

Gooding Police Department

Personal History Statement Applicant Form and Instructions

Revised April, 2017

APPLICATION FOR EMPLOYMENT

The City of Gooding is an Equal Opportunity/Affirmative Action Employer. It is our policy to recruit, hire and promote qualified and qualifiable persons without regard to race, sex, religion, national origin, age or disability.

Give special attention to experience relative to the job in which you are applying. Be specific and thorough. Include all relevant temporary, part-time or volunteer work.

Instructions for Completing Personal History Statement Form

The Gooding Police Department requires that you *personally* complete this form. Please note that your ability to complete this form in a neat, timely, and accurate fashion is a part of the background investigation process. It is *your responsibility* to make sure that you have read and understood each question, and that you have answered truthfully and completely. The Department uses this form, among other things, to determine your legal qualifications for the position for which you are applying. In addition the Gooding Police Department has an obligation to itself and to the citizens of its service area to ensure that persons who are not qualified for this position will be excluded lawfully from further consideration. If there is not enough room to answer a question, use the lined pages (19-20) at the end of the Personal History Statement. Be sure to provide the number of the question you are answering. Because it differs from some of the Personal History Statements forms with which you already may be familiar, you should use care in answering the questions on this form. You may not attach portions of other Personal History Statement forms, resumes, or applications in

substitution for information required on this form. Please be as specific as possible in your answers. Also remember that there is no such thing as a perfect person or perfect candidate. As your prospective employer, we are not looking for perfection; rather, we want an open and honest opportunity to evaluate your qualifications fairly for this position. You are responsible for the accuracy of information on this form. It is *your responsibility* to make certain that the information is complete and correct. Please note that deliberate misstatements or omissions on this form will result in your application being rejected, regardless of the nature or reason for the misstatements/ omissions. Read questions *thoroughly* before answering. If you do not understand a question, ask any staff member in Personnel to clarify the question for you.

Illegal drugs

When responding to questions about any prior use of *illegal drugs*, you should identify the drug or controlled substance used, when you *last* used the drug, and the number of times used... that is the only information required. Do not furnish any identifying information about controlled substances that are

lawfully prescribed to you, unless you were arrested for driving under the influence of that drug. In such cases, do *not* identify the drug in question.

For questions regarding the use of illegal drugs, remember that the legal term “possession” includes *any* use whatsoever. Possession includes using, experimenting with, trying, ingesting, smoking, injecting, or being under the influence of illegal drugs. It also includes drugs that were in your possession, in your clothing or in your car, even if you did not “use” them on that occasion. Possession specifically would include substances *you thought* were illegal drugs when you possessed them, even if they subsequently turned out to be harmless.

Legal questions

All applicants applying for employment with the Gooding Police Department, are required to disclose their prior involvement in illegal acts. You are required to disclose acts that you have *committed* even if you were never caught, arrested or prosecuted. In many cases, your responses will be subject to verification by polygraph examination. Inconsistent statements you make in this document and during your polygraph undoubtedly will result in your disqualification.

You are required to answer questions about misdemeanors and felonies you may have committed at any time in your life. With respect to questions about legal processes initiated against you (detentions, arrests, plea bargains, diversions and/ or convictions), you may have a legal right to answer “No” to certain of these questions. You should consult with your attorney if you feel that you may be legally entitled to deny these processes under the law.

Make a copy

You are encouraged to make a copy of your completed form for your own records. Your completed form is treated as a highly confidential document and will not be shared with anyone outside of the Gooding Police Department. The original, signed form becomes a permanent part of your background file and will not be released to any other party without your signed authorization or by order of a competent court.

Mail or bring all documents to Police Personnel at the following address. If you have any questions, contact Police Personnel.

GOODING POLICE DEPARTMENT

Attn: Police Personnel

308 5th Avenue West • Gooding, Idaho 83330

Phone: (208) 934-8436

Personal History Statement Form

City of Gooding
Gooding Police Department
308 5th Avenue West
Gooding, ID 83330

Phone: (208) 934-8436
Fax: (208) 934-8933
Web: www.goodingidaho.org

PERSONAL:

The following information is required of you for verification and contact purposes:

1. Your Name (Please Print) _____
Last First Middle

Other names (including nicknames) you have used or been known by:

2. List the address where you now reside:

Number Street City State Zip Code

3. List the telephone number(s) where you can be contacted:

Home _____ Work _____

Hours you may be contacted _____ Hours you may be contacted _____

E-Mail address: _____ Cell Phone No. _____

4. Birthdate _____

5. The City/County /State in which you were born _____

6. Are you a U.S. Citizen? Yes No

EDUCATION:

7. The position you have applied for may have certain educational requirements. List the following information concerning your educational background. Your educational background also may qualify you for higher salary placement in sworn positions.

Name of high school last attended: _____ City/State _____

Dates: _____ Diploma GED

College or university attended: _____ Units Completed _____

Field of Study _____ Degree? Yes No Date Attended _____

College or university attended: _____ Units Completed _____

Field of Study _____ Degree? Yes No Date Attended _____

College or university attended: _____ Units Completed _____

Field of Study _____ Degree? Yes No Date Attended _____

8. Were you ever suspended, expelled or dismissed for academic disqualification from any high school, college or university?
 Yes No

If yes, please explain _____

9. Check any of the following professional certificates you possess which relate to your qualifications for this position:

Reserve Academy Basic Police Academy Detention Firefighter E.M.T./Paramedic

10. If you possess a basic or intermediate POST law enforcement certificate, please provide location and date obtained.

List any other professional certifications you possess: _____

11. Other than English, do you speak/understand any languages fluently? Yes No If yes, please list

EMPLOYMENT

12. Your employment history is a critical part of your background. You must account for each and every job you have held in the past, whether full-time, part-time or voluntary. Begin with your present or most recent job and work backward. You must be as specific as possible about your reasons for leaving. Do not use "personal reasons."

PRESENT Employer's name/address _____

Telephone number: _____ Supervisor's name _____

Start Date _____ End Date _____ Starting salary _____ Ending salary _____

Your job title _____ Full time Part time Volunteer

Co-workers' names - list three 1. _____ Cell# _____

2. _____ Cell# _____

3. _____ Cell# _____

Why do you want to leave? _____

May we contact your present employer? Yes No If no, please explain _____

Employer's name/address _____

Telephone number: _____ Supervisor's name _____

Start Date _____ End Date _____ Starting salary _____ Ending salary _____

Your job title _____ Full time Part time Volunteer

Co-workers' names - list three 1. _____ Cell# _____

2. _____ Cell# _____

3. _____ Cell# _____

Why did you leave? _____

May we contact this employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

SIGNATURE OF APPLICANT

I certify that all information given on this application is true, correct, and complete to the best of my knowledge. I also certify that I have accounted for all of my work, experience, and training on this application, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

The City of Gooding is hereby authorized to make any investigation of my employment, educational or background history through investigative agencies or bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.

If employed by the City of Gooding, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily and/or regularly work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor.

I have read and reviewed the description of the job for which I am applying. I understand that I must be capable of performing the essential functions of the job effectively and safely, with or without reasonable accommodation.

I also understand that my employment may be subject to the successful completion of an employment physical examination, and that my continued employment may be conditioned upon satisfactorily continuing to meet job-related physical and mental requirements. If requested, I agree to submit to a job-related physical examination performed by a qualified medical person of the City of Gooding's choice. Such exam shall be paid for by the City of Gooding. I also agree that all information concerning said physical examination can be supplied to the City of Gooding, or an authorized agent of this municipality, upon their request.

I further understand that the City of Gooding is committed to providing a safe, productive, and efficient work environment and to employing a work force free from the use of illegal drugs, either on or off the job. The City of Gooding has established a pre-employment drug and alcohol testing policy. Pre-employment testing of applicants: As a condition of hiring, applicants will be required to submit to a pre-employment drug and alcohol test conducted by the City of Gooding's authorized representative. Applicants will provide a urine sample for drug testing. Breath alcohol testing will be performed by an evidential breath testing device. The test results will be maintained in a confidential file, and only released to the City of Gooding, its representatives, or as otherwise authorized or required by law. The applicant releases the City of Gooding and its representatives from all liabilities relating to the drug testing carried out under this policy, including, without limitation, the release of the test results. Any applicant who fails to report for a test, refuses to take a test, fails to provide a specimen, tampers with a test specimen or who is identified with verified positive test results will be denied employment at that time. Applicants identified with verified positive test results may reapply after one (1) year from the date of the initial test with proof of successful completion of a rehabilitation program through a state-licensed facility.

I understand that this is an application for employment and that no employment contract, either express or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any or no reason, and is subject to change in wages, conditions, benefits, and operating policies.

Date: _____ Signature of Applicant: _____

11. Social Security Number _____ In accordance with the Federal Privacy Act of 1974 disclosure is voluntary. Your SSN will be used to ensure that proper records are obtained. If naturalized, date you applied for citizenship: _____

12. For the purpose of identification, provide the following:
Height _____ Weight _____ Hair Color _____ Eye Color _____
Tattoos or other marks – do NOT list scars of medical origin:

RELATIVES, REFERENCES, AND ACQUAINTANCES:

Persons who know you will be contacted and asked to comment on your suitability for this position. Inquiries will be on job-relevant matters.

13. Please list the persons identified below. If the category is not applicable, write "NA"

| Full Name | Address where the person can be contacted, State and zip code | Telephone numbers |
|---------------------|---|----------------------------|
| Father _____ | _____ | Day: _____ Night: _____ |
| Mother _____ | _____ | Day: _____ Night: _____ |
| Fiancé _____ | _____ | Day: _____ Night: _____ |
| Spouse _____ | _____ | Day: _____ Night: _____ |
| Date Married _____ | _____ | |
| Former Spouse _____ | _____ | Day: _____ Night: _____ |
| Date Divorced _____ | _____ | |

14. List other living members of your immediate family in the following order: Your children, in-laws, brothers, sisters, step-parents, etc. Please state ages of children if applicable.

| | Telephone numbers |
|---|-----------------------------|
| Full Name and address where the person can be contacted (include State and zip code) _____ _____ | Day: _____ Night: _____ |
| Relationship to you _____ Occupation: _____ | Work: _____ |
| Email address _____ | Cell: _____ Other: _____ |
| Full Name and address where the person can be contacted (include State and zip code) _____ _____ | Day: _____ Night: _____ |
| Relationship to you _____ Occupation: _____ | Work: _____ |
| Email address _____ | Cell: _____ Other: _____ |
| Full Name and address where the person can be contacted (include State and zip code) _____ _____ | Day: _____ Night: _____ |
| Relationship to you _____ Occupation: _____ | Work: _____ |
| Email address _____ | Cell: _____ Other: _____ |

15. Long-time acquaintances. List four individuals who have known you for five years or more. Do not include relatives of your immediate family or former employment supervisors. (Examples include long time family, friends, etc.)

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
_____ Night: _____
Relationship to you _____ Occupation: _____ Work: _____
Email address _____ Cell: _____
Other: _____

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
_____ Night: _____
Relationship to you _____ Occupation: _____ Work: _____
Email address _____ Cell: _____
Other: _____

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
_____ Night: _____
Relationship to you _____ Occupation: _____ Work: _____
Email address _____ Cell: _____
Other: _____

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
_____ Night: _____
Relationship to you _____ Occupation: _____ Work: _____
Email address _____ Cell: _____
Other: _____

16. Social peers. List four individuals who are your social friends and who have seen you frequently during the past year. Do not include relatives.

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
_____ Night: _____
Relationship to you _____ Occupation: _____ Work: _____
Email address _____ Cell: _____
Other: _____

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
_____ Night: _____
Relationship to you _____ Occupation: _____ Work: _____
Email address _____ Cell: _____
Other: _____

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
_____ Night: _____
Relationship to you _____ Occupation: _____ Work: _____
Email address _____ Cell: _____
Other: _____

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
_____ Night: _____
Relationship to you _____ Occupation: _____ Work: _____
Email address _____ Cell: _____
Other: _____

RESIDENCES:

17. In section (a), furnish information concerning places you have lived during the past ten years. Begin with where you live now and work backward.

| <i>17a. Street Address, City, State, Zip</i> | <i>No of Years</i> | <i>Name of landlord or owner</i> | <i>Telephone No.</i> | <i>From/to</i> |
|--|--------------------|----------------------------------|----------------------|----------------|
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

In section (b), list the name, current address and telephone number for person(s) with whom you have lived (excluding spouse and children) at the respective residence in question 17a. Do not include barracks mates in the military unless you shared a single room or off-base housing.

| <i>17b. Name of roommate</i> | <i>Current Address</i> | <i>Telephone No.</i> | <i>From/to</i> |
|------------------------------|------------------------|----------------------|----------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

17c. In section c, list neighbors with respect to your residences in question 17a.

| <i>Neighbors</i> | <i>Address</i> | <i>Telephone No.</i> |
|------------------|----------------|----------------------|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

18. Have you ever been denied the refund of more than 50% of any security or damage deposit by any landlord? Yes No
If yes, explain _____

19. While on duty or at work have you ever consumed alcohol or illegally ingested any controlled substances that may have violated company rules, or policies or regulations set by your employer? Yes No
If yes, explain: _____

20. Have you ever engaged in sexual activity on-duty or at work? Yes No
If yes, explain: _____

21. Have you ever been involuntarily terminated from a job (including layoffs, firings, forced or requested resignations or probationary release?) Yes No
If yes, give details. (DO NOT list any separation which resulted from a medical inability). _____

22. Has anyone, including any employer, ever investigated you or your work performance? This includes complaints from a coworker, supervisor, subordinate, member of the public or because of an audit? If yes, give the complete details of each incident below. Use pages 19-20 if necessary. Yes No
If yes, give the complete details of each incident below:
Date: _____ Nature of complaint/investigation: _____
Date: _____ Nature of complaint/investigation: _____
Date: _____ Nature of complaint/investigation: _____
Date: _____ Nature of complaint/investigation: _____
Were the complaints/investigations against you sustained? Yes No
If yes, what was the result of the investigation and what discipline resulted? _____

Have you *ever* been the subject of *any* disciplinary action by an employer, including formal reprimands, warnings or suspensions? Yes No
If yes, give details: _____

23. Have you ever applied for another position in law enforcement and/or tested with Public Safety Testing? Yes No
If yes, give the agency name, approximate date you applied and the status of your application.

24. List other persons employed in law enforcement who may be familiar enough with you to offer an opinion as to your suitability. Also list Gooding Police Department officers you know.

| <i>Name</i> | <i>Agency</i> | <i>Telephone Number</i> |
|-------------|---------------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

MILITARY:

25a. If you are an adult and were a U.S. citizen or resident alien on your 18th birthday, you must have registered with the Selective Service within 90 days of your 18th birthday. Have you registered, and can your registration be verified?

Yes No

Selective Service registration number _____

If you don't know your Selective Service Registration number, and/or want to verify it, call 847-688-6888.

25b. Have you ever served in the military? _____ Service branch _____

25c. Date entered military service: _____ Type of discharge: _____

25d. Date discharged: _____ Year in which your DD214 was issued: _____

25e. Your rank when discharged: _____ Were you ever reduced in rank? _____

25f. Highest rank held: _____

25g. Were you ever the subject of any judicial or non-judicial punishment(s) while in the Armed Forces? Yes No

If yes, please explain _____

25h. Include any Article 15's you may have received and the outcome. Explain the details of each episode below (include the nature of the offense and the punishment prescribed): _____

25i. To what unit were you last assigned? _____

25j. List any military personnel who would be familiar with your performance and provide a telephone number where they may be contacted: _____

25k. Are you still participating in any Military Reserve or National Guard Unit? Yes No

Unit _____

If yes, indicate your supervisor and phone number _____

25l. List any awards or decorations you received while in the military: _____

25m. List any illegal drugs used or possessed while in the military: _____

FINANCIAL

Your responsibility in incurring and meeting your financial obligations reflects upon your dependability and good judgment.

26. Have your wages ever been garnished? Yes No

If yes, please explain _____

27. Have any of your bills been turned over for collection? Yes No

If yes, why, and has that debt been satisfied? _____

28. Have any goods you purchased been repossessed? Yes No

If yes, please explain _____

29. Have you ever been delinquent on income or other tax payments? Yes No

If yes, please explain _____

30. Have you ever filed for bankruptcy? Yes No

If yes, please explain

Location of Bankruptcy Court in which your petition was filed: _____

Has the bankruptcy been fully discharged? Yes No

What was the amount of debt that was discharged? _____

31. Have you ever been or are you now delinquent on any court ordered payment(s)? (i.e., child support, alimony, etc.), Yes No

If yes, please explain _____

32. Please list any other financial situations or circumstances that you feel might need to be explained.

Yes No

33. Please provide the following information concerning your **monthly** income/payments

| | |
|-------------------------------|------------------------------------|
| Your salary (gross) _____ | Real estate mortgage payment _____ |
| Your salary (net) _____ | Rent payment _____ |
| Spouse's salary (gross) _____ | Automobile loan payment(s) _____ |
| Spouse's salary (net) _____ | Other long term loan(s) _____ |

Other income _____

Credit cards/revolving credit _____

Other income _____

Child Support _____

TOTAL MONTHLY NET INCOME: _____ Other _____

34. Please provide the following information concerning your **overall** finances.

Assets

Liabilities

| | |
|-------------------------|-------------------------------|
| Checking _____ | Real estate Mortgage _____ |
| Savings _____ | Automobile loans _____ |
| Personal property _____ | Credit Cards _____ |
| Real estate _____ | Student loans _____ |
| Automobiles _____ | Other liabilities/loans _____ |
| Other assets _____ | |

TOTAL ASSETS: _____ TOTAL LIABILITIES: _____

LEGAL:

Disclosure of Arrests and Convictions

Please disclose any of the following which occurred on or after your 15th birthday, even if the records were *sealed, expunged, dismissed* or *pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed If more space is needed, continue on page 19-20.

35. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?**

.....
 Yes No

If yes, explain each incident.

A) Approximate Date _____ Arresting or Detaining Agency _____
Charge _____

Disposition or Penalty _____

B) Approximate Date _____ Arresting or Detaining Agency _____
Charge _____

Disposition or Penalty _____

C) Approximate Date _____ Arresting or Detaining Agency _____
Charge _____

Disposition or Penalty _____

D) Approximate Date _____ Arresting or Detaining Agency _____
 Charge _____
 Disposition or Penalty _____

- 36. Have you ever been placed on court probation as an adult?
 Yes No
- 37. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? Yes No
- 38. Have you ever been a party in a non-work related civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.) as either a plaintiff or defendant?
- 39. Have the police ever been called to your home for any reason?
 Have you or your spouse/partner ever been referred to Child Protective Services?
- 41. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?
- 42. 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? Yes No
- 43. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? Yes No
- 44. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered yes to any of Questions 36–44, explain (include court case or document, dates, and circumstances; indicate corresponding number):

45. UNDETECTED ACTS – PART 1

Within the past **ten (10)** years **OR** at any time after you were first employed in law enforcement, have you ***EVER*** committed any of the following misdemeanors?

- A) Annoying / obscene phone calls Yes No
- B) Battery (use of force or violence upon another) Yes No
- C) Brandishing a weapon (any type of weapon) Yes No
- D) Carrying a concealed weapon without a permit Yes No
- E) Contributing to the delinquency of a minor Yes No
- F) Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes No
- G) Driving under the influence of alcohol and/or drugs Yes No
- H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes No
- I) Hit & run collision (no injuries) Yes No
- J) Hunting/fishing without a license Yes No
- K) Illegal gambling Yes No
- L) Impersonating a peace officer (pretending to be a police officer) Yes No
- M) Indecent exposure (including flashing or mooning) Yes No
- N) Joyriding (using a car or other vehicle without owner's permission) Yes No
- O) Petty theft (value up to \$400, including shoplifting/switching price tags, illegally downloading music or videos) Yes No
- P) Possession of alcohol as a minor Yes No
- Q) Possession of falsified or altered identification, including use of another person's ID (for any reason). Yes No
- R) Possession of stolen property (including vehicles)
- S) Prostitution or soliciting a prostitute
- T) Resisting arrest (including running from the police)
- U) Trespassing
- V) Vandalism (including "tagging," malicious mischief and/or property damage) Yes No
- W) Intentionally writing a bad check Yes No
- X) Filing a false police report Yes No
- Y) Any other act amounting to a misdemeanor within the past ten years Yes No

If you answered yes to **any** item(s) in **Question 45**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (45-A, etc.) for each explanation.

46. UNDETECTED ACTS – PART 2

At any time in your life have you **EVER** committed any of the following?

- A) Arson (intentionally destroying property by setting a fire) Yes No
- B) Assault with a deadly weapon Yes No
- C) Theft of a vehicle and/or vehicle parts Yes No
- D) Burglary (entering a structure or vehicle to commit theft or other crime) Yes No
- E) Child molestation (performing unlawful acts with a child) Yes No
- F) Accessing and/or possessing child pornography Yes No
- G) Elder abuse/neglect Yes No
- H) Embezzlement (theft of money or other valuables entrusted to you) Yes No
- I) Felony drunk driving (involving injuries) Yes No
- J) Forcible rape or other act of unlawful intercourse Yes No
- K) Forgery (falsifying any type of document, check certificate, license, currency, etc.) Yes No
- L) Hit & run (with injuries) Yes No
- M) Hate crime Yes No
- N) Insurance fraud Yes No
- O) Internet fraud (illegal downloading of music and/or videos) Yes No
- P) Grand theft (value of over \$400, or any firearm) Yes No
- Q) Murder, homicide, or attempted murder Yes No
- R) Perjury (lying under oath) Yes No
- S) Possession of an explosive/destructive device
- . . T) Robbery (theft from another person using a weapon, force, or fear)
- . . U) Stalking
- Blackmail or extortion
- V) Any other act amounting to a felony Yes No

If you answered **YES** to any item(s) in **Question 46**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (*46-A, etc.*) for each explanation.

Questions 47 and 48 ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- Amphetamines / Methamphetamines
(*Uppers, Speed, Crank, etc*)
- Barbiturates (Downers)
- Cocaine / Crack Cocaine
- Designer Drugs
(*Ecstasy, Synthetic Heroin, Spice, Bath Salts, etc.*)
- GHB (*Date Rape Drug*)
- Glue
- Hallucinogens
(*Peyote, LSD, Mushrooms*)
- Hashish / Hashish Oil
- Heroin / Opium
- Marijuana
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)

47. Within the past six months, have you used any drug(s) as indicated above? Yes No

48. If yes, give details, including drug(s) used, number of times, over what time period(s), and circumstances:

49. **Prior to the past six months** (check all that apply):

- I have never used any drug recreationally.
- I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.).

If checked, give details including drug(s) used, estimated number of times, over what time period(s), and circumstances.

- I used illegal drugs on a regular basis (from one to several times a week or more).

If checked, indicate the time period(s) of drug use and the drug(s) used and frequency of use.

50. Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana (check all that apply)?

- Sold Purchased Cultivated
- Manufactured Furnished Carried or held for another

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

MOTOR VEHICLE:

51. Give your current driver's license information as indicated below:

Driver's license number _____ State of issue: _____
Name that appears on this license _____

52. Have you held a driver's license in another State or County? Yes No

Driver's license number _____ State of issue: _____
Name that appears on this license _____ Expiration date _____

Driver's license number _____ State of issue: _____
Name that appears on this license _____ Expiration date _____

Driver's license number _____ State of issue: _____
Name that appears on this license _____ Expiration date _____

53. Have you ever been refused a driver's license in any state or country? Yes No

If yes, explain: _____

54. Has your driving privilege and/or license ever been suspended, revoked or restricted? Yes No

If yes, explain: _____

55. Has your driver's license ever been revoked for late or non-payment of child support? Yes No

If yes, explain: _____

56. Have you operated a motor vehicle while YOU believe you were under the influence of alcohol and/or drugs? Yes No

If yes, give details _____

57. Have you ever been charged with Failure to Appear or Failure to Pay a Fine as a result of a citation you have received? Yes No

If yes, give details: _____

58. List all traffic citations (excluding parking tickets) you have received within the past 10 years even if they were subsequently dismissed or you were found not guilty.

Date and location where issued _____ Violation _____
Issuing Agency _____ Disposition of Citation _____

Date and location where issued _____ Violation _____
Issuing Agency _____ Disposition of Citation _____

Date and location where issued _____ Violation _____
Issuing Agency _____ Disposition of Citation _____

Date and location where issued _____ Violation _____
Issuing Agency _____ Disposition of Citation _____

Date and location where issued _____ Violation _____
Issuing Agency _____ Disposition of Citation _____

Date and location where issued _____ Violation _____
Issuing Agency _____ Disposition of Citation _____

58. List all traffic collisions within the past 10 years in which you were the driver:

Date of collision _____ Location of accident _____
Law-enforcement agency investigation _____

Were you at fault for the accident? Yes No Were you issued a citation? Yes No

If yes, explain _____

Date of collision _____ Location of accident _____
Law-enforcement agency investigation _____

Were you at fault for the accident? Yes No

Were you issued a citation? Yes No

If yes, explain _____

Date of collision _____ Location of accident _____

Law-enforcement agency investigation _____

Were you at fault for the accident? Yes No

Were you issued a citation? Yes No

If yes, explain _____

Date of collision _____ Location of accident _____

Law-enforcement agency investigation _____

Were you at fault for the accident? Yes No

Were you issued a citation? Yes No

If yes, explain _____

Date of collision _____ Location of accident _____

Law-enforcement agency investigation _____

Were you at fault for the accident? Yes No

Were you issued a citation? Yes No

If yes, explain _____

59. Are your vehicles licensed in Idaho? Yes No

60. Idaho State Code requires every vehicle operated in Idaho to have liability insurance.

List your insurance carrier, policy number and expiration date. _____

61. Has your automobile insurance ever been cancelled? Yes No

If yes, indicate reason: _____

GENERAL TOPICS:

General topics related to other issues that have not been addressed specifically elsewhere on this form.

62. Have you ever called in sick when you were in fact not sick or caring for a family member who was sick? Yes No

If yes, explain: _____

63. Have you ever been implicated in the sexual harassment of a superior, co-worker or subordinate employee? Yes No

If yes, explain: _____

64. Has an employer of yours ever been sued as a result of your conduct or duties (this would include vehicle collisions in your employer's vehicles, persons injured or killed as a result of your duties, claims of false arrest, unlawful imprisonment, excessive use of force, etc.)? Yes No

If yes, explain: _____

65. List any friends, roommates, associates or relatives, past and present, which have been convicted of a felony or participated in a criminal act. Give a brief explanation of your relationship to the person and criminal activity in which they are or were involved.

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

67. 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

68. 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

69. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No

70. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No

71. Are you now, or have you ever been, a member of any organized association, movement, group, or combination of persons which advocated or advocates the overthrow of our constitutional form of government by any means other than the democratic procedures provided by our form of government? Yes No

72. Are you now, or have you ever been, a member of any organized association, movement, group, or combination of persons which advocated or advocates acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means? Yes No

73. Are you now associating with, or have you ever associated with, any individuals, including relatives, who you know or have reason to believe are, or have been, members of any of the type of organizations identified above? Yes No

If you answered YES to any of Questions 65 - 73, give details including dates and circumstances; indicate corresponding number.

74. Have you ever used or possessed any illegal drug, controlled substance, or prescription drugs not lawfully prescribed to you? Yes No

If yes, give dates, location and circumstance _____

75. I understand that the City of Gooding is a “drug free” workplace and I will be subject to the drug test as outlined in Gooding City “drug free” workplace policy and as outlined in policies and procedures of the Gooding Police Department.

Date: _____ Applicant’s Signature _____

76. Is there anything we have not discussed which YOU believe would have an effect on your background investigation?

77. All applicants: We will be conducting an extensive investigation into your suitability for employment in this position. Please describe in detail anything else you feel is important for your background investigator to know.

I certify that all statements and information made by me in completing this form are true to the best of my knowledge. I personally have completed this form and understand that deliberate errors or misstatements may cause my application to be rejected. I also understand that erroneous information will negate any conditional offers and may result in my termination at a later date if I am hired.

Date: _____ Applicant's Signature _____

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