

APPLICANT INFORMATION

Name (Last, First, Middle) _____

Date of Birth _____ Driver's License Number and State _____

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Telephone Number _____ Work _____ other (pager, cell, etc) _____

Current Employer _____

Employment Address _____

City _____ County _____ State _____ Zip Code _____

Email Address _____

Email Address _____

Email Address _____

INTERNET MEMBERSHIPS

In the space below list any Internet social networking site(s) to which you are a member, such as MySpace, Facebook etc. Indicate whether or not your profile is public or private. If private provide your username and password.

Internet Site	Public or Private	Your Username	Your Password

YOUR BIOGRAPHICAL DATA

Full Name _____ Social Security Number _____

Aliases/Nickname _____

Maiden Name/Previously Used Names _____

Place of Birth (City, State/Country) _____

Address or current place of residence _____

Citizenship: United States Other _____

Naturalization Date _____ Certificate Number _____

Height ____ Weight ____ Race ____ Gender ____ Hair color ____ Eye Color ____

List Scars, Marks Tattoos or Other Identifying Characteristics. List where the tattoo is located, the design and color.

Parent/Guardian Information Mother Father Other Guardian

Name (Last, First, Middle) _____ _____ _____

Maiden Name _____ N/A _____

Address (Street) _____ _____ _____

City, State & Zip Code _____ _____ _____

Date of Birth (If known) _____ _____ _____

Living (✓) Yes No Yes No Yes No

Children: (List all children you have either fathered, mothered, or had legal responsibility for during your life and contact information for each parental mate)

<u>Child's name</u>	<u>Age</u>	<u>Gender</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Parental mate</u>	<u>Address</u>	<u>Telephone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

List at least three references, **DO NOT** list relatives or current Clearwater Police Officers.

Name (Last, First, Middle) _____

Mailing Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

Employer _____ Telephone Number _____

Email address _____

Name (Last, First, Middle) _____

Mailing Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

Employer _____ Telephone Number _____

Email address _____

Name (Last, First, Middle) _____

Mailing Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

Employer _____ Telephone Number _____

Email address _____

List the names of persons in Law Enforcement, (and their agency) that you are acquainted with.

Name	Agency
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EDUCATION INFORMATION

HIGH SCHOOL

Name of High School _____ Dates Attended _____

Address (Street, City, State) _____

Diploma Received (✓) Yes No Highest Grade Completed _____

High School Equivalency/G.E.D. (✓) Yes No Date _____ Certificate # _____

COLLEGE / UNIVERSITY ATTENDED

1

2

College/University _____

Address (Street) _____

(City) _____

(State) _____

(Zip Code) _____

Dates Attended: _____

Total Credits Earned: _____

Degree Received: _____

Date Graduated: _____

Major: _____

Minor: _____

CIVILIAN SPECIALIZED TRAINING, SKILLS OR QUALIFICATIONS

Type of Training, Skills or Qualifications

Provided By (Name and Address of Organization, School, etc.) _____

Certification, License or Diploma Received (✓) Yes No Date _____

How did you hear about the Clearwater Police Department? Check all that apply.

- Career Fair Which Career Fair? _____
- Friend
- Internet
- Media
- CPD Employee
- Family Member
- Other

SECTION I: BACKGROUND ISSUES

RESIDENCES

List your residences for the past ten years, beginning with your present residence. Be as accurate as possible.

Address: _____
City, State, Zip: _____
County _____
Date from: _____ to: _____
Landlord: _____

Address: _____
City, State, Zip: _____
County _____
Date from: _____ to: _____
Landlord: _____

Address: _____
City, State, Zip: _____
County _____
Date from: _____ to: _____
Landlord: _____

Address: _____
City, State, Zip: _____
County _____
Date from: _____ to: _____
Landlord: _____

Address: _____
City, State, Zip: _____
County _____
Date from: _____ to: _____
Landlord: _____

Address: _____
City, State, Zip: _____
County _____
Date from: _____ to: _____
Landlord: _____

Address: _____
City, State, Zip: _____
County _____
Date from: _____ to: _____
Landlord: _____

Address: _____
City, State, Zip: _____
County _____
Date from: _____ to: _____
Landlord: _____

EMPLOYMENT HISTORY

1. Have you ever applied to or been employed by The Clearwater Police Department?
 Yes No (if yes, explain)

2. What do you feel may hinder or prohibit you from being appointed to this Department?

3. Have you ever been employed with another police department or law enforcement agency? Yes No (if yes, explain)

4. Have you ever applied to any other police department or law enforcement agency? Yes No (if yes, explain)

5. Have you ever been rejected as an applicant for any police department or law enforcement agency? Yes No (if yes, explain)

MILITARY SERVICE

Branch of Service: Army Air Force Navy Marines Coast Guard Other (specify)

Entrance Date _____ Discharge Date _____

Highest Rank Held _____

Type of Discharge (other than medical) _____

If less than Honorable, explain

While in Military Service, were you ever investigated, detained, apprehended, or did you receive any type of discipline? Include fines, extended duty, loss of rank, etc.

Are you claiming Veterans Preference? Yes _____ No _____

If you are interested in receiving Veteran's Preference, you must submit your DD 214 during your first contact interview at the Training Center. Qualified veterans are guaranteed an interview for a position for which they apply and meet the qualifications for the position, but are not guaranteed to be hired for the job. Spouses of veterans may also receive preference, and must submit a copy of their marriage license with the DD 214 paperwork.

What is/was your military job description? _____

MILITARY TRAINING, SKILLS OR QUALIFICATIONS

Date(s) & Types of Training, Skills or Qualifications received.

CURRENT/MOST RECENT EMPLOYER

(List **ALL** employers, beginning with the current or most recent.)

1. Name of Employer _____ Telephone _____
Address _____
City State Zip
Dates Employed From _____ To _____ Full Time Part Time
(Hrs per week _____) Position Held _____
Salary: Starting _____ Ending _____
Reason for Leaving _____

Employer email _____

PREVIOUS EMPLOYER(S)

2. Name of Employer _____ Telephone _____
Address _____
City State Zip
Dates Employed From _____ To _____ Full Time Part Time
(Hrs per week _____) Position Held _____
Salary: Starting _____ Ending _____
Reason for Leaving _____

Employer email _____

3. Name of Employer _____ Telephone _____
Address _____
City State Zip
Dates Employed From _____ To _____ Full Time Part Time
(Hrs per week _____) Position Held _____
Salary: Starting _____ Ending _____
Reason for Leaving _____

Employer email _____

4. Name of Employer _____ Telephone _____
Address _____
City State Zip
Dates Employed From _____ To _____ Full Time Part Time
(Hrs per week _____) Position Held _____
Salary: Starting _____ Ending _____
Reason for Leaving _____

5. Name of Employer _____ Telephone _____
Address _____
City State Zip
Dates Employed From _____ To _____ Full Time Part Time
(Hrs per week _____) Position Held _____
Salary: Starting _____ Ending _____
Reason for Leaving _____

Employer email _____

6. Name of Employer _____ Telephone _____
Address _____
City State Zip
Dates Employed From _____ To _____ Full Time Part Time
(Hrs per week _____) Position Held _____
Salary: Starting _____ Ending _____
Reason for Leaving _____

Employer email _____

7. Name of Employer _____ Telephone _____
Address _____
City State Zip
Dates Employed From _____ To _____ Full Time Part Time
(Hrs per week _____) Position Held _____
Salary: Starting _____ Ending _____
Reason for Leaving _____

Employer email _____

8. Name of Employer _____ Telephone _____
Address _____
City State Zip
Dates Employed From _____ To _____ Full Time Part Time
(Hrs per week _____) Position Held _____
Salary: Starting _____ Ending _____
Reason for Leaving _____

Employer email _____

9. Name of Employer _____ Telephone _____
Address _____
City State Zip
Dates Employed From _____ To _____ Full Time Part Time
(Hrs per week _____) Position Held _____
Salary: Starting _____ Ending _____
Reason for Leaving _____

Employer email _____

10. Name of Employer _____ Telephone _____
Address _____
City State Zip
Dates Employed From _____ To _____ Full Time Part Time
(Hrs per week _____) Position Held _____
Salary: Starting _____ Ending _____
Reason for Leaving _____

Employer email _____

11. Name of Employer _____ Telephone _____
 Address _____
 _____ City _____ State _____ Zip _____
 Dates Employed From _____ To _____ Full Time Part Time
 (Hrs per week _____) Position Held _____
 Salary: Starting _____ Ending _____
 Reason for Leaving _____

 Employer email _____

WORK RECORD / ETHICS

1. Have you ever been discharged from any employment for reasons other than medical? Yes No (if yes, explain)

2. Have you ever resigned from a previous employer to avoid termination (discharge or firing) or while under investigation? Yes No (if yes, explain)

3. Have you ever been threatened or involved in a physical confrontation with a co-worker or supervisor? Yes No (if yes, explain)

4. What person or employer may not give you a good recommendation? Why?

FINANCIAL / CREDIT ISSUES

1. Have you had any debts/bills that have been turned over to a collection agency?
 Yes No (if yes, explain and list total amount owed. Do you have arranged payments)?

2. Are any creditors pressing you for payment?
 Yes No (if yes, explain)

3. Have you ever declared or filed bankruptcy?
 Yes No (if yes, explain)

4. Have you ever been evicted from a residence?
 Yes No (if yes, explain)

5. Have you ever had anything repossessed?
 Yes No (if yes, explain)

6. Are you currently behind on alimony and/or child support payments?
 Yes No (if yes, indicate terms and amounts)

MOTOR VEHICLE CRASHES AND TRAFFIC RECORD / INFORMATION

Do you have a valid drivers license? ____ How long have you been driving? ____

State of Issuance _____ License # _____

List all motor vehicle crashes, you have had as the operator of a vehicle. Include dates, if investigated by the police, and if a ticket was issued.

1. Do you have any lawsuits pending because of a motor vehicle crash?

2. Were you (as the operator) consuming any alcohol, taking prescription medication, or under the influence of any illegal drugs at the time of any motor vehicle crash?
 Yes No (if yes, explain)

3. Have you ever been involved in a reported or unreported hit-and-run motor vehicle accident?
 Yes No (if yes, explain)

4. Have you ever possessed a driver's license from another State?
 Yes No (if yes, explain)

5. Has your license ever been suspended or revoked?
 Yes No (if yes, explain)

6. Have you ever been denied vehicle insurance or has your auto insurance ever been canceled?

Yes No (if yes, explain)

7. List **ALL** traffic tickets (**NOT** parking tickets) you have received in this State or any other State.

8. Have you ever received a moving or parking ticket that you have not paid?

Yes No (if yes, explain)

ARREST INFORMATION

1. Have you ever been questioned, detained, taken into custody, arrested or convicted for any violation of the law as a juvenile? Yes No (if yes, explain)

2. Have you ever been questioned, detained, taken into custody, arrested or convicted for any violation of the law as an adult? Yes No (if yes, explain)

3. Have you ever had any criminal charge(s) expunged or dismissed?

Yes No (if yes, explain)

4. Have you ever been served a Summons, Notice to Appear, or Citation that was not traffic related that requested you to appear in court?

Yes No (if yes, explain)

5. Have you ever been in jail, training school, family counseling, anger management, community service, etc. because of a motor vehicle or criminal charge?

Yes No (if yes, explain)

6. Have you ever fled from police to avoid arrest, or have you ever resisted arrest?

Yes No (if yes, explain)

7. Have you ever been arrested for an outstanding traffic or criminal warrant?

Yes No (if yes, explain)

8. Do you have any existing criminal, domestic, or traffic warrants?

Yes No (if yes, explain)

Section II – DOMESTIC ISSUES

Marital Status Married Single Divorced Separated Widowed Other _____

Current Spouse's Full Name _____ Maiden Name _____

Name of Spouse's Employer _____ Telephone Number _____

(List the same data for each former spouse, significant other, or domestic cohabitant. Use supplemental page if necessary)

Full Name _____ Maiden Name _____

Current Address _____

Telephone Number _____ Length of Relationship _____

Date of Separation _____

Full Name _____ Maiden Name _____

Current Address _____

Telephone Number _____ Length of Relationship _____

Date of Separation _____

Full Name _____ Maiden Name _____

Current Address _____

Telephone Number _____ Length of Relationship _____

Date of Separation _____

Full Name _____ Maiden Name _____

Current Address _____

Telephone Number _____ Length of Relationship _____

Date of Separation _____

1. Have you ever been accused of domestic violence, or been served an Ex-Parte Order, Protection from Abuse Order or any similar protection order to prevent domestic violence? Yes No (if yes, explain)

2. Have you ever been involved in any assault with a spouse, former spouse, family member, boyfriend or girlfriend? Yes No (if yes, explain)

3. Have you ever intentionally or maliciously damaged the personal property of a spouse, former spouse, family member, boyfriend or girlfriend?
 Yes No (if yes, explain)

4. Have you ever used a weapon of any type during a domestic dispute?
 Yes No (if yes, explain)

5. Have you followed another person in a manner that may have created a sense of fear for their personal safety (Stalking)? Yes No (if yes, explain)

6. Have you ever been accused of making harassing or obscene telephone calls?
 Yes No (if yes, explain)

7. Have you ever been accused of harassing or stalking anyone?
 Yes No (if yes, explain)

8. Have you ever inflicted physical pain or suffering on a parent?
 Yes No (if yes, explain)

9. Have you ever pushed, shoved, slapped or used any physical force on a family member, significant other, boyfriend or girlfriend during a dispute?
 Yes No (if yes, explain)

10. Have you ever been involved in any incident that could be considered domestic violence? Yes No (if yes, explain)

Section III – SEXUAL ISSUES

1. Have you ever had sexual contact with another person who was 16 years of age or younger at the time? If yes, explain the circumstances, your age and your partner's age at the time of each occurrence.
 Yes No

2. After reaching your 18th birthday, have you ever had sexual contact with another person who was under 16 years of age at the time of occurrence? If yes, explain the circumstances, your age and your partners age at the time of each occurrence.
 Yes No

3. Are you now collecting or have you ever collected or produced child pornography?
 Yes No (if yes, explain)

4. Have you ever used a computer or any other electronic device to collect, manufacture or distribute child pornography?
 Yes No (if yes, explain)
-
-
-
5. Have you ever attempted to contact a child for a sexual purpose with a computer or any electronic device? Yes No (if yes, explain)
-
-
-
6. Have you ever had sexual contact with an animal? Yes No (if yes, explain)
-
-
-
7. Other than your spouse, have you ever had any sexual contact with a family member? Yes No (if yes, explain)
-
-
-
8. Have you ever had sexual contact with a person, either by force or threat of injury, against that individual's will or consent? Yes No (if yes, explain)
-
-
-
9. Have you ever had sexual contact with someone who was unable to consent due to a temporary or permanent disabling condition (intoxicated, physically or mentally incapacitated etc.)? Yes No (if yes, explain)
-
-
-
10. Have you ever been involved in an act of indecent exposure?
 Yes No (if yes, explain)
-
-
-

11. Have you ever employed a minor for sexual services?
 Yes No (if yes, explain)
-
-
-
12. Have you ever profited from or organized the services of a prostitute?
 Yes No (if yes, explain)
-
-
-
13. Have you employed the services of a prostitute? Yes No (if yes, explain how frequently and the date of the last incident.)
-
-
-

Section IV – CRIMINAL ISSUES

For the purpose of this investigation, the following crimes will be considered within the definition of **SERIOUS CRIMES**:

- MURDER** Committing the crime of murder or any unlawful act involving the taking of the life of another human being (solicitation to commit murder, voluntary and involuntary manslaughter etc.).
- ROBBERY** Participating in the crime of robbery (with or without a weapon of any type, acting as a look-out or being a conspirator in the robbery etc.).
- ARSON** Involvement in the crime of arson (setting a fire or causing an explosion).
- THEFT** Involvement in the theft of property or services of \$500.00 or greater
- AGGRAVATED ASSAULT** Participating in any assault incident with a dangerous or deadly weapon.

NOTE: *Be sure to acknowledge participation, commission, arrest, conviction or questioning for any of the following acts.*

1. Have you ever been involved in the act of unlawfully taking the life of another human being? Yes No (if yes, explain)

2. Have you ever participated in any act of kidnapping, abducting or holding another person against their will? Yes No (if yes, explain)

3. Have you ever participated in any act of assault by striking another person with the intent to hurt the other person? Yes No (if yes, explain)

4. Have you ever participated in any act involving hurting, harming, or attempting to hurt or harm another person using a weapon or other object?
 Yes No (if yes, explain)

5. Have you ever participated in any act involving hurting, harming, abusing, striking or injuring any person under the age of eighteen (18)? Yes No (if yes, explain)

6. Have you ever participated in any act of inflicting pain or suffering to an animal which was not the result of, self defense, medical treatment, or lawful hunting?
 Yes No (if yes, explain)

7. Have you ever participated in any act involving the use of a firearm, knife, deadly weapon, physical force, threats, or intimidation in order to steal or take property from another person? Yes No (if yes, explain)

8. Have you ever participated in any act involving the unlawful possession or manufacture of any explosive substance or devices? Yes No (if yes, explain)

9. Have you ever participated in any act of starting a fire or causing an explosion to damage any property? Yes No (if yes, explain)

10. Have you ever participated in any act of making a false bomb threat or false fire alarm? Yes No (if yes, explain)

11. Have you ever participated in any act of illegally entering any building, structure, or residence? Yes No (if yes, explain)

12. Have you ever participated in any act involving entering or remaining on the property of another with the intent to commit a crime? Yes No (if yes, explain)

13. Have you ever stolen anything from the Government? Yes No (if yes, explain)

14. Have you ever stolen anything from an employer? Yes No (if yes, complete/explain below)

<u>EMPLOYER</u>	<u>ITEM(S)</u>	<u>VALUE</u>	<u>FREQUENCY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Have you ever stolen money from any employer at any time?
 Yes No (if yes, explain) (if no, skip to question 18)

16. What is the largest amount of money you have stolen from an employer at one time?

17. How frequently have you stolen money from an employer (daily, weekly, twice a month etc.)?

18. Have you ever stolen anything from a parent or other family member's?

Yes No (if yes, explain) (if no skip to question 21)

19. What is the largest amount of money you have stolen from a family member?

20. How frequently have you stolen money from a family member? (daily, weekly, twice a month etc.)?

21. Have you ever shoplifted or stolen anything? Yes No (if yes, complete/explain)

AGE

ITEM

VALUE

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22. Have you ever participated in any act involving breaking into a coin operated device to steal cash or merchandise? Yes No (if yes, explain)

23. Have you ever participated in any act which involved breaking into or entering a vehicle of any kind, including cars, vans, or motor homes, in order to steal any cash, property or merchandise? Yes No (if yes, explain)

24. Have you ever participated in any act involving theft of a vehicle or any auto parts, use of a vehicle without the owners consent, or joy riding in a stolen vehicle? Yes No (if yes, explain)

25. Have you ever participated in any act of purchasing, acquiring or receiving any item or property knowing or believing it to be stolen? Yes No (if yes, explain)

26. Have you ever participated in any act involving the unlawful possession of any machine gun, sawed off shotgun or rifle, armor piercing ammunition, silencer, stolen or altered firearm of any kind? Yes No (if yes, explain)

27. Have you ever participated in any act involving, receiving, or obtaining any services (i.e. cable, electric, water, etc.) without paying for it? Yes No (if yes, explain)

28. Have you ever participated in any act involving the forgery of any writing document, signature, money, legal document, license, contract, credit card, check, security agreement, will, deed, or any deed of trust with the intention to defraud any person or business? Yes No (if yes, explain)

29. Have you ever participated in any act of fraudulently using any credit card or credit card number?

Yes No (if yes, explain)

30. Have you ever participated in any act of filing or making a falsified insurance claim? Yes No (if yes, explain)

31. Have you ever participated in any act involving telling any lie, falsehood, or misrepresenting any fact while under oath or upon sworn or notarized statement?

Yes No (if yes, explain)

32. Have you ever participated in any act relating to filing a false report to any police department? Yes No (if yes, explain)

33. Have you ever participated in any act involving disturbing the peace, including using abusive or profane language to incite a breach of the peace, fighting in a public place, or threatening another person in a public place?

Yes No (if yes, explain)

34. Have you ever participated in any act involving the intentional damage or destruction of any property belonging to another person? Yes No (if yes, explain)

35. Have you ever participated in any act involving the impersonation of a police officer, law enforcement official, or other government official?
Yes No (if yes, explain)

36. Have you ever participated in any act involving bribing or attempting to bribe any Police officer or government employee? Yes No (if yes, explain)

37. Have you ever participated in any act involving fleeing from, running from, or evading, by any means, including foot or by vehicle, a police officer who is attempting to arrest, detain or question you or any other person?
Yes No (if yes, explain)

38. Have you ever participated in any act involving resisting a police officer or any other law enforcement official in making any arrest or detention of any person, including yourself? Yes No (if yes, explain)

39. Have you ever been part of any group that was involved in any illegal activities (street gangs, hate groups, organized militia)?
Yes No (if yes, explain)

40. Have you ever participated in any act of defacing a religious institution or public institution (including graffiti etc.)? Yes No (if yes, explain)

41. Have you ever participated in any act involving illegal gambling? Yes No
(if yes, explain)

42. How much money do you spend on legal or illegal gambling per month?

Section V – ILLEGAL DRUGS

Report all past and present involvement with illegal drugs and substance usage by completing the following questions.

Have you ever illegally used?

<u>Have you ever illegally used?</u>	Number of times	Date of First Use	Date of Last Use	Method of Ingestion
Anabolic Steroids <input type="checkbox"/> Yes <input type="checkbox"/> No				
Inhalants <input type="checkbox"/> Yes <input type="checkbox"/> No				
Marijuana <input type="checkbox"/> Yes <input type="checkbox"/> No				
LSD <input type="checkbox"/> Yes <input type="checkbox"/> No				
Cocaine (Powder) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Heroin <input type="checkbox"/> Yes <input type="checkbox"/> No				
Phencyclidine (PCP) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Methamphetamine <input type="checkbox"/> Yes <input type="checkbox"/> No				
Amphetamines <input type="checkbox"/> Yes <input type="checkbox"/> No				
Barbiturates <input type="checkbox"/> Yes <input type="checkbox"/> No				
Crack Cocaine <input type="checkbox"/> Yes <input type="checkbox"/> No				
Prescription Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other(s) (✓) <input type="checkbox"/> Yes <input type="checkbox"/> No				

1. Have you ever been arrested for a violation of any drug law? Yes No (if yes, provide date (s) and indicate final disposition.

2. Have you had any involvement in any illegal drug sale (i.e. direct selling, distribution, packaging, storing, transporting or acting as a “lookout” during the sale of any illegal drug or controlled dangerous substance)?

Yes No If yes, drug/substance sold?

_____ How often? _____

_____ How often? _____

_____ How often? _____

3. Have you ever purchased any illegal drugs? Yes No If yes, frequency and amount?

4. List every friend or family member who you now associate with, that may be involved with illegal drugs.

5. Have you ever used a drug prescribed to another person?

Yes No (if yes, explain)

6. Have you ever used or obtained a forged prescription? Yes No (if yes, explain)

7. Are there any issues or incidents in your life not addressed in this section regarding your involvement with illegal drugs or substances?

Motivation and Character

Write a paragraph on why you want to become a police officer.

Why do you want to be an officer in Clearwater?

What are your strengths?

What are your weaknesses?

If you are accepted for employment by the Clearwater Police Department you will be required to work 1st, 2nd, 3rd, or Alternative/Open shift. Will any of these present a problem for you?

Yes _____ No _____

The work schedule will also require you to work on Saturdays, Sundays, and Holidays. Will this present a problem for you?

Yes _____ No _____

You have now completed the first contact questionnaire. You should stop for a moment, think about your answers, and insure that you have accurately portrayed all of the information that was requested. Should you now recall any information that was requested which you did not place in the booklet, go back now and make the necessary corrections.

By signing this application, I am affirming that the answers are true and accurate. Further, I understand that any false statement in this document may be grounds for me to be disqualified as an applicant or dismissed as an employee, regardless of when the falsity of my statement is discovered.

Signature: _____ Date _____

Interviewers Comments

First Contact Interview Date: _____

Aptitude Score _____

Interviewers Score _____

Comments: _____
