

CIVILIAN PERSONAL HISTORY STATEMENT

THIS IS NOT AN APPLICATION FOR EMPLOYMENT

INSTRUCTIONS FOR COMPLETING THE PERSONAL HISTORY STATEMENT

This form must be completed only by the applicant and each question must be answered accurately. If a question does not apply to you, write "N/A" (Not Applicable) as your response to that question. Incomplete and/or inaccurate answers will substantially extend the time required to process your application and may result in disqualification from the process. If you are unable to complete any portion of this form online and need to hand write any information, it must be done using black ink only. Typed Personal History Statements are preferred.

- Honesty and Integrity are core values in Law Enforcement. False statements, lying or knowingly providing inaccurate information will not be tolerated. The information you provide below will be checked and validated. If this information is found to be false, you will be removed from the hiring process and rejected from further consideration. The accurate completion of this package is mandatory to receive consideration for appointment.
- Aspects of the background investigation required for this position may include a drug screen, employment, education, criminal records, credit history, motor vehicle and license checks. Information found in these record checks will be compared to the information provided in this document.
- Admissions of misconduct, employment termination(s) or arrests are not automatic disqualifiers; however, the deliberate misrepresentation or omission of any information will result in your application being rejected from further consideration.
- Attach additional pages (in order) should you need more space to provide a complete answer.
- This Personal History Statement must be returned to the Police Personnel Office at 9540 Center Street #101, Manassas, VA 20110. Mailing the completed document or hand delivering it to the Police Personnel Office is acceptable. A drop box is available for after-hours submission.

If you have any questions, please contact the Prince William County Police Department Personnel Bureau, (703) 792-6580, Monday through Friday, between the hours of 9:00 a.m. and 4:00 p.m. If you must cancel or reschedule an appointment, please call (703) 792-6580 during business hours.

REQUIRED PAPERS/DOCUMENTS

It is mandatory that all applicants include copies of the following applicable documents when returning your Personal History Statement. The last page of this document must be NOTARIZED.

1. Birth Certificate
2. Naturalization Certificate (if applicable)/Work Permit/VISA/Employment Authorization Card
3. U.S. Passport (if applicable)
4. Social Security Card
5. DD-214 for each year of military service
6. College diploma and Transcripts, High School Diploma and Transcripts or GED
7. Court Orders (if applicable), such as:
 - a. Divorce(s)
 - b. Marriage Certificate(s)
 - c. Legal Separation(s)
 - d. Name Change(s)

These documents must be copies. No originals will be accepted.

PERSONAL INFORMATION

1. _____
Last Name First Name Middle Name

2. _____
Alias Maiden Name Nickname

3. _____
Present Address Apt. #

City State Zip Code

4. Home Telephone: _____

5. Cell Phone _____

6. Work Telephone _____

7. Primary Email Address: _____

List **All** of your Email Addresses:

8. Social Security Number: _____ - _____ - _____

9. Driver's License Number: _____ State: _____

10. Date of Birth: _____ Place of Birth: _____
Month Day Year City State

11. Citizenship: U.S. Citizen By Birth Naturalization Dual
Alien Alien Registration # _____

12. Are you fluent in English? Yes No
Are you fluent in any other language(s)? Yes No
If yes, please list other language(s): _____

FAMILY INFORMATION

13. Name of Father: _____
Last First Middle

Address: _____
Street

City State Zip Code

Telephone # _____

14. Name of Mother: _____
Last First Middle

Address: _____
Street

City State Zip Code

Telephone # _____

15. Name of Stepfather: _____
N/A Last First Middle

Address: _____
Street

City State Zip Code

Telephone # _____

16. Name of Stepmother: _____
N/A Last First Middle

Address: _____
Street

City State Zip Code

Telephone # _____

17. If you were raised by anyone other than your natural parents, please provide the following information:

N/A

Name of the person who raised you: _____

Last

First

Middle

Street Address

City

State

Zip Code

MARRIAGE AND DEPENDENTS INFORMATION

18. Present Marital Status:

Single

Engaged

Significant Other

Married

Separated

Divorced

Widowed

Date(s) of Marriage	Place(s) of Marriage	Spouse

20. Spouse: (or significant other)

Name (Include Maiden Name)

Social Security Number

Date of Birth

Primary Email Address

Cell Phone

21. Name and Address of Spouse's Employer:

Name

Telephone Number

Street Address

City

State

Zip Code

22.

Former Spouse:

N/A

Address:

Telephone # _____

23.

Children and Dependents:

Name	Age	DOB	Full Address

FINANCIAL INFORMATION

24. Have you ever had any of the following:

Liens placed against you, your pay, your property, or your accounts	No	Yes
Repossession of property (cars, homes, equipment, tools etc.)	No	Yes
Collections	No	Yes
Account Delinquencies	No	Yes
Sued by someone else, a company, a government agency (Judgements in Civil Court)	No	Yes
Wages garnished or pay docked for any reason	No	Yes
Failed to pay your State or Federal Taxes	No	Yes
Provided false information on a tax form.	No	Yes
Victim of Identity Theft	No	Yes

If you answered "yes" to any of the above, please explain:

25. Are you responsible for paying any court ordered child support?

No Yes

Amount per Month	Paid to Whom

EDUCATIONAL INFORMATION

26. Provide the following information about all of your formal education since the ninth (9th) grade, beginning with your most recent. Please include all colleges, universities, business or trade schools.

Name of School	Address of School	Dates Attended	Type of Degree and Major	Date of Graduation
1.				
2.				
3.				
4.				
5.				

27. Have you ever been suspended or expelled from any school or college for any academic or disciplinary reasons? No Yes, please explain:

MILITARY AND OTHER INFORMATION

28. Are you now or have you ever been a member of a military service? Yes No

Branch	Primary MOS	Date Entered	Date Released	Officer or Enlisted	Service Number

29. Are you now or have you ever been a member of a military reserve? Yes No

Branch	Primary MOS	Date Entered	Date Released	Officer or Enlisted	Service Number

If the answer to both question 28 & 29 are NO, proceed to question 33.

30. During your service, were you ever involved in any investigations conducted by CID, AFOSI, FBI, NCIS or Base Police? No Yes, please explain:

31. Are you eligible to re-enlist in the Armed Forces?
Yes No, please explain: (Do not list information if it is related to a medical condition or disability.)

32. If you received other than an honorable discharge for any reason other than a medical condition disability, please list the pertinent facts below. (Do not list information if it is related to a medical condition or disability.)

33. Do you have, or have you ever had, any ill feelings towards any race, gender, culture or religion? No Yes, please explain:

34. Are you now, or have you ever had membership or an affiliation with any group, political party, association, or organization which advocates or lends support to any organization or movement advocating the overthrow of our constitutional form of government in the United States?
No Yes (If yes, please provide the name of the organization and complete details of your involvement.)

35. Are you now, or have you ever been, a member or an 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?
No Yes (If yes, please provide the name of the organization and complete details of your involvement.)

EMPLOYMENT INFORMATION

36. **Experience:** List below, in chronological order the **last 10 years** of employment experience beginning with your present employment. Include any periods of unemployment, military service, and part-time work. If the provided form is not sufficient to capture all of your employment history, please attach additional pages to the document.

Date of Employment	Full Name, Complete Address, and Contact # of Employer	Your Position & Salary	Name of Supervisor & Email (if known)	Reason for Leaving (Exclude any Medical/Disability Reasons.)
To: Present From:	 Telephone #			
To: From:	 Telephone #			
To: From:	 Telephone #			
To: From:	 Telephone #			
To: From:	 Telephone #			
To: From:	 Telephone #			
To: From:	 Telephone #			
To: From:	 Telephone #			
To: From:	 Telephone #			

37. Have you ever been fired from employment for any reason other than a medical condition or disability? No Yes, then please list pertinent facts below:

38. Have you ever resigned (Quit) after your employer informed you of their intent to terminate your employment for any reason other than a medical condition or disability? No Yes, then please list pertinent facts below:

39. Have you ever resigned (Quit) after your employer informed you of their intent to take any form of disciplinary action against you? No Yes, then please list pertinent facts below:

40. Have you ever quit employment without providing two weeks notice? No Yes, please list pertinent facts below:

41. Have you ever received an unsatisfactory performance review? No Yes, please list pertinent facts below:

42. Have you ever been the subject of any disciplinary action from any current or former employer or been placed on a performance action plan? No Yes, please list pertinent facts

RESIDENTIAL INFORMATION

43. Beginning with your current address list your residences for the past ten (10) years. Provide the names of your roommates or other residents. Please include military assignments, listed separately, to include duty assignment and dates for the same.

Dates of Residence	Address
From: _____ Month/Year	_____
To: <u>Present</u>	_____
	City State Zip
List the names of everyone who lives with you at this address:	
Dates of Residence	Address
From: _____ Month/Year	_____
To: _____ Month/Year	_____
	City State Zip
List the names of everyone who lives with you at this address:	
Dates of Residence	Address
From: _____ Month/Year	_____
To: _____ Month/Year	_____
	City State Zip
List the names of everyone who lives with you at this address:	

44. If you are presently renting, please list the name and address of your landlord or leasing company:

Name: _____ Phone: _____
 Address: _____ Email: _____
 Street City State Zip

45. Have you ever been evicted or asked to leave a residence? No Yes, please explain:

DRIVING INFORMATION

46. Provide an accurate record of all traffic violations or citations (include any parking tickets) you have ever received.

Date	Violation/Charge	Location: City/State	Charging Agency	Disposition (Guilty, Not Guilty, Amended)

47. Provide information on all drivers' licenses, which are now or have been, issued to you from any state. Include licenses, which may now be expired or have been replaced by another agency or state.

Issuing State	License number	Expiration Date	Type of License

48. Excluding any reasons that are related to a medical condition or a disability, has your privilege to drive ever been or currently:

Denied or Refused:	Yes	No
Suspended:	Yes	No
Revoked:	Yes	No
Subjected to any similar penalty or action:	Yes	No

If you answered "yes" to any of the above, explain in detail below:

CRIMINAL AND CIVIL INFORMATION

49. Have you ever been:

Arrested (arrest includes issuance of a summons and/or custodial arrest):	Yes	No
Charged by any law enforcement authority:	Yes	No
Detained by any law enforcement authority (excluding traffic offenses)	Yes	No
The subject of an Emergency Protective Order/Restraining Order/ No Trespass Order	Yes	No
Convicted of any offense against the law:	Yes	No
Placed on probation:	Yes	No
Subjected to forfeiture of collateral in connection with an arrest:	Yes	No
Required to appear before a juvenile court for an act which would have been a crime if committed by an adult:	Yes	No

***All incidents must be included even though they were dismissed or you forfeited collateral. Exclude any traffic offenses, which were previously noted.

If you answered "Yes" to any of the above questions, list all pertinent facts:

50. Have you ever had **ANY CONTACT** with the Prince William County Police **OR** any other law enforcement authority? (i.e. reporting a crime, as a witness, bystander, domestic dispute, person of interest, etc.?) *Failure to disclose all incidents may result in removal from the hiring process.*

No Yes, Please provide concise details of each incident, including approximate date, circumstances of the contact and the name of the officer with whom you dealt. Attach additional pages should you need more space to provide a complete answer:

UNDETECTED CRIMINAL ACTIVITY INFORMATION

51. Have you ever been involved in any of the following illegal activities (this includes activity you participated in but were never caught):

A.	Murder, homicide, or attempted murder?	No	Yes
B.	Robbery?	No	Yes
C.	Arson?	No	Yes
D.	Rape?	No	Yes
E.	Stalking?	No	Yes
F.	Assault and Battery (physically striking or intentionally harming another person)	No	Yes
G.	Domestic Assault and Battery? (physically striking/harming a family member)	No	Yes
H.	Grand Larceny (value of \$200 or more, or any firearm)?	No	Yes
I.	Burglary?	No	Yes
J.	Possession of Stolen Property?	No	Yes
K.	Petit Larceny (value up to \$200)?	No	Yes
L.	Shoplifting (include switching price tags)?	No	Yes
M.	Embezzlement (stealing from your employer)?	No	Yes
N.	Impersonating a Law Enforcement Officer (pretending to be a Law Enforcement Officer)	No	Yes
O.	Intentionally written a bad check?	No	Yes
P.	Perjury (lying under oath)?	No	Yes
Q.	Fraudulently Received Welfare, Unemployment, Insurance or Worker's Compensation	No	Yes
R.	Purchased, Possessed or Produced a False Identification	No	Yes
S.	Hit and Run (willfully leaving a vehicular accident without exchanging information)?	No	Yes
T.	Purchase, manufacture, cultivate, sell, or distribute any controlled substance?	No	Yes
U.	Prostitution or Soliciting a Prostitute?	No	Yes
V.	Viewed, Possessed or Disseminated Child Pornography?	No	Yes
W.	Participated in a Hate Crime	No	Yes
X.	Resisted Arrest (including running from the police)	No	Yes
Y.	Brandishing a Weapon	No	Yes
Z.	Other Serious Undetected Crime?	No	Yes

If you answered "yes" to any of the above criminal activities, please provide the full circumstances and explain:

ILLEGAL SUBSTANCE INFORMATION

52. Have you **ever** used any of the following substances:

Substance	Usage	Last Used	Lifetime Usage Total
Marijuana	Never Used Yes		
Synthetic Marijuana (Salvia, Spice, K2, etc.)	Never Used Yes		
LSD	Never Used Yes		
PCP	Never Used Yes		
Cocaine	Never Used Yes		
Heroin	Never Used Yes		
Methamphetamine (Speed)	Never Used Yes		
MDMA (Ecstasy)	Never Used Yes		
Mushrooms	Never Used Yes		
Barbiturates	Never Used Yes		
Inhalants (Gasoline/Aerosols/CO ₂)	Never Used Yes		
Nitrous Oxide	Never Used Yes		
Whippets	Never Used Yes		
Steroids	Never Used Yes		
Prescriptions - Not your own (Used for medicinal purposes)	Never Used Yes		
Prescriptions - Not your own (Used for recreational/enhancement purposes) (Adderall, Ritalin, etc.)	Never Used Yes		
Any illegal drug not listed	Never Used Yes		

53. Other than those previously listed; have you ever used any plant, chemical, or substance with the intent to become intoxicated, inebriated, excited, stupefied or to dull the brain or nervous system?

No Yes, with explanation:

54. If you have ever used a prescription drug – not your own, for any purpose (medicinal, recreational, enhancement, etc.) please explain below.

N/A:

55. Have you ever been involved in the illegal manufacturing or cultivation of any controlled substance?

No: Yes, please explain:

56. Have you ever been involved in the illegal sale or distribution of any controlled substance?

No: Yes, please explain:

ALCOHOL INFORMATION

57.

A.	In the past 12 months, have you consumed alcohol to the point of extreme intoxication? (Extreme intoxication is associated with one or more of the following symptoms: staggering, falling down, loss of consciousness and/or vomiting.)	
	No	Yes, please answer the question below:
	Approximate total in last 12 months _____	Date of last incident _____
B.	In the past 12 months, have you operated a motor vehicle while in a state of intoxication? (Any intoxication level associated with one or more of the following symptoms: dizziness, slurred speech, blurred vision, staggering, falling down, loss of consciousness and/or vomiting)	
	No	Yes, please answer the question below:
	Approximate total in last 12 months _____	Date of last incident _____

GENERAL INFORMATION

58. Have you had any previous polygraph examinations? No Yes, please explain:

Answer question 59 if you are applying for a uniformed position (Crossing Guard, Deputy Animal Control Officer, Animal Care Specialist, Public Safety Services Technician or Parking Enforcement).

59. Do you belong to any organization and/or adhere to any belief which would in any way restrict you from conforming to Department standards of appearance and/or grooming?

No Yes, please explain:

REFERENCE INFORMATION

60. List three people who know **you** well, such as social and family friends, co-workers, military acquaintances, etc. **Do not include** relatives, employers or roommates, or other individuals listed elsewhere.

Name: _____	Home Address: _____	
Email Address: _____	Work Address: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____
How do you know this person? _____	How long have you known this person? _____	
Name: _____	Home Address: _____	
Email Address: _____	Work Address: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____
How do you know this person? _____	How long have you known this person? _____	
Name: _____	Home Address: _____	
Email Address: _____	Work Address: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____
How do you know this person? _____	How long have you known this person? _____	

61. Please list all members and employees of the Prince William County Police Department with whom you are acquainted:

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

SIGNATURE PAGE

I authorize a duly authorized agent of the Prince William County Police Department to contact any of my previous employer(s) and obtain information from them, and to further investigate the truthfulness of this information.

I understand further that any false answers, statements or misleading omissions made by me on this personal history statement in connection with the above-mentioned investigation can be sufficient grounds for my rejection as a candidate for employment or denial of any other request.

I acknowledge as the applicant, I bear full responsibility to notify the Prince William County Police Department of any changes to my employment status, credit or financial status, criminal and driving record, and any contact with law enforcement. I acknowledge a failure to comply may result in the termination of my application process.

If information should surface during this background investigation that would disqualify me from further consideration, the investigation will be terminated immediately and I will be notified accordingly.

I HEREBY CERTIFY THAT ALL OF THE FOREGOING ANSWERS ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

City/County of _____

Commonwealth of Virginia

The foregoing instrument was subscribed and sworn before me this ___ day of ___, 20___

by _____

Applicant's signature

Notary Public's signature

Notary registration number: _____

My commission expires: _____



COUNTY OF PRINCE WILLIAM

9540 Center Street, Suite 101, Manassas, Virginia 20110
(703) 792-6580 FAX (703) 792-4205

POLICE DEPARTMENT Personnel Bureau

Barry M. Barnard
Chief of Police

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Prince William County Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Prince William County Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Prince William County Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Prince William County Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, law enforcement or criminal records, including any arrest records, any information from a law enforcement agency, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examination, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Prince William County Police Department, regardless of any agreement I may have made with you previously to the contrary. The Prince William County Police Department will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Prince William County Police Department's acceptance and processing of my application for employment, I agree to hold both your agency and Prince William County, their agents and employees, harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Prince William County Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. Nothing in this authorization obligates Prince William County or your organization to release any information.

(continued on next page)



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, as amended, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Prince William County Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of **one year** from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless Prince William County, its agents and employees, and the person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of, or by reason of, complying with this request.

Signature: _____ Date: _____

Name: _____ DOB: _____ SS#: _____

Address: _____

Notarization:

State of _____, County/City of _____

This day _____ personally appeared before me and acknowledged his/her signature to the above statement. *(Applicant's Name)*

My commission expires on the _____ day of _____, 20____.

Notary Public





COUNTY OF PRINCE WILLIAM

9540 Center Street, Suite 101, Manassas, Virginia 20110
(703) 792-6580 FAX (703) 792-4205

POLICE DEPARTMENT Personnel Bureau

Barry M. Barnard
Chief of Police

CONSUMER CREDIT RELEASE AUTHORIZATION/ACKNOWLEDGEMENT FORM

I, _____, an applicant with the Prince William County Police Department for the position of _____ understand that part of my processing will include obtaining a written consumer report (credit check). In accordance with Subsection 604 (b) (2) of the Fair Credit Reporting Act (FCRA), I hereby authorize the Prince William County Police Department to obtain such a report. I also understand in accordance with Subsection 604 (b) (3) of the FCRA that should adverse action relative to an employment decision be taken based on the consumer report that a copy of the report will be provided to me as well as a copy of the Federal Trade Commission's Consumer Rights Notice.

Applicant Name: _____ DOB: _____ SS#: _____

Address: _____

Signature: _____ Date: _____

NOTARIZATION:

State of _____, County of _____ Date: _____

This day _____ personally appeared before me and acknowledged his/her signature
(Applicant's name)
to the above statement.

My commission expires on the _____ day of _____, _____.

Notary Public

This form will expire one year after date of receipt by the Prince William County Police Department.





COUNTY OF PRINCE WILLIAM

9540 Center Street, Suite 101, Manassas, Virginia 20110
(703) 792-6580 FAX (703) 792-4205

POLICE DEPARTMENT Personnel Bureau

Barry M. Barnard
Chief of Police

CONDITIONAL OFFER OF PROBATIONARY EMPLOYMENT Prince William County Police Department (Civilian)

This Conditional Offer of Probationary Employment is made and entered into this _____ day of _____, 20____, by and between the County of Prince William hereinafter the "County" and _____ hereinafter the "Applicant".

I. PURPOSE

The purpose of this agreement is to extend a Conditional Offer of Employment to the Applicant for the position of _____ . A final Offer of Probationary Employment may be extended to the applicant only after all requirements as established by the employer to include the terms and conditions stated in this Agreement are satisfied. The applicant will receive no compensation as a result of this Agreement.

II. TERMS AND CONDITIONS

The Applicant must meet the following terms and conditions:

- Agree to honor any reasonable appointment arranged by the employer to satisfy the terms and conditions of this Agreement.
- Successfully pass a drug-screening test.
- Receive certification from a licensed physician, after review of a comprehensive medical history and completion of a comprehensive physical, to be of sufficient physical condition to safely perform the essential functions of the position in question (if applicable based on position applied for).
- Submit to a polygraph exam (if applicable based on position applied for).
- Submit to a psychological examination conducted and interpreted by a licensed psychologist (if applicable based on position applied for).
- Agree to sign a Condition of Employment Agreement which will outline terms of employment (if applicable based on position applied for).

The employer shall provide the means by which each term and condition are met.

III. LENGTH OF AGREEMENT

This Conditional Offer of Probationary Employment will be immediately withdrawn upon the Applicant's failure to meet any of the above terms and conditions. Applicants who satisfy the terms and conditions of this Agreement may receive an Offer of Probationary Employment or be placed on an eligibility list for a period of six months.

Signature: _____ Date: _____

Name: _____ DOB: _____ SS#: _____

Address: _____

Notarization:

State of _____, County/City of _____

This day _____ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the _____ day of _____, 20____.

Notary Public

Rev. 7/18

A NATIONALLY ACCREDITED LAW ENFORCEMENT AGENCY
An Equal Opportunity Employer Printed On Recycled Paper

