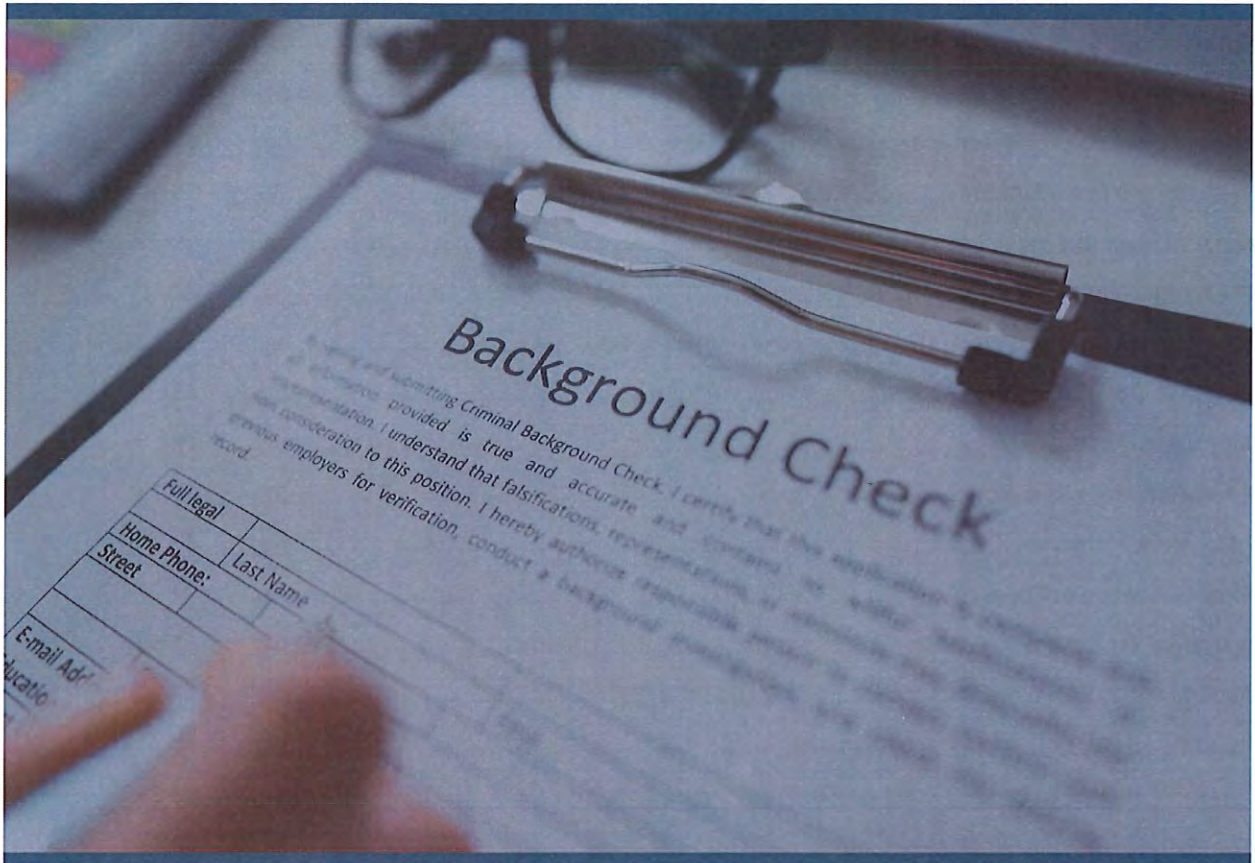


Peace Officer Applicant Background Investigation Guide

Sample Personal History and Release of Information Forms
Available at www.omag.org/peace-offer-background-forms



Index

Introduction.....	pg.	4
Attention State Notices.....	pg.	5
Oklahoma Peace Officer Qualifications.....	pg.	6-7
State Notices on Hiring and Termination.....	pg.	7
Background Investigation.....	pg.	7
Personnel Recruitment and Selection Process.....	pg.	7
Sample Recruitment and Selection Policy.....	pg.	8-11
Conducting A Background Investigation.....	pg.	12
Available Forms.....	pg.	13
The Personal History Statement.....	pg.	14
Investigative Considerations.....	pg.	15-17
Steps to Begin the Investigation.....	pg.	18-19
Preparing A Folder/Work Sheet/Binder.....	pg.	20-21
Securing Necessary Forms Authorizing Release of Information.....	pg.	21-22
Sending Letters of Inquiry and Requests for Information.....	pg.	22
Interviewing.....	pg.	22
Characteristics and Indicators.....	pg.	22-30
Discrepancy Interview.....	pg.	31
Final Evaluation of The Applicant.....	pg.	31
Narrative Report and Summary.....	pg.	31-32
Sample Pre-Employment Background Investigation Narrative.....	pg.	33-36
Conditional Offer of Employment (Sample).....	pg.	37
The Pre-Conditional Offer of Employment (Coe) Stage.....	pg.	37-38
The Post-Conditional Offer Stage (Coe).....	pg.	38
Appendixes – Available Forms, Personal History Statement/Authorization Release forms	pg.	39-93
• Appendix 1: Peace Officer Personal History Statement and History		
• Appendix 2: Advisement Regarding False Statements		
• Appendix 3: Authorization Advisement to Conduct a Pre-Employment Peace Officer Background Investigation		
• Appendix 4: Authorization to Release information for Employment-Police Officer		
• Appendix 5: Background Investigative Check List		
• Appendix 6: Cover Letter to Past Questionnaire to Past Employers/ Supervisors		
• Appendix 7: Questionnaire for Past Employers/Supervisors		

- Appendix 8: Cover Letter for Reference Checks
- Appendix 9: Questionnaire for Reference Checks
- Appendix 10: Cover Letter to Landlords
- Appendix 11: Questionnaire Landlord Reference Check
- Appendix 12: Interview Questionnaire for Neighborhood Reference Checks
- Appendix 13: Inquiry Letter for Selective System
- Appendix 14: Advisement Regarding the Use of Credit Information for Employment Purpose
- Appendix 15: CLEET - Department CLEET Records Request
- Appendix 16: CLEET - Release of Information
- Appendix 17: CLEET - MMPI Form
- Appendix 18: Conditional Job Offer
- Appendix 19: Notification of Employment
- Appendix 20: Notification of Termination

Additional Law Enforcement Services Provided by Omag..... pg. 94-96

REFERENCES:

Oklahoma Municipal Assurance Group (OMAG)
 Council on Law Enforcement Education and Training. (C.L.E.E.T.)
 Oklahoma Law Enforcement Accreditation Program (O.L.E.A.P.)
 California Commission on Peace Officers and Standards (P.O.S.T.)
 Texas Police Chief Association

INTRODUCTION

The pre-employment background investigation satisfies two goals: 1) assuring compliance with all applicable minimum standards for appointment and 2) screening out candidates who, based on their history or other relevant information, are found unsuitable for the positions in question. The purpose of this guide is to assist in conducting background investigations that satisfy both goals.

Backgrounds are among the most important investigations that a law enforcement agency will ever conduct. The manner in which a background investigation is conducted can make the difference between hiring an individual who will truly protect and serve versus someone who may cause harm to oneself, the agency and society.

Background investigations are also among the most challenging investigations to conduct. They must be comprehensive if they are to lead to informed hiring decisions. Past misconduct and other signs of unsuitability must be uncovered so that dangerous or otherwise unfit candidates are screened out. At the same time, inquiries into past performance must stay within the tight parameters of fair employment practices. Furthermore, the areas investigated, and the evaluation of the resulting information must be treated consistently across all candidates.

Background investigators should be knowledgeable about all applicable local, state, and federal fair employment laws. They must be familiar with the legal requirements for appointment to the positions under consideration. They must heed all agency policies, practices, and operational limitations. They must base their inquiries and evaluations of candidate's history that have a direct relationship to the requirements and demands of the position, and they must do so with consistency and without bias. They need be able to document in writing the information gathered from a wide variety of sources and how it is used in determining candidate suitability.

This guide is intended to assist background investigators in accomplishing this challenging task. The procedures and guidance presented here explain what information to gather and how that information should be considered in determining candidate suitability.

Note-Civilians/Dispatchers/ Jailers

This background guide can be utilized for all civilian personnel. In contrast to peace officer standards, there are no statutory minimum age, education, or citizenship requirements specific to civilian employees and no requirement for medical or psychological screening. It is recommended that agencies consider implementing medical and psychological screening for civilian employees.

ATTENTION STATE NOTICES

Title 70 3311.11

A. Any person or peace officer who desires to attend a basic law enforcement academy conducted by the Council on Law Enforcement Education and Training (CLEET) shall within ninety (90) days of hire and prior to CLEET admission, be required to score a minimum of seventy percent (70%) on a reading and writing comprehension examination approved by CLEET to assure the applicant can read and write on a level necessary to perform the requirements of the CLEET academy. Any person or any peace officer who desires to attend a CLEET-approved reserve basic law enforcement academy shall, within ninety (90) days of hire and prior to reserve basic law enforcement academy admission, be required to score a minimum of seventy percent (70%) on a reading and writing comprehension examination approved by CLEET to assure the applicant can read and write at a level necessary to perform the requirements of the reserve academy.

The Peace Officer Screening and Selection Examination (P.O.S.S.E.) test is available from all Technology Centers in Oklahoma. For more information go to:

<https://www.okcareertech.org/educators/assessments-and-testing/health-certification-project-hcp/oklahoma-posse>

TEMPORARY POSSE Instructions for Online Testing During COVID-19

[Click here or copy and paste to browser for POSSE online testing instructions.](#)

<https://www.ok.gov/cleet/documents/POSSE-COVID-19-F.pdf>

B. Beginning November 1, 2009, any person or peace officer who desires to attend the basic law enforcement academy conducted by CLEET shall, prior to admission, be required to provide proof of a score of a minimum of seventy percent (70%) on a physical agility test approved by CLEET to assure the applicant is in sufficient physical condition to avoid unnecessary injury during the basic law enforcement academy training.

The physical assessment test will be referred to as the "Test for Safe Participation" or "The Test."

- All cadets, prior to admission, must obtain and provide proof of a minimum score of 70% on the CLEET Test for Safe Participation.
- All employing agencies should ensure that potential hires are aware of this testing requirement, as it may be a condition of employment if the applicant will be attending the basic academy at CLEET facilities in Ada, Oklahoma.
- The CLEET Test for Safe Participation has been created and validated by Stanard & Associates, Inc.
- Upon receipt of the "Confirmation Letter," participants will receive a designated time on the testing day to take the Safe Participation Test. Participants shall come to the Multi-Purpose Room at the Training Center at the designated time to take the Test.
- Participants will be allowed a total of four (4) opportunities to pass the physical assessment test, with no more than two (2) attempts per testing day.

- Any applicant who fails to achieve a minimum of 70% on the physical assessment test will not be admitted into the basic academy.

OKLAHOMA PEACE OFFICER MINIMUM QUALIFICATIONS

TITLE 70 O.S.3311 sec (E) establishes minimum selection standards for peace officers. It includes minimum criteria on citizenship, age, and education. It also requires that applicants be fingerprinted as part of the search of local, state, and national files to disclose any criminal record, and be found to be of good moral character as determined by a thorough background investigation. These requirements, which form the basis for the background investigation, are discussed in detail in TITLE 70 O.S.331 sec E.1

E. 1. **Pre conditional offer:** No person shall be eligible for employment as a peace officer or reserve peace officer until the employing law enforcement agency has conducted a background investigation of such person consisting of the following:

- a. **Pre conditional offer:** a fingerprint search submitted to the Oklahoma State Bureau of Investigation with a return report to the submitting agency that such person has no felony record,
- b. **Pre conditional offer:** a fingerprint search submitted to the Federal Bureau of Investigation with a return report to the submitting agency that such person has no felony record,
- c. **Post conditional offer:** such person has undergone psychological evaluation by a psychologist licensed by the State of Oklahoma and has been evaluated to be suitable to serve as a peace officer in the State of Oklahoma,
- d. **Pre conditional offer:** the employing agency has verified that such person has a high school diploma, or a GED equivalency certificate as recognized by state law,
- e. **Pre conditional offer:** such person is not participating in a deferred sentence agreement for a felony, a crime involving moral turpitude or a crime of domestic violence, and does not have any criminal charges pending in any court in this state, another state, in tribal court or pursuant to the United States Code,
- f. **Pre conditional offer:** such person is not currently subject to an order of the Council revoking, suspending, or accepting a voluntary surrender of peace officer certification,
- g. **Post conditional offer:** such person is not currently undergoing treatment for a mental illness, condition or disorder. For purposes of this subsection, "currently undergoing treatment for mental illness, condition or disorder" means the person has been diagnosed by a licensed physician, psychologist, or licensed mental health professional as being afflicted with a substantial disorder of thought, mood, perception, psychological orientation or memory that significantly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life and such condition continues to exist,
- h. **Pre conditional offer:** such person is twenty-one (21) years of age. Provided, this requirement shall not affect those persons who are already employed as a police or peace officer prior to November 1, 1985, and

i. **Pre conditional offer:** such person has provided proof of United States citizenship or resident alien status, pursuant to an employment eligibility verification form from the United States Citizenship and Immigration Services.

Peace officers must be found free of any physical, emotional, or mental condition that might adversely affect the exercise of the powers of a peace officer.

STATE NOTICES ON HIRING AND TERMINATION

(70 O.S. § 3311(H.1).)

A law enforcement agency employing police or peace officers in this state shall report the hiring of a police or peace officer to the council with 10 days. Failure to comply with the provisions of this subsection may disqualify a law enforcement agency from participating in training programs sponsored by the Council.

(70 O.S. § 3311(J.8).)

Every law enforcement agency in this state shall, within thirty (30) days of a final order of termination or resignation while under investigation of a **CLEET**-certified peace officer, report such order or resignation in writing to the Executive Director of the Council.

BACKGROUND INVESTIGATION

Every candidate shall undergo a thorough background investigation pursuant to 70 O.S. § 3311(E) to verify his/her personal integrity and high ethical standards, and to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the department.

PERSONNEL RECRUITMENT AND SELECTION PROCESS

Agencies should have a written directive/policy to establish a process for the recruitment and selection of commissioned and civilian applicants that includes any requirements for written, medical, and physical examinations, physical agility testing, background investigations, and equal employment opportunity commission compliance.

SEE LEXIPOL SAMPLE OF RECRUITMENT AND SELECTION POLICY NEXT PAGE

Recruitment and Selection

1000.1 PURPOSE AND SCOPE

This policy provides a framework for employee recruiting efforts and identifying job-related standards for the selection process. This policy supplements the rules that govern employment practices for the Anytown Police Department and that are promulgated and maintained by the City of Anytown Human Resources Department.

1000.2 POLICY

In accordance with applicable federal, state, and local law, the Anytown Police Department provides equal opportunities for applicants and employees regardless of actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law. The Department does not show partiality or grant any special status to any applicant, employee, or group of employees unless otherwise required by law.

The Department will recruit and hire only those individuals who demonstrate a commitment to service and who possess the traits and characteristics that reflect personal integrity and high ethical standards.

1000.3 RECRUITMENT

The Chief of Police, or the authorized designee, should employ a comprehensive recruitment and selection strategy to recruit and select employees from a qualified and diverse pool of candidates.

The strategy should include:

- (a) Identification of racially and culturally diverse target markets.
- (b) Use of marketing strategies to target diverse applicant pools.
- (c) Expanded use of technology and maintenance of a strong internet presence. This may include an interactive department website and the use of department-managed social networking sites if resources permit.
- (d) Expanded outreach through partnerships with media, community groups, citizen academies, local colleges, universities, and the military.
- (e) Employee referral and recruitment incentive programs.
- (f) Consideration of shared or collaborative regional testing processes.

The Chief of Police, or the authorized designee, shall avoid advertising, recruiting, and screening practices that tend to stereotype, focus on homogeneous applicant pools or screen applicants in a discriminatory manner.

The Department should strive to facilitate and expedite the screening and testing process and should periodically inform each candidate of his/her status in the recruiting process.

1000.4 SELECTION PROCESS

The Department shall actively strive to identify a diverse group of candidates that have in some manner distinguished themselves as being outstanding prospects. Minimally, the Department should employ a comprehensive screening, background investigation and selection process that assesses cognitive and physical abilities and includes review and verification of the following:

- (a) A comprehensive application for employment (including previous employment, references, current and prior addresses, education, military record)
- (b) Driving record
- (c) Reference checks
- (d) Employment eligibility, including U.S. Citizenship and Immigration Services (USCIS) Employment Eligibility Verification Form I-9 and acceptable identity and employment authorization documents. This required documentation should not be requested until a candidate is hired. This does not prohibit obtaining documents required for other purposes.
- (e) Information obtained from public internet sites
- (f) Financial history consistent with the Fair Credit Reporting Act (FCRA) (15 USC § 1681 et seq.)
- (g) Local, state, and federal criminal history record checks
- (h) Polygraph or voice stress analyzer (VSA) examination (when legally permissible)
- (i) Medical and psychological examination (may only be given after a conditional offer of employment)
- (j) Review board or selection committee assessment
- (k) Completion of drug and alcohol screening (40 O.S. § 554)
 - 1. An applicant may request a confirmation test of a sample within 24 hours of receiving notice of a positive test. The applicant shall pay all costs of the confirmation test unless the confirmation test reverses the findings of the positive test (40 O.S. § 556).

1000.5 BACKGROUND INVESTIGATION

Every candidate shall undergo a thorough background investigation pursuant to 70 O.S. § 3311(E) to verify his/her personal integrity and high ethical standards, and to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the Anytown Police Department.

1000.5.1 NOTICES

The Chief of Police, or the designated background investigators, shall ensure that investigations are conducted and notices provided in accordance with the requirements of the FCRA (15 USC § 1681d).

1000.5.2 REVIEW OF SOCIAL MEDIA SITES

Due to the potential for accessing unsubstantiated, private, or protected information, the Chief of Police, or the authorized designee, shall not require candidates to provide passwords, account information or access to password-protected social media accounts (40 O.S. § 173.2).

The Chief of Police, or the authorized designee, should consider utilizing the services of an appropriately trained and experienced third party to conduct open source, internet-based searches and/or review information from social media sites to ensure that:

- (a) The legal rights of candidates are protected.
- (b) Material and information to be considered are verified, accurate and validated.
- (c) The Department fully complies with applicable privacy protections and local, state and federal law.

Regardless of whether a third party is used, the Chief of Police, or the authorized designee, should ensure that potentially impermissible information is not available to any person involved in the candidate selection process.

1000.5.3 DOCUMENTING AND REPORTING

The Chief of Police, or the authorized background investigator, shall summarize the results of the background investigation in a report that includes sufficient information to allow the reviewing authority to decide whether to extend a conditional offer of employment. The report shall not include any information that is prohibited from use, including that from social media sites, in making employment decisions. The report and all supporting documentation shall be included in the candidate's background investigation file.

1000.5.3 RECORDS RETENTION

The background report and all supporting documentation shall be maintained in accordance with the established records retention schedule.

1000.5.4 STATE NOTICES

The Department shall report the hiring of an officer to the Council on Law Enforcement Education and Training (CLEET) within 10 days (70 O.S. § 3311(H)).

1000.6 DISQUALIFICATION GUIDELINES

As a general rule, performance indicators and candidate information and records shall be evaluated by considering the candidate as a whole, and taking into consideration the following:

- Age at the time the behavior occurred
- Passage of time
- Patterns of past behavior
- Severity of behavior
- Probable consequences if past behavior is repeated or made public

- Likelihood of recurrence
- Relevance of past behavior to public safety employment
- Aggravating and mitigating factors
- Other relevant considerations

A candidate's qualifications will be assessed on a case-by-case basis, using a totality-of-the-circumstances framework.

1000.7 EMPLOYMENT STANDARDS

All candidates shall meet the minimum standards required by state law. Candidates will be evaluated based on merit, ability, competence, and experience, in accordance with the high standards of integrity and ethics valued by the Department and the community.

Validated, job-related and nondiscriminatory employment standards and job descriptions shall be established for each job classification and shall minimally identify the training, abilities, knowledge, and skills required to perform the position's essential duties in a satisfactory manner. Each standard should include performance indicators for candidate evaluation. The City of Anytown Human Resources Department should maintain validated standards and written job descriptions for all positions.

1000.7.1 STANDARDS FOR OFFICERS

Candidates shall meet the minimum standards established by Oklahoma law and CLEET-approved certification training, including those provided in 70 O.S. § 3311(E):

- Be at least 21 years of age prior to certification as a peace officer.
- Be a United States citizen or in resident alien status, as defined by U.S. Citizenship and Immigration Services.
- Possess a high school diploma or a GED equivalency certificate as recognized by state law.
- Not have been convicted in state or federal court for any felony, crime of moral turpitude, or a crime of domestic abuse.
- Have fingerprint clearance from the Federal Bureau of Investigation and the Oklahoma State Bureau of Investigation.
- Have undergone psychological evaluation by the employing agency using a psychological instrument approved by CLEET.
- Not be currently undergoing treatment for a mental illness, condition, or disorder.
- Not be subject to a CLEET order revoking, suspending, or accepting a voluntary surrender of peace officer certification.
- Be commissioned or appointed by the Department prior to attending CLEET-approved certification training.
- Not have been involuntarily committed to an Oklahoma state mental institution.

CONDUCTING A BACKGROUND INVESTIGATION

The purpose for these guidelines is to (1) provide a structured procedure to acquire and retain competent employees, (2) help organize, investigate and report background information on prospective candidates.

A proper background investigation is an objective, fact-finding process that results in an accurate record of a candidate's past conduct and behavior. Your job, if you are a background investigator, is to investigate and report the pertinent aspects of the candidate's background, not evaluate those facts. Your investigation, therefore, should be descriptive, not evaluative.

Your objective is to provide sufficient information so the police chief or administrator making the employment decision can judge the significance of a candidate's past conduct in relation to the job requirements. The background investigator's role can be distinguished from that of a criminal investigator in at least one important way. A criminal investigator is typically oriented toward negative information. Facts that might mitigate the significance of a crime or demonstrate the suspect's personal strengths and abilities are matters to be considered by the defendant's attorney or perhaps his/her probation officer, not the criminal investigator. A background investigator, however, must consider both negative and positive information.

While it is important to investigate all incidents in the background of candidates, which may reflect unfavorably upon their ability to perform satisfactorily as police officers, it is equally important to include information on any mitigating circumstances surrounding an incident, which might explain or diminish its significance. Finally, the rights of the candidate should be safeguarded throughout the process, such as the right to a fair, careful and thorough evaluation of his/her candidacy. Another important right is the right of privacy. There is always the potential for conflict between the department's right to certain information concerning the candidate's background and the candidate's right to privacy. It is the investigator's responsibility to avoid unwarranted invasion of a candidate's privacy while, at the same time, developing the information necessary for a sound judgment as to the candidate's suitability for employment. This responsibility requires (1) that only job-related inquiries be made, and (2) that the information obtained be treated as strictly confidential.

AVAILABLE FORMS

Sample forms are available on OMAG's website at <https://www.omag.org/peace-offer-background-forms>. The following forms are available:

- Advisement Regarding the Use of Credit Information for Employment Purposes
- Advisement Regarding False Statements
- Authorization Release to Conduct a Pre-Employment Peace Officer Background Investigation
- Dispatcher-Authorization to Release Information for Employment
- Authorization to Release information for Employment - Police Officer
- Background Investigative Check List - Police
- CLEET - Department CLEET Records Request
- CLEET - MMPI Form
- CLEET - Release of Information
- CLEET - Notification of Employment
- CLEET - Notification of Termination
- Conditional Job Offer
- Cover Letter for Reference Checks
- Cover Letter to Landlords
- Cover Letter to Past Employers/Supervisors
- Employment Query Letter
- Inquiry Letter for Selective System
- Interview Questionnaire for Neighborhood Reference Checks
- Peace Officer - Personal History Statement and History
- Dispatcher Personal History Statement
- Police Background Check Cover
- Dispatcher - Authorization to Release information for Employment-Dispatcher
- Dispatcher - Background Investigation Checklist
- Questionnaire for Reference Checks
- Questionnaire for Past Employers/Supervisors
- Questionnaire for Landlord Reference Check

THE PERSONAL HISTORY STATEMENT

The document on which your background investigation should be based is the Personal History Statement completed by the applicant. The candidate should be provided with a copy of the Personal History Statement and given a reasonable length of time to complete and return it. At the same time, candidates should be given a list of the documents which they will be required to provide as part of the background investigation. Also, the applicant should be fingerprinted, and requests for criminal records sent to the appropriate agencies as early as possible, including the FBI/OSBI.

These documents include:

1. Birth certificate (certified copy)
2. Driver's license
3. Naturalization papers (if applicable)
4. High school diploma or G.E.D. certificate (needs to be verified by investigator)
5. College transcripts/diplomas (needs to be verified by investigator)
6. Credit report dated no more than 90 days prior
7. Copy of military discharge papers, DD-214 Form 4 (if applicable, short and long form)
8. Marriage license (if applicable)
9. Social security card or receipt for duplicate request
10. Any POST certificates (if applicable)

INVESTIGATIVE CONSIDERATIONS

Throughout the investigation, the investigation files need to be kept in a secured location, and the investigator should keep in mind the following:

1. Confidentiality

- a. The information given by an applicant in the Personal History Statement, and information obtained by the investigator, is private and confidential. At no time during the investigation or thereafter should any portion of the investigation be revealed to persons other than those who are authorized to evaluate the results.
- b. As a general rule, the information gathered from third persons during the background investigation should not be revealed to the applicant. Only department officials authorized to evaluate the applicant should have access to this information. However, under various circumstances, the applicant may become aware of the contents of the investigation. For example, during the discrepancy interview, some information may be disclosed when the applicant is questioned about inconsistencies or contradictions between information given in the Personal History Statement and that obtained during the investigation. During the discrepancy interview, the investigator should avoid revealing the source of any information.
- c. Other situations in which an applicant may have access to background investigation information from third persons would include federal administrative action by the Equal Employment Opportunity Commission, and state and federal court actions. These administrative agencies and courts may have rules of procedure and evidence which would give the applicant access to information gained during the background investigation.
- d. Medical information: Information gathered during the medical examination is subject to the same confidentiality restrictions as the above information. All of the information gathered is to be used solely to make a sound judgment as to the applicant's physical and mental ability to perform the job of a law enforcement officer, and no medical information can be collected until after a conditional offer of employment has been made. Medical records must be kept in a separate, restricted access file, or a sealed envelope in the regular file folder, with access only on a need- to-know basis.

e. Review of social media sites: due to the potential for accessing unsubstantiated, private or protected information, the administrator/investigator shall not require candidates to provide passwords, account information or access to password-protected social media accounts (40 O.S. § 173.2). The link below contains additional information.

<https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=473604>

Administrators should consider utilizing the services of an appropriately trained and experienced third party to conduct open source, Internet-based searches and/or review information from social media sites to ensure that:

1. The legal rights of candidates are protected.
2. Material and information to be considered are verified, accurate and validated.
3. The [Department/Office] fully complies with applicable privacy protections and local, state and federal law.

Regardless of whether a third party is used, care should be exercised to ensure that potentially impermissible information is not available to any person involved in the candidate selection process.

2. Demeanor of Investigating Officer

The applicant and all other persons contacted during the course of the investigation may not have had prior personal contact with a law enforcement officer. It is important that they be left with a feeling that courtesy, integrity and thoroughness are qualities of law enforcement officers in general, and of the law enforcement agency represented by the investigator.

3. Discontinuance of Investigation

If, during the course of the investigation, information is obtained which will positively lead to rejection of the candidate, the investigator should consult with the appropriate superior to determine if the investigation should be discontinued.

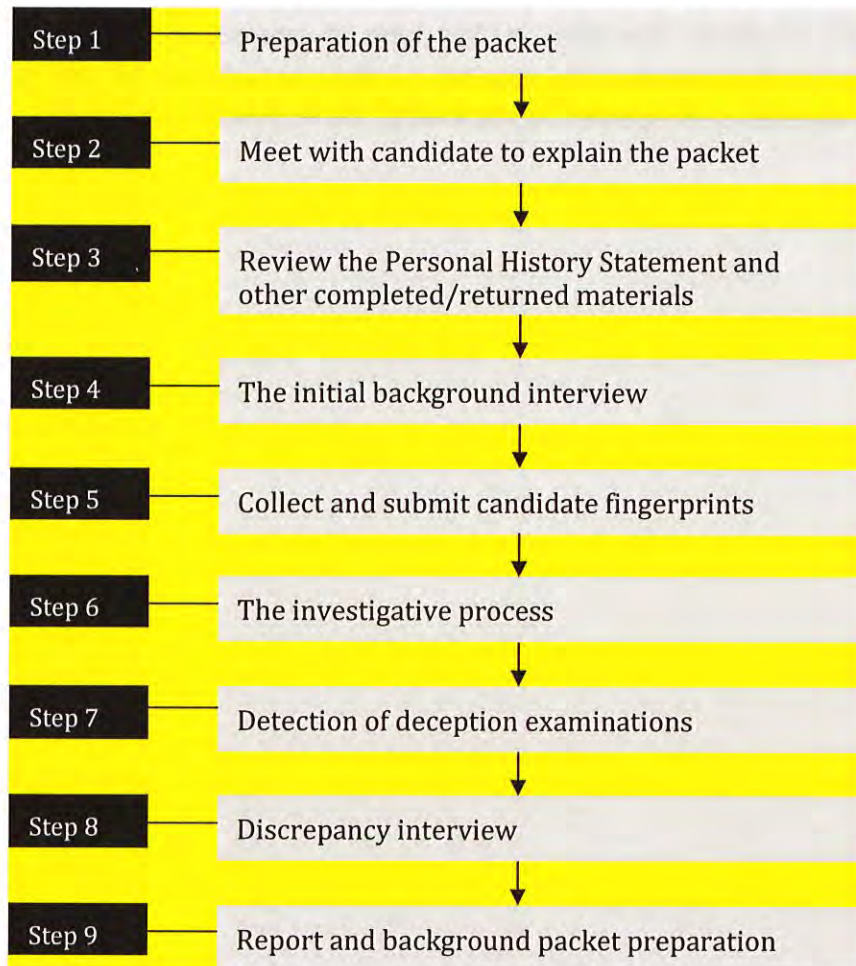
4. Objectivity

It is very important that the investigator maintain objectivity throughout the investigation. No personal biases should affect the quality and content of the investigation. The investigator should not make recommendations to hire or not to hire but should document any favorable or unfavorable information uncovered during the background investigation.

5. Evaluation of References

The investigator should carefully evaluate all relatives, references, acquaintances, and other contact persons to determine their qualifications to speak on various aspects of the applicant's character. Consider: (1) the type of interaction the individual had with the applicant, (2) the duration and recency of that contact and (3) any relevant education, training, experience or specialized knowledge the individual may have.

SAMPLE STEPS TO BEGIN THE INVESTIGATION



To begin the background investigation, the investigator should carefully review the signed, completed Personal History Statement, which is the basic document of the investigation. It should be checked for inconsistencies, conflicting statements or omissions. It should be checked against the initial application form and should be checked against all verifying documents. The investigator should note any incomplete items, for discussion with the applicant.

Next, the investigator should conduct an initial background interview with the applicant, review the Personal History Statement for completeness and clarity and discuss any questionable areas. Where the Personal History Statement reveals unusually favorable or unfavorable information, the investigator obtains further details from the applicant.

During the initial phases of the investigation, the investigator assembles the necessary documents and needs to verify the applicant's birth date, fulfillment of the high school education

requirement, military service, U. S. citizenship and possession of a valid Oklahoma driver's license. All college educational document should also be verified by the investigator. These documents should be secured from the applicant, copied and returned to the applicant to ensure that they are not lost or misplaced.

To speed up the process, records that will take some time to obtain should be requested as soon as possible. For example, educational documents, fingerprint cards should be sent immediately to the Department of Public Safety, O.S.B.I. and to the F.B.I. **A request for all previous law enforcement employment should be sent to C.L.E.E.T. or any other appropriate POST if available.**

C.L.E.E.T. is authorized to provide to any employing agency the following information regarding a person who is or has applied for employment as a police or peace officer of such employing agency:

- a. Oklahoma State Bureau of Investigation and Federal Bureau of Investigation reports,
- b. administration of the psychological tests provided for herein,
- c. performance in the course of study or other basis of certification,
- d. previous certifications issued, and
- e. any administrative or judicial determination denying certification.

**BACKGROUND
INVESTIGATION
REPORT
ORGANIZERS**



- A** Background Narrative
- B** Personal History Statement
- C** Fingerprints/Firearms
- D** Driving Record
- E** Local LE Agency Checks
- F** Credit Check
- G** Education Verification
- H** Citizenship / Age Verification
- I** Military History
- J** Dissolution of Marriage
- K** Employment History
- L** Relatives/Personal Refs
- M** Neighborhood Checks
- N** Med / Psych Clearances
- Misc** Other Documentation



- A** Background Narrative
- B** Personal History Statement
- C** Fingerprints
- D** Driving Record
- E** Local LE Agency Checks
- F** Credit Check
- G** Education Verification
- H** Employment Eligibility
- I** Military History
- J** Dissolution of Marriage
- K** Employment History
- L** Relatives/Personal Refs
- M** Neighborhood Checks
- N** Medical Clearance
- Misc** Other Documentation

PREPARING A FOLDER/WORK SHEET/BINDER

The investigator catalogues the documents necessary to verify compliance with all requirements, or which are needed to support other facts. The list should include the following:

1. Birth Date:

a. Birth certificate or Driver's license to verify date of birth, to facilitate criminal history checks and minimum age requirement (C.L.E.E.T. requirements, must be 21 years of age)

2. Required Education: (C.L.E.E.T minimum requirements - a. b.)

a. High school diploma, or

b. General Educational Development (G.E.D.) certificate, or

c. Other education and training that is claimed, such as college transcripts

3. Valid Oklahoma driver's license

The names, address and telephone numbers of persons to be contacted or personally interviewed are obtained, so that these people can be contacted in a logical sequence. To save time, appointments should be made in advance. The investigator's schedule should be kept flexible to enable him or her to follow leads developed during the investigation.

A separate list of persons or sources of information that require contact by mail is also made. For example, requests might need to be made by mail to the F.B.I., O.S.B.I, the Department of Public Safety, C.L.E.E.T, courts, and some out-of-town or out-of-state references.

SECURING NECESSARY FORMS AUTHORIZING RELEASE OF INFORMATION

Before the investigation begins, the investigator should have the applicant sign a form or forms authorizing the release of information. These forms should be completed and signed by the applicant in sufficient quantity to provide at least one for each school, financial institution, and employment source identified in the Personal History Statement. Special precautions should be taken when soliciting financial information. It is a good idea to require the investigator to present a copy of the release to each source interviewed or questioned, to verify that the investigation is for employment purposes. For military records information, the applicant must sign the release authorization "Request Pertaining to Military Records" If medical information from a private firm or physician is necessary, an appropriate authorization for release of medical records is needed. However, medical information can only be sought after a Conditional Offer of Employment, and not before, or it would violate the Americans with Disabilities Act.

Example forms as follows:

- Advisement Regarding the Use of Credit Information for Employment Purposes
- Authorization Release to Conduct a Pre-Employment Peace Officer Background Investigation
- Authorization to Release information for Employment-Police Officer, Supervisors, References and Landlords.
- CLEET - Release of Information

SENDING LETTERS OF INQUIRY AND REQUESTS FOR INFORMATION

Personal interviews are preferable to mailed inquiries since more information can be obtained and the source of information evaluated. When interviews are impractical, sources of information should be contacted by mail. The investigator should determine what letters or requests for information forms must be mailed. Replies should be reviewed by the investigator as soon as they are received, and any questionable areas pursued before the investigation is terminated. People are more likely to comply with your requests if you enclose a self-addressed, stamped envelope.

INTERVIEWING

Suggested interview questions on various topics are available from the OMAG website. The investigator should try to obtain specific facts to support any general statements given. Take complete notes of all interviews, in order to ensure accuracy. Quoting or paraphrasing is preferred over subjective conclusions. Be sure to record the name, address and telephone number of each person interviewed, as well as the date, time and location of the interview. During any interview, the investigator should take note of any negative characteristics which would need additional follow-up. Characteristics and indicators of concern listed below should be noted with an "X" for additional investigation.

CHARACTERISTICS AND INDICATORS

MORAL CHARACTER

1. **INTEGRITY.** This involves maintaining high standards of personal conduct. It consists of attributes such as honesty, impartiality, trustworthiness and abiding by laws, regulations and procedures. It includes:
 - Not abusing the system nor using one's position for personal gain; not yielding to temptations of bribes, favors, gratuities or payoffs
 - Not bending rules or otherwise trying to beat the system

- Not sharing or releasing confidential information
- Not engaging in illegal or immoral activities — either on or off the job
- Honest and impartial in dealings with others both in and outside the agency
- Not condoning or ignoring unethical/illegal conduct in others
- Truthful and honest sworn testimony, affidavits and in all dealings with others

INDICATORS:

- Dishonesty in the hiring process, including:
 - deliberately misstating or misrepresenting identifying information or qualifications, whether orally or in writing
 - misleading any person involved in the pre-employment screening process by misstating, misrepresenting, or failing to completely answer questions
- inaccuracies or deliberate omissions in applications, PHS (Personal History Statements), or any other documentation required as part of the preemployment process used to help determine the candidate's suitability for employment
- any other act of deceit or deception
- Lying about past mistakes or oversights
- Fraudulently reporting, or other abuses/misuses, of employer leave policies (e.g., sick leave, vacation, bereavement leave)
- Abuses, privileges and benefits of the job (e.g., overtime, use of supplies, equipment, internet access)
- Involved in the sale or distribution of illegal drugs
- Engaging in inappropriate sexual activity (e.g., prostitutes, sex with minors, etc.)
- Evidence of perjury; signing of false affidavits in any criminal or civil proceeding; falsification of official reports including statements, narratives, property documents, evidentiary documents; giving incomplete or misleading information to supervisors
- Cheating, plagiarism or other forms of academic dishonesty
- Attempting to induce others to give false information
- Association with those who commit crimes or otherwise demonstrate unethical/ immoral behavior
- Commits crimes against employers — arson, burglary, stealing (goods, money, or services) — which would amount to a felony
- Conviction(s) of any criminal offense classified as a misdemeanor, especially as an adult
- Having an outstanding warrant of arrest at time of application for job or throughout the hiring process
- Admission of having committed any act amounting to a felony under, as an adult
- Admission of any criminal act, whether misdemeanor or felony, committed against children, including, but not limited to: molesting or annoying children, child abduction, child abuse, lewd and lascivious acts with a child, indecent exposure.

- Actions resulting in civil lawsuits against the candidate or his/her employer
- Committing acts that, had they been detected, would have resulted in prosecution and conviction and would have automatically disqualified the candidate while Employed in a Position of Public Trust:
- Conviction of any offense classified as a misdemeanor under while employed as a peace officer (including military police)
- Admission of while employed as a peace officer, including military police, involving lying, falsification of any official report or document, or theft
- Admission of administrative conviction or criminal conviction for failure to properly report witnessed criminal conduct committed by another law enforcement officer
- Accepting or soliciting any bribe or gratuity while in a position of public trust
- Embezzlement of money, goods or services while in a position of trust

2. **ATTENTION TO SAFETY.** Avoiding impulsive and/or unnecessarily risky behavior to ensure the safety of oneself and others. It includes thinking before acting, taking proper precautions, keeping one's impetuous, knee-jerk reactions in check, and behaving in conscious regard for the larger situation at hand.

INDICATORS:

Safe Driving Practices

- Receipt of multiple moving violations (especially for potential life-threatening acts such as reckless driving, speed contest, etc.)
- Driver in multiple chargeable collisions. Numerous moving and non-moving violations, at-fault accidents
- Instances of road rage, driving recklessly and/or at excessive speeds

Anger Control

- Overreacts when challenged or criticized
- Unnecessarily confrontational in interactions with others
- Reacts with anger to criticism or disappointment
- Instances of reprimands, counseling, terminations, suspensions for poor behavioral control at work

Attention to Safety

- Fails to take proper precautions to minimize risks associated with hazardous activities
- Takes unnecessary, foolish risks
- Disregards risk to self or others

3. SUBSTANCE ABUSE AND OTHER RISK- TAKING BEHAVIOR. This involves engaging in behavior that is inappropriate, self-damaging and with potential adverse impact on the agency, and includes alcohol and drug abuse, domestic violence, sale of drugs and gambling.

INDICATORS:

- Illegal use or possession of a controlled substance while employed in any law enforcement capacity, including military police
- Drug test of the candidate, during the course of the hiring process, where illegal controlled substances are detected; Illegal or unauthorized use of prescription medications
- Illegal use or possession of a controlled substance while a student enrolled in college-accredited courses related to the criminal justice field
- Manufacturing, cultivating, transporting, brokering or selling any controlled substances
- Record of alcohol or drug-related incidents, including driving under the influence or such charge reduced to reckless driving, violation of open container laws or transporting open containers
- History of other problems associated with drug and/or alcohol use
- Perpetrator of domestic violence incidents
- Missed work due to alcohol use
- Alcohol use while on the job (where prohibited)
- Arriving at work intoxicated/smelling of alcohol or hung-over
- Gambling issues

HANDLING STRESS AND ADVERSITY

4. Stress Tolerance. Maintaining composure, particularly during time-critical emergency events and other stressful situations, weathering negative events and circumstances and maintaining an even temperament and positive attitude. Accepting criticism without becoming overly defensive or allowing it to hamper behavior or job performance.

INDICATORS:

Attitude and Temperament

- Worries excessively
- Overly suspicious and distrusting in dealing with others
- Argumentative, antagonistic towards others
- Commonly behaves with hostility and anger
- Behavior-impairing mood swings
- Badmouths employers and others
- Unnecessarily confrontational and aggressive
- Disrupts/undermines authority (fails to successfully carry out directives; shows signs of contempt by eye rolling, excessive exhaling, etc.)

Stress Tolerance and Recovery

- Becomes “unglued,” freezes, or otherwise performs ineffectively when feeling overloaded or stressed
- Uncontrollable reaction to verbal abuse from others
- Reacts with anger to criticism or disappointment
- Allows personal problems and stressors to bleed into behavior on the job
- Accepting Responsibility for Mistakes
- Makes excuses or blames others for own shortcomings
- Becomes defensive or otherwise overreacts when challenged or criticized
- Minimizes the importance of past mistakes or errors

5. **CONFRONTING AND OVERCOMING PROBLEMS, OBSTACLES, AND ADVERSITY.** This involves willingness and persistence in confronting problems and personal adversity. It includes taking control of situations, as necessary and demonstrating hustle and drive in reaching goals.

INDICATORS:

- Displays submissiveness and insecurity when confronted with challenges, threatening situations or difficult problems
- Fails to take action or change behavior to resolve problems or mistakes
- Multiple personal bankruptcies, has current financial obligations for which legal obligations have not been satisfied; or any other flagrant history of financial instability
- Allows debts to mount; evades creditors, collection agencies, etc.
- Past due accounts, discharged debts, late payments, collection accounts, civil judgments, and/or bankruptcy
- Fails to meet obligations (for example, auto insurance, auto registration, selective service registration, IRS requirements, child support obligations)
- Fails to exercise fiscal responsibility commensurate with income

WORK HABITS

6. **Conscientiousness.** Diligent, reliable, conscientious work patterns; performs in a timely, logical manner in accordance with rules, regulations and organizational policies.

INDICATORS:

Dependability/Reliability

- Fails to meet commitments to work, school, family, volunteer or community activities
- Poor attendance; takes time off from work unnecessarily (e.g., on/near weekends)
- History of being late to work, meetings, appointments
- Misses scheduled appointment during the process without prior permission
- Excessively long breaks, returning from lunch late, leaving work early
- Fails to comply with instructions or orders

- Fails to properly prepare for meetings

Personal Accountability and Responsibility

- Is not accountable for his/her performance
- Blames others for improper actions
- Fails to analyze prior mistakes or problems to improve performance
- Disciplined by any employer (including military) for gross insubordination, dereliction of duty or persistent failure to follow established policies and regulations
- History of involuntary dismissal (for any reason other than lay-off)
- Conducts unauthorized personal business while on duty

Safeguarding and Maintaining Property, Equipment and Belongings

- Fails to safeguard property entrusted to him/her
- Fails to maintain equipment
- Loses valuable equipment

Orderliness, Thoroughness and Attention to Detail

- Pattern of disorganization in work.
- Fails to attend to details (e.g., typos, missing/incorrect information)
- Fails to attend to all aspects of projects and activities to be sure they are completed
- Overlooks or misinterprets instructions on PHS and other documents
- Fails to properly recall instructions/directions provided
- Cannot properly recall pertinent/important details related to personal history
- Gives up in the face of long hours or other difficult working conditions
- Fails to keep current on new rules, procedures, etc.
- Does not initiate proper action unless given explicit instructions
- Fails to ensure that the job is performed correctly
- Procrastinates
- Watches the clock rather than attending to task accomplishment
- Gives up or cuts corners when faced with obstacles
- Performs job duties in a perfunctory manner, expending minimum amount of effort

General Conscientiousness

- Resigns without notice (except where the presence of a hostile work environment is alleged)
- Resigns in lieu of termination (except where a hostile work environment is alleged)
- Holds multiple paid positions with different employers within a relatively brief period of time (excluding military, and students who attend school away from their permanent legal residence)
- Reprimanded or counseled for poor work performance (including military service)
- Terminated or suspended from work (other than honorable discharge from military)

- Released from probationary employment status except for reduction in force
- Poor record of academic achievement

INTERACTIONS WITH OTHERS

- 7. INTERPERSONAL SKILLS.** This involves interacting with others in a tactful and respectful manner, and showing sensitivity, concern, tolerance and interpersonal effectiveness in one's daily interactions.

INDICATORS:

- Provokes others by officious bearing, gratuitous verbal challenge or through physical contact
- Antagonizes others
- Uses profanity and other inappropriate language
- Demonstrated overreaction to criticism
- Social Interest and Concern (interest and concern for others)
- Takes personal offense at comments, insults or criticism
- Evidence of inability to get along with others in work or personal life
- Makes rude and/or condescending remarks to or about others
- Citizen complaints
- Argumentative, loner, bully
- Tolerance (lack of tact and impartiality in treating all members of society)
- Makes hasty, biased judgments based on physical appearance, race, gender or other group membership characteristics
- Refuses to listen to explanations of others
- Inability to recognize how one's own emotions/behavior affect situations and others
- Having been disciplined by any employer (including the military and/or any law enforcement training facility) for acts constituting racial, ethnic, or sexual harassment or discrimination
- During the hiring/background process, uttering any epithet derogatory of another person's race, religion, gender, national origin or sexual orientation
- Makes inappropriate comments to or about others regarding personal characteristics as well as derogatory comments about specific groups (racial, gender, sexual orientation, proficiency with the English language, immigrant status, HIV/AIDS infection, religion, transgender, social status)
- Evidence of the use of derogatory stereotypes in jokes or daily language
- Sexual harassment/hostile work environment incidents
- Social Self Confidence/Persuasiveness (inability and discomfort approaching individuals, and in confronting and reducing interpersonal conflict)
- Avoids confrontations at all costs
- Intimidated by others
- Minimizes or avoids interactions with others
- Escalates situations by overreacting
- Fails to diplomatically offer ideas or persuade others to adopt desired course of action

- Disruptive/challenging to authority
- Use of harassment, threats or intimidation to gain an advantage
- Succumbs to peer pressure
- Teamwork (inability to work effectively as a member of a team)
- Resents successes and accomplishments of team members
- Does not assist or request assistance from team members
- Alienates colleagues by dominating interactions and activities
- Gossips, criticizes and backstabs colleagues and coworkers
- Fails to achieve or maintain trust with peers, supervisors and clients

INTELLECTUALLY BASED ABILITIES

- 8. DECISION-MAKING AND JUDGMENT.** The ability to make timely, sound decisions, especially in dangerous, pressure-filled situations, and/or where information is incomplete and/or conflicting. Able to size up situations quickly to determine appropriate action. It also involves the ability to sift through information to glean that which is important and, once identified, to use that information effectively.

INDICATORS:

Situation/Problem Analysis

- Unable to step into a situation and figure out what probably led up to that point in time, as well as what is likely to happen as the situation unfolds
- Tunnel vision; does not see the big picture when analyzing information
- Failure to consider available information or appropriate options
- Spends too much time on minor issues; unable to set priorities
- Adherence to Policies and Regulations
- Failure to consider organizational policies and regulations when making decisions
- Fails to use appropriate judgment and discretion in applying regulations and policies
- Rigid adherence to rules without consideration of alternative information; needs directives to be in black and white

Response Appropriateness

- Poor judgment in knowing when to confront — and when to back away from — potentially volatile situations
- Overbearing approach to resolving problems
- Escalates problems by under or over-reacting
- Uses force when unnecessary or inappropriate
- Indecision or poor decisions when options are not clear-cut
- Experiences uncertainty or insecure about making a decision
- Fails to apply lessons learned from past mistakes

9. **LEARNING ABILITY.** Ability to comprehend and retain a good deal of information, to recall factual information and to apply what is learned.

INDICATORS:

- Dismissal or probation from school, or other indication(s) of poor academic performance
- Dismissal from a POST-certified Basic Academy, and no subsequent effort to improve in the deficient areas
- Pattern of making repeated mistakes when faced with similar problems and negative situations, in and outside of learning environments

10. **COMMUNICATION SKILLS.** Ability to make oneself understood, both orally and in writing.

INDICATORS:

Oral Communication

- Speech is difficult to understand
- Responses to questions are rambling, confused and/or disorganized
- Expresses thoughts and emotions inappropriately through facial gesture and body language
- Discussions of topics are incomplete, inappropriate, and/or filled with a lot of unnecessary/irrelevant details
- Does not listen well, thereby missing the point of what others are saying

Written Communication

- Illegible handwriting
- Poor grammar, punctuation and/or spelling
- Written communications are incomplete, disorganized, unclear and/or inaccurate
- Written responses to Personal History Statement items are inappropriate, incomplete or otherwise difficult to decipher

DISCREPANCY INTERVIEW

Once the background investigation has been completed (or during the course of the investigation), if the investigator becomes aware of inconsistencies or contradictions between information supplied in the Personal History Statement and that obtained during the investigation, he/she should schedule a discrepancy interview with the applicant to resolve the questionable areas. The investigator should not reveal the source of any information obtained during the background investigation.

FINAL EVALUATION OF THE APPLICANT

The background investigator is in the best position to evaluate the applicant's personal characteristics. From the facts gathered, the investigator writes a final report which summarizes all the facts gathered, including a final section which summarizes his/her evaluation of the applicant's qualifications with regard to the job dimensions. The investigator does not make the final hire/no-hire recommendations, but leaves that decision to the department head, who controls the total selection process.

NARRATIVE REPORT AND SUMMARY

The written report should be complete, concise and in narrative form. All documents and material necessary to verify compliance with departmental and C.L.E.E.T. requirements should be submitted with the report to the Police Chief or the administrative officer designated to receive, review and evaluate it. Included with the report should be verifying documents, unused signed authorizations, returned forms and letters, the investigator's notes of interviews and any other pertinent material. The report should be factual. For completeness, all information should be included. This will also facilitate a sound judgment of the applicant's qualifications. Persons interviewed should be either quoted verbatim or paraphrased.

A narrative report and summary will help the investigator to organize and write the final evaluation. Summaries should be included along with the narrative report, to form the basis for the investigator's evaluation. The following areas of inquiry are suggested for the narrative report. They follow the major sections on the Personal History Statement:

1. Applicant Personal Identification
2. Relatives and References
3. Education
4. Residence History
5. Experience and Employment
6. Military Experience

7. Financial
8. Legal
9. Motor Vehicle Driver information
10. Other Topics
11. Certification of Personal History Statement
12. Supplemental Information

**SAMPLE PRE-EMPLOYMENT BACKGROUND INVESTIGATION
NARRATIVE**

Confidential

Applicant

(Name) _____

Position:

Police officer

NARRATIVE SUMMARY

CANDIDATE NAME: **JANIE SMITH**

PERSONAL

The following are personal descriptive data concerning Police Officer Applicant Janie Smith. There is no disqualifying information in this area.

Full Name: Mary Jane Smith
AKA: Mary J. Smith, Janie Smith
Address: 1234 First Avenue, Hometown, CA 90000
Personal Phone: Home: (000) 000-0000 Cell: (000) 000-0000
Work Phone: (000) 000-0000
Date of Birth: 00-00-0000
Place of Birth: Oldtown, State
Citizenship: U.S.
Social Security Number: 500-00-0000
Driver License Number: B0000000 California
Height: 0 ft – 0 in
Weight: 000 lbs
Hair Color: Brown
Eye Color: Hazel
FBI Number: Not Available
CII Number: Not Available
Fingerprint Class: Not Available

The applicant is an unmarried female who resides in a family-owned home with her son. The applicant's claims with respect to her age, birth date, birth place, citizenship, and eligibility to work in the United State are supported by independent documentation contained in this report.

RELATIVES, REFERENCES, AND ACQUAINTANCES

No disqualifying information. The applicant enjoys the full and unreserved support of her parent and stepparent, who describe her as a compassionate, mentally strong, honest, personable, and thoughtful individual whose interest in this field dates back to childhood. The only criticism of the applicant centers on her tendency to be self-critical and her time management skills with regard to her child.

The balance of the applicant's references is a mixture of professional acquaintances and social peers, all of whom recommended her for this position. Several expressed initial surprise at her interest in police work, but the applicant is characterized as someone who is truthful, loyal, dedicated, compassionate, athletic, professional, possesses high integrity, and not "heavy-handed."

Criticisms of the applicant ranged from her small stature to her being soft spoken and her not working out more (physically). She is also seen as someone who is too much the perfectionist, yet not always organized.

EDUCATION

No disqualifying information. The applicant reportedly meets the educational requirements of this position. The applicant claims she is a 1992 graduate of Hometown High School, but only a facsimile diploma has been received in support of that claim (TAB G).

RESIDENCES

No disqualifying information. The applicant resides in a home owed by her stepfather, which she shares with her child. Although neighbors report never even having seen the applicant, her residence has not been the source of any problems.

EMPLOYMENT

No disqualifying information. The applicant is presently employed as a Food Server for a restaurant, a position she has held for the last five months. The applicant is characterized as a good worker who will be eligible for rehire.

The balance of the applicant's employment history consists of 11 positions within the last 10 years. She has worked as a Commodity Manager, "VAM" Procurement Specialist, Buyer/Planner II, Purchasing Assistant III, Claims Processor, three times as a Temporary Worker, and twice as a Cashier. What little information there was available was generally positive.

MILITARY

No disqualifying information. The applicant reports she has not served in the Armed Forces, and she was not required to be registered under the Selective Service Registration Act.

FINANCIAL

No disqualifying information. The applicant has twenty-two reported credit accounts and has satisfied them on a timely basis. The obligations reported on her Personal History Statement (PHS) form are roughly consistent with those which appear on her credit report (TAB F).

LEGAL

No disqualifying information. The applicant's fingerprints have been submitted to the Department of Justice by the Anytown Police Department, and they have conducted her local criminal history checks as well (TABS C & E).

The applicant initially reported no involvement with illegal acts within the required reporting. However, during her independent polygraph examination she reported having used marijuana most recently at age 20 (on the edge of the seven year reporting requirement) and having been detained by Arizona police for drinking and was released to her stepfather.

MOTOR VEHICLE OPERATION

No disqualifying information. The applicant possesses a valid California Driver License which is free of any collisions or citations. She is properly insured under the California Financial Responsibility Act (TAB D).

GENERAL TOPICS:

No disqualifying information. The applicant's mandated psychological and medical assessments were conducted separately from this inquiry.

Supporting documentation is appended.

_____ Date: _____
Consulting Associate Signature

_____ Print
Name

CONDITIONAL OFFER OF EMPLOYMENT (Sample)

One cornerstone of the ADA is the separation of the pre-employment process into two stages, punctuated by a *conditional offer of employment (COE)*. For the COE to be considered “bona fide” (i.e., real), employers must evaluate all relevant non-medical information that they reasonably can obtain and analyze prior to extending the offer. The COE itself should state that the applicant has *provisionally* passed the background investigation, and that additional background information may be investigated at the post-offer stage which could, if warranted, result in the withdrawal of the job offer.

THE PRE-CONDITIONAL OFFER OF EMPLOYMENT (COE) STAGE

Prior to extending the applicant a COE, no disability-related inquiries can be asked on forms or in interviews, nor can such information be sought from third parties (e.g., past employers, references). Disability-related questions include asking applicants if they have had a particular disability or suffered from a mental condition. Questions about a history of worker’s compensation claims or job-related injuries are also forbidden pre-offer, since these types of questions may elicit disability-related information. General questions that are likely to elicit disability-related information are also prohibited pre-offer, such as, “*What impairments do you have?*” “*Have you ever been hospitalized?*” or “*What medications do you take?*”

At the pre-offer stage, it is acceptable at any time to ask applicants about *employment history*, including questions about the circumstances of any gaps or sudden departures from employment. This is permitted even if the applicant was unemployed or terminated because of disability-related reasons. It is also permissible to ask pre-offer questions about previous attendance records (e.g., “*How many days were you absent from your last job?*”). Although it is not permissible to ask pre-offer questions about the number of days an applicant missed work in a previous job due to illness, it is legal to ask questions involving abuse of leave (e.g., “*How many Mondays and Fridays were you absent last year other than approved time off?*”).

A history of *drug addiction or dependence* is considered a disability; therefore, questions that could reasonably be expected to elicit this information are prohibited, such as “*Have you ever been addicted to drugs?*” or “*Have you ever been treated for drug addiction?*” Questions that address extent of past drug use are also prohibited, such as “*How many times have you used illegal drugs in your life?*” or, “*How often did you use illegal drugs in the past?*”

Current illegal use of drugs does not fall under the protection of the ADA; however, there is no clear-cut definition of “current;” rather, the Equal Employment Opportunity Commission (EEOC) merely states that “current” is to be considered “...recently enough to justify an employer’s reasonable belief that involvement with drugs is ongoing”. The Personal History Statement uses six months as a benchmark for questions on current illegal drug use; however, this time frame is intended as a rule of thumb rather than a legally sanctioned standard.

Individuals with a history of recreational or casual drug use also fall outside the protection of the law. Therefore, narrowly-defined questions about past drug use that do not address frequency or extent of use are permissible pre-offer. The Personal History Statements include examples of such questions. Any additional pre-offer questions on this topic should not be considered without the input of legal counsel.

Unlike illegal drug use, current and past alcoholism are protected. Therefore, alcohol tests are prohibited prior to the COE. No pre-offer questions may be asked regarding the extent of the applicant’s use of alcohol or other aspects of alcoholism. For example, applicants may not be asked pre-offer how much they drink. However, questions about social use of alcohol are permissible, as are inquiries about their (job-relevant) behavior, even if that behavior was a result of drunkenness. For example, it is legal to ask about DUIs pre-COE, as well as whether they have been late to or absent from work because of alcohol (or drug) use.

THE POST-CONDITIONAL OFFER STAGE (COE)

After a COE has been extended, medical and disability related inquiries and examinations are permissible. However, all such questions must be job-related and consistent with business necessity, and all applicants must be subjected to the same basic inquiries. Note that a job offer revoked at this stage may be assumed to be due to disability-related reasons; therefore, an employer may be required to show that the applicant is unqualified or poses a direct threat.

Medical and other disability-related information must be treated with extreme confidentiality. Screening physicians, psychologists, and even background investigators should only disclose such information to others involved in the hiring process (including each other) on a need-to-know basis. This information must be kept confidential and stored in a separate, secure medical file — not with the employee’s regular personnel file. Access by others should be strictly limited. The law allows access to this type of information by only a few selected individuals, including supervisors or managers, who may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.

AVAILABLE FORMS

APENDIX 1: Peace Officer Personal History Statement

| Enter Your Agency Name Here
Street Address
City, ST Zip

PERSONAL HISTORY STATEMENT – Peace Officer

Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of Peace Officer.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given by the hiring department, type or neatly print in black ink.
- 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 25) and identify the additional information by the question number.
- Following instructions given by the hiring department, provide the completed form to your background investigator or the agency to which you are applying.

Disqualification

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

BOTTOM LINE: 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), 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: _____

PERSONAL HISTORY STATEMENT – Peace Officer

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. SOCIAL SECURITY NUMBER		12. DRIVER'S LICENSE	
		- -		NUMBER:	STATE: EXPIRES:
13. PHYSICAL DESCRIPTION					
HEIGHT:		WEIGHT:		HAIR COLOR: EYE COLOR:	

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY					
<ul style="list-style-type: none"> • Provide all applicable information in the spaces below. • Mark "N/A" if a category is not applicable. • Mark "Deceased," if appropriate. • If more space is needed, continue on page 25 – reference corresponding numbers. 					
14.A Spouse / Registered Domestic Partner					<input type="checkbox"/> Deceased <input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

PERSONAL HISTORY STATEMENT – Peace Officer

DATE OF MARRIAGE/REGISTRATION / (MMYYYY)						Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>	
14.B Former Spouse / Former Registered Domestic Partner						<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY		STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY		STATE	ZIP
WORK PHONE ()		CELL PHONE ()		EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MMYY(Y))		DATE OF DISSOLUTION / (MMYYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>			

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 2: RELATIVES AND REFERENCES <i>continued</i>					
14.C Parents / Guardians / In-laws					
List ALL parents/guardians/in-laws living or deceased, including biological, adoptive, foster, step-parents, etc.					
14.C.1 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			
14.C.2 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			
14.C.3 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			
14.C.4 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			
14.C.5 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			
14.C.6 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			

Supplemental relatives information included on page 25

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 2: RELATIVES AND REFERENCES *continued*

14.D Brothers / Sisters	<input type="checkbox"/> N/A
--------------------------------	------------------------------

List ALL LIVING siblings, including half-siblings, step-siblings, foster-siblings, etc.

14.D.1 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other:					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			

14.D.2 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other:					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			

14.D.3 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other:					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			

14.D.4 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other:					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			

Supplemental relatives information included on page 25

PERSONAL HISTORY STATEMENT – Peace Officer

14.E Children N/A

List ALL LIVING children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

14.E.1 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

14.E.2 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

SECTION 2: RELATIVES AND REFERENCES *continued*

14.E.3 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

14.E.4 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

Supplemental relatives information included on page 25

15. LIST OF REFERENCES

- List 7-10 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do NOT include relatives, employers, housemates, or any individuals listed elsewhere.

15.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	

15.2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	EMAIL		

PERSONAL HISTORY STATEMENT – Peace Officer

	()	()
How do you know this person?		How long have you known this person?

15.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?		How long have you known this person?		

15.4	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?		How long have you known this person?		

SECTION 2: RELATIVES AND REFERENCES *continued*

15.5	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?		How long have you known this person?		

15.6	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?		How long have you known this person?		

15.7	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?		How long have you known this person?		

PERSONAL HISTORY STATEMENT – Peace Officer

15.8	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	
15.9	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	
15.10	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	

Supplemental references information included on page 25

SECTION 3: EDUCATION

- NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.
- If more space is needed, continue your response on page 25.

16. 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:	/

17. LIST HIGH SCHOOL(S) ATTENDED			
17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	
17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

PERSONAL HISTORY STATEMENT – Peace Officer

18.1	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

18.2	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

18.3	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

19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED				
19.1	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	

Supplemental education information included on page 25

LIST ALL POST BASIC COURSES ATTENDED	
20.	Have you ever taken a PC832 (Arrest and/or Firearms) Course? <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, provide the following information:
A.	COURSE PRESENTER NAME
	LOCATION (CITY / STATE)
B.	COURSE COMPLETION
	Did you successfully complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
	COMPLETION DATE (MM/YYYY) /

SECTION 3: EDUCATION <i>continued</i>			
21.	Have you ever attended a POST Basic Course/Academy: Regular, Modular, Specialized Investigators', Reserve, or Dispatcher? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	IF YES, provide the following information:		
21.1	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 ()		

PERSONAL HISTORY STATEMENT – Peace Officer

21.2	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 25

22. 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.

23. 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.

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 4: RESIDENCE HISTORY

- 24. LIST OF RESIDENCES**
- List all residences during the last 10 years or since age 15.
 - Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). Do NOT use PO Boxes.
 - If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do NOT list military barracks mates unless you shared individual quarters.
 - If more space is needed, continue your response on page 25.

24.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY) /	TO (MM/YYYY)
					Present
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL	
Name(s) of those with whom you live:					

SECTION 4: RESIDENCE HISTORY *continued*

24.2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY) /	TO (MM/YYYY) /
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					

24.3	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY) /	TO (MM/YYYY) /
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					

PERSONAL HISTORY STATEMENT – Peace Officer

Reason for moving:						
24.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL		
Name(s) of those with whom you lived:						
Reason for moving:						
24.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL		
Name(s) of those with whom you lived:						
Reason for moving:						

Supplemental residence information included on page 25

SECTION 4: RESIDENCE HISTORY *continued*

25. LIST OF HOUSEMATES						
<ul style="list-style-type: none"> • Provide contact information for all housemates listed in Question 24 with whom you have resided during the past 10 years or since age 15. • Do NOT list anyone for whom you have already provided contact information. • If more space is needed, continue your response on page 25. 						
25.1	NAME OF HOUSEMATE				CONTACT NUMBER ()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL		
25.2	NAME OF HOUSEMATE				CONTACT NUMBER ()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL		
25.3	NAME OF HOUSEMATE				CONTACT NUMBER ()	

PERSONAL HISTORY STATEMENT – Peace Officer

	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL		
25.4	NAME OF HOUSEMATE	CONTACT NUMBER ()		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL		
	NAME OF HOUSEMATE	CONTACT NUMBER ()		
25.5	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL		

Supplemental housemate information included on page 25

26.	Have you ever been evicted or asked to leave a residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	Have you ever left a residence owing rent, utilities, or other household expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to Questions 26 and/or 27, explain (include when, where, and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

28. JOB 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 25.

PERSONAL HISTORY STATEMENT – Peace Officer

28.1	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 WANTING TO LEAVE		
	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:				

28.2	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	/	/

28.3	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)	()			

28.4	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	/	/

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

28.5	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)	()			

28.6	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:	/	/

28.7	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)	()			

28.8	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:	/	/

28.9	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	

PERSONAL HISTORY STATEMENT – Peace Officer

NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL
1)	()		
2)	()		

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

28.10	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: _____	/	/

28.11	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.	
		()		
NAMES OF CO-WORKERS		CONTACT NUMBER	EMAIL	
1)		()		
2)		()		

28.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel	/	/

28.13	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.	
		()		
NAMES OF CO-WORKERS		CONTACT NUMBER	EMAIL	
1)		()		
2)		()		

28.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel	/	/

PERSONAL HISTORY STATEMENT – Peace Officer

Supplemental employment information included on Page 25

29. 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 <input type="checkbox"/>
30. 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 <input type="checkbox"/>
31. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
32. Have you ever quit without giving proper notice?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
33. Have you ever resigned in lieu of termination?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
34. 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 <input type="checkbox"/>

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

35. Were you ever the subject of a written complaint at work that resulted in disciplinary action against you?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
36. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
37. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
38. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
39. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES, how many sick days have you used in the past five years which were not due to illness? ____ Days		
40. 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? (NOTE: Do not include <i>lawful</i> contact such as pat searches in law enforcement duties and/or training.) ..	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
41. 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 <i>lawful</i> exchange of investigative content and/or evidence pursuant to official law enforcement investigations.)	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "YES" to any of Questions 29–41, explain (include when, where, and circumstances – *reference corresponding numbers*).

Supplemental employment information included on Page 25

42. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES, how often?		
43. Has your work performance ever been affected by your use of alcohol or drugs?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES, when? _____ Name of employer: _____		

PERSONAL HISTORY STATEMENT – Peace Officer

44. 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: _____

45. 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 45, 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 25.

45.1	NAME OF LAW ENFORCEMENT AGENCY	DATE APPLIED (MM/YYYY)
	ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
	CITY	STATE ZIP
	POSITION APPLIED FOR	CONTACT NUMBER () EXT
		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"/> <input type="checkbox"/> Eligibility <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) <input type="checkbox"/>		

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

45.2	NAME OF LAW ENFORCEMENT AGENCY	DATE APPLIED (MM/YYYY)
	ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
	CITY	STATE ZIP
	POSITION APPLIED FOR	CONTACT NUMBER () EXT
		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"/> <input type="checkbox"/> Eligibility <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) <input type="checkbox"/>		

45.3	NAME OF LAW ENFORCEMENT AGENCY	DATE APPLIED (MM/YYYY)
	ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
	CITY	STATE ZIP
	POSITION APPLIED FOR	CONTACT NUMBER () EXT
		EMAIL
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:		

PERSONAL HISTORY STATEMENT – Peace Officer

STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer
 STATUS: Hired O Eligibility Li it Withdraw Disqualif ie List Expired Other (explai i)

45.4	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"/> O <input type="checkbox"/> Eligibility <input type="checkbox"/> Li <input type="checkbox"/> it <input type="checkbox"/> Withdraw <input type="checkbox"/> Disqualif <input type="checkbox"/> ie <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explai <input type="checkbox"/> i)							

45.5	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"/> Eligibility <input type="checkbox"/> Li <input type="checkbox"/> it <input type="checkbox"/> Withdraw <input type="checkbox"/> Disqualif <input type="checkbox"/> ie <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain <input type="checkbox"/> i)							

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

45.6	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"/> Eligibility <input type="checkbox"/> Li <input type="checkbox"/> it <input type="checkbox"/> Withdraw <input type="checkbox"/> Disqualif <input type="checkbox"/> ie <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explai <input type="checkbox"/> i)							

45.7	NAME OF LAW ENFORCEMENT AGENCY					DATE APPLIED (MM/YYYY) /	
	ADDRESS (NUMBER / STREET)					BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	

PERSONAL HISTORY STATEMENT – Peace Officer

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 Eligibility	<input type="checkbox"/> Physical Ability	<input type="checkbox"/> Oral Disqualified	<input type="checkbox"/> Polygraph/CVSA	<input type="checkbox"/> Background Other (explain)	<input type="checkbox"/> Chief's Oral	<input type="checkbox"/> Conditional Offer
STATUS:	<input type="checkbox"/> Hired	<input type="checkbox"/> Withdrew	<input type="checkbox"/> List Expired					
Supplemental employment information is included on Page 25 <input type="checkbox"/>								

SECTION 6: MILITARY EXPERIENCE

46. Are you required to register for the Selective Service?..... Yes No IF YES, have you registered? Yes No

IF NO, explain:

47. Have you ever served in the military? Yes No

48. If you answered "YES" to Question 47, 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:		

49. Are you currently participating in one of the following?
 Military Reserve National Guard IF CHECKED, date obligation ends (MM/DD/YY):

50. 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

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

52. 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 50-52, explain (include dates and circumstances).

Supplemental military information included on Page 25

SECTION 7: FINANCIAL

53. INCOME AND EXPENSES

PERSONAL HISTORY STATEMENT – Peace Officer

- For each of the following questions (53A and B), fill in the amounts to the nearest dollar.
- For Question 53A: Provide your *total* monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For Question 53B: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

	A) What is your total monthly disposable income?	\$ ___ per month
	B) How much do you spend each month?	\$ ___ per month
54.	Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
55.	Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
56.	Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
57.	Have your wages ever been garnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58.	Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59.	Have you ever failed to file income tax or cheated/lie on an income tax form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60.	Have you ever had an employment bond refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
61.	Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
62.	Have you ever defaulted on (failed to pay) a loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63.	Have you ever borrowed money to pay for a gambling debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, do you currently have any outstanding debts as a result of gambling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
64.	Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
65.	Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
66.	Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL HISTORY STATEMENT – Peace Officer
 Supplemental disclosure information included on Page 25

68. Have you ever been placed on court probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
70. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
71. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
72. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
73. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
74. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
75. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
76. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
77. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "YES" to any of Questions 68-77, explain (include court case or document, dates, and circumstances – reference corresponding numbers). If more space is needed, continue your response on page 25.

SECTION 8: LEGAL *continued*

► Involvement in Criminal Acts – Part 1	
78. Have you committed any of the following acts <i>within the past seven (7) years?</i> (You do NOT have to report any acts committed <i>prior to age 15.</i>)	
<ul style="list-style-type: none"> 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. 	
78.1	Animal abuse and/or neglect <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
78.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
78.3	Battery (use of force or violence upon another) <input type="checkbox"/> Yes <input type="checkbox"/> No
78.4	Brandishing a weapon (any type of weapon) <input type="checkbox"/> Yes <input type="checkbox"/> No
78.5	Carrying a concealed weapon without a permit <input type="checkbox"/> Yes <input type="checkbox"/> No
78.6	Contributing to the delinquency of a minor <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
78.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3 of 33	Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – Peace Officer

78.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs No	.....	Yes
78.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) No	.....	Yes
78.10	Filing a false police report	.....	Yes No
78.11	Hit & run collision (no injuries)	.....	Yes No
78.12	Illegal gambling	.....	Yes No
78.13	Illegal hunting and/or fishing (for example, without a license, out of season)	.....	Yes No
78.14	Impersonating a peace officer (pretending to be a police officer)	.....	Yes No
78.15	Indecent exposure and/or lewd or obscene conduct	.....	Yes No
78.16	Intentionally writing a bad check	.....	Yes No
78.17	Joyriding (using a car or other vehicle without owner's permission)	.....	Yes No
78.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) No	.....	Yes
78.19	Petty theft (value up to \$950, including shoplifting/switching price tags)	.....	Yes No
78.20	Possession of alcohol as a minor (under the age of 21)	.....	Yes No
78.21	Possession of falsified or altered identification, including use of another person's ID (for any reason) No	.....	Yes
78.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) No	.....	Yes
78.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors) No	.....	Yes
78.24	Reckless driving	.....	Yes No
78.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police) No	.....	Yes
78.26	Trespassing	.....	Yes No

SECTION 8: LEGAL <i>continued</i>	
78.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage) <input type="checkbox"/> Yes <input type="checkbox"/> No
78.28	Any other act amounting to a misdemeanor <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ If you answered "YES" to ANY of the item(s) in Question 78, fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g., 78.5) for each explanation. ▪ If more space is needed, continue your response on page 25. 	

PERSONAL HISTORY STATEMENT – Peace Officer

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Supplemental legal information included on Page 25

► Involvement in Criminal Acts – Part 2

79. 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.

79.1	Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.3	Blackmail or extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.4	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.6	Elder abuse and/or neglect (physical and/or financial)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.7	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.8	Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.9	Felony illegal sex acts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.10	Forcible rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.12	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.13	Grand theft (value of over \$950, automobile, any firearm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.14	Hit & run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.15	Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.16	Insurance fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.17	Murder, homicide, attempted murder, or assault with intent to commit murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.18	Perjury (lying under oath)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.19	Possession of an explosive/destructive device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.20	Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION 8: LEGAL <i>continued</i>			
79.21	Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 8: LEGAL *continued*

82. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription? 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.*

83. 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? Yes No IF YES, explain:

Supplemental drug information included on Page 25

SECTION 9: MOTOR VEHICLE INFORMATION

84. Current Driver's License:

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

85. 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

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

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

PERSONAL HISTORY STATEMENT – Peace Officer

87. Has your driver's license ever been suspended or revoked? Yes No
 IF YES, explain (include when, where, and circumstances):

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

88.1	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
					CONTACT NUMBER ()
88.2	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
					CONTACT NUMBER ()
88.3	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
					CONTACT NUMBER ()

89. Have you received any traffic citations, excluding parking citations, *within the past seven years*. Yes No *If YES, give details below.*

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

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

Failed to Appear Failed to Complete Traffic School Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

PERSONAL HISTORY STATEMENT – Peace Officer

91. Have you been involved as the driver in a motor vehicle accident *within the past seven years*? Yes No
 IF YES, give details below.

91.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
POLICE REPORT		LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
91.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
POLICE REPORT		LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

SECTION 9: MOTOR VEHICLE INFORMATION *continued*

91.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
POLICE REPORT		LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

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

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

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

IF YES, GIVE REASON	DATE (MM/YYYY)
	/
INSURANCE COMPANY	

Supplemental motor vehicle information included on page 25

SECTION 10: OTHER TOPICS

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

95. 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

96. 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

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

98. 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

AGENCY: _____
ADVISEMENT TO CANDIDATE REGARDING FALSE STATEMENTS

ADVISEMENT TO CANDIDATE REGARDING FALSE STATEMENTS	
CANDIDATE NAME:	
<p>The overall purpose of the pre-employment background investigation is to verify that your application and any statements you have made to your prospective employer concerning your qualifications are true.</p> <p>Both State and Federal courts have also held that there is an absolute necessity for public employees to be truthful. You must understand that a lack of truthfulness or deception of any type on your part will automatically and irrevocably result in your application being rejected from further consideration.</p> <p>For some people, there may be one or more incidents or occurrences in their background which they regret or over which they may feel some embarrassment. A prospective employer will not make inquiries into areas of a person's background that have no legitimate bearing on their qualifications for the job. You should understand that the mere presence of so-called "negative" information in your background is not automatically disqualifying. For example, an applicant may have engaged in petty thievery as a child, used illegal drugs, been fired from a job, or been convicted of a crime as an adult. While these things in and of themselves may not automatically remove that person from consideration for a job, lying about them will.</p> <p>A pre-employment background investigation is not intended to be an intimidating experience or an unwarranted invasion into your privacy. Your background investigator will contact persons who know you, including present and/or former employers, and will examine official documents and records concerning you to assure that you have been honest in your application and to fulfill the legal mandates imposed by the courts and legislature. The more forthright you have been, the greater the likelihood that your background can be completed in a timely and successful manner.</p> <p style="text-align: center;">CERTIFICATION</p> <p><i>I understand that any false statement and/or deliberate misrepresentations, whether by omission or commission, will result in my application being automatically and irrevocably rejected from further consideration. I certify that I have read the above statement, understand its contents and have been furnished a copy of it.</i></p> <p>Signature: _____ Date: _____</p>	

Appendix 4:

AGENCY: _____
AUTHORIZATION TO RELEASE INFORMATION FOR EMPLOYMENT – PEACE OFFICER CANDIDATES

**RELEASE AUTHORIZATION
EMPLOYMENT INFORMATION – PEACE OFFICER**

CANDIDATE NAME:

As a candidate for a position with the _____ [Name of Employer] _____, I am required to furnish information for use in determining my qualifications. I accordingly authorize, for 120 days from the date I sign this release and waiver, any authorized representative of my prospective employer bearing this release or any copy thereof, to obtain any and all information you have concerning me, including but not limited to, information pertaining to my employment, job applications, performance evaluations, attendance records, disciplinary actions, eligibility for rehiring, and other information relevant to my suitability for peace officer employment, including any and all files otherwise deemed confidential or privileged, including any and all materials that have been sealed by agreement, court order, or otherwise, including, but not limited to, disciplinary matters. I acknowledge and understand that when my prior employers, or other persons, provide information to my prospective employer in order for my prospective employer to determine suitability for peace officer employment, that the disclosure of information by my prior employer or other persons to my prospective employer is confidential.

I further understand that when seeking employment with another department or agency employing peace officers in this state, I am required to give written permission to the hiring department or agency to review my general personnel file and any other separate file designated by my agency, including investigations of misconduct.

I hereby acknowledge and understand that certain records or information contained in any of the files, materials or information that may be disclosed to my prospective employer pursuant to this release may be considered confidential. By signing this authorization, I hereby voluntarily and irrevocably waive any and all rights to have any record or records or information contained therein discovered or disclosed, and instead hereby freely and voluntarily authorize the disclosure of all such records, including those records to which, as an employee, the undersigned would have or did have access. I agree that if I am hired, I may choose to have information gathered during the background investigation remain confidential and not become part of my general personnel file.

I hereby release, discharge, and exonerate the agency and/or any person furnishing information pursuant to this release, including their agents and representatives, from liability or damages of any kind arising out of the furnishing and/or inspection of records in compliance with this authorization and request to release information. I hereby waive any and all right and/or opportunity to review, inspect and/or obtain the background investigation report and/or any information provided during the background investigation.

It is further understood, acknowledged, and agreed to, that any information secured pursuant to this required background investigation, which would negatively reflect on my fitness for duty, may be furnished to my current law enforcement employer or other third parties as may be deemed necessary in the course of fulfilling its official responsibilities.

This release shall be binding on my legal representatives, heirs, and assigns.

▶ _____
Candidate Signature

Date

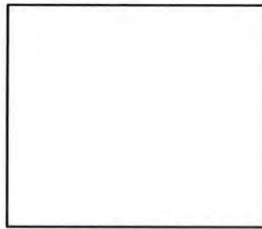
The authorization to release records is valid for 120 days from the date of signature.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness accuracy or validity of that document.

State of Oklahoma
County of _____

Subscribed and sworn (or affirmed) before me on this _____ day of _____, 20__ by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

▶ _____
Notary Public Signature



Notary Public Seal

NAME	POSITION
------	----------

3. Record Checks Completed

TYPE OF INQUIRY	DATE		BY	TYPE OF INQUIRY	DATE		BY
	LETTER mailed	REPLY RECEIVED			LETTER mailed	REPLY RECEIVED	
Educational Documents				Legal Records			
				FBI Record			
				CA Department of Justice			
				Firearms Clearance Letter			
Credit Records				Local LE Agency Checks:			
Military Records							
DMV Records							

4. Examinations Completed

TYPE OF SCREENING	DATE	BY	OTHER	DATE	BY
Medical Screening Completed					
Psychological Screening Completed					

5. Additional Actions Completed

TYPE OF ACTION	DATE	BY	COMMENTS
Applicant Orientation and Questionnaire Review <i>(Optional)</i>			
Applicant Discrepancy Interview, if any <i>(Optional)</i>			
Narrative Investigation Report Completed			

Appendix 6:

AGENCY: _____

**COVER LETTER FOR QUESTIONNAIRE
TO PAST EMPLOYERS/SUPERVISORS**

AGENCY LETTERHEAD

[Date]

[Name]
[Mailing Address]
[City, ST Zip]

Dear Mr./Ms. _____:

_____ [Name of Candidate] _____, who was employed by your company
from _____ to _____, is a candidate for the position
of _____ [Position Title] _____ in this department.

We are asking your assistance in helping to determine his/her qualifications for the position.
Would you please help us by answering the questions on the enclosed questionnaire?

If you prefer to speak with us by phone, please contact me at _____ [Area Code - Number] _____. My
normal work hours are _____ [Hours] _____.

Your cooperation is greatly appreciated.

Very truly yours,

[Name]
[Title]

enclosure

Appendix 7:

AGENCY: _____
QUESTIONNAIRE TO PAST EMPLOYERS/SUPERVISORS

QUESTIONNAIRE EMPLOYMENT QUALIFICATIONS		Page 1 of 2
CANDIDATE NAME:		
1.	Why did the candidate leave your employ?	
2.	Was the candidate punctual and dependable? <input type="checkbox"/> Y <input type="checkbox"/> N	Explain:
3.	How did the candidate get along with other employees?	
4.	How did the candidate deal with difficult problems or emergencies?	
5.	Was the candidate honest and truthful? <input type="checkbox"/> Y <input type="checkbox"/> N	Explain:
6.	Did the candidate have any problems following/adhering to company or agency policies? <input type="checkbox"/> Y <input type="checkbox"/> N	Explain:
7.	Did the candidate have any extended work absences? (Do NOT include periods of disability, legitimate illness, or maternity leave.) <input type="checkbox"/> Y <input type="checkbox"/> N	Explain:
8.	Would you rehire or recommend the candidate for hiring? <input type="checkbox"/> Y <input type="checkbox"/> N	Explain:

CANDIDATE NAME: _____

9. Can you think of any reason why the candidate might not be qualified to work in a law enforcement agency? Y N

Explain: _____

10. If you know of other persons who may be able to furnish information about the candidate, please give their names and contact information:

Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
Email _____	Email _____

Signature _____ Date _____
Print Name _____
Address _____

PLEASE RETURN QUESTIONNAIRE TO: [AGENCY NAME]
[MAILING ADDRESS]
[CITY, ST, ZIP]

[ATTN: CONTACT NAME/DEPARTMENT]

THANK YOU FOR YOUR ASSISTANCE

Appendix 8:

AGENCY: _____
COVER LETTER FOR REFERENCE CHECKS

AGENCY LETTERHEAD

[Date]

[Name]
[Mailing Address]
[City, ST Zip]

Dear Mr./Ms. _____ :

_____ [Name of Candidate] _____ has applied for a position in this department. We are informed that you may be able to furnish information of value concerning the candidate's qualifications.

Please assist us by expressing your opinion of this individual and answering the questions on the attached questionnaire.

We rely upon well-informed individuals to assist us in the selection of personnel who are qualified for public service training and who will maintain high standards of performance in law enforcement.

Your cooperation and an early reply in this matter will be appreciated.

Very truly yours,

[Name]
[Title]

[Contact Number – *optional*]
[Email – *optional*]

Appendix 9:

AGENCY: _____
QUESTIONNAIRE FOR REFERENCE CHECKS

QUESTIONNAIRE REFERENCE CHECK	page 1 of 2
CANDIDATE NAME: <input style="width: 300px; height: 20px;" type="text"/>	
<p>1. How do you know this candidate?</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>2. How long have you known the candidate? ___ years ___ months</p>	
<p>3. Do you feel the candidate will be effective in a job where helping other people is a key responsibility?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Explain: _____</p> <p>_____</p> <p>_____</p>	
<p>4. Do you consider the candidate to be an honest person? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Explain: _____</p> <p>_____</p> <p>_____</p>	
<p>5. How does the candidate deal with difficult problems or emergencies?</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>6. How well does the candidate keep his/her commitments on time and as agreed?</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>7. Does the candidate presently engage in illegal drug use? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Explain: _____</p> <p>_____</p> <p>_____</p>	
<p>8. Has the candidate expressed or displayed any bias or prejudice towards others? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Explain: _____</p> <p>_____</p> <p>_____</p>	

QUESTIONNAIRE	page 2 of 2	
REFERENCE CHECK <i>continued</i>		
CANDIDATE NAME: _____		
<p>9. Would you trust this candidate with your own personal safety or that of your family? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>10. Please provide any other information about the candidate that you feel might be relevant to the background investigation:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>11. List other personal references we may contact regarding the candidate:</p>		
Name	Name	Name
Address	Address	Address
Phone	Phone	Phone
Email	Email	Email
<p>Signature: _____ Date: _____</p> <p>Print Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>		
<p>PLEASE RETURN QUESTIONNAIRE TO: [AGENCY NAME] [MAILING ADDRESS] [CITY, ST, ZIP]</p> <p>[ATTN: CONTACT NAME/DEPARTMENT]</p> <p>THANK YOU FOR YOUR ASSISTANCE</p>		

Appendix 10:

AGENCY: _____
COVER LETTER TO LANDLORDS

AGENCY LETTERHEAD

[Date]

[Name]
[Mailing Address]
[City, ST Zip]

Dear Mr./Ms. _____:

_____ [Name of Candidate] _____, who resided as a tenant

at: _____

from: _____ to: _____

is a candidate for a position as a peace officer public safety dispatcher
with this agency.

We are asking your assistance in helping us determine his/her qualifications for
the position. Please do so by completing the attached questionnaire. Your
responses enjoy absolute privilege under the law.

Sincerely,

[Name]
[Title]

[Contact Number - *optional*]
[Email - *optional*]

Appendix 11:

AGENCY: _____
QUESTIONNAIRE FOR LANDLORD REFERENCE CHECK

QUESTIONNAIRE LANDLORD REFERENCE CHECK	page 1 of 2
CANDIDATE NAME: <input style="width: 300px; height: 20px;" type="text"/>	
<p>1. How long have you rented/did you rent to the candidate? _____</p> <p>2. Do/Did you know the candidate other than as a tenant? <input type="checkbox"/> Y <input type="checkbox"/> N Explain: _____ _____ _____</p> <p>3. Does/Did the candidate pay his/her rent on time/as agreed? <input type="checkbox"/> Y <input type="checkbox"/> N Explain: _____ _____ _____</p> <p>4. Does/Did the tenant have any problems with other tenants/neighbors? <input type="checkbox"/> Y <input type="checkbox"/> N Explain: _____ _____ _____</p> <p>5. Would you rent to this candidate again? <input type="checkbox"/> Y <input type="checkbox"/> N Explain: _____ _____ _____</p> <p>6. Did the candidate leave your property in good/satisfactory condition? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Explain: _____ _____ _____</p> <p>7. Would you recommend the candidate for a position of public trust such as police officer or public safety dispatcher? <input type="checkbox"/> Y <input type="checkbox"/> N Explain: _____ _____ _____</p>	

QUESTIONNAIRE LANDLORD REFERENCE CHECK <i>continued</i>		page 2 of 2
CANDIDATE NAME: <input type="text"/>		
8. Please give any additional pertinent facts that may occur to you:		
<hr/> <hr/> <hr/> <hr/> <hr/>		
Signature:	_____	Date: _____
Print Name:	_____	
Address:	_____	

PLEASE RETURN QUESTIONNAIRE TO: [AGENCY NAME] [MAILING ADDRESS] [CITY, ST, ZIP] [ATTN: CONTACT NAME/DEPARTMENT]		
THANK YOU FOR YOUR ASSISTANCE		

Appendix 12:

AGENCY: _____
INTERVIEW QUESTIONNAIRE FOR NEIGHBORHOOD REFERENCE CHECK

INTERVIEW QUESTIONNAIRE NEIGHBORHOOD REFERENCE CHECK															
CANDIDATE'S NAME:			DATE OF INTERVIEW w/ NEIGHBOR:												
NEIGHBOR'S NAME:			NEIGHBOR'S PHONE:												
NEIGHBOR'S ADDRESS:															
1.	On a scale of 1 (not at all) to 5 (very well), how well do you know the candidate? (Circle response.)				<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="padding: 2px;">Not at all</th> <th colspan="3" style="padding: 2px;">Somewhat</th> <th style="padding: 2px;">Very well</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">3</td> <td style="text-align: center; padding: 2px;">4</td> <td style="text-align: center; padding: 2px;">5</td> </tr> </tbody> </table>	Not at all	Somewhat			Very well	1	2	3	4	5
Not at all	Somewhat			Very well											
1	2	3	4	5											
2.	How long have you known the candidate? Explain: _____ _____ _____														
3.	Have you ever had any complaints against the candidate? <input type="checkbox"/> Y <input type="checkbox"/> N Explain: _____ _____														
4.	Have any of the other neighbors ever complained about the candidate? <input type="checkbox"/> Y <input type="checkbox"/> N Explain: _____ _____														
5.	Is the candidate friendly and/or helpful to others? <input type="checkbox"/> Y <input type="checkbox"/> N Explain: _____ _____														
6.	Has the candidate ever displayed any racial, ethnic, sexual or religious bias or prejudice? <input type="checkbox"/> Y <input type="checkbox"/> N Explain: _____ _____														
7.	Have you ever suspected any illegal activity by the candidate? <input type="checkbox"/> Y <input type="checkbox"/> N Explain: _____ _____														

Appendix 13:

AGENCY: _____
INQUIRY LETTER FOR SELECTIVE SERVICE SYSTEM

AGENCY LETTERHEAD

Date

Selective Service System
Data Management Center
P.O. Box 94638
Palatine, IL 60094-4638

Ladies and Gentlemen:

_____ [Name of Candidate] _____ is a candidate for a position in this department, and we are unable to locate his proof of registration in your automated system.

Please send us a copy of information pertaining to the candidate's compliance with Selective Service registration requirements. We have enclosed a waiver signed by the candidate.

To aid you in finding the candidate's file, we are providing the following information:

Complete Name: _____

Current Mailing Address: _____

Telephone Number: () _____

Date of Birth: _____

Selective Service Number: _____

Address at Time of Registration: _____

Approximate Date of Registration: _____

Your cooperation is appreciated.

Sincerely,

[Name]

[Title]

enclosure

Appendix 14:

Agency: _____

ADVISEMENT TO CANDIDATES REGARDING THE USE OF CREDIT INFORMATION FOR EMPLOYMENT PURPOSES

ADVISEMENT TO CANDIDATE REGARDING CREDIT INFORMATION FOR EMPLOYMENT PURPOSES	
<p>The U.S. Fair Credit Reporting Act (FCRA) [15 U.S. Code 1681, §604(b)] requires that you be notified separately of your rights before any prospective employer may use credit data as part of an employment decision. In some cases, an evaluation of your financial history is mandated by law or by policy of your prospective employer.</p> <p>You are hereby notified that your prospective employer intends to use credit data as part of its decision-making process for the position for which you have applied. The Credit Reporting Agency (CRA), which will furnish this data, will be _____ [Name of Credit Agency] located at _____ [Agency Address]. Their telephone number is _____ [Area Code - Number]. You will automatically be furnished a copy of this report, but before any adverse actions are taken as a result of this document, you are advised of the following:</p> <ol style="list-style-type: none">1. Access to your file is limited to persons recognized by the FCRA;2. Your consent is required for reports that are provided to employers or that contain medical information;3. You can find out what is in your file, although some information, such as "risk sources" or "credit scores" may be lawfully withheld;4. You have been informed of the name, address, and telephone number of the CRA which is furnishing this data;5. You can dispute inaccurate information with the CRA;6. Inaccurate information must be corrected or deleted;7. Outdated information may not be reported (seven years for most information, ten years for bankruptcies);8. You may choose to exclude your name from the CRA list for unsolicited credit and insurance offers;9. You may seek damages from violators, and;10. The complete text of this act may be found at www.ftc.gov. <p>CERTIFICATION: I certify that _____ [Name of Hiring Agency] has my consent to obtain a copy of my credit report for the limited purpose of my pre-employment background investigation; that I have been informed that I will receive a copy of my credit report and that I have been informed in summary form of my rights under the FCRA.</p> <p>Signature: _____ Date: _____</p> <p>Print Name: _____</p>	

Department CLEET Records Request

Pursuant to 51 O.S. 24A.8(E), the Council on Law Enforcement Education and Training (CLEET) is required to keep confidential all records it maintains pursuant to 70 O.S. 3311 and deny the release of records relating to any employed or certified full-time officer, reserve officer, retired officer or other person.

I, _____, Chief/Sheriff/Designee of Record (**circle one**)
for _____, (name of Department), am
requesting a copy of: **CHECK THE BOX(es) THAT APPLY**

- All departmental officers Profiles/training records (certified/non certified, circle one).
- CE compliance verification.
- Officer Profiles/Training Records (certified/non certified, circle one) for the following Officers : (attach additional sheet if needed)

Name	CLEET Number
_____	_____
_____	_____
_____	_____

- Employment Departmental Compliance Verification List (List of all employees currently showing on CLEET records).

and hereby authorize the Council on Law Enforcement Education and Training to release this information to the above mentioned department.

Requested documents will be mailed to the department address on file.

No records will be faxed to any department.

Printed Name

Signature

CLEET ID NUMBER

Date

Phone Number

ALL INFORMATION MUST BE COMPLETED FOR REQUEST TO BE PROCESSED

**Please return this completed form by mail to:
CLEET 2401 Egypt Rd. Ada, OK 74820-0669**

For CLEET Staff

[Appendix 16:](#)

RELEASE OF INFORMATION AUTHORIZATION

WARNING: This release is your voluntary authorization to the Council on Law Enforcement Education and Training, its employees and representatives, to both, gather and release your personal information as needed to fulfill the requirements of Oklahoma statutes related to private security licensing. Once signed this release will remain in effect until such time as CLEET is notified, in writing, that you wish to revoke this authorization. Please note, any person who knowingly makes a false statement on any application to the Council on Law Enforcement Education and Training for a license pursuant to the Oklahoma Security Guard and Private Security Act, or who otherwise commits a fraud in connection with such application can be charged with a felony. See Title 59 § 1750.11(B).

I, _____, hereby authorize any individual or any agency - governmental, private or otherwise - to release, on a confidential basis, any information regarding my present and past employments, including but not limited to, time sheets, employment applications, resumes, performance evaluations, worker's compensation claims, and/or insurance claims. Further, I authorize the release of any medical record, medical evaluation, and information related to, or an actual, criminal history, or other information which may be deemed confidential or protected, to any authorized representative or employee of the Council on Law Enforcement Education and Training for the purpose of determining my eligibility to obtain and retain a license as a unarmed security guard, armed security guard, armed or unarmed private investigator, or owner/officer/other licensed representative of a security agency or investigative agency.

I, _____, further authorize the Council on Law Enforcement Education and Training, its authorized representatives and employees, to release to any law enforcement agency or employer, information held by the Council concerning my application.

A copy of this authorization is agreed by the undersigned to have the same effect and force as the original.

Original Signature of Applicant

Date

Printed Name of Applicant

NOTIFICATION OF PSYCHOLOGICAL EVALUATION
FOR PEACE OFFICERS (Full-time and Reserve)

Revised 04/23/2003

NOTICE TO EXAMINING PSYCHOLOGIST

The Applicant, whose data you are about to examine, is applying for a peace officer position. This individual will be put in a position of public trust and will be authorized to carry a firearm. The examining psychologist is required to comment, in the space provided below, on the Applicant's psychological suitability for the position of a peace officer.

Effective September 1, 1992, Title 70, Section 3311 of the State Statutes was amended to place additional requirements on the psychological screening of applicants to be certified as peace officers in the State of Oklahoma. The law requires the employing agency to report to the Council on Law Enforcement Education and Training that:

- 1. Such person has undergone psychological evaluation using a psychological instrument approved by the Council;
a. The Council recognizes the MMPI (Minnesota Multiphasic Personality Inventory), CPI (California Psychological Inventory), and EPPS. (Edward Personal Preference Schedule).
2. The psychological instrument utilized shall be evaluated by a psychologist licensed by the State of Oklahoma;
3. Certification has been made to the Council on Law Enforcement Education and Training, that the evaluation was conducted in accordance with this provision, and that the employee/applicant is suitable to serve as a peace officer in the State of Oklahoma.

The law further states:

- 1. Nothing herein shall preclude a state licensed psychologist from employing additional psychological techniques to assist the employing agency's determination of the applicant's suitability to serve as a peace officer.
2. Any person found not to be suitable for employment or certification by the Council shall not be employed, retained in employment as a peace officer or certified by the Council for at least one (1) year, at which time the employee/applicant may be reevaluated by a psychologist licensed by the State of Oklahoma.

SECTION C: PSYCHOLOGICAL TEST AFFIDAVIT

Applicant's Name: _____ Applicant's SSN: _____

Applicant's Department or Agency: _____

Psychologist Name: _____ State License No: _____

Address: _____ City: _____ Telephone: _____

Evaluation Instrument Used: MMPI CPI EPPS. Other: (List additional instruments used): _____

CHECK ONE:

I have examined the above named applicant's test data, and it is my professional opinion, based on available data, that this person is psychologically SUITABLE for employment as a peace officer.

I have examined the above named applicant's test data, and it is my professional opinion, based on available data, that this person is psychologically UNSUITABLE for employment as a peace officer.

Date Tested: _____ Date determined suitable for employment as a Peace Officer: _____

Signature of Psychologist: _____ Date: _____

Subscribed and sworn before me this __ day of __, 2___. Signature Notary Public: _____ Comm. # _____ Comm. expires: _____

RELEASE OF INFORMATION: I hereby willingly subject myself to a psychological evaluation by a licensed psychologist as required by 70, O.S. 3311D.2.b. I hereby reserve the right to have the psychological data and conclusions for the psychologist remain confidential except to the employing agency listed above and the Council on Law Enforcement Education and Training. No other release of this information, explicit or implied, is granted at this time.

Signature of Applicant

Date

Appendix 18:

AGENCY: _____
NOTIFICATION OF CONDITIONAL JOB OFFER

AGENCY LETTERHEAD

[Date]

[Name]
[Mailing Address]
[City, ST Zip]

SUBJECT: CONDITIONAL OFFER OF EMPLOYMENT

Dear Mr./Ms. _____:

This letter constitutes a conditional offer of employment as a _____ [Position] _____ with the _____ [Agency Name] _____ Department. However, **a final, unconditional job offer will be made only upon successful completion of each and every one of the following:**

1. A medical screening in accordance with Oklahoma Police Pension;
2. A psychological screening in accordance with CLEET.
3. Completion of the background investigation to include information that was neither legal nor practical to obtain prior to the extension of this offer, or in response to issues that arose subsequent to this offer.
4. Fingerprint clearance from Federal Bureau of Investigation and the Oklahoma State Bureau of Investigation.
5. Must certify that he or she is physically able to fully participate in and complete all phases of the CLEET Basic Peace Officer Certification Academy as mandated in CLEET rules.

Should you be unsuccessful in any of the above evaluations, this job offer is revoked.

Due to some expected attrition of candidates who either resign or are removed from the eligibility list at the post-offer stage, the number of conditional job offers extended may exceed the number of immediate vacancies. If this happens, you may be placed in a candidate pool and will be extended an offer of employment as soon as a vacancy arises.

THEREFORE, DO NOT GIVE NOTICE, QUIT YOUR PRESENT EMPLOYMENT OR RELOCATE UNTIL YOU HAVE BEEN OFFICIALLY NOTIFIED THAT YOU HAVE SUCCESSFULLY COMPLETED THE MEDICAL EVALUATIONS AND YOUR HIRE DATE HAS BEEN CONFIRMED.

Sincerely,

[Name]

[Title][Contact Number - optional][Email - optional]

Appendix 19:

NOTIFICATION OF EMPLOYMENT

Council on Law Enforcement Education and Training
 2401 Egypt Road, Ada, Oklahoma 74820-0669 P: 405-239-5100

DUE WITHIN 10 DAYS OF EMPLOYMENT

COMPLETION OF ALL FIELDS IS REQUIRED

<p>FULL-TIME OFFICER (Over 25 hours per week)</p> <p><input type="checkbox"/> Not Certified – Requesting Academy Name of facility officer will be attending: _____</p> <p><input type="checkbox"/> Not Certified - Requesting Career Tech BPOC Academy Tech Center Name: _____</p> <p><input type="checkbox"/> Certified in Oklahoma CLEET # _____ <input type="checkbox"/> OUT OVER 5 YEARS</p> <p><input type="checkbox"/> Certified in Another State – Requesting Reciprocity <input type="checkbox"/> Requesting COP/Career Tech BPOC Certification <input type="checkbox"/> Requesting Bridge Academy CLEET # _____</p>	<p>RESERVE OFFICER (140 hours or less per month)</p> <p><input type="checkbox"/> Not Certified – Requesting Academy <input type="checkbox"/> Not Certified - Requesting Career Tech BPOC Academy Tech Center Name: _____</p> <p><input type="checkbox"/> Certified in Oklahoma CLEET # _____ <input type="checkbox"/> OUT OVER 5 YEARS</p> <p><input type="checkbox"/> Certified in Another State – Requesting Reciprocity <input type="checkbox"/> Requesting COP/Career Tech BPOC Certification</p>
<p>Department Information:</p> <p>Department Name: _____ Dept. E-Mail: _____</p> <p>Address: _____ City: _____ ZIP: _____ County: _____</p> <p>Department Head: _____ Title: _____ Telephone: (____) ____ - _____</p>	
<p>EMPLOYEE DATA</p> <p>Last Name: _____ First Name: _____ MI: ____ Sex: M ____ F ____ DOB: ____/____/____</p> <p>SSN: _____ - _____ - _____ Race: _____</p> <p>Mailing Address: _____ City: _____ Zip: _____ Home Phone: (____) ____ - _____</p> <p>Physical Address: _____ City: _____ Zip: _____ Cell Phone: (____) ____ - _____</p> <p>Email Address: _____</p>	
<p>EMPLOYMENT INFORMATION</p> <p>Date of Commission: _____ Position: _____</p>	
<p>EMPLOYEE ATTESTATION:</p> <ul style="list-style-type: none"> • I am at least 21 years of age; • I am a U.S. Citizen or have resident alien status, pursuant to an employment eligibility verification form from the U.S. Citizenship and Immigration Services; • I possess a high school diploma or a GED equivalency certificate as recognized by state law; • I am not currently undergoing treatment for a mental illness, condition, or disorder; • I have never been convicted of a felony, crime of moral turpitude, or crime of domestic violence in any state or federal court; • I am not currently nor have I ever participated in a deferred sentence for a felony, crime of moral turpitude, or crime of domestic violence. • I have never had a final Protective Order entered against me in this or any other State. <p>I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.</p> <p>Signature of Employee: _____ Date: ____/____/____</p>	
<p>DEPARTMENT ADMINISTRATOR ATTESTATION</p> <p>• Have fingerprints been taken and sent to the OSBI for state and federal record checks and has a report been received showing no record of conviction of, nor ever has nor is currently participating in a deferred sentence for a felony, crime involving moral turpitude, or a crime of domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Have you, as the Department Administrator, verified a passing psychological evaluation has been completed for this employee pursuant to 70 OS 3311? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Have you, as the Department Administrator, verified that the employee possesses a high school diploma or GED equivalency certificate as recognized by state law? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Do you, as the Department Administrator, certify that the employee has never had a final Protective Order filed against him/her in this or any other State? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Do you, as the Department Administrator, certify to the Council that the named employee/applicant is suitable to serve as a peace officer in the State of Oklahoma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.</p> <p>Signature of Department Administrator or Designee: _____ Date: ____/____/____</p> <p>Printed Name of Department Administrator or Designee: _____ Title: _____</p>	

Revised 01132021

Appendix 20:

NOTIFICATION OF TERMINATION

Council on Law Enforcement Education and Training
2401 Egypt Road, Ada, Oklahoma 74820-0669 P: 405-239-5100

COMPLETION OF ALL FIELDS IS REQUIRED

DUE WITHIN 10 DAYS OF TERMINATION

COMPLETE ONE

FULL-TIME OFFICER (Over 25 hours per week) CLEET # [] SSN: XXX-XX-[]

RESERVE OFFICER (140 hours or less per month)

DEPARTMENT INFORMATION

Name of Department: []

Department E-Mail: [] Telephone []

Department Head: [] Title: []

EMPLOYEE INFORMATION

Last Name: [] First Name: [] MI: M Sex: M F DOB: []

TERMINATION INFORMATION

Termination Date: [] / [] / []

Resigned Discharged Retired Deceased

Resigned While Under Investigation Discharged While Under Investigation

Comments: []
[]
[]
[]

O.S. 70 § 3311
Every law enforcement agency in this state shall, within thirty (30) days of a final order of termination or resignation while under investigation of a CLEET-certified peace officer, report such order or resignation in writing to the Director of the Council.

DEPARTMENT ADMINISTRATOR ATTESTATION:
I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Original Signature of Department Administrator or Designee: _____ Date: [] / [] / []

Printed Name of Department Administrator or Designee: [] Title: []

OMAGS ADDITIONAL LAW ENFORCEMENT VALUE ADDED SERVICES.

ONLINE TRAINING

LocalGovU Online Training:

- OMAG's web-based [online training](#) offers a variety of classes: management, safety, law enforcement, employment issues, etc. Many of these courses are also approved by CLEET for continuing education credit. Upon registration on our website, the individual can take as many classes as desired. These courses are self-paced and include a quiz at the end, and certificate is provided for documentation.
- [COVID-19 Lexipol Training](#)

POLICY DEVELOPMENT RESOURCE

Lexipol:

- OMAG is pleased to bring [Lexipol's risk management tools](#) for public safety organizations to your agency at no cost to you.
- Lexipol's value includes integrating Oklahoma-specific, customizable policy manuals with a Daily Training Bulletin service. Timely updates based on federal and state law, regulations and best practices are written by legal and public safety professionals who constantly monitor major court decisions. Daily Training Bulletins reinforce policies through short, scenario-based training segments that are accessible online anytime via Lexipol's secure website.

ONSITE LAW ENFORCEMENT TRAINING

Our law enforcement training is specifically tailored to the needs of police departments. The training stresses not only officer safety, but how the officer can protect the city from liability claims through the use of correct policies and procedures.

Some of the CLEET accredited courses are:

Arrest Authority and Alternatives	Use of Force – Liability Reduction
Professional Conduct	Use of Force – MILO Shooting Decisions
Basic Jail Training	Below 100
Continuing Education for Jail Personnel	Basic Training for Communications Personnel
Preventing Jail Suicide	

MILO (VIRTUAL USE OF FORCE SIMULATOR)

The MILO system is a portable use of force and tactical judgment training system which provides fully interactive video scenarios.

LAW ENFORCEMENT AUDITS AND INSPECTIONS

The Oklahoma Municipal Assurance Group has been assisting our law enforcement agencies with policy development for more than a decade now. OMAG’s Law Enforcement Specialists have developed a policy review process which includes an evaluation of the agency’s policy manual. The evaluation is provided to OMAG Liability Plan members at no additional cost.

OMAG has also developed an Evidence/Property Audit program, which meets the Oklahoma Law Enforcement Agency Accreditation and Professional Standards Program requirements. Agencies can schedule an appointment with one of OMAG’s Law Enforcement Specialists to conduct a Property and Evidence Audit for their agency. Within a few days of the audit, the agency head will receive a written report from OMAG which will include an evaluation of the Evidence and Property Management System.

PEACE OFFICER/DISPATCHER BACKGROUND INVESTIGATION DOCUMENTS

Background investigations are vital to ensure that a Police Department is hiring a qualified, competent, honest and capable officers. OMAG has put together some [sample forms, letters, checklists, questionnaires](#), etc. to make that background investigation a little easier for our members.

DRIVER TRAINING FOR CITY EMPLOYEES AND LAW ENFORCEMENT

OMAG offers free driver training to its members. The courses are conducted at OSU-OKC through the Center for Safety & Emergency Preparedness (CSEP) in Oklahoma City. The basic course is one day and is designed for any employee that operates a city-owned car or pickup. The Advanced LEDT course is three days and is for police officers.

OMAG will pay for a one-night stay at the Best Western Saddleback Inn, if your municipality is more than 60 miles from OKC. We will also pay for your use of an OSU vehicle during the training to save wear & tear on your municipality's vehicle. Transportation and meals are the responsibility of each participant.

To enroll or get more information contact [Joy Kleman](#) at CSEP (405) 945-3285. Be sure to tell her that your municipality is an OMAG participant.

GPS Tracking Services for Police Departments

OMAG will purchase equipment and the first year of service for GPS Dongles and monitoring for patrol cars through our partner, [U.S. Fleet Tracking](#). This service allows police chiefs the opportunity to see cruiser maintenance status, review adherence to jurisdictions, and be alerted in real-time via text message in the event of a high-speed pursuit.

For more information contact:

[Kevin McCullough](#)

Phone: (405) 657-1408, (800) 234-9461

Email: kmccullough@omag.org

[Billy Carter](#)

Phone: (405) 657-1411, (800) 234-9461

Email: wcarter@omag.org