STATEMENT OF PURPOSE

The purpose of this form is to provide a complete profile of the applicant so that the FHPD can adequately evaluate their fitness for the position of police officer. You may refuse to answer any portion of the form; however this may make it difficult or impossible to properly evaluate your candidacy.

Position Applying For: ______________________________________________________
INSTRUCTIONS: Complete each section completely and legibly. If something does not apply, write “DNA”. If you do not wish to complete an item write “Declined”. Include zip codes for all addresses. Add extra pages if necessary.

APPLICANT IDENTIFICATION

Information provided in this section is used for identification purposes only.

Name: ________________________     _____________________       __________________
          Last            First          Middle
Street Address: ___________________________ State: _________ Zip Code: ____________

Phone: Home: ______________  Cell: _________________

Date of Birth: ___________  Birthplace: ________________________ U.S. Citizen: Yes       No

Nickname(s)/Alias(es)/Maiden name(s): ________________________________________________

SS Number: ____________________  Driver's License Number: ____________________________

Height: ______  Weight: ______  Hair Color: ______  Eye Color: ______

Scars/Tattoos/Identifying Marks

Location: _____________________  Location: _____________________  Location: _____________________

RESIDENCES

List addresses where you have lived during the past ten years. List dates by month and year. Give street address, building/apartment number, city, state and zip code.

From  To :________________________________________________
From  To :________________________________________________
From  To :________________________________________________
From  To :________________________________________________
From  To :________________________________________________

WORK HISTORY

Beginning with your present or most recent job, list all employment held for the past ten years. Include part-time, temporary, seasonal and periods of unemployment. Please indicate if your present job would be in jeopardy if inquiries are made.

Employer: _____________________________________ Position: _____________________________________
Address: _____________________________________ Telephone: ____________________________
Supervisor/Title: ________________________________
Date Started: _____________________  Date Left: _____________________
Reason for Leaving: ________________________________________________
Name of Co-Worker: ________________________________________________

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Employer: _____________________________________  Position: ________________________________________  
Address: _________________________________________________________  Telephone: ___________________
Supervisor/Title: _________________________________________________
Date Started: __________________________________ Date Left: _________________________________
Reason for Leaving: ________________________________________________
Name of Co-Worker: ________________________________________________

Employer: _____________________________________  Position: ________________________________________  
Address: _________________________________________________________  Telephone: ___________________
Supervisor/Title: _________________________________________________
Date Started: __________________________________ Date Left: _________________________________
Reason for Leaving: ________________________________________________
Name of Co-Worker: ________________________________________________

Employer: _____________________________________  Position: ________________________________________  
Address: _________________________________________________________  Telephone: ___________________
Supervisor/Title: _________________________________________________
Date Started: __________________________________ Date Left: _________________________________
Reason for Leaving: ________________________________________________
Name of Co-Worker: ________________________________________________

Employer: _____________________________________  Position: ________________________________________  
Address: _________________________________________________________  Telephone: ___________________
Supervisor/Title: _________________________________________________
Date Started: __________________________________ Date Left: _________________________________
Reason for Leaving: ________________________________________________
Name of Co-Worker: ________________________________________________

**MILITARY RECORD**

Have you served in the U.S. Armed Forces?  Yes  No
Dates: __________________________________________________________________
Branch(es): __________________________________________  Designation: ___________________  Rank: ________________
Unit: __________________________________ Type of Discharge: ____________________________

Were you ever disciplined while in the military service? (Include court martial, captain’s masts, company punishment, etc. Use additional sheet if necessary.)

Charge #1: Agency __________________________________________ Date: ______________________
Age: _____________  Disposition: __________________________________________________________________

Charge #2: Agency __________________________________________ Date: ______________________
Age: _____________  Disposition: __________________________________________________________________

**EDUCATIONAL HISTORY**

High School: ____________________________________________
Address: ________________________________________________________________________________

College/University/Vocational School: ____________________________
Address: ________________________________________________________________________________
Units Completed: ____________________ Major/Minor: ________________________________
From: ____________________________ To: ____________________________ Degree Received: __________
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College/University/Vocational School: ___________________________________
Address: _________________________________________________________________________________________
Units Completed: ________________________ Major/Minor: _________________________________________
From: _____________________________ To: _____________________________ Degree Received: __________

SPECIAL QUALIFICATIONS AND SKILLS

List any special licenses you hold (pilot, radio operator, scuba, etc).

Licensing Authority: ________________________________________________________________________________
Date of Issue: ___________________________ Expiration Date: __________________

Licensing Authority: ________________________________________________________________________________
Date of Issue: ___________________________ Expiration Date: __________________

FOREIGN LANGUAGE SKILLS

If you are fluent in a foreign language indicate your degree of fluency in the following:
Language: _____________________________________________
Reading: _______________________________________________
Speaking: ______________________________________________
Understanding: _________________________________________
Writing: ________________________________________________

TRAFFIC RECORD

Has your license ever been suspended or revoked?   Yes   No
Details: __________________________________________________________________________________________
Auto Insurance Carrier: ______________________________________ Phone: ___________________________

List of driving citations received (juvenile and adult).
Month/Year/Charge/Jurisdiction (Court)/Disposition
* * *
* * *

Describe in a brief narrative any traffic accidents in which you have been involved - give approximate date and locations.

MARITAL AND FAMILY HISTORY

(Please Circle) : Single     Married     Separated     Divorced     Widowed

If married:
Spouse’s full name: ______________________________________________________________________________
Date married: ______________ City: _______________________ State: ________________

Ex-spouse’s full name: __________________________
Date married: ___________ Date divorced: ___________ Phone: __________________________
Present address: __________________________

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List all children/dependents related to you or your spouse.

Name: ______________________________________________________  Relation: _________________________
Present address: ________________________________________________________________________________

Name: ______________________________________________________  Relation: _________________________
Present address: ________________________________________________________________________________

Name: ______________________________________________________  Relation: _________________________
Present address: ________________________________________________________________________________

Name: ______________________________________________________  Relation: _________________________
Present address: ________________________________________________________________________________

Name: ______________________________________________________  Relation: _________________________
Present address: ________________________________________________________________________________

Name: ______________________________________________________  Relation: _________________________
Present address: ________________________________________________________________________________

Other Relatives:

Father: _________________________________________________________________________________________
Present address: ____________________________________________  Phone: ___________________________

Mother: _________________________________________________________________________________________
Present address: ____________________________________________  Phone: ___________________________

Brother/Sister: _________________________________________________________________________________
Present address: ____________________________________________  Phone: ___________________________

Brother/Sister: _________________________________________________________________________________
Present address: ____________________________________________  Phone: ___________________________

Brother/Sister: _________________________________________________________________________________
Present address: ____________________________________________  Phone: ___________________________

REFERENCES OR ACQUAINTANCES

List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name: __________________________________________________  Phone: ________________________________
Address: ________________________________________________________________________________________

Name: __________________________________________________  Phone: ________________________________
Address: ________________________________________________________________________________________

Name: __________________________________________________  Phone: ________________________________
Address: ________________________________________________________________________________________

Name: __________________________________________________  Phone: ________________________________
Address: ________________________________________________________________________________________

Name: __________________________________________________  Phone: ________________________________
Address: ________________________________________________________________________________________

Name: __________________________________________________  Phone: ________________________________
Address: ________________________________________________________________________________________

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FINANCIAL HISTORY / SOURCES OF INCOME

Present salary/wages: *

* List other income:

* Do you own real estate? Yes No
Location: ____________________________________________________________ Value: _____________________________
Location: ____________________________________________________________ Value: _____________________________

Do you own stocks &/or bonds? Yes No
Type: ______________________________________________________________ Value: _____________________________
Type: ______________________________________________________________ Value: _____________________________

Bank account(s)
Checking: ____________________________________________________________ Avg Balance: ______________________
Savings: _____________________________________________________________ Avg Balance: ______________________

Financial Obligations

Give names and addresses of the individuals, companies, or others to whom you are indebted and the extent of your debt. Include rent, mortgage, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include account numbers where applicable.

Name: ____________________________________________________________ Type of Acct: ______________
Address: _______________________________________________________________________________________
Acct #: __________________________ Balance Due: _____________ Monthly Payments: ________________
Reason for Purchase: ____________________________________________________________________________

Name: ____________________________________________________________ Type of Acct: ______________
Address: _______________________________________________________________________________________
Acct #: __________________________ Balance Due: _____________ Monthly Payments: ________________
Reason for Purchase: ____________________________________________________________________________

Name: ____________________________________________________________ Type of Acct: ______________
Address: _______________________________________________________________________________________
Acct #: __________________________ Balance Due: _____________ Monthly Payments: ________________
Reason for Purchase: ____________________________________________________________________________

Name: ____________________________________________________________ Type of Acct: ______________
Address: _______________________________________________________________________________________
Acct #: __________________________ Balance Due: _____________ Monthly Payments: ________________
Reason for Purchase: ____________________________________________________________________________

Name: ____________________________________________________________ Type of Acct: ______________
Address: _______________________________________________________________________________________
Acct #: __________________________ Balance Due: _____________ Monthly Payments: ________________
Reason for Purchase: ____________________________________________________________________________

Name: ____________________________________________________________ Type of Acct: ______________
Address: _______________________________________________________________________________________
Acct #: __________________________ Balance Due: _____________ Monthly Payments: ________________
Reason for Purchase: ____________________________________________________________________________

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I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. Any such acts may be grounds for rejections or termination of employment.

______________________________________              __________________
Signature of Applicant                              Date