

MARITAL

10. Give the following information regarding marriage or marriages:				
When	Where	By Whom	Wife's Maiden Name	
11. If a marriage to which you were a part was dissolved, fill out the following:				
	How	Who Initiated Action	Title, Location, or Court	
Separated				
Divorced				
Annulled				
12. Give the following information concerning your parents and your spouse's parents:				
	Name	Address	Living	Place of Birth
Father				
Mother (Maiden Name)				
Father-in-Law				
Mother-in-Law				
13. List below every child born to you:				
Name	Date of Birth	Place of Birth	With Whom & Where Resides?	
14. Are you supporting all children born to you, adopted by you, or stepchildren?				
Yes <input type="checkbox"/> No <input type="checkbox"/> If not, state detail(s):				

REFERENCES

15. Fill in below the names of three (3) persons not related to you and not former employers who have known you intimately for at least five (5) years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities.

A. _____
Name Years Known Residence Phone

Home Address

Occupation or Profession

Business Phone

Business Address

In what capacity is the above known to you? _____

B. _____
Name Years Known Residence Phone

Home Address

Occupation or Profession

Business Phone

Business Address

In what capacity is the above known to you? _____

C. _____
Name Years Known Residence Phone

Home Address

Occupation or Profession

Business Phone

Business Address

In what capacity is the above known to you? _____

ACQUAINTANCES

16. Fill in below the names of three (3) persons not related to you, and not former employers or references, who are friends, fellow students, or fellow workers. Names listed should be those of persons who have seen you frequently during the past year.

A. _____
Name Years Known Residence Phone

Home Address

Occupation or Profession Business Phone

Business Address

In what capacity is the above known to you? _____

B. _____
Name Years Known Residence Phone

Home Address

Occupation or Profession Business Phone

Business Address

In what capacity is the above known to you? _____

C. _____
Name Years Known Residence Phone

Home Address

Occupation or Profession Business Phone

Business Address

In what capacity is the above known to you? _____

17. Steady girlfriend or boyfriend, whichever is applicable:

Name Residence Phone

Home Address

FAMILY HISTORY

18. Give the names of every member of your immediate family who are still living, including father, mother, sister(s), brother(s):				
Name	Relationship	Address	Telephone	Occupation

19. Has any member of your immediate family ever been arrested for, or convicted of, a felony offense? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give particulars below:			
Name	Relationship	Offense	Place of Arrest

FINANCIAL HISTORY

20. Do you have a savings account? Yes ☐ No ☐ Bank: _____

21. Do you have a checking account? Yes ☐ No ☐ Bank: _____

22. Do you own or are you buying your own home? Yes ☐ No ☐ Amount Invested \$ _____

Bank or Company _____ City & State: _____

23. Do you own or are you buying an automobile? Yes ☐ No ☐ Amount Invested \$ _____

Bank or Company _____ Make: _____ Year _____ License No. _____

24. What income other than salary do you have at present, including spouse's salary? \$ _____

25. List any additional assets not listed above:

26. List all firms with which you have, or have had, charge accounts. List all firms from whom you have borrowed money for any purpose:

A. _____ \$ _____
Name of Firm: _____ Type of Firm: _____ Amount

Firm's Business Address: _____

Date Opened _____ Date Closed _____ Purpose _____

B. _____ \$ _____
Name of Firm: _____ Type of Firm: _____ Amount

Firm's Business Address: _____

Date Opened Date Closed Purpose

C. _____ \$ _____
Name of Firm: _____ Type of Firm: _____ Amount

Firm's Business Address: _____

Date Opened Date Closed Purpose

D. _____ \$ _____
Name of Firm: _____ Type of Firm: _____ Amount

Firm's Business Address: _____

Date Opened Date Closed Purpose

E. _____ \$ _____
Name of Firm: _____ Type of Firm: _____ Amount

Firm's Business Address: _____

Date Opened Date Closed Purpose

F. _____ \$ _____
Name of Firm: _____ Type of Firm: _____ Amount

Firm's Business Address: _____

Date Opened Date Closed Purpose

27. Do you have any other debts not listed above? If so, please list and give nature of same:

PERSONAL HISTORY STATEMENT

28. Have you ever been sued? Yes ☐ No ☐ If yes, state full details:

RESIDENCE

29. List addresses since your tenth (10th) birthday or last 15 years (whichever is the least) beginning with your present address at top:

From Month / Year	To Month / Year	Address (Street, City, State)	Rented from Whom (Include Address)

WORK HISTORY

30. List all jobs you have held in the last ten (10) years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. _____
Name & Address of Employer

_____ \$ _____
Name & Title of Your Supervisor Salary per Month

_____ Your Duties

From: _____ To: _____ Number Supervised (if applicable) _____
Month & Year Month & Year

Reason for Leaving: _____

B. _____
Name & Address of Employer

_____ \$ _____
Name & Title of Your Supervisor Salary per Month

_____ Your Duties

From: _____ To: _____ Number Supervised (if applicable) _____
Month & Year Month & Year

Reason for Leaving: _____

C. _____
Name & Address of Employer

Name & Title of Your Supervisor \$ _____
Salary per Month

Exact Title or Position Your Duties
From: _____ To: _____ Number Supervised (if applicable) _____
Month & Year Month & Year
Reason for Leaving: _____

D. _____
Name & Address of Employer

Name & Title of Your Supervisor \$ _____
Salary per Month

Exact Title or Position Your Duties
From: _____ To: _____ Number Supervised (if applicable) _____
Month & Year Month & Year
Reason for Leaving: _____

E. _____
Name & Address of Employer

Name & Title of Your Supervisor \$ _____
Salary per Month

Exact Title or Position Your Duties
From: _____ To: _____ Number Supervised (if applicable) _____
Month & Year Month & Year
Reason for Leaving: _____

F. _____
Name & Address of Employer

Name & Title of Your Supervisor \$ _____
Salary per Month

Exact Title or Position Your Duties
From: _____ To: _____ Number Supervised (if applicable) _____
Month & Year Month & Year
Reason for Leaving: _____

G. _____
Name & Address of Employer

Name & Title of Your Supervisor \$ _____
Salary per Month

Exact Title or Position Your Duties
From: _____ To: _____ Number Supervised (if applicable) _____
Month & Year Month & Year
Reason for Leaving: _____

31. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service?

Yes ☐ No ☐ If yes, state details: _____

32. Do you object to wearing a uniform? Yes ☐ No ☐

33. Do you object to working nights? Yes ☐ No ☐

34. Have you had experience with shift work? Yes ☐ No ☐

35. Have you ever filed a claim for workman's compensation? Yes ☐ No ☐

If yes, state details: _____

36. List below any extended absences from work you have had because of personal illness and describe the cause(s):

37. List below every employment examination you have taken. If none, so state):

Agency	Approximate Date of Examination	Position of List	Status

38. Have you previously submitted an application for employment with another police department?

Yes ☐ No ☐ If yes, what is the name of the police department(s) and date of application?

MILITARY

39. Have you ever served in a military or naval organization of the United States: Yes ☐ No ☐

40. Give branch of service: _____ Company _____

Regiment: _____ Division: _____ Ship: _____

41. What is your Service Number? _____

42. Highest rank held: _____

43. How many periods of active military service have you had? _____

44. Give period or periods of active military service:

From	To	From	To
From	To	From	To
From	To	From	To
From	To	From	To

45. Give date & location of entrance of active duty: _____

46. List all medals and decorations awarded you as a member of the armed forces:

47. What is the type of your discharge (honorable, dishonorable, medical, honorable conditions, etc.

Be exact: _____

48. What Give date & location of discharge: _____

49. What If you have had no military service, give reason(s): _____

50. Are you now or were you ever an active or inactive member of any branch of the United States Reserve Forces?

Yes ☐ No ☐ If yes, Active ☐ or Inactive ☐

Branch _____ Unit _____ Rank _____

Address _____

From _____ To _____

51. Are you now or were you ever a member of the National Guard? Yes ☐ No ☐

State _____ Regiment _____ Unit _____ Rank _____

Address _____

From _____ To _____ Type of Discharge _____

52. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces?

Yes ☐ No ☐ If yes, explain: _____

53. Were List any disciplinary action taken against you in the National Guard or other reserve unit:

54. What is your present draft classification? _____ Date of Expiration _____

Draft Board Number & Location: _____

EDUCATION

55. Indicate below the schools you have attended and courses completed. If you cannot remember, say so. It is not necessary to write to the school for information.

Name of School Address (City & State)	No. of Full Years Work Completed Years Completed	<u>Dates Attended</u> <u>From – To</u> (mo/yr)	Graduate Yes or No	Principal or Dean

56. Were you ever expelled or suspended from any school or were you ever disciplined by any school official?

Yes ☐ No ☐ If yes, give particulars below:

MEDICAL

57. List all physicians, surgeons, psychiatrists, or psychologists that you have been treated by or seen. Include their addresses and telephone numbers. Also, state the reason for the examination/surgery. **Note:** Only areas that will affect your ability to perform police duties will be investigated in more detail. Other areas will be held in strict confidence.

58. List all hospitals where you have been treated, the reason for treatment, and the date of treatment:

59. Do you have any physical disabilities at this time or have you ever had any? Yes ☐ No ☐

If yes, state details: _____

60. Have you ever possessed and/or smoked marijuana, hashish, PCP, or any other illegal substance?

Yes ☐ No ☐ If yes, explain: _____

61. Have you ever used any other illegal drugs, opiates, pills, etc.? Yes ☐ No ☐

If yes, what were the circumstances: _____

62. Have you ever been treated for alcoholism or drug addiction or confined in any institution for either of these conditions? Yes ☐ No ☐ If yes, explain:

CRIMINAL / TRAFFIC

Answer all of the following questions completely and accurately. Any falsification or misstatement of fact may be sufficient to disqualify you.

63. Have you ever been arrested or detained by police? Yes ☐ No ☐ If yes, state details below:

A.

Crime Charged	Police Agency
Date	Disposition of Case

B.

Crime Charged	Police Agency
Date	Disposition of Case

64. Have you ever had a criminal complaint filed against you which did not involve police arrest or involvement?

Yes ☐ No ☐ If yes, state details: _____

65. Have you ever been placed on probation? Yes ☐ No ☐ If yes, state details: _____

66. Have you ever been required to pay a fine? Yes ☐ No ☐ If yes, state details: _____

67. Have you ever been reported as a missing person or a runaway? Yes ☐ No ☐ If yes, state complete details, including jurisdiction, dates, and outcome: _____

68. If you have ever been fingerprinted by a police agency, other than for an arrest, give details below. Your answers will be checked with the F.B.I. and other agencies:

Agency: _____ Date: _____ Purpose: _____

Agency: _____ Date: _____ Purpose: _____

Agency: _____ Date: _____ Purpose: _____

69. Can you operate a motor vehicle? Yes ☐ No ☐

70. Do you possess a valid operator's license from Delaware? Yes ☐ No ☐

Operator's License Number: _____ Year Issued: _____

71. Did you ever possess an operator's license issued by any state other than Delaware? Yes ☐ No ☐

If yes, give State and number: _____

72. Was your license ever suspended or revoked? Yes ☐ No ☐

If yes, state which and give reason(s): _____

73. Was your license ever restored? Yes ☐ No ☐ When? _____

74. Have you ever been refused an operator's license by any state? Yes ☐ No ☐

If yes, state details: _____

75. Have you ever been involved in a motor vehicle accident? Yes ☐ No ☐
If yes, state complete details for each accident whether collision or non-collision:

A. Date: _____ Police Investigation: Yes ☐ No ☐
Location: _____ Cause of Accident: _____
Injury or Non-Injury: _____ Who was legally at fault? _____

B. Date: _____ Police Investigation: Yes ☐ No ☐
Location: _____ Cause of Accident: _____
Injury or Non-Injury: _____ Who was legally at fault? _____

C. Date: _____ Police Investigation: Yes ☐ No ☐
Location: _____ Cause of Accident: _____
Injury or Non-Injury: _____ Who was legally at fault? _____

76. List below all traffic citations you have received, exclude parking:

Location (City & State)	Approximate Date	Nature of Violation	Penalty or Disposition

77. If it became necessary in the course of police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs? Yes ☐ No ☐

MISCELLANEOUS

78. Are you proficient in typing and basic computer skills? Yes ☐ No ☐

I hereby certify that all statements made in this questionnaire are true and complete and understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in Full

Date Completed