_  
Area code Disqualified or not selected: Reason: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Have you ever committed, been charged, detained or questioned by any law enforcement agency for any of the following crimes.

**Includes any crimes you may have committed but were never caught, suspected of or questioned for.**

If you answer **“Yes”** to any question(s) one (1) thru eighty-nine (89) provide detailed information on page thirty (30) Include dates, charges, law enforcement agency or court and final disposition. If you were ever charged or convicted of a crime or appeared in court regarding a criminal offense **you must bring the court documents containing the final disposition.** Contact the court where you appeared to obtain these documents.

- Yes  No 1. \*Have you ever been detained, questioned, stopped or held by any security officer, loss prevention agent, special police officer, police officer, deputy sheriff, sheriff, military police or any other law enforcement agency for any reason?  
\*This includes being stopped, detained, questioned and released with no report or action taken.
- Yes  No 2. Have you ever been arrested or charged with a criminal offense by any law enforcement agency for any reason?
- Yes  No 3. Have you ever received or been issued any type of criminal citation or criminal summons in lieu of arrest?
- Yes  No 4. Have you ever had any criminal charges placed on the stet docket, received probation before judgment (PBJ) or had any charge(s) dismissed?
- Yes  No 5. Have you ever shoplifted any merchandise from a store?
- Yes  No 6. Have you ever helped anyone shoplift (lookout, divert store employees, hide merchandise, etc)?
- Yes  No 7. Have you ever stolen any money, merchandise, or property from any place where you have worked?
- Yes  No 8. Have you ever stolen any money, merchandise, or property from any of your co-workers?
- Yes  No 9. Excluding places where you have worked or shoplifted from, have you ever stolen any money, merchandise, or property from any other place or person?
- Yes  No 10. Have you ever returned any stolen merchandise to a store for an exchange or refund?
- Yes  No 11. Have you ever short-changed customers or over-rung sales and kept the extra money?
- Yes  No 12. Have you ever taken part in committing embezzlement?
- Yes  No 13. Have you ever deliberately falsified any time cards, work schedules, expense reports, payroll documents, purchase orders, bills, invoices, or any financial document to receive compensation or commit a theft?
- Yes  No 14. Have you ever knowingly received, purchased, or sold any stolen property?
- Yes  No 15. Have you ever helped anyone steal any money, merchandise, or property?
- Yes  No 16. Have you ever made any false insurance claims?
- Yes  No 17. Have you ever used someone's credit card, bank card, debit card, ATM card, checking or savings accounts without that person's permission?
- Yes  No 18. Have you ever written any checks on an account that you knew to be closed?
- Yes  No 19. Have you ever intentionally falsified any income tax return?
- Yes  No 20. Have you ever stolen services from any utility or cable provider?

- Yes  No 21. Since your 16<sup>th</sup> birthday, have you ever been criminally charged as a result of a physical fight or confrontation?
- Yes  No 22. As a juvenile, were you ever charged as an adult for any crime(s)?
- Yes  No 23. As a juvenile, were you ever charged for any offense against a person?
- Yes  No 24. In your lifetime have you ever committed any act, that had you been caught, would have been considered a crime?
- Yes  No 25. Have the police ever been called to your home for a criminal matter involving you as a suspect or witness?
- Yes  No 26. Have you ever been investigated for or accused of abusing, assaulting, beating, or sexually assaulting, a spouse, romantic partner, family member or any other person?
- Yes  No 27. Has your spouse/partner ever accused you of battery (whether you did commit battery or not) in a report or discussion with any law enforcement officer or court authority?
- Yes  No 28. Have you ever been charged with, accused of, or questioned for any type of stalking or harassment?
- Yes  No 29. Have you ever been the subject of an emergency protective order, restraining order, or stay-away order?
- Yes  No 30. Have you ever made obscene phone calls or been guilty of telephone harassment?
- Yes  No 31. Have you ever impersonated a law enforcement officer?
- Yes  No 32. Have you ever left the scene of a vehicle accident?
- Yes  No 33. Have you ever been involved in a hit and run accident?
- Yes  No 34. Have you ever been guilty of running from the police (fleeing and eluding)?
- Yes  No 35. Have you been guilty of arson?
- Yes  No 36. Have you ever destroyed, damaged or vandalized someone else's property?
- Yes  No 37. Have you ever stolen a vehicle or been involved in a carjacking?
- Yes  No 38. Have you ever been involved in an assault of another person?
- Yes  No 39. Have you ever been involved in a kidnapping, false imprisonment or abduction?
- Yes  No 40. Have you ever resisted arrest or been involved in an assault of a law enforcement officer?
- Yes  No 41. Have you ever been involved in fraud or forgery?
- Yes  No 42. Have you ever been involved in a homicide or a killing of any type?
- Yes  No 43. Have you ever been questioned as a witness in any type of homicide or killing of any type?
- Yes  No 44. Have you ever knowingly purchased alcohol for a minor?
- Yes  No 45. Have you or your spouse/partner ever been referred to, questioned by, or investigated by Child Protective Services or any similar state, local or any other official agency?

- Yes  No 46. Will any of your former spouse(s), fiancé (s), boy or girlfriend(s), domestic or life partner(s), or significant others provide any adverse or derogatory information about you?
- Yes  No 47. Have you ever violated restrictions on child visitation rights, or concealed, or removed children from the State in violation of a court order?
- Yes  No 48. Have you ever inflicted any physical injury to any child who was in your care and custody?
- Yes  No 49. Are you currently paying court ordered child support or alimony?
- Yes  No 50. Have you ever carried a concealed weapon (knife, handgun, rifle, shotgun, brass knuckles, stun gun, taser gun, martial arts weapon, etc) with the intention of committing a crime?
- Yes  No 51. Have you ever discharged a firearm other than for hunting, target practice, while in the military or as a police officer?
- Yes  No 52. Have you ever purchased a firearm that you knew was stolen or not properly registered?
- Yes  No 53. Have you ever committed a sexual act or had any type of sexual contact with a person less than 16 years old since your 18<sup>th</sup> birthday?
- Yes  No 54. Have you ever engaged in any sexual acts involving illegal prostitution, to include, committing the act of prostitution, arranging the services of a prostitute, or profiting from those services?
- Yes  No 55. Have you ever committed, participated in, or facilitated an act of rape, attempted rape or sexual assault of any kind?
- Yes  No 56. Have you ever sexually touched another person against their will or without their consent?
- Yes  No 57. Have you ever intentionally downloaded, viewed, possessed, distributed, or manufactured any form of child pornography?
- Yes  No 58. Have you ever committed any sexual act with another person against their will or when the other person was unable to consent or resist due to a disabling condition such as intoxication or any physical or mentally incapacitating condition or event?
- Yes  No 59. Have you ever exposed your sexual parts to harass, frighten, or shock another person?
- Yes  No 60. Have you ever had, or attempted to have, sexually explicit conversations with a child via a computer or any other media outlet?
- Yes  No 61. Have you ever, for any reason, had sexual contact with an animal?
- Yes  No 62. Have you ever fraudulently received and/or had to repay welfare, unemployment compensation, worker's compensation or any other local, state or federal assistance?
- Yes  No 63. Are you aware of anyone ever using your name or identification for any purpose?
- Yes  No 64. Have you ever intentionally altered your name, address, or date of birth on any official document, certificate or license?
- Yes  No 65. Have you ever used a "fake ID" to enter a bar, club or to purchase alcoholic beverages?
- Yes  No 66. Have you ever represented yourself as another person or used another person's name for any academic, medical, employment examination, or any other purpose?
- Yes  No 67. Do you know or have you ever associated with any individual whose interest(s) are contrary to those of the United States Government?

- Yes  No 68. Are you now or have you ever been in or applied to any organization that seeks to overthrow the constitutional form of government of the United States of America?
- Yes  No 69. Have you ever or do you now support or adhere to the philosophy of any organization that seeks to overthrow the constitutional form of government of the United States of America?
- Yes  No 70. Have you ever made a contribution to an organization dedicated to the overthrow of the United States Government and/or which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent of overthrowing the United States Government?
- Yes  No 71. Do you currently have or ever have had a passport that was issued by a foreign government?
- Yes  No 72. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang or any group engaged in criminal activity?
- Yes  No 73. Have you ever associated with or have acquaintances that are members of a criminal enterprise, street gang or any group engaged in criminal activity?
- Yes  No 74. Have you ever been warned, counseled, or otherwise spoken to about comments you made regarding someone's race, gender, religion, nationality, or sexual preferences?
- Yes  No 75. Have you ever done anything to harm, insult or frighten another person because of that person's race, gender, religion, nationality or sexual preferences?
- Yes  No 76. Do you have any racial, religious, sexual or other prejudices that may affect your performance?

Yes  No 77. Have you ever applied for a permit to carry a concealed weapon in Maryland or another State?

Yes  No Was permit granted?

Reason not granted: \_\_\_\_\_

Yes  No 78. Have you ever applied for and been granted a security clearance?

Name of company or organization: \_\_\_\_\_

Yes  No 79. Have you ever applied for and been denied a security clearance?

Name of company or organization: \_\_\_\_\_

Reason for denial of security clearance: \_\_\_\_\_

Yes  No 80. Is there anything in your past that someone could use to blackmail you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No 81. Have you ever been fingerprinted for any reason?  
Explain, when , where and why: \_\_\_\_\_  
\_\_\_\_\_

Yes  No 82. Are you married to, residing with or dating anyone who is or was an inmate incarcerated at the Prince George's County Detention Center in Upper Marlboro, Maryland or any other correctional facility or prison?

Yes  No 83. Have you ever been married to, resided with or dated anyone who is or was an inmate incarcerated at the Prince George's County Detention Center in Upper Marlboro, Maryland or any other correctional facility or prison?

Yes  No 84. Has the other parent of any of your children ever been incarcerated?

Yes  No 85. Do you currently have or have you ever had any type of relationship with any person who is or has been incarcerated or has a criminal record?

Yes  No 86. Have you ever associated with any person that is or has been incarcerated or has a criminal record?

Yes  No 87. Have you ever visited with any person while that person was incarcerated?

Yes  No 88. Is any member of your immediate family now incarcerated or on either probation or parole?

Yes  No 89. Have you ever been questioned by the police regarding anyone who is or has been incarcerated?

SAMPLE









**Prince George's County Government  
Public Safety Investigations**

**Goals Essay**

Please print your name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First name Middle initial Last name

Please print the agency and position you are applying for.

\_\_\_\_\_  
Agency Position

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month Day Year

Prince George's County Government is seeking applicants who are ready to accept a challenge and make a difference. When you applied you began a process that will change your life forever. Public Safety Investigation's goal is to offer Prince George's County Public Safety Agencies the most qualified applicants available. We seek applicants who are honest, goal oriented and dedicated.

Write an essay of at least 200 words stating why you want to work for Prince George's County Public Safety and why we should hire you over other applicants. Write about your abilities and strengths. Write about events in your life that have helped to shape you.

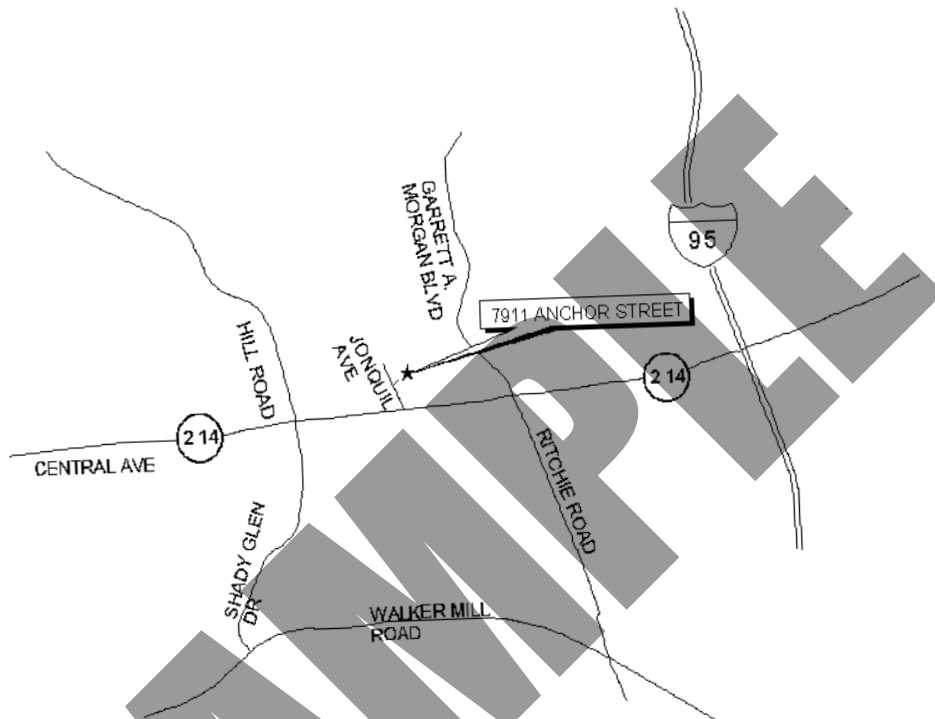
**Must be complete using your own handwriting. Print clearly and use black ink only**





**Mailing Address for Public Safety Investigations:**

**Prince George's County Government  
Office of Human Resources Management  
Public Safety Investigations  
7911 Anchor Street  
Landover, MD 20785**



Capital Beltway to Central Ave (Route 214) EXIT 15 B  
Exit onto Central Avenue (West) towards Washington DC  
Central Ave until Jonquil Avenue (Approximately 1 mile)  
Turn Right onto Jonquil Ave.to Anchor Street (Approximately 2 blocks)  
Turn right onto Anchor Street. The PSI building will be directly in front of you on the hill.  
Turn LEFT into the parking lot and park in rear of lot at the chain link fence.  
DO NOT PARK in upper lot or in front of building, your vehicle will be ticketed.  
Walk to the front of the building (flag pole). Enter, register at the information window, then proceed to the second floor (elevator). Sign in at desk and ring door bell by door on your right.

Languages Translation Services (For document translation to English)

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(212) 227-1994 FAX (212) 693-1489

Globe Language Services Inc. [www.globelanguage.com](http://www.globelanguage.com)  
(301) 587-7217 or 18 FAX (301) 589-1397