

HENDERSON POLICE DEPARTMENT



Read Carefully (Answer each question carefully, accurately, thoroughly and truthfully).

The Henderson Police Department has established Hiring Standards that are applied to all applicants in a fair and equitable manner. The information you provide in this Personal History Questionnaire will be used in the investigation into your background to assist in determining your suitability for a position with the Henderson Police Department.

The Henderson Police Department Hiring Standards are confidential.

It is to your advantage to answer questions openly and honestly. Any negative factor in your background will be evaluated in terms of circumstances and facts surrounding its occurrence, as well as the degree of relevance to the job you are applying for. More applicants fail the background process due to omissions rather than previous behavior. While indiscretions or other situations in your life history may or may not be excused, deception will not be tolerated.

This Investigation depends upon information that you supply. DO NOT ASSUME that the investigator will attempt to determine street numbers, correct street spellings, obtain apartment or telephone numbers, email addresses or zip codes. Investigators and Administrative Assistants do not have the time to correct your questionnaire or conduct inquiries to complete your responses.

Please fill out the following questionnaire completely and accurately. Keep in mind that:

1. The completion of this questionnaire is mandatory.
2. Do not print or handwrite this document. It must be completed electronically.
3. All information provided is subject to verification through investigation and polygraph.
4. Deliberate inaccuracies or omissions may bar you or remove you from future testing.
5. All time periods in your background must be accounted for.
6. All information will be reviewed with you during your Background Investigation Interview.

If there is not enough room to complete any section of the Personal History Questionnaire, additional pages may be attached. If you are having problems completing this questionnaire, please contact the **Background Investigations Unit (702) 267-4530.**

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PERSONAL HISTORY QUESTIONNAIRE

APPLICANT'S NAME: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

POSITION APPLIED FOR: _____

DATE COMPLETED: _____

HENDERSON POLICE DEPARTMENT

APPLICANT BACKGROUND QUESTIONNAIRE

POSITION APPLIED FOR	DATE
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GENERAL INSTRUCTIONS: Type an answer to every question. If a question does not apply to you, indicate N/A in the blank space. Leave no questions blank/unanswered. If there is insufficient space for your answers, attach additional sheets with appropriate references to the question numbers to the end of this Questionnaire. **Failure to state all facts or the omission of material information will disqualify you for any employment with the Henderson Police Department. All responses made by you are strictly confidential.**

1. GENERAL INFORMATION

Last Name		First Name		Middle Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Alias(es), Nicknames, Maiden Name, other changes in name				Social Security Number		Cell Phone Number	
Email Address		Home Telephone		Work Telephone			
Current Residence Address (Street, City, State, Zip Code)							
Date of Birth (Month-Day-Year)		Age	Place of Birth (City, County, State)				
Height	Weight	Color of Eyes		Color of Hair		U.S. Citizen	
Naturalized Citizen		Naturalized Certificate Number		Date, Place, and Court			

2. EDUCATION

Did you graduate High School? YES <input type="checkbox"/> NO <input type="checkbox"/>			If not, do you have a GED of High School Proficiency Certificate? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Names of High School/ Colleges/ Universities Attended Addresses- Street, City, State, Zip Code	Dates Attended	Course of Study/ Major	Units Completed		Type of Degree	Date
			Semester	Quarter		

<p>Have you ever received any disciplinary action, suspension or expulsion from any type of school or training? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If "YES," list the name of the school/training and explain.</p>

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3. FOREIGN LANGUAGE: Enter language (other than English) you can read, write and/or speak fluently. Place an "X" in the proper column.

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

4. SPECIAL QUALIFICATIONS AND SKILLS

Are you a Certified Peace Officer? YES NO (If yes, please complete the following)

Issuing State _____ Certificate No. _____ Date of Issue _____

What police academy or law enforcement training program did you attend? * _____
*Please provide copies of all Police/Corrections Basic Academy Transcripts

Name and Address of any law enforcement academy attended _____ Dates Attended _____

Do you have a Concealed Weapons Permit (CCW)? YES NO (If yes, please complete the following)

Issuing State _____ Permit No. _____ Reason for Permit _____

5. MILITARY RECORD

Branch of Service	Date Entered	Date Separated	Rank when separated from the military
Type of Discharge <input type="checkbox"/> Honorable <input type="checkbox"/> BCD <input type="checkbox"/> Undesirable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Other			
Are you currently a member of the U.S. Reserve or the National Guard? YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have any other type of military obligation? (e.g. R.O.T.C., Inactive Reserve) YES <input type="checkbox"/> NO <input type="checkbox"/> Rank _____ Occupational Specialty _____	
List any specialized schools you attended and commendations/citations awarded to you while in the Armed Forces.			
Have you ever received any disciplinary actions while in the military (such as Letter of Counseling/Reprimand/Admonishment, Court-Martial, Summary Court, Deck Court, Company Punishment, Captain's Mast, ART-15, AWOL, Missed Formation or any other type of disciplinary action be it Judicial or Non-Judicial? If "YES", explain on separate page) YES <input type="checkbox"/> NO <input type="checkbox"/>			

6. MARITAL STATUS

	SINGLE <input type="checkbox"/> ENGAGED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DOMESTIC PARTNER <input type="checkbox"/>						
	NAME OF SPOUSE / PARTNER	ADDRESS (Street, City, State, Zip) PHONE #	EMAIL ADDRESS	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DATE OF MARRIAGE	DATE OF DIVORCE
Current Marriage							
Previous Marriage							
Previous Marriage							

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7. SPOUSE / PARTNER'S EMPLOYER

Name of Company	Job Title / Length of Employment	Name of Supervisor
Address (Street, City, State, Zip Code)		Telephone Number

8. CHILDREN AND DEPENDENTS (If additional space is needed, please attach separate paper)

List ALL natural, step, adopted and foster children, as well as the name of their significant other if married.

NAME	BIRTH		RESIDENCE		SUPPORTED BY WHOM
	DATE	PLACE	ADDRESS	WITH WHOM	

9. FAMILY REFERENCES (List ALL immediate relatives: Parents, guardians, step-parents, foster parents, brothers, sisters, "in-laws") and any individuals with whom you are residing, have resided with or a close relationship exists/existed.

Relationship	Name	Age	Street Address, City, State, Zip	Email Address	Home Telephone	Occupation

Do you have any relatives currently employed by the City of Henderson? YES NO
 If yes, list name(s) and Department they work in.

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10. ROOMMATES (list all co-habitants that are not immediate relatives (If additional space is needed, please attach separate paper)

RELATIONSHIP	NAME	AGE	ADDRESS (Street, City, State, Zip)	EMAIL ADDRESS	CONTACT #	OCCUPATION

11. PERSONAL REFERENCES (List at least five persons who have known you well!! These people will have definite knowledge of your qualifications; they can appraise your character, abilities, experiences, personality and other qualities for the position for which you are applying. **NO** relatives, former or present employers, co-workers, people you reside with or school teachers).

NAME	ADDRESS (Street, City, State, Zip)	EMAIL ADDRESS	CONTACT #	OCCUPATION	YEARS KNOWN

12. EMAIL ADDRESSES (List all email addresses for personal/work use)

PERSONAL EMAIL ADDRESS	WORK EMAIL ADDRESS

13. DISTINGUISHING MARKS

Do you have any tattoos, brands, or markings on your body? If "YES", describe in detail: YES NO

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14. RESIDENCES (List ALL residences since the age of 16, beginning with your current residence address. Please include addresses while attending school away from home and all military addresses. If you lived in a rental unit, list your landlord's name and contact information for each residence.) If you answer "yes" to police contact on any entry, please explain on an additional sheet of paper and attach.

Month and Year		Street Address, City, State, Zip	County	Military Installation	Police Contact
From	To				
					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain

Have you ever been evicted from a residence? If "YES", explain. YES NO

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15. **DRIVER'S INFORMATION** (List ALL driving violations and traffic accidents, excluding parking tickets, since you started driving. (i.e operating a motor vehicle while under the influence of alcohol or drugs, reckless operation, hit and run, vehicular homicide, speeding, drag racing, willfully fleeing or eluding police, operating an unsafe vehicle, driving without a license, passing a school bus, receiving or discharging passengers or any other traffic offenses). **IF YOU HAVE A VIOLATION, PLEASE EXPLAIN THE OFFENSE IN THE SECTION PROVIDED.**

DATE	AGENCY	CITED?	VIOLATION CHARGED	COLLISION RELATED	COURT DISPOSITION
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Explain any violations, accidents or other offenses:

Current Driver's License
 State _____ Expiration date _____
 Number _____

Previous Driver's License (list all states/countries in which you were licensed)

Year, Make, Model and License Plate # of vehicles registered in your name, or which you operate (drive):

V1 _____ V2 _____
 V3 _____ V4 _____

Has your Driver's License, or your privilege to operate a motor vehicle, ever been suspended or revoked, or have you ever been refused a driver's license? YES NO

If "YES", explain in detail. If you require more room, please continue on a separate sheet and attach:

Are you presently under indictment or are you a defendant in any pending criminal traffic or civil actions? YES NO

If "YES", explain in detail. If you require more room, please continue on a separate sheet and attach:

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16. EMPLOYMENT HISTORY (List ALL employment you have held, including self-employment, military, part-time, temporary, and volunteer work. Begin with your present or most recent employment and work backwards. Please indicate if a company is closed, sold to another owner, or out of business. If more space is needed, attach additional sheets and use the same format). Please account for all periods of unemployment.

Do you have any objections to our contacting your current employer? If "YES", why?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Mo./Yr. TO	Mo./Yr. TO	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)	Human Resources Email Address	Phone Number	Name of Supervisor
Salary \$ PER	Names of 3 Co-workers			

Reason for leaving:

Mo./Yr. TO	Mo./Yr. TO	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)	Human Resources Email Address	Phone Number	Name of Supervisor
Salary \$ PER	Names of 3 Co-workers			

Reason for leaving:

Mo./Yr. TO	Mo./Yr. TO	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)	Human Resources Email Address	Phone Number	Name of Supervisor
Salary \$ PER	Names of 3 Co-workers			

Reason for leaving:

Mo./Yr. TO	Mo./Yr. TO	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)	Human Resources Email Address	Phone Number	Name of Supervisor
Salary \$ PER	Names of 3 Co-workers			

Reason for leaving:

Mo./Yr. TO	Mo./Yr. TO	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)	Human Resources Email Address	Phone Number	Name of Supervisor
Salary \$ PER	Names of 3 Co-workers			

Reason for leaving:

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EMPLOYMENT HISTORY (continued)

Mo./Yr. TO	Mo./Yr.	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)		Human Resources Email Address	Phone Number
Salary \$ PER	Names of 3 Co-workers			
Reason for leaving:				
Mo./Yr. TO	Mo./Yr.	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)		Human Resources Email Address	Phone Number
Salary \$ PER	Names of 3 Co-workers			
Reason for leaving:				
Mo./Yr. TO	Mo./Yr.	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)		Human Resources Email Address	Phone Number
Salary \$ PER	Names of 3 Co-workers			
Reason for leaving:				
Mo./Yr. TO	Mo./Yr.	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)		Human Resources Email Address	Phone Number
Salary \$ PER	Names of 3 Co-workers			
Reason for leaving:				
Mo./Yr. TO	Mo./Yr.	Employer (Business/ Agency name)	Title	Name employed under
Hours per Week	Address (Street, City, State, Zip)		Human Resources Email Address	Phone Number
Salary \$ PER	Names of 3 Co-workers			
Reason for leaving:				

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17. ALL LAW ENFORCEMENT OR GOVERNMENTAL AGENCIES TO WHICH YOU HAVE APPLIED (Include full mailing address of each agency. Attach additional sheets if necessary).

AGENCY & ADDRESS (Street, City, State, Zip Code)	POSITION	DATE OF APPLICATION	STATUS (Submitted application, hired, job offer made, disqualified, non-select, took written test, background investigation done, etc. If a DQ or non-select, please provide a reason/explanation.)
Explanation:			
Explanation:			
Explanation:			
Explanation:			
Explanation:			
Explanation:			
Explanation:			
Explanation:			
Explanation:			
Explanation:			

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18. CREDIT AND INCOME

Have you ever had any credit problems? (i.e. bankruptcy, delinquent accounts, liens, charge-offs, repossessions, foreclosures, denied or refused a surety bond, check returned for non-sufficient funds, etc.) YES NO

Have you ever had your wages garnished? YES NO

If "YES", list dates and details.

Have you ever had a civil judgment or tax lien filed against you? If "YES", explain and provide a copy of the judgment or lien attached to this form. YES NO

Have you ever been sued by anyone? If "YES", explain. YES NO

Have you ever filed a lawsuit or had a representative file a lawsuit on your behalf? If "YES", explain. YES NO

Are you presently required to pay spousal or child support? YES NO
If "YES", list to whom and if payments are current and provide a copy of the court order or agreement.

Have you ever been sued for alimony payments, child support, or non-payment of debts or fraud? YES NO
If "YES", explain.

Have you ever falsified your credit to get money, or any other goods or services? If "YES", explain. YES NO

Have you ever failed to file or been delinquent in filing: City, State or Federal Income Tax Returns? YES NO
If "YES", explain.

Has your tax return ever been audited by the IRS for any reason other than a random audit? YES NO
If "YES", explain.

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19. CRIMINAL HISTORY

Have you ever been arrested, convicted, found guilty, put on probation, served parole, pled guilty or no contest to a crime (If "YES", you need to provide a copy of arrest report and subsequent court records)?

YES NO

Have you ever been questioned, accused of, detained by, or had contact for any reason by any police, security officer, or military police authority, either in the United States of America or in any foreign country (even if the records are sealed or expunged)?

YES NO

If "YES", complete the following (list juvenile & adult occurrences).

DATE	LOCATION	ARRESTING AGENCY	ORIGINAL CHARGE	CHARGE REDUCED TO	DISPOSITION

Have you ever been the subject of, or been served with, a protective order (i.e. restraining order, stalking order, injunction or any other court order to stay away from someone, etc.)? If "YES", explain.

YES NO

Have you ever filed a false police report or given false statements to police? If "YES", explain.

YES NO

Have you ever been involved in any undetected crime (done something illegal but were never caught, or discovered)? If "YES", explain.

YES NO

Have you ever intentionally tampered with or damaged public or private property? If "YES", explain.

YES NO

Have you ever served parole, probation, or community service? If "YES", explain.

YES NO

Have you ever been involved in a physical altercation in which any kind of weapon was used?

YES NO

Have you ever attempted or threatened to physically harm another person? If "YES", explain.

YES NO

Have you ever injured or caused the death of another person? If "YES", explain.

YES NO

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CRIMINAL HISTORY (continued)

Have you ever used a firearm or other deadly weapon? If "YES", explain. YES NO

As an adult, have you ever had any sexual involvement with a person under the age of eighteen (18)?
If "YES", explain. YES NO

Have you ever engaged in any grossly unnatural sexual acts? YES NO

Have you ever engaged in any illicit sexual activities? If "YES", explain. YES NO

Have you ever sexually assaulted another person? If "YES", explain. YES NO

Have you ever paid for sex, been paid for sex, or benefited financially from prostitution?
If "YES", explain. YES NO

Have you ever slapped, punched, kicked, pushed, or otherwise injured a romantic partner or cohabitant?
If "YES", explain. YES NO

Have you ever been arrested or convicted on a charge of Domestic Battery/Domestic Violence?
If "YES", explain. YES NO

Have you participated in a riot or civil disturbance? If "YES", explain. YES NO

Have you, your spouse, or any members of your family including in-laws, or anyone you have or currently associate with ever been (or currently are), a part of any organization or club that promotes the use of force or violence against the government or any persons, and may be considered anti-government or a gang. This includes; knowingly collecting, donating or soliciting funds for any such organization? If "YES", explain. YES NO

Do you now or have you ever belonged to, served with, applied to join, or associated with any clubs, organized groups or gangs? If "YES", explain. YES NO

Do you have any hatreds or prejudices toward others because of their race, sex, national origin, sexual orientation, religion or color that would be detrimental to your functions as a city employee? If "YES", explain. YES NO

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CRIMINAL HISTORY (continued)

Have you ever had associations with persons whom you knew, or should have known, were under criminal investigation or indictment? If "YES", explain. YES NO

Do you have any relatives that are or were under investigation for criminal acts? If "YES", explain. YES NO

Have any of your current/former roommates ever been in a jail/prison for any reason? If "YES", explain. YES NO

Have you ever stolen anything? If "YES", explain. YES NO

Have you ever assisted anyone in stealing merchandise or money? If "YES", explain. YES NO

When was the last time you were involved in ANY activity that could be perceived by police as an illegal act? Explain and give dates.

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20. INTERNET USE

Have you ever used the Internet to view and/or download child pornography?

If "YES", explain.

YES NO

Have you ever participated in any child pornography (to include: downloading, sending, viewing, buying, producing or possessing)?

If "YES", explain.

YES NO

While employed by a company, have you ever violated any company policy regulating the use of the company's internet/computer system access?

If "YES", explain.

YES NO

21. GAMBLING

Do you gamble?

If "YES", explain to what degree & how often.

YES NO

Do you have any problems because of gambling?

If "YES", explain.

YES NO

What is the most you have lost at one time?

Have you ever had to borrow money to cover a gambling debt?

If "YES", explain.

YES NO

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22. DRUG USE

CAUTION: THE USE OF ANY DRUG OR SUBSTANCE WILL NOT NECESSARILY DISQUALIFY AN APPLICANT; HOWEVER, WILLFUL CONCEALMENT OF THE USE MAY BE GROUNDS FOR REJECTION OF YOUR APPLICATION OR FOR DISMISSAL FROM CITY EMPLOYMENT.

HAVE YOU EVER USED OR EXPERIMENTED WITH ANY DRUG OR SUBSTANCE, SUCH AS, BUT NOT LIMITED TO THE FOLLOWING? YES NO

TYPE OF DRUG	PRIOR USE	TOTAL TIMES USED	DATE LAST USED	SOLD	TOTAL TIMES SOLD
Cannabis Substances (Marijuana, Hashish, Hashish Oil, THC, Marinol, Dronabinol, K2, Spice, Bath Salts)	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Hallucinogens (LSD, PCP, Peyote, Mushrooms, Mescaline, Ecstasy, Molly, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Stimulants (Cocaine, Rock, Crank, Crack, Crystal, Angel Dust, Speed, Amphetamines, Methamphetamines, Uppers, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Depressants (Tranquilizers, Barbiturates, Valium, Methaqualone, Quaalude, Librium, Downers, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Narcotics (Codeine, Morphine, OxyContin, Heroin, Meperidene (Demerol), Methadone or any of their derivatives such as Darvon, Talmin, Lomotil, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Inhalants (Glue, Gasoline, Spray paint, Acetone, Nitrous Oxide, Huffing, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Steroids or Muscle Enhancement Drugs	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	

IF YOU ANSWERED YES ON ANY OF THE AREAS ABOVE, PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:

- | | |
|---|--|
| <p>a. How the drug was ingested or consumed.</p> <p>b. The duration of usage.</p> <p>c. The motivation(s) for use you believe are relevant.</p> | <p>d. How the drug was obtained.</p> <p>e. Why you stopped using the drug.</p> <p>f. Any other factors</p> |
|---|--|

Do you now or have you ever tried, used, or experimented with any substance to alter your mental state (get high) (except under the care or order of a licensed medical doctor), whether legal or illegal, besides those listed above?

YES NO

If "YES", explain.

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DRUG USE (continued)

Have you ever used someone else's prescription drug (anything prescribed by a medical professional to another person)?
If "YES", explain & provide dates. YES NO

Have you ever used any prescribed medications for purposes other than for which they were originally prescribed or intended? If "YES", explain. YES NO

What is the total amount of money you have spent on drugs?

Have you ever used drugs or alcohol to take advantage of someone? If "YES", explain. YES NO

Have you ever operated a motor vehicle under the influence of drugs?
If "YES", explain & provide dates. YES NO

When was the last time you were present when others were using drugs? Explain & provide dates.

Have you ever manufactured, grown, or produced a drug or controlled substance?
If "YES", explain & provide dates. YES NO

Have you ever been involved in the illegal possession, purchase, manufacturing, trafficking, production, transfer, shipping, receiving, handling, or sale of any controlled substance, including prescription drugs?
If "YES", explain & provide dates. YES NO

Have you ever sold, been party to the sale, or in any other way been financially rewarded as the result of the sale of any controlled substances or prescription drugs or any other substances purported to be a controlled substance?
If "YES", explain & provide dates. YES NO

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23. EMPLOYMENT HISTORY

Were you ever discharged, terminated, or forced to resign from any job for any of the following reasons:
By mutual agreement, after allegations of misconduct, for unsatisfactory job performance, or in lieu of termination?
If "YES", explain. YES NO

Have you ever taken anything from any employer without their permission or been accused of stealing from an employer
(office supplies, cash, tools, food, property, etc.)?
If "YES", explain & provide dates. YES NO

Have you ever misused your employee privileges?
If "YES", explain. YES NO

Have your employers always treated you fairly?
If "NO", explain. YES NO

Have you ever purposely damaged company merchandise/property?
If "YES", explain. YES NO

Have you ever filed for or received Worker's Compensation for an on-the-job injury?
If "YES", explain. YES NO

Are you currently engaged in any business as an owner, resident agent, corporate member, or partner (active or silent)?
If "YES", explain. YES NO

Have you ever been investigated by your supervisor or employer for improper conduct (illegal activities, sexual harassment,
etc.)? If "YES", explain. YES NO

List any employer that will give a different version as to why you separated from employment.

Have you ever received a written/oral reprimand, suspension, or warning at any place of employment?
If "YES", explain. YES NO

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EMPLOYMENT HISTORY (continued)

Have you ever committed or threatened to commit physical harm against a co-worker or supervisor?

If "YES", explain.

YES NO

Have you ever been involved in an argument where you raised your voice, threatened, or used insulting language towards a co-worker or supervisor?

If "YES", explain.

YES NO

Have you worked without reporting it, while collecting unemployment benefits?

If "YES", explain.

YES NO

Are you now, or have you ever received any type of governmental support such as welfare, Aid to Dependent Children (ADC), WIC (Women, Infants & Children) items, housing subsidy payments, educational loans or grants that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving?

If "YES", explain.

YES NO

Would your current employer rate your work as satisfactory?

If "NO", explain.

YES NO

How often are you late to work?

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24. LAW ENFORCEMENT EXPERIENCE—IF APPLICABLE

(Current & former Police Officers and Corrections Officers must answer all the questions listed below)

Are there any ongoing Internal Affairs complaints against you?

If "YES", explain.

YES NO

Have you ever been the subject of an Internal Affairs Investigation?

If "YES", explain & indicate disposition.

YES NO

Have you ever had a grievance/complaint filed against you?

If "YES", explain.

YES NO

Have you ever received a reprimand or counseling?

If "YES", explain.

YES NO

Have you committed perjury or lied under oath?

If "YES", explain.

YES NO

Have you ever kept any evidence for your own use?

If "YES", explain.

YES NO

Have you ever taken a bribe?

If "YES", explain.

YES NO

Have you ever engaged in any sexual activity while on duty?

If "YES", explain.

YES NO

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LAW ENFORCEMENT EXPERIENCE (continued)

Have you ever been accused of using excessive force?

If "YES", explain.

YES NO

Have you ever falsified a report?

If "YES", explain.

YES NO

Have you ever been involved in a deadly force situation?

If "YES", explain.

YES NO

Are you currently a party to a lawsuit?

YES NO

Are there any incidents in your life not mentioned herein, which may reflect upon your suitability to perform the job or which might require further explanation?

YES NO

If "YES", explain.

I swear that all information provided is complete and accurate. I further recognize that any intentional deceptions or omissions are grounds for disqualification.

Signature _____ Date _____