

Steuben County Communications

205 S. Martha Street Room 102
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FIRE . POLICE . EMS . 911

Dear Applicant

Please find attached the application you must complete. Resumes are not accepted without the complete application. However, they may be attached to the application.

You will also find supplements to the application that also **must** be completed in detail including your signature **along with** the witness signature. The witness signature does not need to be a Steuben County employee and can be anyone you know.

We have also attached a **self-evaluation** to help you in deciding if this is the correct position for you to apply for.

Applicant must be willing to live in Steuben County or surrounding counties within 6 months of being employed.

We **will not** accept phone calls concerning this application.

NOTE: Signatures are required to be completed application along with a minimum typing speed of 30 WPM.

If you cannot type at least 30 words per minute please do not apply for the position.

Some documents **require** witness signatures. Your application **will not** be included in the hiring process without the required signatures. Our office will not sign applications. It must be someone who knows you.

**POSITION DESCRIPTION
COUNTY OF STEUBEN, INDIANA**

POSITION: Telecommunications Technician
DEPARTMENT: Communications
WORK SCHEDULE:
JOB CATEGORY: POLE (Protective Occupations, Law Enforcement)

DATE WRITTEN: October 1995
DATE REVISED:

STATUS: Full-time
FLSA STATUS: Non-exempt

To perform this position successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed in this document are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Incumbent serves as Telecommunications Technician in the Communications Department, responsible for receiving emergency and non-emergency calls and taking appropriate action, including dispatching information to various response units.

DUTIES:

Receives emergency calls, gathers maximum amount of information in minimum amount of time, determines appropriate response and dispatches Department officers and other emergency personnel accordingly. Answers and screens calls for Emergency 911 (E-911), REMC, intercom, extension, alarm, Child Protection and non-emergency lines.

Receives non-emergency calls, determines nature of call, responds to inquiries, routes caller to appropriate person and/or takes messages.

Monitors radio frequency activities of various other law enforcement and public safety agencies within the county and surrounding counties. Notifies and/or dispatches local emergency personnel as situations demand. Regularly communicates with field units, assessing unit safety and need for backup, dispatching backup units and other emergency personnel as necessary.

Verifies, enters, maintains, documents and retrieves IDACS/NCIC and CHRI information for County and other law enforcement agencies. Receives and transmits computer teletypes pertaining to, but not limited to, criminal histories, driver's license, vehicle registrations, gun permits, runaways, missing persons, and stolen property.

Enters and maintains accurate computer records and logs of all warrants served and recalled, and appropriately files copy of warrant. Periodically assists officers attempting to serve warrants by making telephone calls and locating individuals.

Maintains complete and accurate computer log of all radio traffic calls, assigns units (s), follows up on disposition of call and enters information into computer. Operates and maintains telephone tape recording system that automatically records all incoming calls.

Answers alarm board and dispatches officers for local businesses and residences. Regularly tests and activates all Fire and EMS Department pagers on a weekly basis. Monitors information from weather

station, including wind speed, direction, temperature and dew point. Performs severe weather pager test weekly.

Attends regular staff meetings; periodically attends prescribed training programs for certification in specialized law enforcement areas.

Cleans office areas as required.

Periodically makes public speaking presentations regarding Department operations to community groups as assigned.

Performs related duties as assigned.

I. JOB REQUIREMENTS AND DIFFICULTY OF WORK:

A high school diploma or GED. Ability to acquire/maintain required certification, including IDACS/NCIC computer systems, CPR and Emergency Medical Dispatch:

Above average split-ear hearing with ability to decipher information received simultaneously.

Thorough knowledge of and ability to make practical application of the customary practices, procedures rules and regulations of the Department, and personnel policies of the organization.

Ability to meet all Department hiring and retention requirements, including incumbent not posing a direct threat to the health and safety of other individuals in the work place.

Practical knowledge of area law enforcement, EMS and fire demands, and ability to physically perform the essential duties of the position, including operating a computer for long periods and sitting for long periods with little or no opportunity for breaks during shift.

Ability to effectively listen, comprehend, communicate with the public, other officials, and agencies during varied emergency situations, including being sensitive to professional ethics, gender, cultural diversities and disabilities.

Ability to successfully and professionally obtain proper information and take control of hysterical, hostile, and misinformed individuals in emergency situations.

Ability to effectively receive and dispatch calls requiring emergency and informational assistance and take authoritative action as situations demand. Ability to condense large amounts of information into coherent typed remarks, and to use and understand a variety of acronyms and codes.

Working knowledge of and ability to read maps use emergency code terminology and clearly and calmly respond during stressful situations.

Ability to type with speed and accuracy and properly use all equipment, including radio console, IDACS and Department computers, typewriter, fax machine, Enhanced 911 system, intercom phone and Telecommunications Device for the Deaf (TDD).

Working knowledge of Standard English grammar, spelling and punctuation and ability to appropriately receive, maintain, and log all radio traffic information. Ability to maintain confidentiality of Department information and reports as required.

Ability to establish priorities and accomplish multiple tasks in a limited time.

Ability to work irregular and/or extended hours as directed or required.

II. RESPONSIBILITY:

Incumbent performs a wide variety of communication duties according to a flexible, customary routine with priorities determined by service needs of the public. Incumbent makes independent decisions and takes authoritative action in response to situational demands, with work primarily reviewed in progress for compliance with Department policies and procedures and soundness of judgment.

Errors in decision or work are usually prevented through procedural safeguards and are detected through supervisory review, with undetected errors possibly resulting in endangerment or loss of life to Department personnel and/or others.

III. PERSONAL WORK RELATIONSHIPS:

Incumbent maintains frequent contact with a wide variety of individuals, including Department and other County personnel, other law enforcement and public safety agencies, and members of the public, primarily for purposes of receiving and responding to emergency/non-emergency calls and dispatching personnel. Incumbent regularly engages in non-routine contact with callers requesting emergency assistance in situations that may jeopardize public safety.

Incumbent reports directly to Assistant Director.

IV. PHYSICAL EFFORT AND WORK ENVIROMENT:

Incumbent performs duties in an office environment and is frequently exposed to stressful situations associated with emergency requests for assistance. Incumbent performs duties in a restricted seated position for long periods with little or no opportunity for breaks during shift.

APPLICANT/EMPLOYEE ACKNOWLEDGEMENT

The job description for the position of Telecommunications Technician in the Communications Department describes the duties and responsibilities for employment in this position. I acknowledge that I have received this job description, and understand that it is not a contract of employment. I am responsible for reading this job description and complying with all job duties, requirements and responsibilities contained herein, and any subsequent revisions.

Is there anything that would keep you from meeting the job duties and requirements as outlined?

Yes _____ No _____

Applicant/Employee Signature

Date

Steuben County Communications Center
Self-Screening

The following requirements need to be understood by all candidates for this position classification. Please answer the following questions and sign below.

1. Are you willing to work in an irregular shift schedule during your probationary period, where one week you might be on days with Monday and Tuesday off, and the next week on night shift with Wednesday and Thursday off?
Yes _____ No _____
2. Are you willing to work weekends and holidays?
Yes _____ No _____
3. Are you willing to rotate to any of three shifts: days, mid shift, and nights?
Yes _____ No _____
4. Are you willing to accept last minute changes in your work schedule that might require you to cancel personal plans?
Yes _____ No _____
5. Are you willing to be subjected to abusive and profane language on the phone and deal with it unemotionally?
Yes _____ No _____
6. Are you willing to take directions from a supervisor in front of your peers?
Yes _____ No _____
7. Because you are working a 12 hour shift with paid breaks and lunch periods, there may be times when you are required to forego lunch and coffee breaks due to understaffing or shift activity. Are you willing to give up breaks, when necessary?
Yes _____ No _____
8. Are you willing to work in an environment with few windows, little ventilation and temperatures that might be too cool or too hot for your personal comfort?
Yes _____ No _____

9. Are you willing to learn all functions of the job-complaint taking (answering questions, processing calls for citizens), law enforcement, ambulance, and fire dispatching (which requires receiving and transmitting messages over a radio frequency)?
- Yes _____ No _____
10. Are you willing to read and study several hundred pages of manuals, complete compensated homework assignments, fill in study guides, and take written tests during your training period?
- Yes _____ No _____
11. Are you able to comprehend that when you process a call incorrectly, that it could contribute to someone's property being lost or damaged: or someone being seriously injured or dying?
- Yes _____ No _____
12. Are you willing to be closely supervised and questioned routinely about why you followed a certain course of action without taking it personally?
- Yes _____ No _____
13. This job requires you to copy information as it is being received, simultaneously digest what you heard and respond immediately. Is this something you would be able to do?
- Yes _____ No _____
14. Are you willing and able to deal calmly with angry people when the problem is not your fault?
- Yes _____ No _____
15. Are you willing to deal with a crises call when a child might have died, an officer injured, a woman assaulted, and set it aside and continue to calmly deal with an irate citizen complaining of a barking dog?
- Yes _____ No _____
16. If you smoke, are you willing to go without a cigarette for an entire shift if necessary, or only smoke during scheduled breaks or lunch periods?
- Yes _____ No _____
17. Are you willing to work under constant electronic surveillance that records all telephone and radio messages?
- Yes _____ No _____
18. Are you willing to wear an earpiece/earphone all day?
- Yes _____ No _____

19. Are you willing to travel for required training, possibly overnight for one day to one week at a time?

Yes _____

No _____

IF YOU ANSWERED NO TO ANY OF THESE QUESTIONS, PLEASE RECONSIDER APPLYING FOR THIS POSITION.

Signature of Applicant

This is intended for your use to help you determine whether you are making the correct decision in applying for the job of Communication Technician at the Steuben County Communications Center.

APPLICATION FOR EMPLOYMENT

County of Steuben, Indiana

An Equal Opportunity Employer

The County of Steuben, Indiana, does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.

Please type or print responses to all questions on the application form. *Any application not completed in its entirety will be disqualified.*

Position sought _____

Last name _____ First name _____

Middle initial _____ Former name(s) _____

Address _____ City/state/zip _____

Phone _____ Are you at least 18 years of age? Yes: _____ No: _____

Applicants for Sheriff Department: Are you at least 21 years of age? Yes: _____ No: _____

Are you interested in: Full-time work? Yes _____ No _____

Part-time work? Yes _____ No _____

Temporary work? Yes _____ No _____

Date available to start work _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous five years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here _____ and skip to Previous employer below.

Current employer _____ Address _____

_____ City/state/zip _____

Phone () _____ Hire date _____ Job title _____

Beginning salary _____ per _____ Current salary _____ per _____

Supervisor _____ Title _____

Work phone _____

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions: _____

Why do you want to leave? _____

May we contact your current employer? Yes: _____ No: _____ If no, please explain why:

Previous employer _____ Phone () _____

Address _____ City/state/zip _____

Dates employed _____ - _____ Job title _____

Beginning salary _____ per _____ Ending salary _____ per _____

Supervisor _____ Title _____ Work phone _____

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions: _____

Reason for leaving _____

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

Previous employer _____ Phone () _____

Address _____ City/state/zip _____

Dates employed _____ - _____ Job title _____

Beginning salary _____ per _____ Ending salary _____ per _____

Supervisor _____ Title _____ Work phone _____

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions: _____

Reason for leaving _____

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

Previous employer _____ Phone (____) _____
 Address _____ City/state/zip _____
 Dates employed _____ - _____ Job title _____
 Beginning salary _____ per _____ Ending salary _____ per _____
 Supervisor _____ Title _____
 Work phone _____

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions: _____

Reason for leaving _____

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

Λ If you had additional employers within the last five years, attach additional pages as needed.

List and explain periods of unemployment in the past five years:

From _____ to _____ Reason _____

From _____ to _____ Reason _____

EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

High school attended *Attach additional pages as needed.*

Name _____

Address _____ City/state/zip _____

Diploma? Yes _____ No _____ GED? Yes _____ No _____

Activities, awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability)*

College(s) or Trade School(s) attended *Attach additional pages as needed.*

Name _____ Dates attended _____ to _____

Address _____ City/state/zip _____

Degree(s) _____

Major/minor course(s) of study _____

Name _____ Dates attended _____ to _____

Address _____ City/state/zip _____

Degree(s) _____

Major/minor course(s) of study _____

Activities, awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability.)*

Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking: _____

MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here _____ and skip to the next section.

Military Branch Dates of Service Highest Rank Attained Rank at Separation

Type of Discharge _____ Citations/awards _____

PROFESSIONAL OR SPECIALIZED TRAINING

Specialized training _____

Professional/special license(s) or certificate(s):

State Issued By Date Issued Expiration Type License #

Have you had any license suspended, revoked or terminated? Yes _____ No _____ If yes, explain:

PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions.

<u>Organization Name</u>	<u>Address</u>	<u>Phone</u>	<u>Offices/Positions</u>
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Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. *(You may exclude any which indicate race, color, religion, gender, age, national origin or disability.)*

PERSONAL INFORMATION

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes No If yes, please explain:

Have you ever been convicted of a felony that has not been expunged or sealed?

Yes No If yes, please explain: _____

Do you have an arrest record that has not been expunged or sealed? Yes No

If yes, please explain: _____

Are you currently required to register as a sex offender in this or any other jurisdiction?

Yes No If yes, please explain (including jurisdiction of registry): _____

List three references who are not related to you and are not former employers or supervisors:

Name _____ Phone _____

Address _____ City/state/zip _____

Number of years known _____

Name _____ Phone _____

Address _____ City/state/zip _____

Number of years known _____

Name _____ Phone _____

Address _____ City/state/zip _____

Number of years known _____

APPLICANT CERTIFICATION

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: _____

I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials: _____

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Applicant's signature

Date

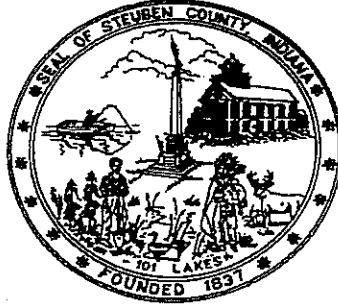
The following sections to be completed by Sheriff Department applicants only:

I understand that the employer provides sheriff service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Sheriff Department, I may be required to work evening shifts or night shifts, including weekends.

Initials: _____

I understand that if I am hired as a sworn officer on the Sheriff Department, that I must successfully complete required training and courses specified and be certified by the State of Indiana Police Academy.

Initials: _____



STEUBEN COUNTY GOVERNMENT

CONFIDENTIAL

Dear Applicant:

At some point during the hiring process you may be asked to take pre-employment tests including but not limited to: Spelling Test, Typing Test, Drug Test and/or Polygraph or Voice Employment Test.

In addition to the above listed tests, a back ground check will be completed on you.

Please fill out the following information, sign in front of witnesses and return this form with your application.

I, _____, hereby authorize any person, agency, partnership or corporation having information concerning my CREDIT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD OR SELECTIVE SERVICE RECORD, to release such information to the STEUBEN COUNTY PUBLIC SAFETY COMMUNICATIONS DEPARTMENT OR THE STEUBEN COUNTY SHERIFF'S DEPARTMENT. This information will be used for possible employment with the STEUBEN COUNTY GOVERNMENT and will not be made available for public inspections and will be held in strict confidence.

I hereby release such person, agency, partnership, or corporation from liability which may be incurred in releasing this information to the STEUBEN COUNTY PUBLIC SAFETY COMMUNICATIONS DEPARTMENT OR THE STEUBEN COUNTY SHERIFF'S DEPARTMENT, including liability under federal laws.

Applicant

Date

Social Security Number

Witness (required)

Date

Witness (required)

Date

Steuben County Communications

205 S. Martha Street, Room 102
Angola, Indiana 46703-1900
Gary LeTourneau CMCP ENP, Director
gletourneau@co.steuben.in.us

Please complete the enclosed questionnaire. The last 2 pages deal with applicants who have had previous law enforcement and/or corrections experience. If this does not apply to you, then you are not required to answer those particular questions. Please indicate "Not Applicable" on those pages before signing at the bottom.

Date: _____

Name: _____
(Print)

Address _____

City: _____ State: _____ ZIP: _____

How long have you lived there: _____

Who do you live with: _____

Date of Birth: _____

Place of Birth _____

BACKGROUND QUESTIONNAIRE

You may use the back page of the questionnaire to further explain your answers if necessary. If you have any questions concerning your background or truth verification testing, write them on the back of the last page.

(Note: This is your opportunity to fully explain your history. Please take full advantage of this and be as specific and detailed as possible. If you are not completely honest and up front with your answers, or you intend to be intentionally vague with your responses, the result will be termination from the employment process.)

UNDETECTED CRIMES

1. Have you ever committed an act that you were not caught doing, but if you would have been caught, you would have been arrested? Yes _____ No _____ (If yes, explain details)

2. Have you ever been involved in any of the following? (If yes to any, please include when, where, and value of the back of this page.)

A. Switching Price Tags	Yes _____	No _____
B. Car Theft	Yes _____	No _____
C. Theft of Car Parts	Yes _____	No _____
D. Robbery	Yes _____	No _____
E. Burglary (Home/Business)	Yes _____	No _____
F. Carrying Handgun W/O a License	Yes _____	No _____
G. Starting Fires	Yes _____	No _____
H. Con Games	Yes _____	No _____
I. Leaving Scene of an Accident	Yes _____	No _____
J. Counterfeiting	Yes _____	No _____
K. Battery/Domestic Battery	Yes _____	No _____
L. Buy, Sell, Possess Stolen Property	Yes _____	No _____
M. Using Stolen Credit Cards	Yes _____	No _____
N. Failure to Pay Alimony or Child Support	Yes _____	No _____
O. Illegally obtaining Public Assistance, Workers Compensation, or Unemployment by Fraud	Yes _____	No _____

3. Have you ever filed an insurance claim that was not accurate (Overestimating losses)?
Yes _____ No _____ (If yes, explain details)

4. Has a law enforcement agency ever been called because of something you were involved in?
Yes _____ No _____ (If yes, explain details)

5. Were you ever in a fight in which a weapon was used?
Yes _____ No _____ (If yes, explain details)

14. Have you ever belonged to, or associated with anyone belonging to any organization, past or present, that would place the integrity of the Sheriff's Department in question (e.g., KKK, Nazi Organization, Gang Member, Organized Crime)?
Yes ___ No ___ (If yes, explain details)
15. Do now or have you ever had regular associations with persons whom you knew or should have known, were under criminal investigation, or who had a reputation in the community or with law enforcement agencies for involvement in criminal behavior?
Yes ___ No ___ (If yes, explain details)

MILITARY

1. Have you ever served in any military organization of the United States?
Yes ___ No ___ If yes, what branch? _____
2. What type of discharge did you receive?
Honorable ___ Dishonorable ___ Honorable Conditions ___ Other ___
3. Dates of Active Duty:
4. Have you ever received a court martial, been tried on charges, or were you the subject of a summary court, deck court, Captain's Mast, company punishment, or any other type of disciplinary action while a member of the armed forces?
Yes ___ No ___ (If yes, explain details of each incident)
5. Are there any incidents concerning your military career that could possibly affect this examination?
Yes ___ No ___ (If yes, explain details)

ARREST RECORD

1. Have you ever been arrested, charged, or detained by a law enforcement agency, including military apprehensions? (Include any arrests in which the charges were dropped, reduced, found not guilty, or in which records were sealed or expunged. Failure to do so could result in termination of the application process. A criminal summons is considered an arrest and must be listed.)
Yes ___ No ___ (If yes, explain details)

2. Have you ever served probation, parole, community control, or community corrections?
Yes ___ No ___ (If yes, explain details)

3. What fines have you been required to pay, and were they paid on time? (Other than traffic fines)

4. Have you ever been fingerprinted by a law enforcement agency? Yes ___ No ___
(If yes, provide agency, date, and the reason why you were fingerprinted)

DRUG USAGE

1. How many time in your life have you used Marijuana? (Please include approximate dates and how many times weekly, monthly)

2. When was the last time you used Marijuana?

3. Have you used any of the following? (If yes, include total number of times and the date last used)

A. ___ Speed	L. ___ Steroids
B. ___ Barbiturates (Downers)	M. ___ PCP (Angel Dust)
C. ___ Amphetamines (Uppers)	N. ___ Crack
D. ___ Rush	O. ___ Cocaine
E. ___ Quaaludes	P. ___ Heroin
F. ___ LSD	Q. ___ Ecstasy
G. ___ Hash	R. ___ Designer Drugs
H. ___ Ice or Methamphetamine	T. ___ Peyote
I. ___ Mushrooms	
J. ___ Mescaline	
K. ___ Another Person's Prescription Drug	

Any other illegal substances not listed:

4. Have you ever used inhalants, or any other legal substances to get high? (Paint Thinner, Aerosol, Glue)
Yes ___ No ___ (If yes, explain details)

5. Have you ever been involved in the purchase of any illegal drug? (Any amount from a joint to a kilo)
Yes ___ No ___ (If yes, include type of drug, the amount, the circumstances, and the last time)

6. Have you ever been involved in the sale of illegal drugs, either directly or indirectly?
Yes ___ No ___ (If yes, include the type of drug, the amount, the circumstances, and the last time)

7. Have you ever benefited from the sale of illegal drugs, to include money, free drugs or sexual favors?
(Note: If you received any money from a friend or family member involved in drug sales indirectly, list here and give details.)
Yes ___ No ___

8. Have you ever arranged a drug deal?
Yes ___ No ___ (If yes, explain details)

9. Have you ever been in the company of people using illegal drugs?
Yes ___ No ___ (If yes, explain details and the last time.)

10. Have you ever stolen money or drugs from another drug dealer?
Yes ___ No ___ (If yes, explain details)

11. Have you ever driven a motor vehicle under the influence of illegal drugs?
Yes ___ No ___ (If yes, explain details)

12. Have you ever tried to grow or cultivate any illegal drugs? (Include the amount from one seed and up.)
 Yes ___ No ___ (If yes, explain details)

13. Explain, in detail, any other information relating to illegal drug use or involvement which has not been covered, to include transportation, manufacturing, ect.

THEFT OF MERCHANDISE

1. Estimate the total amount of merchandise, tools and equipment that you have taken:

___ \$50,000	___ \$5,000	___ \$500	___ \$75
___ \$40,000	___ \$4,000	___ \$400	___ \$50
___ \$30,000	___ \$3,000	___ \$300	___ \$25
___ \$20,000	___ \$2,000	___ \$200	___ \$10
___ \$10,000	___ \$1,000	___ \$100	___ \$5

2. Name the single most expensive thing that you have ever stolen?
 Item: _____ Amount: _____ Date: _____

3. Have you ever taken anything or shoplifted anything from a business? (Include personal and employee theft.) Yes ___ No ___ (If yes, explain details)

4. Have you ever been with anyone who was stealing merchandise or equipment?
 Yes ___ No ___ (If yes, explain details)

5. Have you ever taken anything from a current for former employer?
 Yes ___ No ___ (If yes, explain details)

6. Estimate the amount of cash that you have stolen in your entire life and explain each incident. (Include personal cash thefts from family or friends and cash thefts from employers, along with any other incidents.)

7. Have you ever purchased, pawned, or sold an item in which you knew or should have known it to be stolen? Yes ___ No ___ (If yes, explain details)

EMPLOYMENT HISTORY _____

1. Have you ever been terminated or asked to resign from a job?
Yes ___ No ___ (If yes, explain details)

2. Have you ever been disciplined by your current or previous employers? (If discipline was by law enforcement agency, refer to law enforcement experience questions)
Yes ___ No ___ (If yes, explain details)

3. Have you ever resigned or been given the opportunity to resign from a job in which you were under investigation for policy violation or misconduct?
Yes ___ No ___ (If yes, explain details)

4. Did you list ALL of your jobs on your employment application, to include part-time and temporary jobs?
Yes ___ No ___ (If no, explain details)

DRIVING HISTORY _____

1. Has your driver's license ever been suspended or revoked?
Yes ___ No ___ ((If yes, explain details)

2. What states, other than your state of residence, have you had a driver's license in? (List all states and include temporary and learning permits.)

3. Are all the traffic citations that you ever received listed on your employment application?
Yes ___ No ___ (If no, explain details)

4. Have you ever been involved in a traffic accident that was your fault?
Yes ___ No ___ (If yes, explain details)

5. Has your auto insurance ever lapsed?
Yes ___ No ___ (If yes, explain details)

6. How many times have you driven a vehicle while under the influence of alcohol, where if stopped, you could have been arrested? _____ When was the last time? _____

7. Have you been involved in any other acts, involving alcohol, which could be considered criminal?
Yes ___ No ___ (If yes, explain details)

FINANCIAL HISTORY _____

1. Have you ever filed for bankruptcy?
Yes ___ No ___ (If yes, explain details)

2. Have you ever had anything repossessed?
Yes ___ No ___ (If yes, explain details)

3. Have you ever been involved in any civil actions (past or present)?
Yes ___ No ___ (If yes, explain details)

4. Are you currently more than 3 months behind on any bills?
Yes ___ No ___ (If yes, explain details)

5. Are any creditors pursuing you for outstanding debts?
Yes ___ No ___ (If yes, explain details)
6. When did you last write a check that bounced or when you knew that there were no funds to cover the value of the check? _____ How many in a lifetime? _____ Have you ever written a check using another person's name? Yes ___ No ___ (If yes, explain details)
7. Have you ever used a fraudulent document to obtain money?
Yes ___ No ___ (If yes, explain details)

ALIASES

1. List ALL NAMES that you have ever used, to include maiden, nick names, married, and legal name changes and dates used.

PRIOR LAW ENFORCEMENT EXPERIENCE

If you answer "yes" to any of the following questions, please explain and provide details to include where you were employed at the time and the date of occurrence. Use additional paper or the back of this questionnaire if necessary.

1. Have you ever accepted a cash bribe or gratuity?
 2. Have you ever stolen anything from an investigative site?
 3. Have you ever stolen from a prisoner or detainee?
 4. Have you ever been investigated or accused of using excessive force?
 5. Have you ever lied under oath?
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6. Have you ever used your position as a law enforcement officer to take sexual advantage of anyone?
7. As a law enforcement officer, have you ever engaged in a sexual act on-duty?
8. Have you ever used alcohol or illegal drugs on-duty? (Other than sanctioned law enforcement operations)

PRIOR CORRECTIONS EXPERIENCE

If you answer "yes" to any of the following questions, please explain and provide details to include where you were employed at the time and the date of the occurrence. Use additional paper or the back of this questionnaire if necessary.

1. Have you ever introduced contraband into a correctional facility or jail for an inmate or another officer?
2. Since becoming a correctional officer, have you had sexual involvement with an inmate or another officer on-duty?
3. Have you ever accepted a bribe from an inmate?
4. Have you had or maintained a friendship or relationship with an inmate after they were released?
5. Have you ever kept, used, or given away an inmate's property?

I CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS TRUE AND CORRECT. I HAVE BEEN COMPLETELY TRUTHFUL IN MY ANSWERS TO THESE QUESTIONS.

Signature: _____