

Required Documents

Instructions: Please read these instructions carefully. Your ability to follow instructions accurately and in a timely manner is part of the background investigations process. Please note that all the items covered on this list are your responsibility to obtain and should be sent to the address indicated above. It may take several weeks to arrange for the some of these documents, so begin working on them at once! Do not delay completing your Personal History Statement form or other application materials while waiting for these documents!

The following documents ***must*** be mailed from the issuing institution or agency directly to the ***McCall Police Department***. These must be certified or official copies which have a raised or original seal.

- Your birth certificate (available from the City/County Registrar of Births or the State Vital Statistics Office. Note: if you were born outside the United States, you will need to show either you ***original*** Certificate of Naturalization or your U. S. Passport to your background investigator.
- Official high school transcripts, whether or not you graduated (available from the high school, district or records office)
- Official college transcripts from ***each*** college and university you have attended, whether or not you graduated.

The following should be mailed to or brought to our office (only one item per page, please).

- A copy of your high school diploma, G.E.D. Certificate or Certificate of High School Proficiency.
- A copy of any college diplomas you possess.
- A copy of your Social security Card
- A copy of your current drivers licenses
- Proof of automobile liability insurance
- Proof of Selective Service registration (if male and born after January 15, 1960).
- A copy of your ***DD214 Long Form*** if you were in the military, along with any awards or decorations you received.
- If you have been married, a copy of your County-issued Marriage Certificate for ***each*** marriage, (available from the county registrar).
- For any marriages dissolved, a copy of the final Dissolution/Annulment order for ***each*** marriage dissolved
- A copy of any traffic collisions reports in which you have been named as a driver within the past 3 years.
- A copy of an police reports in which you were arrested. Note, if you are not applying for a ***police officer*** position you need furnish only copies of arrests which ***resulted in convictions***.
- Copies of other certificates, awards, recognitions, etc. you would like considered.

ACKNOWLEDGMENT

I have received a copy of this form and understand that is my responsibility to arrange for all of the documents above which apply to me. Failure to promptly arrange for these documents will result in my application being dropped from consideration for this position.

Dated: _____ Signature: _____

Instructions for Completing Personal History Statement Form

The McCall 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.

This Department uses this form, among other things, to determine your legal qualifications for the position for which you are applying. In addition, the McCall 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.

You may choose to either hand write or type the information in the spaces provided. If there is not enough room to answer a question, please attach additional 8½ x 11 sheets of white paper as needed. 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, résumés, 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 your background investigator 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 and when you *last* used the drug--that is the only information required. Do not furnish any identifying information about controlled substances that are lawfully prescribed to you, unless your 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 McCall 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 McCall 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.

Personal History Statement Form

I. 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
Mailing if different from above _____
3. List the telephone number(s) where you can be contacted:
Home _____ Work _____
Hours you may be contacted _____ Hours you may be contacted _____
4. E-mail address: _____
5. Birthdate _____ The City/County/State in which you were born _____
6. Are you a U.S. Citizen? Yes No
7. 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: _____

8. 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

II. 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.

8. Please list the persons identified below. If they are no longer living or the category is not applicable, write "NA"

<i>Full Name</i>	<i>Mailing address where the person can be contacted, State and zip code</i>	<i>Telephone numbers</i>
Father _____	_____	Day: _____ Night: _____
Mother _____	_____	Day: _____ Night: _____
Fiancé/Fiancée _____	_____	Day: _____ Night: _____
Spouse _____	_____	Day: _____ Night: _____
Year Married _____	_____	Night: _____
Former Spouse _____	_____	Day: _____
Year Divorced _____	_____	Night: _____

II. RELATIVES, REFERENCES, AND ACQUAINTANCES (cont'd.):

9. List other living members of your immediate family in the following order: Your children, in-laws, brothers, sisters, stepparents, etc.

Full Name and mailing address where the person can be contacted, (include State and zip code)	Telephone numbers
_____ Day: _____	
_____ Night: _____	
Relationship to you _____ Occupation: _____	Other: _____
Full Name and mailing address where the person can be contacted, (include State and zip code)	Telephone numbers
_____ Day: _____	
_____ Night: _____	
Relationship to you _____ Occupation: _____	Other: _____
Full Name and mailing address where the person can be contacted, (include State and zip code)	Telephone numbers
_____ Day: _____	
_____ Night: _____	
Relationship to you _____ Occupation: _____	Other: _____
Full Name and mailing address where the person can be contacted, (include State and zip code)	Telephone numbers
_____ Day: _____	
_____ Night: _____	
Relationship to you _____ Occupation: _____	Other: _____
Full Name and mailing address where the person can be contacted, (include State and zip code)	Telephone numbers
_____ Day: _____	
_____ Night: _____	
Relationship to you _____ Occupation: _____	Other: _____

10. 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 supervisors. (Examples include long time family friends, etc.)

Full Name and mailing address where the person can be contacted, (include State and zip code)	Telephone numbers
_____ Day: _____	
_____ Night: _____	
Relationship to you _____ Occupation: _____	Other: _____
Full Name and mailing address where the person can be contacted, (include State and zip code)	Telephone numbers
_____ Day: _____	
_____ Night: _____	
Relationship to you _____ Occupation: _____	Other: _____

II. RELATIVES, REFERENCES, AND ACQUAINTANCES (cont'd.):

Full Name and mailing address where the person can be contacted, (include State and zip code) _____ Telephone numbers _____
 _____ Day: _____
 _____ Night: _____
 Relationship to you _____ Occupation: _____ Other: _____
Full Name and mailing address where the person can be contacted, (include State and zip code) _____ Telephone numbers _____
 _____ Day: _____
 _____ Night: _____
 Relationship to you _____ Occupation: _____ Other: _____

11. 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 mailing address where the person can be contacted, (include State and zip code) _____ Telephone numbers _____
 _____ Day: _____
 _____ Night: _____
 Relationship to you _____ Occupation: _____ Other: _____
Full Name and mailing address where the person can be contacted, (include State and zip code) _____ Telephone numbers _____
 _____ Day: _____
 _____ Night: _____
 Relationship to you _____ Occupation: _____ Other: _____
Full Name and mailing address where the person can be contacted, (include State and zip code) _____ Telephone numbers _____
 _____ Day: _____
 _____ Night: _____
 Relationship to you _____ Occupation: _____ Other: _____
Full Name and mailing address where the person can be contacted, (include State and zip code) _____ Telephone numbers _____
 _____ Day: _____
 _____ Night: _____
 Relationship to you _____ Occupation: _____ Other: _____

III. EDUCATION:

12. 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 _____ Degree? Yes No Date Attended _____
 College or university attended: _____
 Units Completed _____ Degree? Yes No Date Attended _____
 College or university attended: _____
 Units Completed _____ Degree? Yes No Date Attended _____

13. Were you ever suspended, expelled or dismissed for academic disqualification from any high school, college or university?
 Yes No If yes, please explain _____

III. EDUCATION (cont'd):

14. 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

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

List any other professional certifications you may hold: _____

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

IV. RESIDENCES:

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

16a.	Street Address, City, State	No. of Years	Name of landlord or owner	Current Address	Telephone No.

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 during the period. Do not include barracks mates in the military unless you shared a single room or off-base housing.

16b.	Name of roommate	Current Address	Telephone No.	From/to

16c. In section **c**, list neighbors with respect to your residences in question 16a.

Neighbors	Address	Telephone No.

17. 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 _____

V. EMPLOYMENT

18. 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 Voluntary
Co-workers' names/address – list three: 1. _____
2. _____ 3. _____
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 Voluntary
Co-workers' names/address – list three: 1. _____
2. _____ 3. _____
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 Voluntary
Co-workers' names/address – list three: 1. _____
2. _____ 3. _____
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 Voluntary
Co-workers' names/address – list three: 1. _____
2. _____ 3. _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

V. EMPLOYMENT (cont'd):

Employer's name/address _____

Telephone number: _____ Supervisor's name _____

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

Your job title _____ Full time Part time Voluntary

Co-workers' names/address – list three: 1. _____

2. _____ 3. _____

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 Voluntary

Co-workers' names/address – list three: 1. _____

2. _____ 3. _____

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 Voluntary

Co-workers' names/address – list three: 1. _____

2. _____ 3. _____

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 Voluntary

Co-workers' names/address – list three: 1. _____

2. _____ 3. _____

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 Voluntary

Co-workers' names/address – list three: 1. _____

2. _____ 3. _____

Why did you leave? _____

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

V. EMPLOYMENT (cont'd):

Employer's name/address _____

Telephone number: _____ Supervisor's name _____

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

Your job title _____ Full time Part time Voluntary

Co-workers' names/address – list three: 1. _____

2. _____ 3. _____

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 Voluntary

Co-workers' names/address – list three: 1. _____

2. _____ 3. _____

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 Voluntary

Co-workers' names/address – list three: 1. _____

2. _____ 3. _____

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 Voluntary

Co-workers' names/address – list three: 1. _____

2. _____ 3. _____

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 Voluntary

Co-workers' names/address – list three: 1. _____

2. _____ 3. _____

Why did you leave? _____

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

V. EMPLOYMENT (cont'd):

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 any employer ever investigated you or your work performance as a result of a complaint from a co-worker, supervisor, subordinate or member of the public? Yes No If yes, what discipline was imposed? _____

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? Yes No

If yes, give the agency name, the approximate date you applied and what happened to 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 McCall Police Department officers you know.

Name *Agency* *Telephone Number*

VI. MILITARY:

25a. If you are 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: _____

VII. FINANCIAL

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

26. Have your wages ever been garnisheed? 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 _____

VII. FINANCIAL (con't.)

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 Date: _____ Amount: _____
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. _____

33. Please provide the following information concerning your monthly finances:
 Your salary (gross) _____ Real estate mortgage payment _____
 Your salary (net) _____ Rent payment _____
 Spouse's salary (gross) _____ Car 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 expenditures _____
34. Please provide the following information concerning your overall finances.
 Assets _____ Liabilities _____
 Checking _____ Real estate Mortgage _____
 Savings _____ Auto loans _____
 Personal property _____ Amounts owed _____
 Real estate _____ Other liabilities/loans _____
 Automobiles _____
 Other Assets _____

 TOTAL ASSETS: _____ TOTAL LIABILITIES: _____

VIII. LEGAL:

Your involvement in civil and criminal proceedings may have a direct bearing on your legal eligibility to hold this position. However, some arrests or even conviction(s) may not automatically disqualify you from further consideration. Furnish the following information. All applicants should note that criminal records, including misdemeanor and certain other convictions that have been sealed or expunged by court order need not be reported. However, felony convictions whether expunged or pardoned must be reported, as well as withheld convictions.

35. Have you ever been arrested, detained for investigation, or cited by any law enforcement agency, either as a juvenile or s an adult?
 Yes No If yes, give approximate date, agency involved and nature of arrest or detention. Do not include minor traffic
 infractions in this category: _____

VIII. LEGAL (cont'd)

36. Have you ever been convicted of, or pled guilty to, any criminal offense, including military court martial? Yes No
If yes, give the nature of the offense, the arresting agency, approximate date of conviction and your sentence: _____

37. Have you ever been placed on probation by a court of law? Yes No If yes, please explain. _____

38. Have you ever been required to appear in juvenile court for an act that would have been a crime if committed by an adult?
 Yes No If yes, please explain _____

39. Have you ever been sued in court or have you ever sued anyone else in court? This includes incidents arising from your employment, divorce actions, small claims, or other suits. Do NOT list the nature of this suit if it involves worker's compensation or disability claims. Yes No If yes, please explain _____

40. Have you settled any civil suits out of court in which you, your insurance company or anyone else on your behalf were required to make a cash payment to the other party? Yes No If yes, please explain _____

41. Have you ever been the subject of any federal or state civil rights investigation? Yes No If yes, please explain _____

42. Have you ever been the subject of a civil restraining order, protection order, or no contact order? Yes No If yes, please explain _____

43. To the best of your knowledge, are you currently under investigation by any law-enforcement agency concerning any alleged violation of criminal law? Yes No If yes, please explain _____

VIII. LEGAL (cont'd)

44. Check any misdemeanors that you have committed whether detected or not. Please use separate sheet of paper to explain the circumstances of each offense.

- Hunting/Fishing without a license
- Poaching
- Concealing a weapon w/o a permit
- Prostitution
- Soliciting a prostitute
- DUI
- Vandalism
- Possession of a false identification
- Harassing phone calls
- Petit theft/Shoplifting
- Indecent exposure
- Illegal gambling
- Resisting arrest
- Trespassing
- Domestic battery
- Brandishing a weapon
- Possession of controlled substance
- Impersonating a police officer
- Disorderly
- Assault/battery
- Hit and run (no injuries)
- Joyriding
- Possession of stolen property

Other (explain): _____

Please check any felonies you have committed whether detected or not. Please use back side of this page to explain the circumstances of each offense.

- Murder
- Rape
- Embezzlement
- Arson
- Robbery
- DUI
- Burglary
- Aggravated Assault
- Grand theft
- Forgery
- Auto theft
- Child Abuse
- Domestic violence
- Other sexual assault
- Hit and run with injuries
- Possession of stolen property
- Cultivation/manufacture/possession of controlled substances

Other: _____

45. Have you ever been required to register as a Sex Offender? yes No If yes, provide dates and location:

46. Have you ever struck someone else in anger? Yes No If yes, explain _____

IX. MOTOR VEHICLE

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

Driver's license number _____ State of issue: _____

Expiration date _____ Name that appears on this license _____

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

Driver's license number _____ State of issue: _____

Expiration date _____ Name that appears on this license _____

Driver's license number _____ State of issue: _____

Expiration date _____ Name that appears on this license _____

Driver's license number _____ State of issue: _____

Expiration date _____ Name that appears on this license _____

49. Have you ever been refused a driver's license in any state or country? Yes No If yes, give details on back.

50. Has your driving privilege ever been suspended, revoked or restricted? Yes No If yes, give details on back.

51. Has your drivers license ever been revoked for late or non-payment of child support? Yes No

52. 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: _____

IX. MOTOR VEHICLE (con't.)

53. 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: _____

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

Date issued _____ Violation _____
Issuing Agency _____ Disposition of Citation _____

Date issued _____ Violation _____
Issuing Agency _____ Disposition of Citation _____

Date issued _____ Violation _____
Issuing Agency _____ Disposition of Citation _____

Date issued _____ Violation _____
Issuing Agency _____ Disposition of Citation _____

Date issued _____ Violation _____
Issuing Agency _____ Disposition of Citation _____

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

Date of collision _____ Location of accident _____
Law enforcement agency investigating _____
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 investigating _____
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 investigating _____
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 investigating _____
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 investigating _____
Were you at fault for the accident? Yes No Were you issued a citation? Yes No
If yes, explain _____

56. Do you currently have a vehicle licensed in Idaho? Yes No

57. Idaho State Code requires every vehicle operated in Idaho to have liability insurance.
List your insurance carrier, policy number and expiration date _____

IX. MOTOR VEHICLE (con't.)

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

If yes, indicate reason: _____

59. Has your driver’s license ever been suspended for failure to appear for a scheduled court date? Yes No

If yes, please explain _____

X. GENERAL TOPICS

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

60. 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 _____

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

If yes, explain _____

62. 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 _____

63. Have you ever used or possessed any illegal drug, controlled substance, or other prescription not lawfully prescribed to you?

Yes No If yes, give dates, location and circumstance _____

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

Date: _____ Applicant’s Signature _____

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

66. 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 _____