



# GRESHAM POLICE DEPARTMENT STATEMENT OF PERSONAL HISTORY (SPH)



This is a confidential document.  
All statements within this questionnaire are subject to verification.

POSITION APPLIED FOR:

|           |                        |
|-----------|------------------------|
| Last Name | First and Middle Names |
|-----------|------------------------|

• This document must be filled out electronically. Please do not submit a handwritten SPH. Once you have completed the entire SPH, mail the SPH, along with the two notarized releases to the following address:

City of Gresham  
ATTN: Cathi Forsythe  
1333 NW Eastman Parkway  
Gresham, OR 97030

- We recommend that you save a copy of this document for your personal records.
- Do not leave questions blank. If you need additional space to answer questions, please use the supplemental sheet provided at the end of the document. Identify additional information by section number and title.
- Ensure your SPH is complete and correct. Failure to follow instructions or omitting required information may disqualify you from the hiring process. Any intentional dishonesty, omission, or minimization in any part of the hiring process will result in immediate removal from the process. Please pay close attention to the directions. If you have been fired from a job, have a criminal record or any other derogatory aspects of your life, these items in themselves may not keep you from being accepted. However, the intentional omission, misrepresentation or falsification of any item will cause your application to be rejected.
- No matter how qualified you are in other respects, you cannot become a Gresham Police Officer if your truthfulness is in doubt. For this reason, we expect you to be open and straightforward as you respond to this questionnaire and in all your dealings with the Gresham Police Department.
- If you have any questions, please contact City of Gresham Human Resources at 503-618-2729 or [HR@GreshamOregon.gov](mailto:HR@GreshamOregon.gov).

For Department Use Only  
Recruitment Number:

# 1. PERSONAL INFORMATION

The following information is required for verification and contact purposes.

|                 |            |  |                                 |
|-----------------|------------|--|---------------------------------|
| 1.1 Last Name   |            | First and Middle Names                           |                                 |
| Street Address  |            | City, State, Zip Code                            |                                 |
| Home Phone      | Cell Phone | Work Phone                                       | Best Number and Time(s) to Call |
| Email Addresses |            | Facebook, MySpace, other Social Media User Names |                                 |
|                 |            |  |                                 |
|                 |            |  |                                 |

|   |   |                  |
|---|---|------------------|
| 1.2 Other Names Used, Including Nicknames and Aliases |   |                  |
| Date of Birth (mm/dd/yyyy)                            | Place of Birth (City, County, State, Country) |                  |
| Sex   | US Citizen? Y/N                               | Naturalized? Y/N |
| Social Security Number                                | Fluent in Which Languages?                    |                  |

# 2. REFERENCES

Provide ten references who are responsible adults of reputable standing in their community. These references must NOT be related to you or each other by blood, marriage or domestic partnerships. Six of these references must have known you for at least three years.

|                |                             |                        |       |
|----------------|-----------------------------|------------------------|-------|
| 2.1 Last Name  |                             | First and Middle Names |       |
| Street Address |                             | City, State, Zip Code  |       |
| Home Phone     | Cell Phone                  | Work Phone             | Email |
| Years Known    | Place of Employment/Address |                        |       |

|                |                             |                        |       |
|----------------|-----------------------------|------------------------|-------|
| 2.2 Last Name  |                             | First and Middle Names |       |
| Street Address |                             | City, State, Zip Code  |       |
| Home Phone     | Cell Phone                  | Work Phone             | Email |
| Years Known    | Place of Employment/Address |                        |       |

|                |                             |                        |       |
|----------------|-----------------------------|------------------------|-------|
| 2.3 Last Name  |                             | First and Middle Names |       |
| Street Address |                             | City, State, Zip Code  |       |
| Home Phone     | Cell Phone                  | Work Phone             | Email |
| Years Known    | Place of Employment/Address |                        |       |

|      |                |                             |                        |       |
|------|----------------|-----------------------------|------------------------|-------|
| 2.4  | Last Name      |                             | First and Middle Names |       |
|      | Street Address |                             | City, State, Zip Code  |       |
|      | Home Phone     | Cell Phone                  | Work Phone             | Email |
|      | Years Known    | Place of Employment/Address |                        |       |
| 2.5  | Last Name      |                             | First and Middle Names |       |
|      | Street Address |                             | City, State, Zip Code  |       |
|      | Home Phone     | Cell Phone                  | Work Phone             | Email |
|      | Years Known    | Place of Employment/Address |                        |       |
| 2.6  | Last Name      |                             | First and Middle Names |       |
|      | Street Address |                             | City, State, Zip Code  |       |
|      | Home Phone     | Cell Phone                  | Work Phone             | Email |
|      | Years Known    | Place of Employment/Address |                        |       |
| 2.7  | Last Name      |                             | First and Middle Names |       |
|      | Street Address |                             | City, State, Zip Code  |       |
|      | Home Phone     | Cell Phone                  | Work Phone             | Email |
|      | Years Known    | Place of Employment/Address |                        |       |
| 2.8  | Last Name      |                             | First and Middle Names |       |
|      | Street Address |                             | City, State, Zip Code  |       |
|      | Home Phone     | Cell Phone                  | Work Phone             | Email |
|      | Years Known    | Place of Employment/Address |                        |       |
| 2.9  | Last Name      |                             | First and Middle Names |       |
|      | Street Address |                             | City, State, Zip Code  |       |
|      | Home Phone     | Cell Phone                  | Work Phone             | Email |
|      | Years Known    | Place of Employment/Address |                        |       |
| 2.10 | Last Name      |                             | First and Middle Names |       |
|      | Street Address |                             | City, State, Zip Code  |       |
|      | Home Phone     | Cell Phone                  | Work Phone             | Email |
|      | Years Known    | Place of Employment/Address |                        |       |

### 3. RESIDENCES

List all residences since age 16 including any military duty stations. Please list physical address, name of apartment complex, and landlord/rental company contact information. Include all properties you have owned, regardless of residency. List present residence first and continue on the supplemental sheet if necessary.

3.1

|   |          |   |  |
|---|----------|---|--|
| From Mo/Yr                              | To Mo/Yr | With Whom Did You Live? (Name, Date of Birth, Relationship) |  |
| Street Address                          |          | City, State, Zip Code                                       |  |
| Complex/Landlord (Name, Address, Phone) |          | Rent or Own   |  |

3.2

|   |          |   |  |
|---|----------|---|--|
| From Mo/Yr                              | To Mo/Yr | With Whom Did You Live? (Name, Date of Birth, Relationship) |  |
| Street Address                          |          | City, State, Zip Code                                       |  |
| Complex/Landlord (Name, Address, Phone) |          | Rent or Own   |  |

3.3

|   |          |   |  |
|---|----------|---|--|
| From Mo/Yr                              | To Mo/Yr | With Whom Did You Live? (Name, Date of Birth, Relationship) |  |
| Street Address                          |          | City, State, Zip Code                                       |  |
| Complex/Landlord (Name, Address, Phone) |          | Rent or Own   |  |

3.4

|   |          |   |  |
|---|----------|---|--|
| From Mo/Yr                              | To Mo/Yr | With Whom Did You Live? (Name, Date of Birth, Relationship) |  |
| Street Address                          |          | City, State, Zip Code                                       |  |
| Complex/Landlord (Name, Address, Phone) |          | Rent or Own   |  |

3.5

|   |          |   |  |
|---|----------|---|--|
| From Mo/Yr                              | To Mo/Yr | With Whom Did You Live? (Name, Date of Birth, Relationship) |  |
| Street Address                          |          | City, State, Zip Code                                       |  |
| Complex/Landlord (Name, Address, Phone) |          | Rent or Own   |  |

3.6

|   |          |   |  |
|---|----------|---|--|
| From Mo/Yr                              | To Mo/Yr | With Whom Did You Live? (Name, Date of Birth, Relationship) |  |
| Street Address                          |          | City, State, Zip Code                                       |  |
| Complex/Landlord (Name, Address, Phone) |          | Rent or Own   |  |

3.7

|   |          |   |  |
|---|----------|---|--|
| From Mo/Yr                              | To Mo/Yr | With Whom Did You Live? (Name, Date of Birth, Relationship) |  |
| Street Address                          |          | City, State, Zip Code                                       |  |
| Complex/Landlord (Name, Address, Phone) |          | Rent or Own   |  |

3.8

|   |          |   |  |
|---|----------|---|--|
| From Mo/Yr                              | To Mo/Yr | With Whom Did You Live? (Name, Date of Birth, Relationship) |  |
| Street Address                          |          | City, State, Zip Code                                       |  |
| Complex/Landlord (Name, Address, Phone) |          | Rent or Own   |  |

#### 4. RELATIONSHIPS

List the FULL NAMES of ALL parents, guardians, step-parents, foster parents, parents in-law, spouse, fiancée, boyfriend/girlfriend, domestic partner, former spouses, former domestic partners, former boyfriends/girlfriends, brothers, sisters, step-brothers, step-sisters, brother and sisters in-law, children, step-children, current roommates and former roommates. Include information on any ex-step-children and past parents in-law. Include full dates of birth; if unknown, please indicate approximate age. If deceased indicate with an asterisk (\*). Please enter N/A in any sections that do not apply.

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.1                                | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.2                                | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.3                                | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.4                                | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.5                                | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.6                                | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.7                                | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.8                                | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.9                                | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.10                               | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.11                               | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.12                               | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.13                               | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.14                               | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.15                               | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.16                               | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.17                               | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.18                               | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.19                               | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.20                               | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.21                               | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.22                               | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.23                               | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

|                                    |                                      |                       |                                 |  |
|------------------------------------|--------------------------------------|-----------------------|---------------------------------|--|
| 4.24                               | Relationship<br><input type="text"/> | Last Name             | First and Middle Names          |  |
| Street Address                     |                                      | City, State, Zip Code |                                 |  |
| Home Phone                         | Cell Phone                           | Work Phone            | Best Number and Time(s) to Call |  |
| Email                              |                                      | Date of Birth         |                                 |  |
| Employer Street Address (If Known) |                                      | City, State, Zip Code |                                 |  |

## 5. EMPLOYMENT

List all employment you have held, including full-time, part-time, temporary, internships, volunteer work or military service, since the age of 16. Account for all periods of time, including periods of unemployment. List most current first.

Do you have any objections to us making inquiries of your present employer? If yes, I realize that because of this, my background investigation may be delayed.  Yes  No

5.1

|  |          |                                       |                                    |                                    |                                 |                                   |                                    |                                 |
|--|----------|---------------------------------------|------------------------------------|------------------------------------|---------------------------------|-----------------------------------|------------------------------------|---------------------------------|
| From Mo/Yr                                     | To Mo/Yr | <input type="checkbox"/> Not Employed | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> School | <input type="checkbox"/> Military | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern |
| Name of Employer                               |          |                                       |                                    | Phone                              |                                 |                                   |                                    |                                 |
| Street Address                                 |          |                                       |                                    | City, State, Zip Code              |                                 |                                   |                                    |                                 |
| Title/Duties                                   |          |                                       |                                    |                                    |                                 |                                   |                                    |                                 |
| Name of Supervisor (1)                         |          |                                       | Still employed? Yes/No             |                                    |                                 | Phone and Email                   |                                    |                                 |
| Name of Supervisor (2)                         |          |                                       | Still employed? Yes/No             |                                    |                                 | Phone and Email                   |                                    |                                 |
| Name of Supervisor (3)                         |          |                                       | Still employed? Yes/No             |                                    |                                 | Phone and Email                   |                                    |                                 |
| Name of Co-Worker (1)                          |          |                                       | Still employed? Yes/No             |                                    |                                 | Phone and Email                   |                                    |                                 |
| Name of Co-Worker (2)                          |          |                                       | Still employed? Yes/No             |                                    |                                 | Phone and Email                   |                                    |                                 |
| Name of Co-Worker (3)                          |          |                                       | Still employed? Yes/No             |                                    |                                 | Phone and Email                   |                                    |                                 |
| Reason for Leaving                             |          |                                       |                                    |                                    |                                 |                                   |                                    |                                 |
| List Any Disciplinary Action Taken Against You |          |                                       |                                    |                                    |                                 |                                   |                                    |                                 |

5.2

|  |          |                                       |                                    |                                    |                                 |                                   |                                    |                                 |
|--|----------|---------------------------------------|------------------------------------|------------------------------------|---------------------------------|-----------------------------------|------------------------------------|---------------------------------|
| From Mo/Yr                                     | To Mo/Yr | <input type="checkbox"/> Not Employed | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> School | <input type="checkbox"/> Military | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern |
| Name of Employer                               |          |                                       |                                    | Phone                              |                                 |                                   |                                    |                                 |
| Street Address                                 |          |                                       |                                    | City, State, Zip Code              |                                 |                                   |                                    |                                 |
| Title/Duties                                   |          |                                       |                                    |                                    |                                 |                                   |                                    |                                 |
| Name of Supervisor (1)                         |          |                                       | Still employed? Yes/No             |                                    |                                 | Phone and Email                   |                                    |                                 |
| Name of Supervisor (2)                         |          |                                       | Still employed? Yes/No             |                                    |                                 | Phone and Email                   |                                    |                                 |
| Name of Supervisor (3)                         |          |                                       | Still employed? Yes/No             |                                    |                                 | Phone and Email                   |                                    |                                 |
| Name of Co-Worker (1)                          |          |                                       | Still employed? Yes/No             |                                    |                                 | Phone and Email                   |                                    |                                 |
| Name of Co-Worker (2)                          |          |                                       | Still employed? Yes/No             |                                    |                                 | Phone and Email                   |                                    |                                 |
| Name of Co-Worker (3)                          |          |                                       | Still employed? Yes/No             |                                    |                                 | Phone and Email                   |                                    |                                 |
| Reason for Leaving                             |          |                                       |                                    |                                    |                                 |                                   |                                    |                                 |
| List Any Disciplinary Action Taken Against You |          |                                       |                                    |                                    |                                 |                                   |                                    |                                 |

|  |            |                        |  |                 |  |  |  |
|--|------------|------------------------|--|-----------------|--|--|--|
| 5.3  | From Mo/Yr | To Mo/Yr               | <input type="checkbox"/> Not Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern |                 |  |  |  |
| Name of Employer                               |            |                        | Phone  |                 |  |  |  |
| Street Address                                 |            |                        | City, State, Zip Code  |                 |  |  |  |
| Title/Duties                                   |            |                        |  |                 |  |  |  |
| Name of Supervisor (1)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Supervisor (2)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Supervisor (3)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (1)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (2)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (3)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Reason for Leaving                             |            |                        |  |                 |  |  |  |
| List Any Disciplinary Action Taken Against You |            |                        |  |                 |  |  |  |

|  |            |                        |  |                 |  |  |  |
|--|------------|------------------------|--|-----------------|--|--|--|
| 5.4  | From Mo/Yr | To Mo/Yr               | <input type="checkbox"/> Not Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern |                 |  |  |  |
| Name of Employer                               |            |                        | Phone  |                 |  |  |  |
| Street Address                                 |            |                        | City, State, Zip Code  |                 |  |  |  |
| Title/Duties                                   |            |                        |  |                 |  |  |  |
| Name of Supervisor (1)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Supervisor (2)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Supervisor (3)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (1)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (2)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (3)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Reason for Leaving                             |            |                        |  |                 |  |  |  |
| List Any Disciplinary Action Taken Against You |            |                        |  |                 |  |  |  |

|  |            |          |  |  |                 |  |  |
|--|------------|----------|--|--|-----------------|--|--|
| 5.5  | From Mo/Yr | To Mo/Yr | <input type="checkbox"/> Not Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern |  |                 |  |  |
| Name of Employer                               |            |          | Phone  |  |                 |  |  |
| Street Address                                 |            |          | City, State, Zip Code  |  |                 |  |  |
| Title/Duties                                   |            |          |  |  |                 |  |  |
| Name of Supervisor (1)                         |            |          | Still employed? Yes/No   |  | Phone and Email |  |  |
| Name of Supervisor (2)                         |            |          | Still employed? Yes/No   |  | Phone and Email |  |  |
| Name of Supervisor (3)                         |            |          | Still employed? Yes/No   |  | Phone and Email |  |  |
| Name of Co-Worker (1)                          |            |          | Still employed? Yes/No   |  | Phone and Email |  |  |
| Name of Co-Worker (2)                          |            |          | Still employed? Yes/No   |  | Phone and Email |  |  |
| Name of Co-Worker (3)                          |            |          | Still employed? Yes/No   |  | Phone and Email |  |  |
| Reason for Leaving                             |            |          |  |  |                 |  |  |
| List Any Disciplinary Action Taken Against You |            |          |  |  |                 |  |  |

|  |            |          |  |  |                 |  |  |
|--|------------|----------|--|--|-----------------|--|--|
| 5.6  | From Mo/Yr | To Mo/Yr | <input type="checkbox"/> Not Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern |  |                 |  |  |
| Name of Employer                               |            |          | Phone  |  |                 |  |  |
| Street Address                                 |            |          | City, State, Zip Code  |  |                 |  |  |
| Title/Duties                                   |            |          |  |  |                 |  |  |
| Name of Supervisor (1)                         |            |          | Still employed? Yes/No   |  | Phone and Email |  |  |
| Name of Supervisor (2)                         |            |          | Still employed? Yes/No   |  | Phone and Email |  |  |
| Name of Supervisor (3)                         |            |          | Still employed? Yes/No   |  | Phone and Email |  |  |
| Name of Co-Worker (1)                          |            |          | Still employed? Yes/No   |  | Phone and Email |  |  |
| Name of Co-Worker (2)                          |            |          | Still employed? Yes/No   |  | Phone and Email |  |  |
| Name of Co-Worker (3)                          |            |          | Still employed? Yes/No   |  | Phone and Email |  |  |
| Reason for Leaving                             |            |          |  |  |                 |  |  |
| List Any Disciplinary Action Taken Against You |            |          |  |  |                 |  |  |

|  |            |                        |  |                 |  |  |  |
|--|------------|------------------------|--|-----------------|--|--|--|
| 5.7  | From Mo/Yr | To Mo/Yr               | <input type="checkbox"/> Not Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern |                 |  |  |  |
| Name of Employer                               |            |                        | Phone  |                 |  |  |  |
| Street Address                                 |            |                        | City, State, Zip Code  |                 |  |  |  |
| Title/Duties                                   |            |                        |  |                 |  |  |  |
| Name of Supervisor (1)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Supervisor (2)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Supervisor (3)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (1)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (2)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (3)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Reason for Leaving                             |            |                        |  |                 |  |  |  |
| List Any Disciplinary Action Taken Against You |            |                        |  |                 |  |  |  |

|  |            |                        |  |                 |  |  |  |
|--|------------|------------------------|--|-----------------|--|--|--|
| 5.8  | From Mo/Yr | To Mo/Yr               | <input type="checkbox"/> Not Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern |                 |  |  |  |
| Name of Employer                               |            |                        | Phone  |                 |  |  |  |
| Street Address                                 |            |                        | City, State, Zip Code  |                 |  |  |  |
| Title/Duties                                   |            |                        |  |                 |  |  |  |
| Name of Supervisor (1)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Supervisor (2)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Supervisor (3)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (1)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (2)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (3)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Reason for Leaving                             |            |                        |  |                 |  |  |  |
| List Any Disciplinary Action Taken Against You |            |                        |  |                 |  |  |  |

|  |            |                        |  |                 |  |  |  |
|--|------------|------------------------|--|-----------------|--|--|--|
| 5.9  | From Mo/Yr | To Mo/Yr               | <input type="checkbox"/> Not Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern |                 |  |  |  |
| Name of Employer                               |            |                        | Phone  |                 |  |  |  |
| Street Address                                 |            |                        | City, State, Zip Code  |                 |  |  |  |
| Title/Duties                                   |            |                        |  |                 |  |  |  |
| Name of Supervisor (1)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Supervisor (2)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Supervisor (3)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (1)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (2)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (3)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Reason for Leaving                             |            |                        |  |                 |  |  |  |
| List Any Disciplinary Action Taken Against You |            |                        |  |                 |  |  |  |

|  |            |                        |  |                 |  |  |  |
|--|------------|------------------------|--|-----------------|--|--|--|
| 5.10   | From Mo/Yr | To Mo/Yr               | <input type="checkbox"/> Not Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern |                 |  |  |  |
| Name of Employer                               |            |                        | Phone  |                 |  |  |  |
| Street Address                                 |            |                        | City, State, Zip Code  |                 |  |  |  |
| Title/Duties                                   |            |                        |  |                 |  |  |  |
| Name of Supervisor (1)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Supervisor (2)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Supervisor (3)                         |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (1)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (2)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Name of Co-Worker (3)                          |            | Still employed? Yes/No |  | Phone and Email |  |  |  |
| Reason for Leaving                             |            |                        |  |                 |  |  |  |
| List Any Disciplinary Action Taken Against You |            |                        |  |                 |  |  |  |

For the following questions, please elaborate on any that you answer "yes". Use the supplemental page at the end of the document and identify additional information by section number and title.

5.11 Do you know any current or former member of the Gresham Police Department? If yes, please list name and relationship.

5.12 Would any problem result if we contacted your current employer during the course of our investigation?

5.13 If you have had no prior employment, please explain.

5.14 Are there any jobs you hold or held which you forgot to list on your application?

5.15 Have you ever been terminated, asked to resign, resigned in lieu of termination, or failed to complete a probationary period?

5.16 Have you ever been suspended or demoted from any place of employment?

5.17 Have you ever received a verbal or written disciplinary notice or reprimand?

5.18 Have you ever had any problems getting along with your supervisors or coworkers?

5.19 Have you ever left a job without giving the proper notice?

5.20 What is the most serious trouble you have been in on a job? Please elaborate.

5.21 Has an employer ever talked to you about excessive use of non-protected leave or reporting late to work?

5.22 Have you ever left work early without approval?

5.23 Have you ever falsified your time card?

5.24 How many unscheduled days of work did you miss last year?

5.25 Have you ever called in sick when you were not sick?

If yes, how many times?

5.26 Have you ever slept on duty?

5.27 Has an employer ever accused you of a dishonest act?

5.28 What would your current employer say about your past performance at work?

5.29 Have you ever been investigated by internal affairs or internal security?

5.30 Have you ever worked for anyone who would not rehire you or would advise us not to hire you?

5.31 Are you able to do shift work? Please elaborate on the supplemental sheet if you answer "no".

5.32 Are you able and willing to work weekends and holidays? Please elaborate on the supplemental sheet if you answer "no".

5.33 Have you ever taken items from any place of employment that did not belong to you?

How many times?

Approximate Dollar Amount

What items?

5.34 Have you ever borrowed or taken money from a place of employment without permission?

5.35 If yes, did you report it?

5.36 Have you ever been aware of a theft by a friend or co-worker from the workplace?

5.37 Have you used your work computer in a manner that violated your employer's policies and/or procedures?

5.38 Is there anything else you wish to discuss or disclose about your employment history?

## 6. EDUCATION

6.1 Do you currently have a High School Diploma or a GED?

List ALL high schools you have attended, beginning with the ninth grade. Include all civilian and military schools

|     |                |            |                    |
|-----|----------------|------------|--------------------|
| 6.2 | Name of School | City/State | Graduated Y/N Year |
|-----|----------------|------------|--------------------|

|     |                |            |                    |
|-----|----------------|------------|--------------------|
| 6.3 | Name of School | City/State | Graduated Y/N Year |
|-----|----------------|------------|--------------------|

|     |                |            |                    |
|-----|----------------|------------|--------------------|
| 6.4 | Name of School | City/State | Graduated Y/N Year |
|-----|----------------|------------|--------------------|

|     |                |            |                    |
|-----|----------------|------------|--------------------|
| 6.5 | Name of School | City/State | Graduated Y/N Year |
|-----|----------------|------------|--------------------|

List ALL colleges or universities you have attended regardless of credits or degrees. Include all civilian and military schools.

|     |                |            |                    |
|-----|----------------|------------|--------------------|
| 6.6 | Name of School | City/State | Graduated Y/N Year |
|     | Major          | Degree     | # of Credits/GPA   |

|     |                |            |                    |
|-----|----------------|------------|--------------------|
| 6.7 | Name of School | City/State | Graduated Y/N Year |
|     | Major          | Degree     | # of Credits/GPA   |

|     |                |            |                    |
|-----|----------------|------------|--------------------|
| 6.8 | Name of School | City/State | Graduated Y/N Year |
|     | Major          | Degree     | # of Credits/GPA   |

|     |                |            |                    |
|-----|----------------|------------|--------------------|
| 6.9 | Name of School | City/State | Graduated Y/N Year |
|     | Major          | Degree     | # of Credits/GPA   |

6.10 What degree(s), if any, have you earned?

6.11 What degree(s), if any, are you in the process of earning?

6.12 Have you ever been suspended, expelled or placed on academic probation from any high school, or post secondary school? (Includes colleges and universities, graduate, business or vocational schools) If yes, please elaborate.

6.13 Is there anything else you wish to discuss or disclose about your educational experience/history?

## 7. MILITARY STATUS

7.0 Have you ever served in the United States Military? If yes, attach a copy of your discharge or separation papers (DD214). If you supplied a copy of your DD214 with your employment application, you do not need to re-submit it.

7.1 Have you registered for the selective service? (applies to male applicants only)

7.2 Are you presently a member of the US Reserve or National Guard?

|     |                   |  |
|-----|-------------------|--|
| 7.3 | Branch of Service | Last Military Installation                 |
|     | State             | Discharge (Honorable/Dishonorable/General) |
| 7.4 | Branch of Service | Last Military Installation                 |
|     | State             | Discharge (Honorable/Dishonorable/General) |
| 7.5 | Branch of Service | Last Military Installation                 |
|     | State             | Discharge (Honorable/Dishonorable/General) |
| 7.6 | Branch of Service | Last Military Installation                 |
|     | State             | Discharge (Honorable/Dishonorable/General) |

For the following questions, please elaborate on any that you answer "yes". Use the supplemental page at the end of the document and identify additional information by section number and title.

7.7 Do you currently hold a secret clearance issued by a federal agency?

7.8 Have you had any type of secret clearance denied or revoked?

7.9 While in the service were you ever questioned, detained, the subject of any report, held on suspicion, cited, taken into custody, or arrested for any offense, or a defendant in any trial by civilian or military authorities?

7.10 While in the service were you ever placed under military arrest?

7.11 While in the service did you ever receive any type of disciplinary action?

7.12 Were you ever charged with an offense that resulted in a special or General Court Martial, trial by Deck Court or received a Company or Field Grade Article 15?

7.13 While in the service were you ever reduced in rank or grade?

7.14 While in the service were you ever AWOL or unauthorized to leave?

7.15 Were you ever involved in a Use-of-Deadly force situation in the course of your military duties?

7.16 Did the deadly force situation follow the rules of engagement per your assigned military responsibilities?

7.17 When you left the service could you have re-enlisted if you wanted to?

## 8. LAW ENFORCEMENT EMPLOYMENT & TESTING

8.1 Have you ever applied for a position with any Law Enforcement Agency, including the Gresham Police Department?

If yes, please fill out the year you applied, the name of the agency, and the name of the position for which you applied and then checkmark the steps you have completed in other agencies, including those through public safety or NTN testing.

| Year Applied | Agency/Position | Written Test | BPAD (Video Scenario) | Oral Board | Background | Psych Exam | Other |
|--------------|-----------------|--------------|-----------------------|------------|------------|------------|-------|
|              |                 |              |                       |            |            |            |       |
|              |                 |              |                       |            |            |            |       |
|              |                 |              |                       |            |            |            |       |
|              |                 |              |                       |            |            |            |       |
|              |                 |              |                       |            |            |            |       |
|              |                 |              |                       |            |            |            |       |
|              |                 |              |                       |            |            |            |       |

8.2 Have you ever had a background investigation conducted by the Gresham Police Department or any other law enforcement agency to determine your suitability for a law enforcement position?

| Month/Year | City/County/State | Conducting Agency | Investigator's Name | Pass/Fail/Unknown |
|------------|-------------------|-------------------|---------------------|-------------------|
|            |                   |                   |                     |                   |
|            |                   |                   |                     |                   |
|            |                   |                   |                     |                   |
|            |                   |                   |                     |                   |

8.3 Is there anything else you wish to discuss or disclose regarding your application process with this or any other agency?

## 9. DRIVING RECORD

9.1 Do you have a current and valid driver's license?

| License Number | State | Expiration Date |
|----------------|-------|-----------------|
|                |       |                 |

9.2 Do you have now or have you ever been issued a driver's license from any other state?

| License Number | State | Expiration Date |
|----------------|-------|-----------------|
|                |       |                 |
|                |       |                 |
|                |       |                 |
|                |       |                 |
|                |       |                 |

9.3 List ALL traffic citations you have received since the age of 16 (or age you received your license)

| Violation <i>(if speeding: what speed were you actually going versus the speed that was cited in the ticket)</i> | Law Enforcement Agency | Approximate Date (Mo/Yr) | Final Outcome |
|--|------------------------|--------------------------|---------------|
|  |                        |                          |               |
|  |                        |                          |               |
|  |                        |                          |               |
|  |                        |                          |               |
|  |                        |                          |               |
|  |                        |                          |               |

9.4 List ALL verbal warnings you have received since the age of 16 (or age you received your license)

| Violation | Law Enforcement Agency | Approximate Date (Mo/Yr) |
|-----------|------------------------|--------------------------|
|           |                        |                          |
|           |                        |                          |
|           |                        |                          |
|           |                        |                          |

9.5 List **ALL** motor vehicle collisions you have even been involved in as a **driver**.

| Date (Mo/Yr) | City/State | Police Response Y/N | Responding Law Enforcement Agency | Injury Y/N | Were You at Fault Y/N | Report # (If Known) |
|--------------|------------|---------------------|-----------------------------------|------------|-----------------------|---------------------|
|              |            |                     |                                   |            |                       |                     |
|              |            |                     |                                   |            |                       |                     |
|              |            |                     |                                   |            |                       |                     |
|              |            |                     |                                   |            |                       |                     |

9.6 Oregon law requires owners of motor vehicles to be covered by automobile liability insurance. Please list your current liability insurance information. Also list previous insurer(s) on the supplemental sheet if you have changed insurance carriers in the last two years.

|                |                       |                 |
|----------------|-----------------------|-----------------|
| Company/Agent  | Policy Number         | Expiration Date |
| Street Address | City, State, Zip Code | Phone           |

For the following questions, please elaborate on any that you answer "yes". Use the supplemental page at the end of the document and identify additional information by section number and title.

9.7 Have you ever had insurance cancelled or refused?

9.8 Have you ever had high risk insurance?

9.9 Have you ever driven without liability insurance?

9.10 Have your driving privileges ever been revoked, suspended, or placed on probation?

9.11 Have you ever participated in illegal street racing or drag racing as a driver, passenger or observer?

9.12 Have you ever or do you presently have any outstanding tickets?

9.13 Have you ever surrendered your driver's license for any reason including parental discipline?

9.14 Have you ever possessed/used a driver's license or other form of identification under an assumed/fictitious name or date of birth (e.g., a "fake id" for traffic related or otherwise)?

9.15 Have you ever been convicted of a traffic offense?

9.16 Have you ever been a passenger of a vehicle involved in a crime (e.g., DUI/driving while suspended or revoked, reckless driving, hit and run, eluding a police officer or similar driving crime), not including minor traffic offenses such as speeding tickets?

9.17 Have you ever been arrested for DUI/driving while suspended or revoked, reckless driving, hit and run, eluding a police officer or similar driving crime?

9.18 Have you ever been involved in a hit and run, no matter how minor?

9.19 Have you ever driven while intoxicated, "buzzed", or under the influence of any drug or alcohol?

How many times?

Dates (Mo/Yr)

9.20 Have you ever been involved in a road rage incident?

9.21 Is there anything else you wish to discuss or disclose about your driving history?

## 10. CREDIT AND FINANCIAL INFORMATION

The management of personal finances is relevant to an applicant's qualification for a position with a law enforcement agency. Please complete the following financial statement. The amount of indebtedness, in and of itself, will not be used in evaluating your qualification. The behavior exhibited in meeting your financial obligations will be reviewed. A credit reporting agency will be contacted for a report of your credit history.

| <u>Current Monthly Income</u>    | <u>Current Monthly Expenditures</u> | <u>Current Assets</u> | <u>Current Liabilities</u> |
|----------------------------------|-------------------------------------|-----------------------|----------------------------|
| All Income: Yours, Spouse, Other | Mortgage                            | Savings               | Real Estate                |
|                                  | Rent                                | Checking              | Long Term Loans            |
|                                  | School Loans                        | Real Estate           | Charge Accounts            |
|                                  | Other (Describe)                    | Stocks & Bonds        | Vehicles                   |
|                                  |                                     | Life Insurance        | Personal Loans             |
|                                  |                                     | Vehicles              | Other (Describe)           |
|                                  |                                     | Other (Describe)      |                            |
| Total Monthly Income             | Total Expenses                      | Total Assets          | Total Liabilities          |

List ALL open liability accounts. Include any credit cards, mortgages, vehicle loans, personal loans or any other accounts. If you do not have five open accounts, list closed accounts.

|      |                  |                 |                    |                       |            |        |
|------|------------------|-----------------|--------------------|-----------------------|------------|--------|
| 10.1 | Name of Creditor |                 |                    |                       |            |        |
|      | Street Address   |                 |                    | City, State, Zip Code |            |        |
|      | Amount Owed      | Monthly Payment | Late Payments? Y/N | How Many?             | Last Time? | Reason |
| 10.2 | Name of Creditor |                 |                    |                       |            |        |
|      | Street Address   |                 |                    | City, State, Zip Code |            |        |
|      | Amount Owed      | Monthly Payment | Late Payments? Y/N | How Many?             | Last Time? | Reason |
| 10.3 | Name of Creditor |                 |                    |                       |            |        |
|      | Street Address   |                 |                    | City, State, Zip Code |            |        |
|      | Amount Owed      | Monthly Payment | Late Payments? Y/N | How Many?             | Last Time? | Reason |
| 10.4 | Name of Creditor |                 |                    |                       |            |        |
|      | Street Address   |                 |                    | City, State, Zip Code |            |        |
|      | Amount Owed      | Monthly Payment | Late Payments? Y/N | How Many?             | Last Time? | Reason |

For the following questions, please elaborate on any that you answer "yes". Use the supplemental page at the end of the document and identify additional information by section number and title.

10.5 Have you ever had any purchased or leased goods repossessed?

10.6 Have you ever filed or declared bankruptcy? If yes, please explain.

10.7 Have you ever falsified information to obtain a loan?

10.8 Are you currently late on any bill payments?

| Creditor | Amount Owed | 30/60/90+ Days Late |
|----------|-------------|---------------------|
|          |             |                     |
|          |             |                     |
|          |             |                     |

10.9 Have you ever been late on any payment of bills?

10.10 Have you ever not filed or been late on income or other tax payments?

10.11 Have you ever collected unemployment while you were working and not reported it to the unemployment office?

10.12 Have you ever been contacted by a collection agency to collect a debt you owed?

10.13 Have you ever had your wages garnished?

10.14 Have you ever falsified information on an income tax return?

10.15 Do you have any pending civil litigation in which you are a defendant?

10.16 Have you ever been served with an eviction notice?

10.17 Is there anything else you wish to discuss or disclose about your credit history?

## 11. ASSOCIATES ARREST HISTORY

List any member of your family, close relative, in-law, or anyone else you are closely associated with ever arrested for anything other than traffic violations.

|      |                |      |                   |              |
|------|----------------|------|-------------------|--------------|
| 11.1 | Date           | Name | Date of Birth     | Relationship |
|      | Charge, If Any |      | Final Disposition |              |
| 11.2 | Date           | Name | Date of Birth     | Relationship |
|      | Charge, If Any |      | Final Disposition |              |
| 11.3 | Date           | Name | Date of Birth     | Relationship |
|      | Charge, If Any |      | Final Disposition |              |
| 11.4 | Date           | Name | Date of Birth     | Relationship |
|      | Charge, If Any |      | Final Disposition |              |

## 12. CRIMINAL ACTIVITIES

For the following questions, please elaborate on any that you answer "yes". Use the supplemental page at the end of the document and identify additional information by section number and title. As a reminder, please do not provide information regarding expunged juvenile records when answering the following questions

12.1 Have you ever been questioned, detained, taken into custody, arrested, issued a Misdemeanor citation (including traffic misdemeanors), incarcerated, and/or convicted of any crime?

| Date (Mo/Yr) | Agency (City/County/State) | Reason | What Were You (Suspect, Witness, Victim) | Disposition (Interview, Cited, Released, Arrested, Incarcerated) |
|--------------|----------------------------|--------|--|--|
|              |                            |        |  |  |
|              |                            |        |  |  |
|              |                            |        |  |  |
|              |                            |        |  |  |

12.2 Have you ever been the passenger in a stolen vehicle or have you taken a vehicle without permission?

12.3 Have you ever used force to take something from anyone?

12.4 Have you taken anything from a vending machine without paying for it?

12.5 Have you ever taken anything from a residence other than your own without permission?

12.6 Have you ever remained in a place you were not supposed to be (i.e., trespassed)?

12.7 Have you ever had possession of something you suspected had been stolen?

12.8 Have you ever purposely damaged someone's property?

12.9 Have you ever forged someone's signature on any official document?

12.10 Has your alcohol use ever negatively impacted you?

12.11 Do you owe any gambling debts?

12.12 Have you ever threatened another person?

12.13 Have you ever taken or used another person's credit card without their knowledge or permission?

12.14 What is the most serious trouble you were in as a juvenile?

12.15 Have you committed any crime or been involved in any criminal activity in the last five years?

12.16 Have you ever stolen utility services (gas, sewer, power, phone, cable tv, internet, etc)?

12.17 Have you ever impersonated a police officer?

12.18 Have you ever stolen anything from a store or restaurant?

12.19 Have you ever been a lookout while someone else was stealing something?

12.20 Have you ever switched or altered a price tag?

12.21 Have you ever knowingly accepted and kept the wrong amount of change from a merchant?

12.22 Have you ever been involved in a physical altercation?

12.23 Have you ever been involved in an incident reported to the police?

12.24 Have you ever blackmailed another person?

12.25 Have you ever intentionally passed non-sufficient funds checks?

12.26 Have you ever committed arson?

12.27 Have you ever falsified information to a police officer?

12.28 Have you ever provided false information to an insurance company?

12.29 Have you ever stolen money from another person?

12.30 Have you ever falsified information in a court of law?

12.31 Have you ever done anything to a child that resulted in the child needing medical attention?

12.32 Have you ever touched or disciplined a child in a manner you would not have used if the parent of that child was present?

12.33 Have you ever engaged in any type of sexual activity with a minor when you yourself were not a minor?

12.34 Have you ever purposely exposed yourself in public?

12.35 Have you ever participated in a sex act, which you knew at the time was illegal?

12.36 Have you ever been involved in any situation involving sexual activity with a person under the following circumstances:

A. Without that person's consent, knowledge or awareness?

B. Which was forced, coerced, or in any way against their will?

C. With someone who for whatever reason lacked the mental and/or physical ability to tell you not to do it or to stop?

D. Which involved unwanted touching in any form or manner?

12.37 Have you ever made unwanted obscene (sexual in nature) phone calls or text messages?

12.38 Have you ever had a sexual relationship with a subordinate, co-worker, and/or supervisor?

12.39 Have you ever given inappropriate favorable treatment to a subordinate?

12.40 Have you ever engaged in sexual acts while at work or on duty?

12.41 Have you ever been involved in promoting prostitution?

12.42 Have you ever been involved in a sexual act where money, goods, services, or favors were exchanged for any sexual activity in the United States or in a foreign country?

12.43 Have you ever been involved in any activities where illegal pornographic materials were viewed, bought, sold, mailed or otherwise transmitted to another in the United States or a foreign country?

12.44 Have you ever been involved in voyeurism or peeping tom activities?

12.45 Have you ever had sexual contact with an animal?

12.46 Have you ever supplied or purchased alcohol for a minor?

12.47 Have you ever been involved in any criminal acts not listed?

12.48 List ALL incidents in which you were involved in relating to any criminal, civil, juvenile court proceeding or Court Marshal, or an administrative or investigative hearing by a Grand Jury or in a City, County, State, or Federal Agency. *You do not need to list cases if they are a normal course of your daily duties (e.g., police officers).*

| Date (Mo/Yr) | Agency (City/County/State/Military) | Incident # | What Was Your Involvement? (e.g., Defendant, etc.) |
|--------------|-------------------------------------|------------|--|
|              |                                     |            |  |
|              |                                     |            |  |
|              |                                     |            |  |
|              |                                     |            |  |

### 13. DOMESTIC VIOLENCE

For the following questions, please elaborate on any that you answer "yes". Use the supplemental page at the end of the document and identify additional information by section number and title.

13.1 Have you ever been involved in any type of domestic violence incident as a victim, witness, or suspect?

13.2 Have you ever been in a physical altercation with a spouse, significant other, partner, roommate, family member, or child (i.e., pushing, shoving, strangling, slapping, biting, kicking, spitting or throwing items) to include acts of self-defense?

13.3 Have you ever caused any physical damage before, during or after a domestic violence dispute? If yes, please elaborate and also explain what was damaged.

13.4 Have you ever disciplined a child in a manner that caused welts or bruises or required any medical attention (including unintentional injuries)?

13.5 Have you ever required a spouse or significant other to provide you with detailed updates about his or her whereabouts or secretly kept them under surveillance?

13.6 Have you ever required a spouse or significant other to obtain your permission before making spending decisions?

13.7 Have you ever sent an anonymous letter, gift, email or phone message to check a spouse or significant other's honesty, fidelity, or commitment to you?

13.8 Have you ever been the subject of a restraining order, protective order or stalking order?

| Date (Mo/Yr) | City/County/State | Type of Order | Expiration Date | Permanent Y/N |
|--------------|-------------------|---------------|-----------------|---------------|
|              |                   |               |                 |               |
|              |                   |               |                 |               |

13.9 Have you ever refused to let your spouse or significant other leave or prevented him or her from calling 911?

13.10 Have you ever acted in any way or made statements to intentionally intimidate your spouse or significant other?

13.11 Have you ever been made aware of a friend, family member or coworker being involved in any domestic violence situation and you took no action?

13.12 Is there anything else you wish to discuss or disclose about domestic violence?

## 14. DRUG POSSESSION

For the following questions, please elaborate on any that you answer "yes". Use the supplemental page at the end of the document and identify additional information by section number and title.

14.0 Have you ever possessed any of the following for personal use or gain (**not in the course of training or official duties**)? Possession is defined as control, touching, holding, using, selling, trafficking, or transporting any illegal or non-prescribed drug. Answer yes/no in each drug section.

| Drug  | Possession (Select Yes or No in Each Section) | If Yes, Date First Possessed (Mo/Yr) | If Yes, Date Last Possessed (Mo/Yr) | Age of Last Possession | Maximum # of Times Possessed |
|---|---|--------------------------------------|-------------------------------------|------------------------|------------------------------|
| Marijuana, Hashish, Hashish oil                         | <input type="text"/>                          |                                      |                                     |                        |                              |
| Anabolic Steroids                                       | <input type="text"/>                          |                                      |                                     |                        |                              |
| Hallucinogenic Mushrooms, Peyote                        | <input type="text"/>                          |                                      |                                     |                        |                              |
| MDMA (Ecstasy) Ketamine (Special K) GHB, GBL or Analogs | <input type="text"/>                          |                                      |                                     |                        |                              |
| Cocaine (Any Form)                                      | <input type="text"/>                          |                                      |                                     |                        |                              |
| Amphetamines (Cross Tops, Whites, Bennies, Uppers)      | <input type="text"/>                          |                                      |                                     |                        |                              |
| Methamphetamine (Speed, Crank)                          | <input type="text"/>                          |                                      |                                     |                        |                              |
| Non-prescribed Stimulants (e.g., Ritalin)               | <input type="text"/>                          |                                      |                                     |                        |                              |
| Barbiturates, Synthetic Barbiturates (e.g., Quaaludes)  | <input type="text"/>                          |                                      |                                     |                        |                              |
| Non-Prescribed Benzodiazepines (e.g., Hypnotics)        | <input type="text"/>                          |                                      |                                     |                        |                              |
| LSD (Acid) or Any Other Hallucinogens                   | <input type="text"/>                          |                                      |                                     |                        |                              |
| PCP (Angel Dust, Sherm, Wet)                            | <input type="text"/>                          |                                      |                                     |                        |                              |
| Sniffed Inhalants/Solvents (e.g., Glue, Paint)          | <input type="text"/>                          |                                      |                                     |                        |                              |
| Heroin Morphine or Non-prescribed Opiates               | <input type="text"/>                          |                                      |                                     |                        |                              |
| Rohypnol (i.e., Date Rape Drug)                         | <input type="text"/>                          |                                      |                                     |                        |                              |
| Pharmaceutical Drugs Not Prescribed To You              | <input type="text"/>                          |                                      |                                     |                        |                              |
| Bath Salts  | <input type="text"/>                          |                                      |                                     |                        |                              |
| Any Other Illegal Drugs                                 | <input type="text"/>                          |                                      |                                     |                        |                              |

14.1 Have you ever used legal marijuana in a state where it is legal?

If yes, how many times?

Dates (Mo/Yr)

14.2 Are there any other illegal drugs, narcotics or controlled substances not listed above that you have possessed?

14.3 Have you ever remained in a place where illegal drugs were being used?

14.4 Have you ever attended a rave?

14.5 Have you ever illegally purchased, sold, provided to another, or given away any narcotic, controlled substance, or prescription drug?

14.6 Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic or controlled substance?

14.7 Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?

14.8 Have you ever acted as a "middle man," "go between," or "done a favor for a friend" by becoming involved in any illegal drug transaction?

14.9 Have you ever told anyone where to purchase illegal drugs?

14.10 Have you ever temporarily stored or held any illegal drug?

14.11 Have you ever possessed illegal drugs while at work?

14.12 Have you ever illegally bought or sold any drugs at work?

14.13 Are there any illegal drugs presently in your home, car or other areas over which you have control?

14.14 Is there anything else you wish to elaborate regarding your drug possession?

## 15. WEAPONS

For the following questions, please elaborate on any that you answer "yes". Use the supplemental page at the end of the document and identify additional information by section number and title.

15.1 Have you ever carried any type of concealed weapon?

15.2 Do you have or have you ever held a valid concealed weapons permit?

| State | Number | Expired Y/N |
|-------|--------|-------------|
|       |        |             |
|       |        |             |
|       |        |             |

15.3 Have you ever or do you currently possess any illegal weapons or munitions?

15.4 Except while legally hunting, have you ever intentionally killed an animal?

## 16. GENERAL QUESTIONS

For the following questions, please elaborate on any that you answer "yes". Use the supplemental page at the end of the document and identify additional information by section number and title.

16.0 Do you associate with and/or communicate with anyone incarcerated in any correctional or confinement facility or anyone on work release, parole, or probation (outside of line of duty)?

16.1 Do you associate with anyone who is known to be a convicted felon?

16.2 Is there any type of criminal activity occurring in your home? (e.g., illegal drug use, theft, etc.)

16.3 Would you be able to take the life of another human being if the necessity arose in the course of your employment to defend your own life or the life of someone else? Please elaborate on the supplemental sheet if you answer "no".

16.4 Is there anything in your background that may disqualify you from being a police officer in the State of Oregon?

16.5 Is there anything in your background that might disqualify you from being a police officer in another state or country?

16.6 Please provide any additional information regarding your background that you feel your background investigator should be aware of.

16.7 Do you have any tattoos?

If yes, please describe your tattoos, including the location of each tattoo.

Please describe any tattoos that are gang affiliated or discriminatory in nature.

16.8 List organizations, clubs, professional societies, or other associations of which you are, or have been a member (please include the name of the group, the city and state, and your present status or position in the group).

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16.9 List any special skills or qualifications that are relevant to your ability to perform the duties of the position to which you applied.

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The following section is only for those candidates with prior law enforcement and security experience. If you have prior law enforcement and/or security experience (e.g., police officers, reserves officers, military police officers, etc.), please complete this section. If you do not have prior law enforcement experience, you do not need to complete this section.

### 17. PRIOR LAW ENFORCEMENT SPECIFIC QUESTIONS

17.1 List ALL Law Enforcement Agencies where you have worked:

| Law Enforcement Agency | State | Dates Employed<br>(From Mo/Yr - To Mo/Yr) | Reason Left | Eligible For<br>Rehire? Y/N |
|------------------------|-------|---|-------------|-----------------------------|
|                        |       |   |             |                             |
|                        |       |   |             |                             |
|                        |       |   |             |                             |
|                        |       |   |             |                             |

17.2 Have you successfully completed a State Certified Basic Law Enforcement Academy?

|  |
|--|
|  |
|--|

| Location | Date (Mo/Yr) |
|----------|--------------|
|          |              |
|          |              |
|          |              |

For the following questions, please elaborate on any that you answer "yes". Use the supplemental page at the end of the document and identify additional information by section number and title.

17.3 Have you ever failed to complete a Basic Law Enforcement Academy?

|  |
|--|
|  |
|--|

17.4 Are you currently in your probationary period?

17.5 Have you ever had your probationary period extended?

17.6 Have you ever resigned from a Law Enforcement agency?

17.7 Have you ever been counseled for abuse of sick leave by an employer, excluding protected leave?

17.8 Have you ever received an unsatisfactory performance evaluation or rating?

17.9 Has any agency ever investigated excessive force allegations lodged against you?

| Law Enforcement Agency | Date (Mo/Yr) | Complaint | Resolution (Founded/Unfounded/Not Sustained/Exonerated) |
|------------------------|--------------|-----------|---|
|                        |              |           |   |
|                        |              |           |   |
|                        |              |           |   |
|                        |              |           |   |
|                        |              |           |   |

17.10 Have you ever lied to a supervisor or internal investigator during an investigation?

17.11 Have you ever shot anyone, at anyone, fired warning shots, or discharged your weapon during the course of your duties (not including training)?

17.12 Have you ever had any accidental discharges, including firearm, less lethal, and/or Taser?

17.13 Have you ever used physical force on someone you did not arrest?

17.14 Have you ever struck anyone in handcuffs or who was not actively non-compliant?

17.15 Have you ever been the subject of complaints at the workplace (e.g., rudeness, using profanity, racial slurs, gender, or sexual orientation biased language, religious terms, etc.)?

17.16 Have you ever used profanity, tone of voice, or language to provoke someone into action in order to be able to arrest that person?

17.17 Have you ever solicited or accepted a bribe in any form?

17.18 Were you ever involved in any type of extortion?

17.19 Have you ever used your position to solicit gifts, gratuities, or discounts?

17.20 Have you ever ran a records check on yourself or anyone else other than for official police business while at work?

17.21 Have you ever not appeared on a subpoena for court?

17.22 Have you ever removed records from any agency for non-law enforcement purposes?

17.23 Have you ever revealed confidential information to an unauthorized person?

17.24 Have you ever lied, made false statements or entries, or inappropriately altered any official document or report?

17.25 Have you ever lied, committed perjury, made false statements, embellished testimony in any court, official proceeding or investigation?

17.26 Have you ever leaked confidential information to the press?

17.27 Have you ever consumed alcohol on duty, or reported for duty while under the influence of alcohol or any illegal drug?

17.28 Have you ever been involved in any sexually motivated crime?

17.29 Have you ever used your authority to initiate some type of personal contact or get a date?

17.30 Have you ever kept Lost or Found Property including illegal drugs or narcotics?

17.31 Have you ever failed to process a subject's belongings in accordance with your department's policies and procedures?

17.32 Have you ever stolen any merchandise from a commercial business or private residence while on duty?

17.33 Have you ever stolen from a deceased person?

17.34 Have you ever stolen property, which was in the custody of the department?

17.35 Have you ever carried any type of 'throw down' weapon?

17.36 Have you ever 'planted' or placed a weapon, evidence, or narcotics?

17.37 Have you ever supplied a person with drugs in order to secure evidence or information from him/her?

17.38 How many on-duty traffic accidents have you had?

Number

17.39 Did any result in re-training or disciplinary actions?

17.40 Would your former agency/agencies re-hire you?

17.41 Have you ever been the subject of any internal investigation or disciplinary action by your present or former agency?

17.42 Is there any other information we should discuss or you would like to disclose, which might affect your application for employment with the Gresham Police Department?

## 18. AFFIRMATION AND SIGNATURE

I hereby swear or affirm that there are no willful misrepresentations or omissions in, or falsifications of, the preceding statements and answers. I am aware that should this investigation disclose such misrepresentations, falsifications, or omissions, my application will be rejected and I will be disqualified from applying for any future position in the service of the Gresham Police Department. Or if after my acceptance for employments, subsequent investigation should disclose misrepresentation, falsification, or omission, it will be just cause for immediate dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SUPPLEMENTAL PAGE

Please use this page to elaborate on any "yes" questions. Identify additional information by section number and title.

*Example: Employment 5.11*