



# APPLICATION

## PRINCETON POLICE DEPARTMENT



Name of Applicant \_\_\_\_\_

Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

### POSITION(S) APPLIED FOR:

\_\_\_ Peace Officer \_\_\_ Reserve Officer \_\_\_ Other \_\_\_\_\_

\_\_\_ Full Time \_\_\_ Part Time

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Received By \_\_\_\_\_

# **IMPORTANT!!**

## **READ THESE INSTRUCTIONS CAREFULLY**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement.

### IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE!

\*Your failure to properly complete this document or failure to provide all requested documents may result in the rejection of your application.

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position which you are applying for.

1. Your Personal History Statement should be hand printed legibly in black or blue ink.
2. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in sequence before you begin.
4. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of the required directories. On phone numbers, include the area code.
5. If there is insufficient space on the A.Q. form, attach extra sheets. Be sure to reference the relevant section and questions before continuing your answer.

Deliberate omission of required information is grounds for rejection. A deliberate misstatement of required information is grounds for rejection. Deliberate omission or misstatement may be grounds for dismissal after hiring.

If you have any questions regarding the required information, contact a background investigator at the number listed on the front prior to returning the document.

## **THIS IS A GOVERNMENT DOCUMENT!!**

According to Texas Penal Code 37.10, it is a felony to intentionally or knowingly make a false entry of a governmental record with intent to defraud or harm another.

## **OBJECTIVES OF A PERSONAL BACKGROUND INVESTIGATION**

The objectives of a personal background investigation are to obtain information to enable the proper authority to reach a definite conclusion regarding an applicant's character and reputation, as well as to determine whether employment or appointment is clearly consistent with the best interest of the City of Princeton and the Princeton Police Department.

### **CHARACTER**

Character is a trait, or sum of traits, which serves as an index to the essential or distinctive nature of an individual. It is the aggregate of distinctive mental and moral qualities that have been impressed by nature, education and habit upon the individual.

### **REPUTATION**

Reputation is the opinion or estimation in which one is generally held. Character is what a person is; reputation is what a person is reported to be.

### **SUITABILITY**

Suitability refers to the character reputation and fitness of those under consideration for services in the Princeton Police Department.

### **EMPLOYMENT ASPECTS**

Listed below are just a few examples of positive and negative employment aspects that the background investigator may summarize on any given applicant during the background phase. The summary of the report will then be forwarded to the background investigation board, comprised of a given number of other officers who conduct investigations, and a determination is made to recommend or not recommend continuance in the employment process.

### **EXAMPLES OF POSITIVE EMPLOYMENT ASPECTS**

1. Applicant has an excellent academic record, as indicated by high school and college transcripts.
2. Applicant has an outstanding reputation in the community, as indicated by interviews of neighbors.
3. Applicant has an excellent work record, as indicated by the interviews with their present and previous employers.
4. Applicant has no criminal or motor vehicle record.
5. Applicant has a strong desire to serve in the public safety profession.
6. Applicant's background indicates a mature and stable personality.

**EXAMPLES OF NEGATIVE EMPLOYMENT ASPECTS**

1. Actual academic record is other than indicated by the applicant in their application.
2. Applicant's reputation, as reported by neighbors, acquaintances and co-workers, would not be considered as desirable in a potential Princeton Police Officer.
3. Applicant does not have an excellent work record.
4. Applicant has a criminal or substantial motor vehicle record.
5. Applicant has a less than strong desire to serve in the public safety profession.
6. Applicant's background indicates less than a mature and stable personality.

All applicants must submit the below requested items. If an item does not pertain to you, simply check the N/A box. Please submit copies except for transcripts, do not submit originals as they will not be returned to you.

Recent photograph	Yes_____	N/A_____
Birth Certificate (and adoption papers if applicable)	Yes_____	N/A_____
High School Diploma or GED	Yes_____	N/A_____
High School Transcript(s)	Yes_____	N/A_____
College Transcript(s) (must be certified and in sealed envelope from school)	Yes_____	N/A_____
Automobile Proof of Insurance	Yes_____	N/A_____
Military DD214	Yes_____	N/A_____
Marriage License	Yes_____	N/A_____
Divorce Decree	Yes_____	N/A_____
Separation Papers	Yes_____	N/A_____
Copy of Drivers License	Yes_____	N/A_____
Copy of TCLEOSE certificates	Yes_____	N/A_____

# CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for a position with the Princeton Police Department. To a great extent your employment will depend on information obtained in confidential interviews with persons with whom you have been associated. Information will be obtained through interviews, psychological evaluations, and other documents of a confidential nature. Applicants will not have access to such information. Furthermore, since the information is confidential, the police department cannot reveal the reason(s) of rejection for those applicants who are not accepted.

If the reason(s) for your non-acceptance is of a temporary nature whereby you could be accepted at a later date, you will be so notified.

I have read and fully understand the above statement.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public in and for, State of Texas

\_\_\_\_\_  
Printed Name of Notary

My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_

Notary Seal or Stamp

\_\_\_\_\_  
Signature of Notary

# AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, hereby request and authorize you to furnish the Princeton Police Department with any and all information they may request concerning my work record, education history, military record, financial status, criminal record, general reputation, and post or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a \_\_\_\_\_.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a \_\_\_\_\_.

This authorization is for the period of six (6) months from the date of signature.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary public in and for, State of Texas  
My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Printed Name of Notary

Notary Seal or Stamp

\_\_\_\_\_  
Signature of Notary

# DISCLOSURE STATEMENT

“By this document, Princeton Police Department discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.”

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Applicant Signature

---

Date

“This shall authorize the procurement of a consumer report by Princeton Police Department as part of the pre-employment background investigation. If hired, this authorization shall remain in file and shall serve as an ongoing authorization for the Princeton Police Department to procure consumer reports at any time during my employment period.”

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Applicant Signature

---

Date

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INITIALS \_\_\_\_\_

DATE \_\_\_\_\_





# EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all of the jobs which you have had since the age of 17. Include all part time, temporary or seasonal positions. Include all periods of unemployment. Attach additional sheets if necessary.

**A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF HOW LONG YOU WORKED!**

Circle appropriate job description(s): Full Part Time Temporary Seasonal

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Employment began on \_\_\_\_\_ Ended on \_\_\_\_\_ Total Time \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Time in position(s): \_\_\_\_\_

Did you receive job performance evaluations while at this company? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you fired or asked to resign? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain: \_\_\_\_\_

\_\_\_\_\_

Did you ever receive any type of discipline? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain \_\_\_\_\_

Name of final supervisor: \_\_\_\_\_ Eligible for re-hire? \_\_\_\_\_ Yes \_\_\_\_\_ No

Co-worker name: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-worker name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving this position (Be Specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time in position(s): \_\_\_\_\_

Did you receive job performance evaluations while at this company?  Yes  No

Were you fired or asked to resign?  Yes  No

If yes explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you ever receive any type of discipline?  Yes  No

If yes explain \_\_\_\_\_

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Were you fired or asked to resign?  Yes  No

If yes explain: \_\_\_\_\_

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Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Time in position(s): \_\_\_\_\_

Did you receive job performance evaluations while at this company? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you fired or asked to resign? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain: \_\_\_\_\_

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If yes explain \_\_\_\_\_

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Reason for leaving this position (Be Specific): \_\_\_\_\_

\_\_\_\_\_

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INITIALS \_\_\_\_\_

DATE \_\_\_\_\_

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\_\_\_\_\_

Time in position(s): \_\_\_\_\_

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Were you fired or asked to resign?  Yes  No

If yes explain: \_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_

\_\_\_\_\_

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If yes explain: \_\_\_\_\_

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Reason for leaving this position (Be Specific):

\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

Time in position(s): \_\_\_\_\_

Did you receive job performance evaluations while at this company?  Yes  No

Were you fired or asked to resign?  Yes  No

If yes explain: \_\_\_\_\_

\_\_\_\_\_

Did you ever receive any type of discipline?  Yes  No

If yes explain \_\_\_\_\_

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Name of final supervisor: \_\_\_\_\_ Eligible for re-hire?  Yes  No

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Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Time in position(s): \_\_\_\_\_

Did you receive job performance evaluations while at this company? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you fired or asked to resign? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain: \_\_\_\_\_

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Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Time in position(s): \_\_\_\_\_

Did you receive job performance evaluations while at this company?  Yes  No

Were you fired or asked to resign?  Yes  No

If yes explain: \_\_\_\_\_

\_\_\_\_\_

Did you ever receive any type of discipline?  Yes  No

If yes explain \_\_\_\_\_

\_\_\_\_\_  
Name of final supervisor: \_\_\_\_\_ Eligible for re-hire?  Yes  No

Co-worker name: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-worker name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving this position (Be Specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **THEFT FROM EMPLOYERS/ HONESTY**

The Princeton Police Department is interested in any incidents of theft or misappropriation from an employer in which you may have been involved.

In the space provided below, please list everything you have ever taken from an employer, which you did not have permission to take. Please include any items taken such as cash, merchandise, or property. Also, include the value, the date (approximate), the item taken, and the location from which the item was taken.

Have you ever stolen any money from a place of employment, regardless of the amount?  
Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever stolen any equipment, tools, or merchandise or supplies from any of your employers, including unauthorized gifts or discounts?  
Yes\_\_\_\_\_ No\_\_\_\_\_

Please list:

<b>ITEM TAKEN LOCATION</b>	<b>VALUE</b>	<b>DATE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# PERSONAL REFERENCES

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List four (4) persons who have known you for at least five (5) years and can provide current information about you. DO NOT LIST RELATIVES OR PAST/PRESENT EMPLOYERS.

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Briefly describe your relationship with this person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Briefly describe your relationship with this person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PERSONAL REFERENCES CONTINUED

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Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Briefly describe your relationship with this person:

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Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Briefly describe your relationship with this person:

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# EDUCATIONAL HISTORY

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the course of study.

If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours you obtained.

If you attended a technological or trade school, indicate your course study; also indicate if you were awarded a diploma or certificate.

Name and Type of School Location (City and State)	Date Start	Date Ended	Degree and/or Credit Hours Earned

Have you ever been expelled or suspended from any school you have attended?

Yes       No

School \_\_\_\_\_ Dates \_\_\_\_\_

Reason \_\_\_\_\_

Have you ever been placed on academic probation?

Yes       No

School \_\_\_\_\_ Dates \_\_\_\_\_

Reason \_\_\_\_\_

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INITIALS \_\_\_\_\_

DATE \_\_\_\_\_

**EDUCATIONAL HISTORY***(continued)*

When completing the following information you must give sufficient detailed information that can be verified. List information such as the name of the school and year involved in such activities.

School Activities: *Clubs / Sports / Etc.*

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Leadership: *Indicate position / Organization / Dates held*

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Community Activities:

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Awards / Commendations or Special Recognition:

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**CLUB/GROUP OR ASSOCIATION MEMBERSHIPS**

Official Name of Organization	Type: Social, Fraternal, Professional, etc.	Office(s) Held	Date of Memberships	
			From	To

**HOBBIES AND SPORTS**

Name of sport/hobby	Duration	Level of Proficiency

Are there any incidents in your life, not mentioned previously herein, which may reflect upon your ability to perform the duties which you may be called upon to undertake, or which might require additional explanation?

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### SPECIAL QUALIFICATIONS AND SKILLS

List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

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List any specialized machinery or equipment that you can operate.

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List all languages you are fluent in and indicate your degree of fluency in each area.

Language 1 _____		Language 2 _____
	Fair    Good    Excellent	Fair    Good    Excellent
Reading	1 _____	2 _____
Speaking	1 _____	2 _____
Understanding	1 _____	2 _____
Writing	1 _____	2 _____

List any other special skills or qualifications you may possess.

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### MILITARY SERVICE

Have you registered with selective service? \_\_\_Yes\_\_\_ No When?\_\_\_\_\_

Selective Service #: \_\_\_\_\_

Have you ever been rejected by any branch of the armed forces? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a member of any branch of the U.S. Armed Forces? Yes\_\_\_\_\_ No\_\_\_\_\_

Branch of Service: \_\_\_\_\_

Highest Rank Obtained: \_\_\_\_\_

Date of Induction: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Type: \_\_\_\_\_

Awards/ Medals: (Type and date awarded)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Schools/Training:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**DRIVING RECORD**

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How many moving citations have you received since you began driving? \_\_\_\_\_

How many moving citations have you received in the past three years? \_\_\_\_\_

Have you ever driven a motor vehicle, since your 17th birthday, without a valid drivers license for that vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever driven a motor vehicle, within the past five years, without the proper insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever had your drivers license suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Suspension:  
Type: \_\_\_\_\_ Date Lifted \_\_\_\_\_

Type: \_\_\_\_\_ Date Lifted \_\_\_\_\_

Have you ever had your driver license placed on probation? Yes No

Have you ever had a hearing for probation suspension, etc.? Yes No

Have you ever been placed as an assigned risk for insurance? Yes No

Have you ever driven a motor vehicle within the past 10 years without the proper insurance and received a citation for it? Yes No

Have you ever had your insurance revoked? Yes No

Have you ever driven while your license was suspended? Yes No

If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had your driver's license placed on probation for receiving an excessive number of traffic violations? Yes No

Have you ever been denied a drivers license for any reason? Yes No

How many vehicle accidents have you been involved in as the driver?  
\_\_\_\_\_

Of the above number, how many of those accidents listed you as being primary contributing factors to causing the accident? \_\_\_\_\_

Have you had any reason to believe that you might have problems with depth perception? Yes No

Have you been involved in an accident and then left the scene without identifying yourself? Yes No

Have you ever been involved in an accident when you were driving after you have been drinking any alcoholic beverage? Yes No

Have you ever struck an unattended vehicle or any object and Then left the scene without identifying yourself? Yes No

Please list your automobile insurance company: \_\_\_\_\_

Company address: \_\_\_\_\_  
\_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

Have you ever been licensed as a driver anywhere besides Texas? Yes No

If yes, list the State and note status of the license (active, suspended, expired, etc.)

State: \_\_\_\_\_ Status: \_\_\_\_\_

State: \_\_\_\_\_ Status: \_\_\_\_\_

List to the best of your memory all driving citations you have received.

Date Received	Type of Violation	Issuing Agency	Disposition

List all accidents in which you have been involved as a driver.

Date	Location	Brief Description

# MARITAL AND FAMILY HISTORY

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Circle your current marital status:

Single      Engaged      Married      Separated      Divorced      Widowed

**If you are engaged:**

Name of Fiancé: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

**If you are married:**

Spouse's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

**If you are separated:**

Spouse's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

**If you are divorced:**

Former spouse's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

Court and State where issued:  
\_\_\_\_\_

If you have more than one divorce, list on separate sheet of paper and attach.

**If you are widowed:**

Former spouse's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Have you ever been married to more than one person at a time?

Yes No

If yes, explain:

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List all children related to you or to your spouse (Natural, Step-Children, Adopted, etc.)

Child's Full Name	Date of Birth	Relationship	Home Address (if different than your own)





# LITIGATION

Have you ever been involved in any type of lawsuit?	Yes	No
Have you ever been sued?	Yes	No
Have you ever sued anyone?	Yes	No

Explain any yes answers:

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## NARCOTIC USAGE

It is important that the Department be aware of your past and current illegal drug usage, because, if you become a peace officer you may be called to testify as a witness in criminal prosecutions of persons charged with illegal drug usage and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

An illegal use is when it is otherwise not ingested as a prescribed narcotic by a licensed medical practitioner. It is also considered an illegal use when, having received a prescribed narcotic by a licensed medical practitioner, you fail to follow the instructions on the quantity to ingest over periods of time, thus taking more than prescribed. Further, ingesting another patient's medication that is not prescribed to you is illegal. An example of this type of act is where you may have a headache and another person, who has a prescription of Tylenol 3 – with Codeine, gives you one to ingest for your headache.

Usage means the ingestion of drugs into your system. Ingestion is defined as, but not limited to, snort, sniff, inject (*needle*), smoke, puff, toke, oral (*by pill tab, tasting, consume or mix with food or drink*), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes "one time used".

We are also interested in identifying exactly when you used a drug. You will be given the opportunity to explain the first date that you used each drug, and the last time you used each drug.

You must also explain how you used that drug. If the drug was smoked, snorted, injected, eaten, or used in any other manner, you must explain how it was used.

When asked to give the maximum number of times that you used the drug, you must give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG.**

Please consider the following chart, explaining if you have used each of the drugs mentioned, the first time (year) you used the drug, the last time (month and year) you used the drug, the absolute maximum number of times you used the drug, and how you used the drug. If you have never used the particular drug, then check the appropriate NEVER area. Please list only drugs not prescribed to you or having been prescribed but used improperly. Prescription drugs of another person's, even though legally prescribed, that you used should be listed.

Drug	First Time Used	Last Time Used	Maximum # of Times Used	How Used	Never
PCP					
ANGEL DUST					
THC / MARIJUANA					
LSD					
PEYOTE					
MESCALINE					
HEROIN					
COCAINE					
QUAALUDES					
DOWNERS					
TRANQUILIZERS					
AMPHETAMINE					
METHAMPHETAMINE					
SPEED					
CRANK					
CRACK					
BIPHETAMINE					
ECSTASY / XTC / ICE					
PRELUDIN					
DILUADID					

Drug	First Time Used	Last Time Used	Maximum # of Times Used	How Used	Never
TALWIN / PBZ					
MUSHROOMS (PSILOCYBIN)					
<b>INHALANTS – SEE BELOW</b>					
GLUE					
PAINT					
TOLUENE PRODUCTS					
FREON					
GASOLINE PRODUCTS					
<b>DESIGNER DRUGS</b>					
ANABOLIC STEROIDS					
ROHYPNOL (DATE RAPE DRUG)					
<b>OTHER – SPECIFY BY WRITING BELOW</b>					

# CRIMINAL ACTIVITY- ILLEGAL DRUGS- SALES- ALCOHOL

The Princeton Police Department is concerned with the illegal sale of drugs to another person (with or without profit to you); delivery of illegal drugs to another person; transporting illegal drugs to be sold; trading illegal drugs for anything of value; manufacturing illegal drugs; and the cultivation of illegal drug plants or any other way being involved in a transaction involving illegal drugs. Include all activities regardless of age.

Have you been involved in the sale or delivery of any controlled substance?	Yes	No
Have you transported any controlled substance?	Yes	No
Have you participated in the manufacturing of any controlled substance?	Yes	No
Have you cultivated or grown any illegal substance?	Yes	No
Have you ever bought any controlled substance?	Yes	No
Have you ever had any illegal drug injections?	Yes	No
Have you ever inhaled paints, glue, etc. with intent to get "high"?	Yes	No
Have you ever abused any prescribed medication?	Yes	No
Have you ever lied to a doctor about symptoms in order to get a prescription, such as pain killers,	Yes	No
Have others used drugs in your presence?	Yes	No
Have you used anyone else's prescribed medications?	Yes	No
If you answered yes to the above question, did this person know that you were using their	Yes	No
In the last 5 years, have you smoked or used marijuana?	Yes	No
Have you ever smoked or used marijuana?	Yes	No
Have you used an other illegal substance of any type?	Yes	No
Have you ever sold any illegal substances to another person?	Yes	No
Have you ever given any illegal substances to another person?	Yes	No

Have you ever been involved in the manufacturing of an illegal substance?	Yes	No
Have you ever purchased alcoholic beverages using a fake identification card?	Yes	No
Have you ever had someone, other than your parents, purchase alcoholic beverages for you because you were too young to make the purchase?	Yes	No
Have you ever made alcoholic beverages available to a minor by purchasing or providing it yourself?	Yes	No
Have you ever failed to declare your alcoholic beverages that you purchased in another country?	Yes	No
<p>It is not a violation of the law for an adult 21 years of age and older to possess and use alcohol; however, it is against the laws to operate a motor vehicle (car, truck, motorcycle, boat, airplane) under the influence of alcohol. Within an hour of operation of a motor vehicle, depending upon the time and amount of consumption, it can result in a person meeting the legal criteria for intoxication.</p>		
Do you use alcoholic products?	Yes	No
Have you ever used any household product with alcohol content to become intoxicated?	Yes	No
Have you ever purchased alcoholic beverages using a fake identification card?	Yes	No
Have you ever had someone, other than your parents, purchase alcoholic beverages for you because you were too young to make the purchase?	Yes	No
Have you ever made alcoholic beverages available to a minor by purchasing or providing it yourself?	Yes	No
Have you ever been arrested or detained and released to a responsible Party as a result of being determined too intoxicated by a law enforcement officer?	Yes	No
Have you ever failed to declare your alcoholic beverages that you purchased in a foreign county to the U.S. Customs Inspectors?	Yes	No
Have you ever been convicted of D.W.I. or D.U.I.?	Yes	No

In the last five years, have you driven while intoxicated?

Yes No

If so, how many times? \_\_\_\_\_ Last time \_\_\_\_\_ How many drinks? \_\_\_\_\_

In the last five years, have you been charged with any drinking offense? Yes No

In the last five years, have you been intoxicated in a public place? Yes No

If yes, when was the last time? \_\_\_\_\_ How many times? \_\_\_\_\_

Do you use tobacco products? Yes No

## FALSE IDENTIFICATIONS

CIRCLE YES OR NO

As a juvenile or an adult, have you ever used, obtained or attempted to obtain any identification? Yes No

As a juvenile or adult, have you ever used anyone's identification as your own? Yes No

As a juvenile or adult, have you ever used a false identity on any Document? Yes No

As a juvenile or adult, have you ever allowed anyone else to use your identification as his or her own? Yes No

As a juvenile or adult, have you ever falsely identified yourself as anyone other than your true identity on any document? Yes No

As a juvenile or adult, have you ever assisted anyone in obtaining, using, purchasing or manufacturing a false identification? Yes No

As a juvenile or adult, have you ever manufactured a false identification for your own or anyone else's own use? Yes No

As a juvenile or adult, have you ever falsely identified yourself as someone other than your true identity? Yes No

Have you attempted to steal anyone's identity by any means? (used software to capture, internet, wedges, etc.) Yes No

Have you ever been the victim of identity theft? Yes No

## **ARREST/ DETENTIONS**

You are applying for a position, which requires the trust of the citizens. Consequently, the Princeton Police Department is interested in your participation in or commission of any crime listed below. If you have committed or participated in any of the acts listed below you must check the box indicating participation in the act. During the review, you will be given ample opportunity to explain your participation in these acts.

If you check yes to any question, explain any involvement in the space provided or on the back of the previous page. List approximate date or age and the circumstances.

### MAJOR CRIMES/FELONY OFFENSES

(CIRCLE YES OR NO)

Have you ever purposely or negligently caused the death of another human being?	Yes	No
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Have you ever kidnapped or abducted someone and held them against their will?	Yes	No
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Have you committed any acts of sexual assault, against an adult or juvenile (sixteen years of age or younger at the time of the act). Examples: sexual intercourse, oral sex, anal sex, or touching the genitals, breasts, or anus of another person.	Yes	No
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Have you ever forced someone to have sexual contact with you against his or her will?	Yes	No
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Have you ever viewed child pornography in any manner?	Yes	No
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Have you ever possessed any child pornography in any form?	Yes	No
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Have you ever downloaded any child pornography from the internet?	Yes	No
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Have you ever distributed any child pornography over the internet?	Yes	No
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Have you ever attempted to harm or cause harm to someone with any kind of firearm, knife, club, or other deadly weapon?	Yes	No
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Have you ever been accused of causing injury or physical abuse to a child?	Yes	No
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Have you ever deliberately caused any fires or explosions in an attempt to destroy property?	Yes	No
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Have you deliberately or intentionally damaged or destroyed someone else's property?	Yes	No
Have you used a firearm, knife, club, or deadly weapon to take something away from someone else?	Yes	No
Have you ever broken into or burglarized any building, habitat, or other form of structure?	Yes	No
Have you forged anything on a check, title, deed, or other official document of any kind?	Yes	No
Have you ever intentionally viewed or possessed any form of child pornography? (over the internet, books, magazines, photos, etc...)	Yes	No
Have you used someone else's credit card or credit card number without permission?	Yes	No
Have you ever stolen or used a vehicle without the owner's Permission?	Yes	No
Have you ever forced anyone into an act of prostitution or received payment for someone else's act of sexual performance?	Yes	No
Have you possessed or do you possess any illegal weapons; explosive device; fully automatic weapon; illegally altered weapon; armor piercing ammunition; firearm silencer; or incendiary device?	Yes	No
Have you ever stolen or been involved in the theft of any money or property that had a value of more than \$250.00?	Yes	No
Have you been involved in the sale, production, promotion, or distribution of illegal pornographic materials, i.e. production of books, tapes, or images that depict a child in nude or sexual acts?	Yes	No
Have you ever accidentally viewed child pornography in any manner? (over the internet, photos, magazines, books, etc...)	Yes	No
Have you ever been detained, other than for a traffic citation, by the police?	Yes	No
Have you taken, under any circumstances, property that did not belong to you?	Yes	No
Have you ever been present when someone, friend or relative, committed a crime?	Yes	No
Have you ever sold or pawned anything that you believed or suspected to be stolen?	Yes	No

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INITIALS \_\_\_\_\_

DATE \_\_\_\_\_

Have you ever carried any instrument which is classified as an illegal weapon?	Yes	No
Have you ever had sexual contact with a person 16 years of age or younger since your 19 <sup>th</sup> birthday?	Yes	No
Have you ever exposed your genitals in a public place?	Yes	No
Have you ever intentionally set property belonging to you on fire for personal reasons or profit?	Yes	No
Have you ever forced sexual contact with another person?	Yes	No
Have you ever been a member of any street gang?	Yes	No
Have you taken part in a riot as a rioter?	Yes	No
Have you ever caused an animal to attack another animal?	Yes	No

\_\_\_\_\_ Initial here if you have NEVER been involved in any of the above listed categories of criminal activity.

**MISDEMEANOR OFFENSES**

In this section, please bear in mind that we are asking about any misdemeanor offense listed below meaning participating in or helping anyone in commission of the following.

CIRCLE YES OR NO

Have you participated in any indecent exposures, that is deliberately exposing your genitals in public?	Yes	No
Have you ever committed any sexual act in public?	Yes	No
Have you ever broken into someone else's motor vehicle of any type, in order to steal something?	Yes	No
Have you been involved in a physical assault? This includes family members or any other person?	Yes	No
Have you participated in any acts of animal cruelty; that is deliberately trying to injure or deprive an animal of food or water other than legal hunting or fishing?	Yes	No

Have you kept a child away from his/her parent, legal guardian, or courts' jurisdiction without permission?	Yes	No
Have you deliberately damaged or destroyed anyone's property?	Yes	No
Have you broken into any coin operated machines or devices for the purpose of stealing money?	Yes	No
Have you entered or remained on someone's property without permission, i.e. <u>criminal trespass</u> ?	Yes	No
Have you stolen anything or participated in any type of theft, not previously admitted, of a value of less than \$250.00?	Yes	No
Have you been involved in or accused of any acts of disturbing the peace, to include fighting in public, cursing in public, threatening another in public, shouting or yelling in public?	Yes	No
Have you participated in any window peeping for lewd purposes?	Yes	No
Have you been involved in the sale, production, promotion, or distribution of <u>illegal</u> pornographic materials, i.e. production of books, tapes, or images exhibiting sexual functions?	Yes	No
Have you engaged in any acts of prostitution, that is sexual contact for money, either paying someone else or being paid for an act of prostitution?	Yes	No
Have you carried any weapons illegally, i.e. pistols, switchblades, knives, or anything against the law as it is now written?	Yes	No
Have you been involved in any illegal gambling activities, i.e. betting with bookies or professional gamblers?	Yes	No
Have you made any lewd, obscene, or harassing phone calls?	Yes	No
Have you bought or sold any property that you knew or had reason to believe was stolen?	Yes	No
Have you participated in a theft of any state, city, or commercial utilities, i.e. water, gas, electricity, cable TV?	Yes	No
Have you or any member of your family participated or been affiliated with any organization that advocates violence or overthrow of the federal government?	Yes	No



