

COBB COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION



**OFFICE OF THE SHERIFF OF COBB COUNTY
RECRUITING UNIT
(770)499-4745
(770)499-4759**

Applicant's Name: _____

This application is the basis for the employment screening process and background investigation conducted by the Cobb County Sheriff's Office. It is not an offer of employment or a contract for employment. Your completion of this application will not create an agreement or promise to hire.

You should carefully consider each and every question and provide honest, complete, and legible information. If the question does not apply to you, Please put an "N/A" for the answer. Any answer which requires more space than what is provided may be continued on the reverse side of the page.

The answers you provide must be complete and honest. If any information you supply is found to be erroneous or any information is omitted (whether intentional or unintentional), you may be eliminated from the employment screening process.

Additionally, if you become employed with this agency and information contained in this application is found to be fraudulent, misleading or incomplete or if information was intentionally omitted from this application, your employment may be terminated.

ACKNOWLEDGEMENT OF UNDERSTANDING

I have read and understand the above statements. I understand that an incomplete application will not be accepted. I further understand that if I do not wish to answer a question, I may choose not to do so, resulting in the termination of my employment process.

Signature: _____

Date: _____

~COVENANT NOT TO SUE~

As part of the pre-employment screening process for the position of Deputy Sheriff, the Cobb County Sheriff's Office will be administering a physical agility test. This test is composed of a 200 foot obstacle course that involves climbing over a 4'8" wood wall and 3'4" concrete cylinder, weaving through wooden poles, climbing over a 3'10" chain link fence, running up and down stairs, walking a 15'7" balance beam, crossing a 3'10" x 3'6" sandbox, and crawling through a 3'6" x 12'5" concrete cylinder.

In connection with this physical agility test, I, _____, hereby make the following covenant. I acknowledge the danger and physical exertion involved in the physical agility test, expressly assume the risk and responsibility for any and all injuries I may receive in conjunction with the administration of the test, and do hereby agree not to sue Cobb County, the Cobb County Sheriff's Office, and any of their Deputies, Agents, Officials or employees for any reason resulting out of my participation in the required physical agility test. This covenant shall cover, but is not limited to, acts of negligence of any type whatsoever.

Before engaging in the physical agility test, I acknowledge and agree that I have a responsibility to disclose to the Cobb County Sheriff's Office any impairment that would prevent me from participating in this requirement for employment as a Deputy Sheriff. I agree to answer truthfully the questions contained within this covenant relative to the existence of any such impairment and to disclose the existence of such impairment, if any, in the space shown below.

I further covenant not to sue Cobb County, the Cobb County Sheriff's Office, its Deputies, employees, or Agents for any injuries suffered as a result of my use of any equipment belonging to Cobb County or the Cobb County Sheriff's Office, in conjunction with the physical agility test.

This covenant not to sue shall be binding on my heirs, the administrator or executor of my estate, and/ or any others acting in my behalf or in behalf of my estate. It is expressly understood that this covenant not to sue is entered into for the purpose of avoiding litigation. This covenant maybe pleaded as a defense to any action or proceeding which may be brought, instituted or taken by me, my heirs and/or the executors or administrators of my estate.

I do hereby state that I understand the covenant not to sue and have entered into it voluntarily. This covenant shall cover the period from execution until canceled as stated below.

Do you have any impairment/condition/disability that would prevent you from participating in this requirement for employment as a Deputy Sheriff? Yes No

If yes, describe: _____

Covenant entered into on the _____ day of _____, 20_____, at _____.

Applicant's Signature _____ Witness _____

Termination of Covenant Not to Sue

Covenant entered into on the _____ day of _____, 20_____, at _____.

Applicant's Signature _____ Witness _____

COBB COUNTY SHERIFF'S OFFICE CRIMINAL HISTORY CONSENT FORM

Full Name <i>(Please Print)</i>					
Aliases <i>(Maiden)</i>					
Social Security #	DOB	Race		Sex	
Street Address					
City		State		Zip	
Purpose Codes	Z (P.O.S.T. Certified Employment w/ Criminal Justice Agency) <i>**provides GA & III records including restricted that contain completed first offender sentences for any offense**</i>				
To Be Disseminated To <i>(Specific Name)</i>	INVESTIGATOR I. McCLURE OR INVESTIGATOR J. DUNCAN				
CRIMINAL HISTORY REQUEST					
I hereby request and authorize the Cobb County Sheriff's Office to receive a criminal history pertaining to me, from the files of the Georgia Criminal Information Center (GCIC) & National Criminal Information Center (NCIC). This history should reflect any reportable offenses from all local and state criminal justice agencies in Georgia and/or the U.S.A. as per the applicable Purpose Code.					
[X] This authorization is valid for 90 (180) days from date of signature (circle one). [X] I, _____, give consent to _____ (name of company/agency) to perform periodic criminal history background checks for the duration of my employment with this company.					
Signature				Date	
Notary <i>(If not signed in presence of CCSO personnel)</i>				Date	
				Expiration Date	
ATTENTION					
In the event an adverse decision is made based on the information contained in this criminal history, the individual or agency making the decision is required, under penalty of law, to inform the record subject of all information pertinent to that decision. "This disclosure must include that a criminal history inquiry was made, the specific contents of the record, and the effect the record had upon the decision." Failure to do so can result in fines and/or imprisonment as provided for in OCGA 33-3-34(b) and GCIC 140-2.04(1)(b)(3).					
DO NOT WRITE BELOW THIS LINE **SHERIFF'S OFFICE USE ONLY**					
A check of criminal history files was conducted and revealed that the above named individual has no record <input type="checkbox"/> / the attached record <input type="checkbox"/> of _____ pages. The above named also has <input type="checkbox"/> / No NCIC/GCIC Warrant results / <input type="checkbox"/> Possible NCIC/GCIC Warrant. Contact agency: _____ at _____ (ph) to inquire further. This does not preclude the existence of a criminal record or additional records within Cobb County, the State of Georgia, or the United States. The recipient of this form is advised this report is based solely on the files of GCIC/NCIC, that all offenses are not required to be reported to GCIC/NCIC, and that the dissemination of certain protected criminal history information to individuals and employers is forbidden by law.					
Disseminated to Signature <i>(If Required)</i>				Date	
Search Conducted By <i>(Signature)</i>				SOID	

Original to be placed in agency files / Copy with raised seal to requestor

~POLYGRAPH EXAMINATION AGREEMENT/RELEASE~

I, _____, am an applicant for a position with the Cobb County Sheriff's Office and agree to voluntarily submit to a polygraph examination by a professional polygraphist as part of my employment process.

I understand that the results of this polygraph will be considered, in whole or in part, in determining my suitability for employment with the Cobb County Sheriff's Office. I also understand and confirm that I have agreed to voluntarily submit to this examination and that the result of this polygraph is the property of the Cobb County Sheriff's Office.

I further agree to release, absolve and forever hold harmless the Cobb County Sheriff's Office including its agents, Officers and employees, the Cobb County Board of Commissioners, and the professional polygraphist conducting the polygraph examination, including their agents, Officers and employees, from any liability resulting from the operation or use of the equipment or from the use of the results obtained there from.

This agreement/release also applies to any and all suits, actions or cause of action at law, claims, demands or liability which the applicant, his or her successors, assigns, heirs, executors, or administration have or may ever have resulting directly, indirectly, or remotely from having taken this polygraph.

Signature

Date

Witness

Date



COBB COUNTY SHERIFF'S OFFICE

Tattoo / Body Art Policy

Applicants for sworn and civilian position will be considered for employment if they have visible tattoo(s) or brands that can be completely covered by the uniform. This consideration will be done on a case-by-case basis based on if the tattoo, body art / brandings is not obscene and does not advocate, sexual, racial, ethnic, or religious discrimination, or distract from the appropriate conservative, professional image of the agency. The sheriff or designee will make the final determination if any applicant with exposed tattoo(s), body arts / brandings that cannot be covered is considered for employment.

Visible tattoo(s) body arts / brandings and piercings are prohibited and will not be exposed or visible while on-duty and assigned to uniform and plainclothes assignment. Tattoo(s), body arts / brandings and piercing will not be placed in a visible location such as the head, scalp, face, nose, ears, neck, tongue, hands or fingers of employees. If an employee has existing tattoo(s), body art / brandings and piercings, he or she is prohibited from obtaining any tattoo(s), body art / branding and piercings that are visible in the listed areas. The visible display of more than one tattoo/brand on each arm is prohibited.

No type of dental ornamentation is allowed, which includes, but limited to the use of gold, platinum, silver, or other veneer or caps that exhibit designs, jewels, initials, or any other self-induced pattern. This does not include caps, fillings, or braces required for medical or dental purposes.

Any employee who obtains any type of body art, tattoo(s), intentional scarring, mutilation, or dental ornamentation in a visible area will be in violation of Sheriff's Office Policy and would be subject to disciplinary action. The visible display of more than one tattoo/brand on each arm is prohibited. Employees who were employed with the Sheriff's Office prior to the implementation of this policy shall be "grandfathered" and may display their current tattoos.

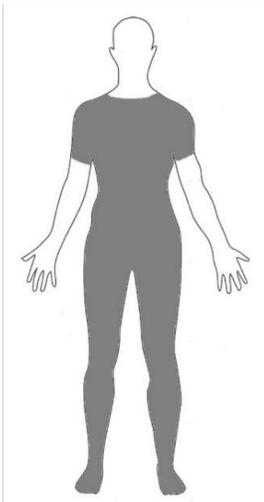
Tattoos shall be in compliance with Sheriff's Office Policy 1-04-01.05 (B) (1)

I, _____ have read and understand the Tattoo / Body Art Policy of the Cobb County Sheriff's Office.

Signature: _____

Date: _____

TATTOO / BODY ART DISCLOSURE



Place an "X" on the white areas of the outline where tattoos are visible, list tattoos and their meaning/description.

1.)

2.)

3.)

4.)

5.)

~PRE-EMPLOYMENT QUALIFIERS~

1. Do you currently have an application pending with any other Law Enforcement agency? Yes No
If yes, list agency's name and status of application:

2. Are you willing to withdraw any pending application(s) in writing, and provide us with copy of the withdrawal? Yes No

3. Other than current applications, have you ever applied for a position as a law enforcement officer with any other agency? Yes No
If yes, list agency's name and the outcome:

4. Do you understand that will you have to conform to a strict dress code that includes hair length, facial hair and personal hygiene? Yes No

5. Law enforcement is a twenty-four hour, seven day a week vocation. Do you have an objection to working any shift, nights, days, weekends or holiday? Yes No

6. Your first duty assignment will be in the Detention Division working in one of the Detention facilities. Do you understand that your assignment to the Detention Division is without time constraints and that you could be assigned to these duties indefinitely? Yes No

7. Are you willing to sign a two (2) year agreement which, in short, states that upon becoming employed and attending basic Mandate Training, you will not voluntarily terminate your employment with this agency for a period of two (2) years, and if you do voluntary terminate your employment, you will be required to reimburse this agency for the funds expended for your training and uniform? Yes No

8. If a "Permanent" position is not available at this time, would you be willing to accept a "temporary" position? Yes No

***Should you elect to accept a "temporary" position, you would automatically be moved to a "permanent" position as soon as one comes available. There is a chance that you could be laid off for a period of time until a "permanent" position becomes available.

Signature

Date

~PERSONAL INFORMATION~

Position Applied For: _____

*** PRINT OR TYPE ALL INFORMATION IN BLACK OR BLUE INK ***

9. Legal Full Name: _____
(First) (Middle) (Last) (Suffix)

10. Give any other names you have used or been known by, including names associated with marriages:

11. Date of Birth: _____

12. Place of Birth: _____
(City) (State) (County)

13. Social Security Number: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Sex: _____ Race: _____ (W= White, B= Black, A= Asian, I= American Indian/Alaskan Native, O=Other, U= Unknown)

14. Current Address: _____
(Number) (Street) (Apt. No.)

(City) (State) (Zip) (County)

15. Phone #: _____ - _____ - _____ Cell Phone #: _____ - _____ - _____ Work #: _____ - _____ - _____

E-mail: _____

16. Are you a Citizen of the United States? Yes No Natural Born: Yes No Naturalized: Yes No

17. List all your addresses for the last 15 years. Start with your present or most recent address.

FROM - UNTIL	STREET ADDRESS	CITY	STATE,	ZIP
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

For each of your addresses listed above list the jurisdictional law enforcement agency for that address

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____

18. Marital Status: Married Single Divorced Separated Widowed

19. Current spouse information:

Full legal Name: _____ Date of birth: _____
(First) (Middle) (Last) (Maiden)

Place of Birth: _____ Date of marriage: _____
(City) (State) (County)

Occupation/employer: _____ Social Security: _____

20. Previous marriages: Yes No

If yes, list former spouse's name, years married and reason no longer married.

- _____
- _____
- _____
- _____

21. Please list every child born to you, adopted by you, and any step-children, or children supported by you:

Name	Age	Where the child Resides
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

27. Have you ever been expelled or suspended from any school? Yes No

If yes, please explain:

28. Have you ever attended a Mandated School or law enforcement type academy for Police, Sheriff's Deputy, Basic Jailer or Corrections Officer? Yes No

If yes: Where attended: _____

Dates Attended: _____

Certification No: _____

*****Please provide a copy of certificate*****

~EMPLOYMENT HISTORY~

29. Have you ever been reprimanded for being tardy or absent from work? Yes No

If yes, please identify the employer and explain:

30. Have you ever been reprimanded for misconduct or not doing your job? Yes No

If yes, Please identify the employer and explain:

31. Have you ever been fired or asked to resign from any place of employment? Yes No

If yes, Please identify the employer and explain:

32. Have you ever been subjected to any disciplinary action while employed in any position? Yes No

If yes, Please identify the employer and explain:

33. Have you ever resigned after being informed you were the subject of an Internal Affairs Investigation or after being informed that your employer intended to discharge you for any reason? Yes No
If yes, Please identify the employer and explain:

34. Have you ever left a job without giving notice? Yes No
If yes, Please identify the employer and explain:

35. How many days have you missed from work during the past year? _____

36. List all jobs that you have held in the last **15** years, including military service, starting with your current employer.

Current Employer:

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Employment: From: _____ To: _____ Salary: _____ May we contact this employer: Yes No

Job Title: _____ Supervisor: _____ Telephone: _____

Job Duties: _____

Reason for leaving: _____

Previous Employer:

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Employment: From: _____ To: _____ Salary: _____ May we contact this employer: Yes No

Job Title: _____ Supervisor: _____ Telephone: _____

Job Duties: _____

Reason for leaving: _____

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Employment: From: _____ To: _____ Salary: _____ May we contact this employer: Yes No

Job Title: _____ Supervisor: _____ Telephone: _____

Job Duties: _____

Reason for leaving: _____

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Employment: From: _____ To: _____ Salary: _____ May we contact this employer: Yes No

Job Title: _____ Supervisor: _____ Telephone: _____

Job Duties: _____

Reason for leaving: _____

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Employment: From: _____ To: _____ Salary: _____ May we contact this employer: Yes No

Job Title: _____ Supervisor: _____ Telephone: _____

Job Duties: _____

Reason for leaving: _____

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Employment: From: _____ To: _____ Salary: _____ May we contact this employer: Yes No

Job Title: _____ Supervisor: _____ Telephone: _____

Job Duties: _____

Reason for leaving: _____

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Employment: From: _____ To: _____ Salary: _____ May we contact this employer: Yes No

Job Title: _____ Supervisor: _____ Telephone: _____

Job Duties: _____

Reason for leaving: _____

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Employment: From: _____ To: _____ Salary: _____ May we contact this employer: Yes No

Job Title: _____ Supervisor: _____ Telephone: _____

Job Duties: _____

Reason for leaving: _____

37. Have you ever worked as a law enforcement officer or worked for a criminal justice or law enforcement agency? Yes No

If you answer 'yes' to any question, explain in the space provided at the end of the section. Use extra sheets as needed. If you have no criminal justice experience, place a line through this section and go to the next section.

- 1) Have you ever accepted a payoff? Yes No
- 2) Have you ever stolen anything from anyone you arrested? Yes No
- 3) Have you ever kept the property of someone that you arrested? Yes No
- 4) Have you ever stolen anything from a crime scene? Yes No
- 5) Did you ever carry a 'throw down' weapon? Yes No
- 6) Have you ever unlawfully entered a business or residence? Yes No
- 7) Have you ever stolen anything from a motor vehicle you had towed? Yes No
- 8) Have you ever falsified an expense voucher? Yes No
- 9) Have you ever received any type of gratuity for dropping a case or disposing of an arrest or ticket? Yes No
- 10) Have you ever illegally tampered with evidence? Yes No

~MILITARY SERVICE~

38. Have you ever served in the military of any foreign country? Yes No

39. Have you ever served in a military organization of the United States, to include the Reserves or National Guard? Yes No

If you answered "yes" to questions #38 and #39, please provide the following:

Country: _____ Dates served: From: _____ To: _____

Branch of Service: _____

Highest rank held: _____

Primary duties: _____

Discharge Type: _____ (Please attach a copy of DD214)

Date and Location of Discharge: _____

If other than honorable, explain:

40. Have you ever been found to be in violation of the Uniform Code of Military Justice, Court-Martialed or had any type of disciplinary action while serving in the military? Yes No

If yes, give full details, including dates and results:

41. Are you currently a member of the National or any Military Reserve Unit? Yes No

If yes, complete the following:

Military branch: _____ Please indicate: Active Inactive

Grade and Service No: _____

Indicate obligation, if any: _____

~DRIVER'S RECORD~

42. Do you have a current Georgia driver's license? Yes No

State of issue: _____ License No. _____ Class: _____

Does it contain any physical restrictions? Yes No Expiration date: _____

If yes, please indicate type and provide an explanation.

43. Please list any previous driver's license you have possessed:

State of issue: _____ License No. _____ Year(s) held: _____

Type: _____ Class: _____ Endorsements: _____

Does it contain restrictions? Yes No Restriction type: _____ Expiration date: _____

State of issue: _____ License No. _____ Year(s) held: _____

Type: _____ Class: _____ Endorsements: _____

Does it contain restrictions? Yes No Restriction type: _____ Expiration date: _____

State of issue: _____ License No. _____ Year(s) held: _____

Type: _____ Class: _____ Endorsements: _____

Does it contain restrictions? Yes No Restriction type: _____ Expiration date: _____

44. Have you ever had a driver's License suspended, revoked or refused? Yes No

If yes, please provide approximately date(s) and explain:

45. List all traffic citations received within the last 7 years:

Violation type	City/County/State	Approx. Date	Disposition

46. Do you have any unpaid or pending traffic citations? Yes No

If yes, please explain:

47. Have you ever been involved as a driver in a motor vehicle accident? Yes No

If yes, give complete details for each accident. Give dates, locations, causes of accidents, and who was legally at fault. Indicate whether or not there was a police investigation and whether or not there was injury.

48. Do you currently have liability insurance? Yes No

49. Has your insurance ever been canceled? Yes No

50. Have you ever been denied automobile insurance? Yes No

51. Have you ever been charged with driving under the influence of alcohol or drugs? Yes No
If yes, provide the date, location and explanation:

~CRIMINAL ACTIVITY~

52. Were you ever arrested by police as a juvenile? Yes No
 Date Charge/Offense Disposition City/ County/ State

53. Have you ever been detained, arrested or convicted for any criminal offense? Yes No
 Date Charge/Offense Disposition City/ County/ State

54. Have you ever been questioned by law enforcement? Yes No

If yes, please explain:

55. Has any member of your immediate family ever been arrested or convicted of a felony crime? Yes No

If yes, please provide:

Name	relationship	arresting agency	charges	date disposition

56. Have you ever been convicted of family violence? Yes No

If yes, please explain:

57. Have you ever been questioned by law enforcement regarding a family violence incident? Yes No

If yes, please provide date issued, what court(s), city, county, state:

58. Have you ever been served with a temporary protective order or restraining order? Yes No

Date issued

What court(s)

City, county, state:

59. Have you ever pled guilty, nolo contendere or first offender to a crime? Yes No

Date

What court(s)

City, County, State:

60. Have you ever received a sentence by a criminal court? Yes No

Date issued

What court(s)

City, county, state:

61. Have you ever been?

Sentenced to incarceration	Yes	No	Placed in a police lineup	Yes	No
Placed in a holding cell	Yes	No	Placed on probation	Yes	No
Placed in jail	Yes	No	Placed on parole	Yes	No
Placed in military stockade	Yes	No			

If yes, please provide date issued, what court(s), city, county, state:

62. Are you now, or have you ever been, involved as a plaintiff or defendant in any civil litigation or court action? Yes No

If yes, please explain:

63. Have you ever committed or been involved in an undetected crime? (Please refer to the list below) Yes No

***Please circle the offense or offenses that you have committed. This applies to incidents that may or may not be known to law enforcement or the judicial system. If you have any questions concerning whether you have or have not committed a particular offense, leave it blank and ask your contact investigator for a clarification of the offense. If you circle an offense, please describe all circumstances on the back of this page. If you do not circle an offense it is assumed that you are stating that you have never committed that offense. Again, if you have a question as to whether you committed a particular offense or not, bring it to the attention of your contact investigator.

- | | | | |
|-----------------------------|---|--------------|-------------|
| Criminal Solicitation | Child Molestation | Arson | Theft |
| Voluntary Manslaughter | Public Indecency | Vandalism | Fraud |
| Involuntary Manslaughter | Sexual Battery | Burglary | Escape |
| Concealing a Death | Possession of Tools for Commission of a Crime | Prostitution | Treason |
| Aggravated Assault | Criminal Damage to Property | Pandering | Gambling |
| Aggravated Battery | Interference with Government Property | Sex Crimes | Bribery |
| False Imprisonment | Domestic Violence | Bestiality | Wiretapping |
| Interference with custody | Criminal Possession of Explosives | Rape | Kidnapping |
| Cruelty to Children | Criminal Possession of Incendiary | Battery | |
| Reckless Conduct | Contributing to the Delinquency of a Minor | Hijacking | |
| Aggravated Sodomy | Possession or Sale of Illegal Drugs or Substances | Conspiracy | |
| Statutory Rape | Hindering Apprehension of a Criminal | Murder | |
| Influencing witnesses | Possession of Unlawful Weapon | Peeping tom | |
| False Report of a Crime | Carrying a Concealed Weapon | Forgery | |
| Driving under the influence | Manufacturing or Importing Illegal Drugs | Robbery | |
| Issuance of Bad Checks | Impersonating a Peace Officer | Embracery | |
| Giving False Information | Tampering with Evidence | Perjury | |
| Obstruction of an Officer | Attempting to Elude an Officer | | |
| Armed Robbery | Illegal Use of Credit Card | | |
| Eavesdropping | | | |

~DRUG AND ALCOHOL USE~

The following section deals with any past or present usage of drugs and alcohol. If you answer yes to any of the following questions, provide a full explanation. Use extra sheets as needed.

64. Have you ever possessed, sold, given away and or delivered illegal drugs or marijuana? Yes No
If yes, provide date of occurrence and explain

65. Have you ever tried or used marijuana? Yes No
Number of times used Under what circumstances when last used

68. Have you ever been arrested or convicted for a drug violation? Yes No

Date	What court(s)	City, county, state:
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

69. Have you ever been associated with any person who is/was involved in any illegal drug activity? Yes No

If yes, please explain:

70. Have you ever sold, possessed or used steroids? Yes No

If yes, please explain circumstances and date of last use:

71. Do you drink alcoholic beverages? Yes No

If yes, what type, how frequently, and how much:

72. Have you ever lost a job because of a drinking problem? Yes No

If yes, name employer, date and explain circumstances:

73. Have you ever been counseled by an employer because of your drinking habits? Yes No

74. Have you ever been arrested because of drinking? Yes No

If yes, please explain:

75. Do you have any outstanding gambling debts? Yes No

If yes, please explain:

If yes, please explain:

83. Have you ever filed for bankruptcy, Chapter 7, Chapter 11, or Chapter 13? Yes No
If yes, please explain:

84. Have you ever had any wage garnishments? Yes No
If yes, please explain:

85. Have you ever been questioned by law enforcement? Yes No
If yes, please explain:

~MISCELLANEOUS QUESTIONS~

86. How did you find out about this position?

87. Have you ever applied for a permit to carry a concealed weapon? Yes No
If yes, please list date where applied reason and was the permit granted

88. Do you speak a foreign language? Yes No
If yes, please list language and how fluent

89. Do you have any specialized skill that may be beneficial to this agency? Yes No
If yes, please list (photography, computer, firearms, etc.)
