



**APPLICATION PACKET
CIVIL SERVICE EXAMINATION
FULL-TIME POLICE OFFICER**

DUBOIS CITY POLICE

16. WEST SCRIBNER AVENUE

DUBOIS, PA 15801

814-371-2000

POLICE@DUBOISPA.GOV



DUBOIS CITY POLICE

NOTICE POLICE OFFICER COMPETITIVE CIVIL SERVICE EXAMINATION

The City of DuBois, Clearfield County, Pennsylvania will be accepting applications from May 1st 2026 until May 29th 2026, at 3:30 p.m, for the position of entry-level Full-Time Police Officer to establish a civil service eligibility list. A non-refundable processing fee of Twenty-Five Dollars (\$25.00) in the form of a Money Order or Cashier's Check made payable to the City of DuBois is required at the time of application filing.

Interested applicants can obtain an application packet for employment from the city website at www.duboispa.gov, in person from Police Headquarters or Human Resources Department at DuBois City Hall located at 16 W. Scribner Ave., DuBois Pa. 15801. The application packet will include employment application, instructions, required documents, job description, information on compensation, benefits, and department and community profile.

Applicants must meet the minimum requirements:

- Must be twenty-one (21) years of age or older
- Possess a High School Diploma or GED
- Have successfully completed a MPOETC Certified Police Academy and possess current Act 120 certification
- Be a United States Citizen
- Possess a valid driver's license
- Must be physically fit and mentally fit to perform all the duties of a Police Officer
- Be able to perform the essential job functions outlined in the Police Officer Job Description

Additional requirements will include, but are not limited to:

- Extensive Background Investigation
- Medical Exam and Drug Screening
- Psychological Testing

Completed applications and processing fee must be filed on or before May 29, 2026 at 3:30 p.m. with the DuBois City Police Administrative Assistant at Police Headquarters located at 16. W. Scribner Ave., DuBois PA. 15801.

In accordance with the rules of the City of DuBois Civil Service Board, applicants must pass a written Civil Service Examination, Physical Agility Test, and Oral Examination.

Examination dates and times are currently to be determined. Once scheduled, official notice of testing will be publicly advertised, and all *qualified* applicants will be notified by mail at the address provided on their application. Failure to appear for scheduled examinations or to provide accurate contact information may result in disqualification.

EQUAL OPPORTUNITY EMPLOYER:

THE CITY OF DUBOIS PROVIDES EQUAL EMPLOYMENT OPPURTUNITIES TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, PHYSICAL OR MENTAL DISABILITY, VETEREN STATUS, OR ANY OTHER STATUS PROTECTED BY STATE AND FEDERAL LAW



DUBOIS CITY POLICE

DEPARTMENT AND COMMUNITY PROFILE

The newly consolidated City of DuBois, formed through the merger of the former City of DuBois and Sandy Township, is a third-class, optional home rule municipality encompassing more than 56 square miles and serving approximately 20,000 residents. DuBois serves as a growing regional economic hub within the Pennsylvania Wilds, offering abundant recreational opportunities and a high quality of life. The community is supported by a highly regarded healthcare system, strong public schools, and well-maintained municipal infrastructure, parks, and housing.

The City of DuBois Police Department is comprised of 31 full-time sworn officers, bringing together experienced personnel from both legacy departments into a unified, professional organization. The Department is organized into three primary divisions and includes patrol officers, a K-9 officer, criminal investigators, Corporals, Sergeants, an Assistant Chief, and Chief of Police, supported by dedicated civilian staff.

The Department operates a range of specialized units designed to enhance public safety and operational effectiveness, including a Special Emergency Response Team (SERT), K-9 Unit, Unmanned Aerial Systems (Drone Team), Drug Task Force participation, Motor Carrier Safety Assistance Program (MCSAP), and a School Resource Officer (SRO) program.

The DuBois Police Department is a progressive, technology-forward agency that embraces 21st Century Policing principles. The Department places a strong emphasis on employee wellness, professional development, and continuous training, ensuring officers are well-equipped to meet the evolving needs of the community while maintaining the highest standards of service and professionalism.

For more information about the City of DuBois, please visit www.duboispa.gov.



DUBOIS CITY POLICE

COMPENSATION AND BENEFITS

Compensation and Benefit Highlights (Based on 2025 Salary and Benefits, currently under CBA Negotiations):

- Starting Salary \$55,000.00 (2025)
- Top rate after 6th year \$83,913.66 (2025)
- Excellent Health Care Benefits
- Generous Vacation, Personal, and Sick Leave Benefits
- Holiday Pay
- Longevity Pay
- Life Insurance
- Defined Benefit Pension Plan
- Overtime and Compensatory Time Eligible
- 12-hour work schedule, every other weekend off



DUBOIS CITY POLICE

APPLICATION INSTRUCTIONS

1. Read the instructions on Page 1 and 2 of the Application for Employment
2. Complete the Application in its entirety including credit history and background check waivers with all required signatures and initials
3. Completed Applications must include proof of (photocopies):
 - a. Age 21 at time of testing
 - b. US Citizenship
 - c. High School Diploma/GED
 - d. Valid Drivers License
 - e. Proof of Veterans Status, if applicable
 - f. Proof of ACT 120 Certification.
4. The completed Application with processing fee of Twenty-Five Dollars (\$25.00), in the form of a money order or cashier's check, made payable to the City of DuBois, must be filed with the DuBois City Police Administrative Assistant on or before May 29, 2026 at 3:30 p.m.



Job Descriptions

POLICE OFFICER

DIVISION/SECTION: ALL DIVISIONS, SECTIONS, OR UNITS

REPORTS TO: DIVISION COMMANDERS/ SERGEANTS AND CORPORALS AS ASSIGNED

CLASSIFICATION: BARGAINING UNIT POSITION

POSITION SUMMARY

This is a professional police position with responsibility for the protection of lives and property at the municipal government level for the City of DuBois.

A police officer accepts his Oath of Office to monitor civil order, enforces ordinances and laws, and ensures the general safety of the public. Work is performed in accordance with professional standards and departmental policies and procedures, but requires independent judgment in application of standards, policies and procedures to specific situations. Work is performed independently and requires the courteous and tactful treatment of people, sometimes under stress; the exercise of personal control; and the application of authority, including physical control and restraint, over persons whose reactions may not be easily predictable.

A police officer patrols to deter and detect crime, takes calls for service, investigates complaints, follows up on pending reports and cases, pro-actively enforces law violators of crimes and vehicle codes, and secures and protects prisoners.

A police officer exercises rational judgment and is capable of working independently of direct supervision, and maintains the confidence and trust of peers, superiors, and general citizenry.

The position of police officer reports directly to the Command structure of this agency. At times any Officer may be required to make decisions without guidance from a ranking officer.

ESSENTIAL FUNCTIONS:

1. Obtain and maintain Pennsylvania Act 120 certification through the Municipal Police Officer Education and Training Commission. Completing all yearly mandated requirements set by MPOETC and the agency.

2. Pursue fleeing suspects, address emergencies, and perform rescue operations which may involve quickly entering and exiting police vehicles; directing traffic for long periods of time; lifting, carrying and dragging heavy objects; climbing over and pulling oneself over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers.
3. Effect an arrest, forcibly if necessary, using handcuffs and other restraints; subdues resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.
4. Provide emergency medical aid, hazardous materials emergency response, and initial fire scene emergency response.
5. Prepare and write investigative and crash reports, including sketches, using appropriate grammar, symbols and mathematical computations. These reports will be complete and submitted in a timely matter.
6. Exercise independent judgment in determining reasonable suspicion to detain, probable cause to search and arrest, and when to use force and to the degree of force.
7. Have regular and predictable attendance.
8. Work shifts as assigned.
9. Drive emergency vehicles under stressful conditions. Operate a law enforcement vehicle during both the day and night, including emergency situations involving speeds in excess of posted limits, congested traffic, and unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow.
10. Communicate effectively and coherently over law enforcement radio channels, initiating and responding to radio communications, while operating a police vehicle.

11. Qualify with firearms and other offensive and defensive weapons. Load, unload, aim, and fire using each hand from a variety of body positions handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.

12. Demonstrate fidelity, honesty, and good work ethics to Police Department and City.

Minimum/ Desired Qualifications:

General:

1. Be at least 21 years old when appointed to the position of Police Officer

2. Must possess, or be able to obtain by time of hire, a valid Pennsylvania State driver's license without record of suspension or revocation in any State.

3. The applicant must hold current certification as a police officer by the Commonwealth of Pennsylvania under the Municipal Police Officers' Education and Training Program pursuant to 53 P.S. § 740, as amended, *or* must be certified by another state whose certification is recognized by the Commonwealth of Pennsylvania *or* have successfully completed Act 120 qualification training and be able to obtain Pennsylvania municipal police officer certification.

4. Criminal convictions and disqualifying criminal histories within the past seven years are not allowed.

5. U.S. citizen.

6. Must be able to read and write the English language.

7. Must be of good moral character and of temperate and industrious habits.

8. Must be physically and mentally fit for the full duties of a Police Officer.

Education and Experience:

1. High school diploma or equivalent, encouraged to possess an associate degree conferred from an accredited college, two-year community college degree or vocational school training in police science, law enforcement, criminal justice administration, public administration, or a related field; 60 college credits, or an equivalent combination of education and experience.

Necessary Knowledge, Skills and Abilities:

1. Some knowledge of modern law enforcement principles, procedures, techniques, and equipment.
2. Some skill in operating the tools and equipment listed below.
3. Ability to learn the applicable laws, ordinances, and department rules and regulations; to perform work requiring good physical condition; to communicate effectively orally and in writing; to establish and maintain effective working relationships with subordinates, peers and supervisors; to exercise sound judgment in evaluating situations and in making decisions; to follow verbal and written instructions; to meet the special requirements listed below; to learn the City's geography.

Special Requirements

1. Ability to meet Department's physical standards by satisfactorily completing all of the training requirements of Act 120, Pennsylvania Municipal Police Training Act.
2. Must pass a physical performance test and written civil service examination
3. Must pass a thorough background check and oral examination.

4. Must pass medical and psychological examinations including drug testing.
5. Successfully complete requirements of the Field Training Program.

Selection Guidelines

1. Formal application, review of education and experience, appropriate civil service testing including written and physical agility test, oral interview, background investigation, credit history, physical and psychological examinations, placed on eligibility list, final selection.

Tools and Equipment Used

1. Police car, police radio, shotgun, rifle, handgun, Taser, electronic tablet device, mobile video recorder, and other weapons as required, expandable baton, handcuffs, breath testing devices, cellular telephone, speed timing devices, first aid equipment, pepper mace, or any other tool or equipment required to perform officers duties.

Physical Demands

1. The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.
2. The employee is occasionally required to stand, walk or run; use hands to finger, handle, or feel objects, tools, or controls, reach with hands and arms, climb or balance, stoop, kneel, crouch, or crawl, and taste or smell.
3. The employee must occasionally lift and/or move more than 150 pounds.
4. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.
5. Position requires working assigned shifts, which may also include being called in for nights weekends and Holidays.

Work Environment

1. The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job.
2. While performing the duties of this job, the employee occasionally works in outside weather conditions.
3. The employee occasionally works in high, precarious places; and with explosives and is occasionally exposed to wet and/or humid conditions, fumes or airborne particles, toxic or caustic chemicals, extreme cold, extreme heat, and vibration.
4. The duties listed above are intended only as illustrations of the various types of work that may be performed.
5. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.
6. The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

OTHER SPECIALIZED ASSIGNMENTS OR UNITS ASSIGNMENTS

See [Assignment and Transfer Policy](#)



EMPLOYMENT APPLICATION INSTRUCTIONS

1. READ AND FOLLOW THE SPECIFIC INSTRUCTIONS FOR EACH SECTION IN THIS APPLICATION.
2. READ EACH QUESTION CAREFULLY, AND ANSWER EACH QUESTION—LEAVE NO BLANK SPACES.
3. IF YOU DO NOT KNOW THE ANSWER, YOU ARE TO MAKE A GOOD FAITH EFFORT TO FIND OUT THE ANSWER.
4. IF A QUESTION DOES NOT APPLY TO YOU, ENTER “N/A” OR “NOT APPLICABLE.”
5. REPORT FULL NAME OF PERSONS INCLUDING FIRST, MIDDLE, LAST NAME, AND SUFFIX (AS APPLICABLE).
6. CONTACT INFORMATION OF PERSONS, ADDRESSES, AND TELEPHONE NUMBERS MUST BE COMPLETE AND CURRENT.
7. DEVIATIONS FROM INSTRUCTIONS ON THE APPLICATION WILL BE NOTED AND MAY REFLECT NEGATIVELY ON THE RECOMMENDATION FOR EMPLOYMENT.
8. YOU SHALL PERSONALLY PREPARE THIS APPLICATION.
9. IF SPACE AVAILABLE FOR ANSWERING ANY QUESTION IS INSUFFICIENT, USE AN ADDITIONAL SHEET OF LOOSE LEAF LINED PAPER. INDICATE THE SECTION OF THE APPLICATION YOU ARE CONTINUING AND LIST THE INFORMATION IN THE SAME MANNER AS THE APPLICATION.
10. AT THE BOTTOM OF EACH PAGE IS A PLACE FOR INITIALS, YOU MUST INITIAL EACH PAGE. EVERYTHING ABOVE MUST BE COMPLETED PRIOR TO HANDING IN THE PACKET.
11. YOU MUST MAKE A GOOD FAITH EFFORT TO PROVIDE FAMILY MEMBER INFORMATION. IF FAMILY MEMBERS REFUSE, YOU MAY PLACE “REFUSE” IN THE BOXES THEY REFUSE TO ANSWER.
12. YOU MUST MAKE A GOOD FAITH EFFORT TO PROVIDE FAMILY MEMBER CURRENT CONTACT INFORMATION IN THE SOCIAL STATUS SECTION. IF UNABLE, LIST THE LAST TIME YOU WERE IN CONTACT WITH THEM, AND THEN NOTE YOU ARE NO LONGER IN TOUCH WITH THEM, AND THE INFORMATION YOU PROVIDED IN THE SOCIAL STATUS SECTION WAS THE MOST RECENT INFORMATION YOU HAVE AVAILABLE.
13. YOU MUST MAKE A GOOD FAITH EFFORT TO PROVIDE EMPLOYMENT CONTACT INFORMATION IN THE EMPLOYMENT SECTION. IF A PLACE OF



EMPLOYMENT IS NO LONGER IN BUSINESS, WRITE DOWN THE ADDRESS, TELEPHONE NUMBER, AND ALL OTHER INFORMATION AS IT WAS AT THE TIME YOU WORKED THERE, AND NOTE THAT THE BUSINESS HAS CLOSED, RELOCATED, ETC.

14. YOU MUST MAKE A GOOD FAITH EFFORT TO PROVIDE NAMES AND CURRENT CONTACT INFORMATION FOR SUPERVISORS AND TWO COWORKERS IN THE EMPLOYMENT SECTION. IF YOU NO LONGER KEEP IN CONTACT WITH SUPERVISORS OR COWORKERS, CONTACT YOUR FORMER PLACES OF EMPLOYMENT AND REQUEST THIS INFORMATION. IF STILL UNABLE TO OBTAIN THE INFORMATION, EXPLAIN YOUR SITUATION ON THE CONTINUATION PAGES.

15. YOU MUST MAKE A GOOD FAITH EFFORT TO PROVIDE ALL PERTINENT INFORMATION REGARDING TRAFFIC VIOLATIONS IN THE TRAFFIC SECTION. YOU MAY OBTAIN A TRAFFIC HISTORY FROM THE PENNSYLVANIA DEPARTMENT OF TRANSPORTATION. YOU ARE RESPONSIBLE FOR LISTING ALL TRAFFIC VIOLATIONS WHETHER OR NOT THEY ARE LISTED ON YOUR TRAFFIC HISTORY.

16. YOU MUST MAKE A GOOD FAITH EFFORT TO PROVIDE ALL PERTINENT INFORMATION REGARDING CURRENT AND FORMER CREDIT ACCOUNTS IN THE CREDIT SECTION. YOU MAY OBTAIN A FREE CREDIT REPORT AT WWW.ANNUALCREDITREPORT.COM. YOU ARE RESPONSIBLE FOR LISTING ALL CURRENT AND FORMER CREDIT ACCOUNTS WHETHER OR NOT THEY ARE LISTED ON YOUR CREDIT REPORT.

17. YOU MUST MAKE A GOOD FAITH EFFORT TO PROVIDE ALL PERTINENT INFORMATION REGARDING ALL CURRENT AND PREVIOUS RESIDENCES IN THE RESIDENCY SECTION, INCLUDING STATE(S), DATES OF RESIDENCY, AND APARTMENT OR DORMITORY NUMBER, IF APPLICABLE. IT IS ALSO ACCEPTABLE TO COMBINE COLLEGE RESIDENCES INTO ONE ENTRY IF YOU SIMPLY LIST THE COLLEGE ITSELF.

**THE CITY OF DUBOIS IS AN EQUAL OPPORTUNITY
EMPLOYER**



DuBois City Police Department

16 West Scribner Avenue
DuBois, PA 15801

Dispatch: 814-765-1533

Fax: 814-375-2702

duboispa.gov

This release, when presented by a duly authorized representative of the DuBois City Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the DuBois City Police Department: Employment, Educational, Medical, Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the DuBois City Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the DuBois City Police Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the DuBois City Police Department. I understand that all materials pertaining to this background investigation become the property of the DuBois City Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and hi/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal, or unbecoming of a police officer and I am currently serving in the capacity of a police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE OF APPLICANT: _____

PRINTED NAME OF APPLICANT: _____

DATE: _____

APPLICANT'S INITIALS: _____



AUTHORIZATION FOR CREDIT HISTORY CHECK

By completing and signing this document I, _____ authorize The DuBois City Police Department may obtain a consumer credit report or other information regarding me while conducting a background check and/or Consumer Credit Report on me.

This authorization is valid for purposes of verifying information given pursuant to employment, and in determining suitability for employment. This is deemed substantially job related and will be therefore used as part of a pre-employment background investigation. Failure to complete this documents will remove you from further employment consideration with the DuBois City Police Department.

By my signature below, I hereby authorize all corporations, credit agencies and any other credit reporting based entities to release any information requested by the DuBois City Police Department.

Applicant's Name: _____

Social Security Number: _____

Date of Birth: _____

Driver's License #: _____ State: _____

Current Street Address: _____

Signature: _____ Date: _____

Subscribed and sworn to me on the _____ day of _____, _____.

Commonwealth of Pennsylvania County of _____

SEAL

NOTARY

APPLICANT'S INITIALS: _____



RELATIONSHIP	NAME	DATE OF BIRTH
COMPLETE HOME ADDRESS	EMPLOYER	
PHONE NUMBER	WORK PHONE NUMBER	

RELATIONSHIP	NAME	DATE OF BIRTH
COMPLETE HOME ADDRESS	EMPLOYER	
PHONE NUMBER	WORK PHONE NUMBER	

RELATIONSHIP	NAME	DATE OF BIRTH
COMPLETE HOME ADDRESS	EMPLOYER	
PHONE NUMBER	WORK PHONE NUMBER	

RELATIONSHIP	NAME	DATE OF BIRTH
COMPLETE HOME ADDRESS	EMPLOYER	
PHONE NUMBER	WORK PHONE NUMBER	

RELATIONSHIP	NAME	DATE OF BIRTH
COMPLETE HOME ADDRESS	EMPLOYER	
PHONE NUMBER	WORK PHONE NUMBER	



PROVIDE THE INFORMATION BELOW FOR ANY PREVIOUS SPOUSE(S), FIANCE(S), OR COHABITANT(S); OR CURRENT GIRL/BOYFRIEND(S), UNLESS LISTED ELSEWHERE IN THIS SECTION. IF NONE, CHECK THIS BOX:

RELATIONSHIP	NAME	DATE OF BIRTH
COMPLETE HOME ADDRESS	EMPLOYER	
PHONE NUMBER	WORK PHONE NUMBER	

RELATIONSHIP	NAME	DATE OF BIRTH
COMPLETE HOME ADDRESS	EMPLOYER	
PHONE NUMBER	WORK PHONE NUMBER	

RELATIONSHIP	NAME	DATE OF BIRTH
COMPLETE HOME ADDRESS	EMPLOYER	
PHONE NUMBER	WORK PHONE NUMBER	

RELATIONSHIP	NAME	DATE OF BIRTH
COMPLETE HOME ADDRESS	EMPLOYER	
PHONE NUMBER	WORK PHONE NUMBER	



PREVIOUS ADDRESSES:

IN CHRONOLOGICAL ORDER (STARTING WITH YOUR CURRENT ADDRESS), LIST EACH AND EVERY PLACE WHERE YOU HAVE RESIDED SINCE BIRTH. INDICATE IF YOU OWNED, RENTED, OR OTHER (EXPLANATION NECESSARY). IF RESIDENCE WAS RENTED OR YOU LIVED WITH ANOTHER PERSON, YOU MUST LIST THE NAME AND TELEPHONE NUMBER OF LANDLORD AND/OR PERSON WITH WHOM YOU RESIDED.

FROM MONTH/YEAR	TO MONTH/YEAR	COMPLETE ADDRESS
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER (EXPLAIN):
NAME OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED		TELEPHONE NUMBER OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED

FROM MONTH/YEAR	TO MONTH/YEAR	COMPLETE ADDRESS
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER (EXPLAIN):
NAME OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED		TELEPHONE NUMBER OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED

FROM MONTH/YEAR	TO MONTH/YEAR	COMPLETE ADDRESS
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER (EXPLAIN):
NAME OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED		TELEPHONE NUMBER OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED



FROM MONTH/YEAR	TO MONTH/YEAR	COMPLETE ADDRESS
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER (EXPLAIN):
NAME OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED		TELEPHONE NUMBER OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED

FROM MONTH/YEAR	TO MONTH/YEAR	COMPLETE ADDRESS
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER (EXPLAIN):
NAME OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED		TELEPHONE NUMBER OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED

HAVE YOU EVER HAD PROBLEMS WITH A LANDLORD REGARDING DAMAGE TO PROPERTY, LATE PAYMENT OF RENT, OR ANY OTHER DISPUTE? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER RECEIVED A NOTICE OF EVICTION OR ORDER TO VACATE A PROPERTY? YES NO

IF YES, EXPLAIN: _____

HAVE THE POLICE EVER BEEN CALLED TO ANY HOME/RESIDENCE IN WHICH YOU HAVE RESIDED? YES NO

IF YES, PROVIDE DATE, REASON, AGENCY, AND DISPOSITION FOR EACH OCCASION:



PREVIOUS EMPLOYMENT

LIST BELOW, IN CHRONOLOGICAL ORDER, EVERY PREVIOUS EMPLOYMENT, INCLUDING PART-TIME EMPLOYMENT, STARTING WITH YOUR MOST RECENT PREVIOUS EMPLOYMENT. GIVE DATES OF IDLENESS BETWEEN PERIODS OF EMPLOYMENT IN PROPER SEQUENCE, AND LIST REASON UNDER "REASON FOR LEAVING." YOU MUST LIST ALL EMPLOYMENT YOU HAVE HAD SINCE AGE 18. YOU MUST INCLUDE UNREPORTED EMPLOYMENT, ALSO KNOWN AS UNDER-THE-TABLE EMPLOYMENT.

NAME OF EMPLOYER	SUPERVISORS NAME
ADDRESS OF EMPLOYER	SUPERVISOR'S PHONE NUMBER
YOUR CLASSIFICATION/OCCUPATION	DATE OF HIRE
LIST THE NAMES AND PHONE NUMBERS OF TWO CO-WORKERS	
HAVE YOU EVER BEEN THE SUBJECT OF A CITIZEN, CLIENT OR CO-WORKER COMPLAINT? YES <input type="checkbox"/> NO <input type="checkbox"/>	

IF YES, EXPLAIN: _____

NAME OF EMPLOYER	SUPERVISORS NAME
ADDRESS OF EMPLOYER	SUPERVISOR'S PHONE NUMBER
YOUR CLASSIFICATION/OCCUPATION	DATE OF HIRE
LIST THE NAMES AND PHONE NUMBERS OF TWO CO-WORKERS	
HAVE YOU EVER BEEN THE SUBJECT OF A CITIZEN, CLIENT OR CO-WORKER COMPLAINT? YES <input type="checkbox"/> NO <input type="checkbox"/>	

IF YES, EXPLAIN: _____



NAME OF EMPLOYER	SUPERVISORS NAME
ADDRESS OF EMPLOYER	SUPERVISOR'S PHONE NUMBER
YOUR CLASSIFICATION/OCCUPATION	DATE OF HIRE
LIST THE NAMES AND PHONE NUMBERS OF TWO CO-WORKERS	
HAVE YOU EVER BEEN THE SUBJECT OF A CITIZEN, CLIENT OR CO-WORKER COMPLAINT? YES <input type="checkbox"/> NO <input type="checkbox"/>	

IF YES, EXPLAIN: _____

NAME OF EMPLOYER	SUPERVISORS NAME
ADDRESS OF EMPLOYER	SUPERVISOR'S PHONE NUMBER
YOUR CLASSIFICATION/OCCUPATION	DATE OF HIRE
LIST THE NAMES AND PHONE NUMBERS OF TWO CO-WORKERS	
HAVE YOU EVER BEEN THE SUBJECT OF A CITIZEN, CLIENT OR CO-WORKER COMPLAINT? YES <input type="checkbox"/> NO <input type="checkbox"/>	

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN SUBJECT TO ANY DISCIPLINARY ACTION AND/OR INVESTIGATION DURING ANY EMPLOYMENT? YES NO

IF YES, EXPLAIN: _____



HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM EMPLOYMENT?

YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER RESIGNED FROM EMPLOYMENT IN LIEU OF, OR IN ANTICIPATION OF, DISCIPLINARY ACTION, UP TO, AND INCLUDING, THE AVOIDANCE OF CIVIL OR CRIMINAL CHARGES OR TERMINATION? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER APPLIED FOR UNEMPLOYMENT COMPENSATION OR OTHER FEDERAL, STATE, OR LOCAL BENEFITS OR ASSISTANCE? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER SERVED AS A PAID OR UNPAID VOLUNTEER MEMBER OF ANY POLICE AGENCY, FIRE DEPARTMENT, OR RESCUE SQUAD? YES NO

IF YES, EXPLAIN INCLUDING AGENCY, DATES, AND POSITION(S): _____



LAW ENFORCEMENT APPLICATIONS

HAVE YOU EVER APPLIED BY ANY MEANS TO INCLUDE ONLINE APPLICATION WITH ANY POLICE OR LAW ENFORCEMENT AGENCY? YES NO

IF YES, PROVIDE THE FOLLOWING:

DEPARTMENT / AGENCY		DATE APPLIED
STEPS COMPLETED: WRITTEN TEST <input type="checkbox"/> ORAL TEST <input type="checkbox"/> POLYGRAPH <input type="checkbox"/>		
BACKGROUND <input type="checkbox"/> MEDICAL <input type="checkbox"/> PSYCHOLOGICAL <input type="checkbox"/>		
PHYSICAL FITNESS TEST <input type="checkbox"/> <input type="checkbox"/> OTHER _____		
AGENCY INVESTIGATOR/CONTACT:	PHONE NUMBER	
STATUS:		

DEPARTMENT / AGENCY		DATE APPLIED
STEPS COMPLETED: WRITTEN TEST <input type="checkbox"/> ORAL TEST <input type="checkbox"/> POLYGRAPH <input type="checkbox"/>		
BACKGROUND <input type="checkbox"/> MEDICAL <input type="checkbox"/> PSYCHOLOGICAL <input type="checkbox"/>		
PHYSICAL FITNESS TEST <input type="checkbox"/> <input type="checkbox"/> OTHER _____		
AGENCY INVESTIGATOR/CONTACT:	PHONE NUMBER	
STATUS:		

DEPARTMENT / AGENCY		DATE APPLIED
STEPS COMPLETED: WRITTEN TEST <input type="checkbox"/> ORAL TEST <input type="checkbox"/> POLYGRAPH <input type="checkbox"/>		
BACKGROUND <input type="checkbox"/> MEDICAL <input type="checkbox"/> PSYCHOLOGICAL <input type="checkbox"/>		
PHYSICAL FITNESS TEST <input type="checkbox"/> <input type="checkbox"/> OTHER _____		
AGENCY INVESTIGATOR/CONTACT:	PHONE NUMBER	
STATUS:		



EDUCATION

HIGH SCHOOL – LIST ALL HIGH SCHOOLS ATTENDED, AND PROVIDE THE REQUIRED INFORMATION.

DIPLOMA RECEIVED? YES NO

IF NO, DO YOU POSSESS A GED CERTIFICATE? YES NO

NAME OF HIGH SCHOOL	COMPLETE ADDRESS	DATES ATTENDED

LIST ANY PROBLEMS ENCOUNTERED WHILE IN HIGH SCHOOL, INCLUDING BUT NOT LIMITED TO, ABSENTEEISM, TARDINESS, POOR GRADES, SUSPENSIONS, EXPULSIONS, ACADEMIC PROBATION, OR OTHER DISCIPLINARY ACTION(S). LIST YEAR AND CIRCUMSTANCES.

IF NONE, CHECK THIS BOX:

HIGHER EDUCATION – LIST ALL INSTITUTIONS OF HIGHER EDUCATION, AND PROVIDE THE REQUIRED INFORMATION.

DEGREE RECEIVED? YES NO

TYPE OF DEGREE: _____

CREDIT HOURS: _____ GRADE POINT AVERAGE (CUMULATIVE): _____

MAJOR COURSE OF STUDY: _____

MINOR COURSE OF STUDY: _____



NAME OF INSTITUTION	COMPLETE ADDRESS	DATES ATTENDED

ARE YOU RESPONSIBLE FOR THE REPAYMENT OF STUDENT LOANS? YES NO

IF YES, ARE PAYMENTS BEING MADE TIMELY? YES NO

IF NO, EXPLAIN: _____

LIST ANY PROBLEMS ENCOUNTERED DURING HIGHER EDUCATION, INCLUDING BUT NOT LIMITED TO, ABSENTEEISM, TARDINESS, POOR GRADES, SUSPENSIONS, EXPULSIONS, ACADEMIC PROBATION, OR OTHER DISCIPLINARY ACTION(S). LIST YEAR AND CIRCUMSTANCES.

IF NONE, CHECK THIS BOX:

HAVE YOU EVER BEEN INTERVIEWED, CITED, DETAINED, OR ARRESTED BY, OR HAD ANY CONTACT WITH, ANY COLLEGE POLICE AGENCY? YES NO

IF YES, EXPLAIN INCLUDING DATE, REASON, AGENCY, AND DETAILS FOR EACH CONTACT: _____



SELECTIVE SERVICE

ENTER YOUR SELECTIVE SERVICE NUMBER AND THE DATE OF REGISTRATION IN THE BLOCKS PROVIDED. ALL MALES MUST REGISTER BETWEEN THE AGES OF 18 AND 25. IF YOU HAVE NOT REGISTERED, OR ARE A FEMALE, CHECK THE "NONE" BOX. YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS NECESSARY INFORMATION.

NONE

SELECTIVE SERVICE NUMBER	DATE OF REGISTRATION

IF YOU DO NOT KNOW YOUR SELECTIVE SERVICE NUMBER, YOU MAY CONTACT THE SELECTIVE SERVICE SYSTEM BY TELEPHONE AT 1-888-655-1825 OR VISIT THEIR WEBSITE AT [HTTPS://WWW.SSS.GOV/REGVER/WFVERIFICATION.ASPX](https://www.sss.gov/regver/wfverification.aspx).

MILITARY SERVICE

DID YOU EVER ENLIST OR HAVE YOU EVER SERVED IN AN ACTIVE MILITARY ORGANIZATION OF THE UNITED STATES? YES NO

DID YOU EVER ENLIST OR HAVE YOU EVER SERVED IN AN ACTIVE MILITARY ORGANIZATION OF ANY FOREIGN GOVERNMENT? YES NO

IF YOU INDICATED "YES" TO EITHER OF THE ABOVE QUESTIONS, COMPLETE THE FOLLOWING:

BRANCH OF SERVICE	DATE ENTERED	DATE SEPARATED
SERVICE NUMBER	HIGHEST RANK	TYPE OF DISCHARGE

MILITARY SPECIALTY/CLASSIFICATION (LIST ALL): _____

DID YOU RECEIVE A FINAL DISCHARGE CERTIFICATE? YES NO



LIST DUTY STATIONS BEGINNING WITH BASIC TRAINING, INCLUDING DATES OF EACH ASSIGNMENT.

DATE FROM	DATE TO	DUTY ASSIGNMENT/LOCATION

HAVE YOU EVER BEEN ABSENT WITHOUT LEAVE (AWOL)? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN SUBJECT TO ANY DISCIPLINARY ACTION WHILE IN THE MILITARY, INCLUDING QUESTIONING FOR INVOLVEMENT, NONJUDICIAL PUNISHMENT, ARTICLE 15'S, COURT-MARTIAL, ETC.? YES NO

IF YES, EXPLAIN: _____

WERE YOU EVER QUESTIONED AS PART OF AN INVESTIGATION WHILE IN THE MILITARY, WHETHER IT WAS DUE TO YOUR POSSIBLE INVOLVEMENT OR KNOWLEDGE? YES NO

IF YES, EXPLAIN: _____



ARE YOU NOW, OR HAVE YOU EVER BEEN, AN ACTIVE OR INACTIVE MEMBER OF THE RESERVE FORCES (ANY BRANCH) OF THE UNITED STATES, ANY FOREIGN GOVERNMENT, OR THE NATIONAL GUARD OF ANY STATE/COUNTRY? YES NO

IF YES, COMPLETE THE FOLLOWING:

BRANCH	RANK
DATE FROM	DATE TO
SUPERVISING OFFICER'S NAME	UNIT PHONE NUMBER
COMPLETE UNIT ADDRESS	

REFERENCES/ASSOCIATES

PROVIDE THE REQUIRED INFORMATION FOR FIVE (5) REFFERENCES (A PERSON TO WHOM INQUIRIES AS TO CHARACTER OR COMPETENCE CAN BE MADE), AND THREE ASSOCIATES (FRIENDS), AS INDICATED. LISTED REFERENCES AND ASSOCIATES MUST KNOW YOU PERSONALLY, NOT SIMPLY KNOW YOUR PARENTS OR OTHER FAMILY MEMBER. YOU MAY NOT LIST RELATIVES, NEIGHBORS, OR ANYONE ELSE ALREADY NAMED WITHIN THIS APPLICATION.

REFERENCES

NAME OF REFERENCE	OCCUPATION	YEARS KNOWN
RELATIONSHIP	AGE	
COMPLETE ADDRESS		
PHONE NUMBER:	ALTERNATE NUMBER:	



NAME OF REFERENCE	OCCUPATION	YEARS KNOWN
RELATIONSHIP	AGE	
COMPLETE ADDRESS		
PHONE NUMBER:	ALTERNATE NUMBER:	

NAME OF REFERENCE	OCCUPATION	YEARS KNOWN
RELATIONSHIP	AGE	
COMPLETE ADDRESS		
PHONE NUMBER:	ALTERNATE NUMBER:	

NAME OF REFERENCE	OCCUPATION	YEARS KNOWN
RELATIONSHIP	AGE	
COMPLETE ADDRESS		
PHONE NUMBER:	ALTERNATE NUMBER:	

NAME OF REFERENCE	OCCUPATION	YEARS KNOWN
RELATIONSHIP	AGE	
COMPLETE ADDRESS		
PHONE NUMBER:	ALTERNATE NUMBER:	



ASSOCIATES

NAME OF REFERENCE	OCCUPATION	YEARS KNOWN
RELATIONSHIP	AGE	
COMPLETE ADDRESS		
PHONE NUMBER:	ALTERNATE NUMBER:	

NAME OF REFERENCE	OCCUPATION	YEARS KNOWN
RELATIONSHIP	AGE	
COMPLETE ADDRESS		
PHONE NUMBER:	ALTERNATE NUMBER:	

NAME OF REFERENCE	OCCUPATION	YEARS KNOWN
RELATIONSHIP	AGE	
COMPLETE ADDRESS		
PHONE NUMBER:	ALTERNATE NUMBER:	



CRIMINAL HISTORY

ALL VIOLATIONS ARE TO BE LISTED, REGARDLESS OF AGE, INCLUDING JUVENILE DELINQUENCY CHARGES; VIOLATIONS OF THE FISH AND GAME LAWS; VIOLATIONS OF THE DISORDERLY PERSONS ACT OR CITY ORDINANCE; AND ANY ARRESTS, INDICTMENTS, OR CONVICTIONS FOR VIOLATION OF CRIMINAL LAWS. IF YOU WERE FOUND NOT GUILTY, THE CHARGE WAS DISMISSED OR WITHDRAWN, THE CASE WAS NOLLE PROSSED, YOU SUCCESSFULLY COMPLETED PROBATION OF ANY TYPE, OR THE CHARGES WERE EXPUNGED, YOU MUST STILL FURNISH INFORMATION RELATING TO EACH CHARGE.

IF NONE, CHECK THIS BOX:

DATE	AGE	VIOLATION CHARGED
POLICE AGENCY		DISPOSITION OF CHARGE

DATE	AGE	VIOLATION CHARGED
POLICE AGENCY		DISPOSITION OF CHARGE

DATE	AGE	VIOLATION CHARGED
POLICE AGENCY		DISPOSITION OF CHARGE

DATE	AGE	VIOLATION CHARGED
POLICE AGENCY		DISPOSITION OF CHARGE



IF APPLICABLE, PROVIDE ADDITIONAL DETAILS OF PREVIOUSLY LISTED CRIMINAL CHARGES OR ACTIVITY ALLEGED OR ENGAGED IN:

HAVE YOU EVER HAD A RECORD EXPUNGED OR RECEIVED A PARDON? YES NO

HAVE YOU EVER BEEN HELD AS A SUSPECT, INTERVIEWED, INTERROGATED, DETAINED, OR INVESTIGATED BY ANY LAW ENFORCEMENT, CAMPUS POLICE/SECURITY, OR PRIVATE SECURITY AGENCY FOR ANY REASON? YES NO

IF YES COMPLETE THE FOLLOWING:

DATE	AGE	REASON
POLICE AGENCY		DISPOSITION/OUTCOME

DATE	AGE	REASON
POLICE AGENCY		DISPOSITION/OUTCOME

DATE	AGE	REASON
POLICE AGENCY		DISPOSITION/OUTCOME



DO YOU CURRENTLY HAVE ANY PENDING CRIMINAL AND/OR CIVIL CHARGE(S)?
YES NO IF YES, EXPLAIN:

HAVE YOU EVER BEEN ISSUED AND/OR SERVED WITH ANY OF THE FOLLOWING?
YES NO

IF YES, COMPLETE THE INFORMATION BELOW:

- BENCH WARRANT ARREST WARRANT MAGISTERIAL DISTRICT JUDGE/
DISTRICT COURT SUMMONS
- COURT PAPERS FOR ANY TYPE OF
COURT APPEARANCE A SUBPOENA FOR RECORDS
- SEARCH WARRANT

IF YOU CHECKED ANY OF THE ABOVE, EXPLAIN IN DETAIL INCLUDING DATE, REASON,
AGENCY, AND DISPOSITION/OUTCOME. SPECIFY WHETHER EACH ORDER WAS
ISSUED/SERVED TO YOU PERSONALLY OR AS A REPRESENTATIVE OF YOUR EMPLOYER:



TRAFFIC

CURRENT DRIVER'S LICENSE NO.	STATE	EXP. DATE
INSURANCE CO.	INSURANCE POLICY NO	

LIST ALL MOTOR VEHICLES CURRENTLY OWNED OR REGISTERED TO YOU

STATE	YEAR	MAKE	MODEL	LICENSE PLATE

IS YOUR DRIVER'S LICENSE CURRENTLY VALID? YES NO

IF NO, EXPLAIN: _____

ARE THERE ANY RESTRICTIONS ON YOUR DRIVER'S LICENSE?

YES NO

IF YES, EXPLAIN: _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, CANCELED, OR REVOKED, INCLUDING OUT-OF-STATE SUSPENSIONS? YES NO

IF YES, EXPLAIN CIRCUMSTANCES AND INCLUDE STATE WHERE LICENSED:



HAVE YOU EVER HELD A DRIVER'S LICENSE WITHIN ANOTHER STATE/COUNTRY?

YES NO

IF YES, EXPLAIN AND INCLUDE LICENSE NUMBER, STATE/COUNTRY, RESTRICTIONS, SUSPENSIONS, VIOLATIONS, ETC.:

Four horizontal lines for providing details about other driver's licenses.

LIST ALL TRAFFIC ACCIDENTS YOU HAVE HAD AS THE OPERATOR OF A VEHICLE. IF NONE, CHECK THIS BOX:

DATE/YEAR	CITATION ISSUED	POLICE INVOLVED?	INJURIES?	LOCATION
	YES / NO	YES / NO	YES / NO	
	YES / NO	YES / NO	YES / NO	
	YES / NO	YES / NO	YES / NO	
	YES / NO	YES / NO	YES / NO	

LIST ALL INFORMATION RELATING TO ANY TRAFFIC ARRESTS, ISSUANCE OF SUMMONS, OR TRAFFIC CITATIONS ("TICKETS"), INCLUDING PARKING TICKETS, FOR ANY TRAFFIC VIOLATIONS/OFFENSES OR LOCAL ORDINANCES; OR ANY NONPAYMENT OF FINE VIOLATIONS. IF NONE, CHECK THIS BOX:

DATE OF OFFENSE	VIOLATION	DISPOSITION	POLICE AGENCY



CREDIT / FINANCIAL

HAVE YOU EVER HAD A CHECKING AND/OR SAVINGS ACCOUNT?

YES NO

IF YES, COMPLETE THE FOLLOWING FOR ALL OPEN/ACTIVE ACCOUNTS.

NAME OF FINANCIAL INSTUTION	ADDRESS	TYPE OF ACCOUNT

HAVE YOU EVER HAD ANY CHECKS RETURNED FOR INSUFFICIENT FUNDS?

YES NO

IF YES, EXPLAIN: _____

COMPLETE THIS SECTION FOR ANY CURRENT OR PREVIOUS LOANS AND/OR CREDIT CARDS NOT ALREADY LISTED WITHIN THIS APPLICATION.

IF NONE, CHECK THIS BOX:

ACTIVE/INACTIVE	TYPE	PHONE NUMBER	
INSTITUTION/COMPANY		COMPLETE ADDRESS	
MONTHLY PAYMENT	PAYMENTS MADE ON TIME?	HISTORY OF LATE PAYMENTS?	



ACTIVE/INACTIVE	TYPE	PHONE NUMBER	
INSTITUTION/COMPANY		COMPLETE ADDRESS	
MONTHLY PAYMENT	PAYMENTS MADE ON TIME?	HISTORY OF LATE PAYMENTS?	

ACTIVE/INACTIVE	TYPE	PHONE NUMBER	
INSTITUTION/COMPANY		COMPLETE ADDRESS	
MONTHLY PAYMENT	PAYMENTS MADE ON TIME?	HISTORY OF LATE PAYMENTS?	

ACTIVE/INACTIVE	TYPE	PHONE NUMBER	
INSTITUTION/COMPANY		COMPLETE ADDRESS	
MONTHLY PAYMENT	PAYMENTS MADE ON TIME?	HISTORY OF LATE PAYMENTS?	

HAVE YOU EVER HAD A LIEN OR FINANCIAL JUDGMENT FILED AGAINST YOU?

YES NO

IF YES, EXPLAIN INCLUDING CASE NO., COURT, REASON, AND DISPOSITION:



HAVE YOU EVER HAD ANYTHING REPOSSESSED? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN SUED OR INVOLVED IN CIVIL LITIGATION? YES NO

IF YES, EXPLAIN INCLUDING CASE NO., COURT, REASON, AND DISPOSITION:

HAVE YOU EVER BROUGHT CIVIL SUIT AGAINST ANY INDIVIDUAL, COMPANY, OR ORGANIZATION? YES NO

IF YES, EXPLAIN INCLUDING CASE NO., COURT, REASON, AND DISPOSITION:

HAVE YOU EVER DECLARED BANKRUPTCY? YES NO

IF YES, EXPLAIN INCLUDING CASE NO., COURT, REASON, AND DISPOSITION:

GENERAL BACKGROUND / MISCELLANEOUS

DO YOU NOW HAVE OR HAVE YOU EVER HAD A U.S. PASSPORT? YES NO

IF YES, PROVIDE THE PASSPORT NUMBER: _____

HAVE YOU EVER POSSESSED ANY PISTOL, FIREARMS PERMIT, FIREARMS ID CARD, OR DEALER'S LICENSE IN THIS OR ANY OTHER STATE/COUNTRY? YES NO



IF YES, COMPLETE THE FOLLOWING: PERMIT NUMBER DEALER'S LICENSE NO. ISSUING AGENCY

PERMIT NUMBER	DEALER'S LICENSE NO	ISSUING AGENCY

HAVE YOU EVER HELD ANY ACTIVE OR SILENT CONTROLLING INTEREST IN ANY COMPANY OR BUSINESS ENDEAVOR? YES NO

IF YES, EXPLAIN: _____

IS THERE ANYTHING IN YOUR PAST, NOT ALREADY IDENTIFIED IN THIS APPLICATION, WHICH MAY PROVE TO BE EMBARRASSING TO YOU AND/OR THE DUBOIS CITY POLICE IF YOU WERE TO BE EMPLOYED BY THIS AGENCY? YES NO

IF YES, EXPLAIN: _____

DID ANYONE PROVIDE ADVICE, GUIDANCE, OR OTHER ASSISTANCE TO YOU IN YOUR COMPLETION OF THIS FORMAL APPLICATION? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN REQUIRED TO PAY CHILD SUPPORT? YES NO

IF YES, EXPLAIN INCLUDING CASE NO., COURT, DISPOSITION: _____

HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF OR DEFENDANT IN A PATERNITY PROCEEDING? YES NO

IF YES, EXPLAIN INCLUDING CASE NO., COURT, DISPOSITION: _____



HAVE YOU EVER SLAPPED OR HIT YOUR SPOUSE(S), FIANCE(S), COHABITANT(S) OR GIRL/BOYFRIEND(S)? YES NO

IF YES, EXPLAIN: _____

HAS YOUR SPOUSE(S), FIANCE(S), COHABITANT(S), OR GIRL/BOYFRIEND(S) EVER CALLED THE POLICE REGARDING YOU FOR ANY REASON? YES NO

IF YES, EXPLAIN INCLUDING DATE, REASON, POLICE AGENCY, AND DETAILS FOR EACH OCCURRENCE:

HAVE YOU EVER BEEN A SUBJECT OF A PROTECTION FROM ABUSE ORDER OR INVESTIGATION? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER SLAPPED OR HIT A CHILD? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN A SUBJECT OF A CHILD PROTECTIVE SERVICES INVESTIGATION? YES NO

IF YES, EXPLAIN: _____



HAVE YOU EVER CONSUMED AN ILLEGAL DRUG, CONTROLLED SUBSTANCE, ABUSE PRESCRIPTION DRUG OR TAKEN A PRESCRIPTION DRUG THAT YOU DID NOT HAVE A PRESCRIPTION FOR? YES NO

IF YES, EXPLAIN: _____



AFFIRMATION

I DO SOLEMNLY SWEAR OR AFFIRM THAT I DO NOT ADVOCATE, NOR AM I KNOWINGLY A MEMBER WITH SPECIFIC INTENT TO FURTHER THE AIMS OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR ANY COMBINATION OF PERSONS THAT ADVOCATES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES OR THE GOVERNMENT OF THIS COMMONWEALTH BY FORCE OR VIOLENCE OR OTHER UNCONSTITUTIONAL MEANS, OR SEEKING BY FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THIS COMMONWEALTH, AND THAT I WILL NOT ADVOCATE, NOR WILL I KNOWINGLY BECOME A MEMBER WITH SPECIFIC INTENT, TO FURTHER THE AIMS OF SUCH ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR ANY COMBINATION OF PERSONS, DURING THE PERIOD THAT I AM AN EMPLOYEE OF THE CITY OF DUBOIS..

AND I DO SOLEMNLY SWEAR OR AFFIRM THAT THIS APPLICATION CONTAINS NO MISREPRESENTATION, FALSIFICATION, OMISSIONS, OR CONCEALMENT OF MATERIAL FACT, AND THAT THE INFORMATION GIVEN BY ME IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT ALL INFORMATION AND STATEMENTS GIVEN BY ME ON THIS APPLICATION ARE SUBJECT TO LATER INVESTIGATION. I AM FURTHER AWARE THAT, SHOULD ANY INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION, FALSIFICATION, OMISSION, OR CONCEALMENT OF MATERIAL FACT FROM ANY INFORMATION I SUPPLY AS PART OF MY PROCESSING FOR THIS POSITION, I MAY BE DISQUALIFIED AS AN APPLICANT FOR EMPLOYMENT, AND MY NAME WILL BE REMOVED FROM THE ELIGIBILITY LIST; IF I HAVE BEEN SWORN IN AS A MEMBER/EMPLOYEE OF THE DUBOIS CITY POLICE DEPARTMENT, I MAY BE DISMISSED FROM MY POSITION; AND I AM SUBJECT TO PROSECUTION FOR PERJURY OR OTHER CRIMINAL VIOLATIONS AS PUNISHABLE BY LAW.

NAME: _____

SIGNATURE: _____