



KENNEDALE
You're Here, Your Home

**POLICE
BACKGROUND PACKET**

RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Kennedale Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Kennedale Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Kennedale Police Department, whether said records are public, private, or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Kennedale Police Departments to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by me or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____, including its officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Kennedale Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Kennedale Police Departments' acceptance and processing of my application for employment, I agree to hold _____, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Kennedale Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access to and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Kennedale Police Department in conjunction with employment procedures. Please allow the photocopying of any or all records.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of 12 months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expense, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Printed Name: _____ Date of Birth _____ S.S. #: _____

Telephone Number :(_____) _____ Address: _____
Street City State Zip code

Signature: _____ Date: _____

THE STATE OF TEXAS}
COUNTY OF TARRANT}

Before me _____ on this day personally appeared _____

Known to me on the oath of _____ or through _____

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D. _____.

(Seal)

Notary Public in and for the State of Texas

CREDIT INQUIRY AUTHORIZATION

In accordance with the Federal Privacy Act and other applicable laws and statutes, I hereby authorize any agent of any of the Kennedale Police Department to make any and all necessary inquiries into my personal credit history. I am aware and do consent that such inquiries will be made through the appropriate Credit Reporting Bureau, and that the report obtained as a result of said inquiry will contain detailed financial information about me. I am also aware, and do further consent and authorize, that such credit information obtained under this authorization will be used to evaluate my candidacy for employment with the Kennedale Police Department.

Printed Name: _____ Signature: _____

Address: _____ City: _____ State: _____

Previous Address: _____ City: _____ State: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

THE STATE OF TEXAS}

COUNTY OF TARRANT}

Before me _____ on this day personally appeared _____ known to me on the oath of _____ or through _____ to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL of office on this ___ day of _____, A.D. 20_____.

SEAL

Notary Public in and for the State of Texas

SUMMARY OF CONSUMER RIGHTS

Under the FCRA, consumers who are the subject of consumer reports have specific rights, including the right to learn what information about them is in the credit bureau files and the right to dispute inaccurate or incomplete information. In a number of circumstances, including after denial of credit, consumers have a right to a free copy of their credit reports. The summary of consumer rights that the Commission is publishing discusses the major rights that consumers have under the FCRA. The most significant change to the proposed summary is a revised introduction that more clearly informs consumers about the range of parties covered by FCRA, and emphasizes consumer rights under state law. The Commission also added a discussion of (1) the rights provided consumers to add a brief statement to their files when they continue to dispute information that the CRA has investigated and concluded to be accurate, and (2) the right of consumers to have revised reports provided to all recent recipients of information from their files, in response to public comment on the summary.

**Kennedale Police Department
Personal History Statement**

READ THESE INSTRUCTIONS CAREFULLY

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

IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position of Police Officer with the Kennedale Police Department.

1. The applicant must hand print the Personal History Statement legibly in black ink.
2. All questions must be answered completely. If a question does not apply to you, enter "N/A" in the space provided.
3. Avoid errors by reading the directions carefully before making entries on the form. Be sure your information is correct and in sequence before you begin.
4. The applicant is responsible for obtaining correct and complete addresses (including Zip codes). If you are not sure of an address, check it by personal verification. Your library or the Internet may be a source for obtaining information. Phone numbers must include the area code.
5. If there is insufficient space on the Personal History Statement form, attach extra sheets. Be sure to reference the relevant section and question on the extra sheet.

Your failure to properly and thoroughly complete this document will result in the rejection of your application.

Deliberate omissions or misstatements of information are grounds for rejection and of termination.

All copies and documents you submit with this personal History Statement become property of the Kennedale Police Department and will not be returned to you.

The Kennedale Police Department will not make copies for you.

In addition to the Personal history Statement, you must submit:

1. An official High School transcript and copy of the diploma or G.E.D., if applicable
2. An official college transcript and copy of the diploma, if applicable
3. Copies of any divorce or other civil papers that may apply
4. A copy of the applicant's military form DD214, if applicable
5. A copy of the applicant's Birth Certificate
6. A copy of the applicant's current Driver's License, and Social Security Card:
7. Letters of recommendation, if applicable
8. Copies of any Police related training, if applicable.
9. A copy of applicant's current automobile insurance card.
10. Signed and Notarized Release of information Forms

If you have any questions contact:

Kennedale Police Department

401 Municipal

Kennedale, Texas 76060

817-985-2160

www.cityofkennedale.com

PERSONAL HISTORY STATEMENT

Information provided in this section is used for identification purposes.

| | | | | | |
|--|-------|-----------------------------------|--|-----------------------------------|--|
| NAME: Last | | First | | Middle | |
| Other Names used: Maiden, Adoption, ETC. | | | Name by which you prefer to be addressed | | |
| Home Address: | | Street Name | | City | State |
| | | | | | Zip Code |
| Home Telephone Number () | | Work Telephone Number () | | Cell Telephone Number () | |
| Date of Birth: / / | Race: | Sex: | Social Security Number: - - | | U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Place of Birth: | | | | | |
| Drivers License Number: | | State of Issue: | Expiration Date: / / | Height: | Weight: |
| | | | | | |
| Scars: | | | Tattoos: | | |
| | | | | | |

EMPLOYMENT HISTORY

| |
|---|
| 1. Have you ever been forced to resign from a place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain |
| |
| 2. Have you ever quit a job because you suspected you were about to be fired. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain |
| |
| 3. Have you ever been fired from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain |
| |
| 4. Have you ever quit a job without giving notice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain |
| |
| 5. Have you ever used alcohol on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain |
| |
| 6. Have you ever used any illegal drugs on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain |
| |
| 7. Have you ever missed work due to alcohol usage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain |
| |
| 8. Have you ever missed work due to illegal drug usage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain |
| |

EMPLOYMENT HISTORY

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

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

| | | | |
|---|----------------------|--|------------|
| Check appropriate job description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal | | | |
| Employer: | Employment Began On | Employment Ended On | Total Time |
| Employers Address: Street name City State Zip Code | Telephone Number () | | |
| Your Job Title: | Time in Position(s): | | |
| Duties and Responsibilities: | | | |
| | | | |
| Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you eligible for rehire <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for leaving this position/company: | | | |
| | | | |
| Name of final Supervisor: | | Phone Number: () | |
| Investigator's Notes: | | | |
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| | | | |
|---|----------------------|--|------------|
| Check appropriate job description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal | | | |
| Employer: | Employment Began On | Employment Ended On | Total Time |
| Employers Address: Street name City State Zip Code | Telephone Number () | | |
| Your Job Title: | Time in Position(s): | | |
| Duties and Responsibilities: | | | |
| | | | |
| Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you eligible for rehire <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for leaving this position/company: | | | |
| | | | |
| Name of final Supervisor: | | Phone Number: () | |
| Investigator's Notes: | | | |
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EMPLOYMENT HISTORY

| | | | |
|---|----------------------|--|------------|
| Check appropriate job description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal | | | |
| Employer: | Employment Began On | Employment Ended On | Total Time |
| Employers Address: Street name City State Zip Code | Telephone Number () | | |
| Your Job Title: | Time in Position(s): | | |
| Duties and Responsibilities: | | | |
| | | | |
| Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you eligible for rehire <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for leaving this position/company: | | | |
| | | | |
| Name of final Supervisor: | | Phone Number: () | |
| Investigator's Notes: | | | |
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|---|----------------------|--|------------|
| Check appropriate job description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal | | | |
| Employer: | Employment Began On | Employment Ended On | Total Time |
| Employers Address: Street name City State Zip Code | Telephone Number () | | |
| Your Job Title: | Time in Position(s): | | |
| Duties and Responsibilities: | | | |
| | | | |
| Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you eligible for rehire <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for leaving this position/company: | | | |
| | | | |
| Name of final Supervisor: | | Phone Number: () | |
| Investigators Notes: | | | |
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EMPLOYMENT HISTORY

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|---|------------------------------|--|------------|
| Check appropriate job description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal | | | |
| Employer: | Employment Began On | Employment Ended On | Total Time |
| Employers Address: Street name City State Zip Code | Telephone Number () | | |
| Your Job Title: | Time in Position(s): | | |
| Duties and Responsibilities: | | | |
| | | | |
| Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you eligible for rehire <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for leaving this position/company: | | | |
| | | | |
| Name of final Supervisor: | | Phone Number: () | |
| Investigator's Notes: | | | |
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|---|------------------------------|--|------------|
| Check appropriate job description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal | | | |
| Employer: | Employment Began On | Employment Ended On | Total Time |
| Employers Address: Street name City State Zip Code | Telephone Number () | | |
| Your Job Title: | Time in Position(s): | | |
| Duties and Responsibilities: | | | |
| | | | |
| Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you eligible for rehire <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for leaving this position/company: | | | |
| | | | |
| Name of final Supervisor: | | Phone Number: () | |
| Investigator's Notes: | | | |
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EMPLOYMENT HISTORY PERIODS OF UNEMPLOYMENT

Record any period of unemployment since graduating from High School.

A PERIOD OF UNEMPLOYMENT IS ANY TIME YOU DID NOT HAVE A JOB

If you were a full time college student and held only seasonal employment during school breaks, indicate your beginning and ending school dates

| From: Month/Year | To: Month/Year | Length of Unemployment | Reason for being Unemployed |
|------------------|----------------|------------------------|-----------------------------|
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EDUCATIONAL HISTORY

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study. If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours you obtained.

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

| Name and type of school and location | From date: | To date: | Degree or Credit hours earned |
|--------------------------------------|------------|----------|-------------------------------|
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Have you ever been expelled or suspended from any school you have attended? Yes No

| | | |
|---------|-----------|---------|
| School: | From date | To date |
|---------|-----------|---------|

Reason for expulsion or suspension.

Have you ever been placed on academic probation? Yes No

| | | |
|---------|-----------|---------|
| School: | From date | To date |
|---------|-----------|---------|

Reason for probation.

EDUCATIONAL HISTORY AND PERSONAL INFORMATION

| School Activities: (Clubs, Sports, Etc.) | High School Grade | College Level |
|--|--|--|
| | <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th | <input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. |
| | <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th | <input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. |
| | <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th | <input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. |
| | <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th | <input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. |
| | <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th | <input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. |
| | <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th | <input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. |
| | <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th | <input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. |

(Any) Positions of Leadership:

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(Any) Community Activities:

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(Any) Awards, Commendations or Special Recognition:

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MILITARY SERVICE

| Have you registered with selective service? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | When: |
|---|--------------------|--|----------------|
| Have you ever been rejected by any branch of the armed forces? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you ever served in any branch of the United States Military? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Which Branch: |
| Highest Rank Obtained: | Date of Induction: | Date of Discharge: | Type Discharge |
| | / / | / / | |
| Awards: Type | | | Date Awarded |
| | | | |
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MILITARY

| Specialized Schools/Training | Date Completed |
|--|--|
| | |
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| | |
| While serving in the military were you ever arrested for an offense, which resulted in a trial by deck court, summary, special, or general court-martial? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, charge, date, place, enforcing authority or type court or court martial, and action taken for the incident (s) | |
| | |
| | |
| | |
| | |
| Last duty station and name of commanding officer: | |
| | |
| Are you currently a member of the Military Reserve, National or State Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes: Branch of Service: | Rank: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Standby |
| Military Organization Station Unit and Location: | |
| | |

ARREST AND DETENTION (Adult and Juvenile Record)

| |
|---|
| Have you ever been charged or cited for any family violence offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain |
| |
| |
| Have you ever been arrested by the police? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain |
| |
| |
| Have you ever been detained (other than for a traffic offense) by the Police? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain |
| |
| |
| Have you ever been summoned into court for a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain |
| |
| |

LITIGATION

| | |
|---|--|
| Have you ever been involved in any type of lawsuit? (even as a witness) <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you sued? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever sued anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has anyone ever threatened to take you to court for non-payment of a bill? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes to any of the Litigation Questions, explain. | |
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| | |

DRIVING RECORD

| How many moving citations have you received since you began driving? | | How many moving in the last three years? | | |
|---|-------|--|----------------------|-----------------|
| Have you ever driven a motor vehicle, since your 17 th birthday, without a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Have you ever driven a motor vehicle without the proper insurance required by law? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Have you ever had your driver's license suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date of Suspension: | Date Lifted: | |
| Reason for Suspension: | | | | |
| | | | | |
| Have you ever had your driver's license placed on probation for receiving an excessive number of traffic citations? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Have you ever had a hearing for license probation/suspension, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Have you ever been placed as assigned risk for vehicle insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Have you ever had your insurance revoked due to the number of traffic citations you received? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Have you ever knowingly driven a motor vehicle after your driver's license was suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Do you have a valid driver's license in more than one state? <input type="checkbox"/> Yes <input type="checkbox"/> No If, Yes, List | | | | |
| | | | | |
| Have you ever been denied a driver's license for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Reason: | |
| Have you ever had to appear before a medical advisory board? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| How many motor vehicle accidents have you been involved in as a driver? | | How many in the last three years? | | |
| | | | | |
| Have you had any reason to believe you might have problems with depth perception? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Have you ever been involved in an accident and left the scene without identifying yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain | | | | |
| | | | | |
| | | | | |
| Have you ever been involved in an accident as driver, after you had been drinking any type of alcoholic beverage? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| As a driver have you ever struck an unattended vehicle with your vehicle and left without leaving your identification? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Who is your current automobile insurance with? | | Policy Number | Effective Dates | |
| | | | | |
| Insurance Company Address: | | Block Number | Street Name | |
| | | | | |
| | | City | State | |
| | | | Zip Code | |
| | | | | |
| List the vehicles that you own or drive regularly: | | | | |
| Make | Model | Year | License Plate Number | Expiration Date |
| | | | | |
| | | | | |
| | | | | |

Attach a copy of your current insurance card to this Sheet.

DRIVING RECORD

List, to the best of your memory, all traffic citations you have received: Use additional paper as needed.

| Date Received | Type Violation | Issuing Agency | Disposition (paid, Not Guilty, Etc.) |
|---------------|----------------|----------------|--------------------------------------|
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List All accidents you have been involved in as a driver:.

| Date occurred | Location | Brief Description of Accident |
|---------------|----------|-------------------------------|
| | | |
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MARITAL AND FAMILY HISTORY (Use additional paper as needed)

| | | | | | | | | | |
|---|--|-------------------------------|------------------------|----------------------------------|----------------------------------|---------------------------------|------------------------------------|-----------------------------------|----------------------------------|
| Check your current marital status: | | | | <input type="checkbox"/> Married | <input type="checkbox"/> Engaged | <input type="checkbox"/> Single | <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |
| If you are Engaged: Name of Fiancé. | | Date of Birth | Social Security Number | | Wedding Date | | | | |
| Fiancé's Home Address: | | Street Name | City | State | Zip | Home phone () | | | |
| Fiancé's Business Address: | | Street Name | City | State | Zip | Work phone () | | | |
| If you are Married: Name of Spouse. | | Date of Birth | Social Security Number | | Marriage Date | | | | |
| Spouse's Home Address: | | Street Name | City | State | Zip | Home phone () | | | |
| Spouse's Business Address: | | Street Name | City | State | Zip | Work phone () | | | |
| If you are Separated: Name of Spouse. | | Date of Birth | Social Security Number | | Marriage Date | | | | |
| Spouse's Home Address: | | Street Name | City | State | Zip | Home phone () | | | |
| Spouse's Business Address: | | Street Name | City | State | Zip | Work phone () | | | |
| If you are Divorced: Name of Former Spouse. | | Date of Birth | Social Security Number | | Marriage Date | | | | |
| Former Spouse's Home Address: | | Street Name | City | State | Zip | Home phone () | | | |
| Former Spouse's Business Address: | | Street Name | City | State | Zip | Work phone () | | | |
| Date divorce decree issued: | | Court and State where issued: | | | | | | | |
| If you are Widowed: Name of Former Spouse. | | Date of Birth | Date of Death | | Marriage Date | | | | |

FINANCIAL HISTORY

| | | | | | |
|--|-----------------|--------------------------|---|--|--|
| What is your present monthly (net) salary or wages? | | | What is Spouse's monthly (net) salary or wages? | | |
| Spouse's Employer: | | Spouse's job title: | | Spouse's Hours/Days Worked | |
| Spouse's Business address: Street City State Zip Code | | | Spouse's Work Phone Number: () | | |
| List any income from any other source other than your principal occupation: (exclude Spouse's income) | | | | | |
| Source | | Amount | | Frequency | |
| | | | | | |
| | | | | | |
| | | | | | |
| Do you own any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Location of Real Estate: | | | |
| Value of real estate: | | | | | |
| Do you own any bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Value of Bonds: | | Do you own any corporate stock? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | Value of Stocks" | |
| Savings Account Number: | | Balance: | | Name of Bank: | |
| Bank's Address: Street Name City State Zip Code | | | | Banks' Phone Number () | |
| Checking Account Number: | | Balance: | | Name of Bank: | |
| Bank's Address: Street Name City State Zip Code | | | | Banks' Phone Number () | |
| Give the names and address of the individuals, companies, or others to whom you owe money and the amount of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and any other debts and payments. Include all debts owed by your spouse. <i>Use additional paper as needed.</i> | | | | | |
| Name & Address of Creditors | Reason for Debt | Account Number | Total Balance | Monthly Payments | Indicate if Past Due |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Debt Balance: | | | Total Monthly Payments: | | |

PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system.

Example: Experimented, tried, etc...

| Have you ever used: | Number of Times in Life | Approximate Last Date | Form used |
|---|--|---|------------|
| Marijuana | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Hashish | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Speed | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Cocaine | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| LSD | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| XTC | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| PCP | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Peyote | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Mushrooms | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Quaaludes | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Tranquilizers | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Barbiturates | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Heroin | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Any designer Drug | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Any Inhalant | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever sold any of the items specified above? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Which Drug? | |
| When: | | Number of Times: | |
| Have you ever bought any of the items specified above? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Which Drug? | |
| When: | | Number of Times: | |
| Have you ever had an illegal drug injection? <input type="checkbox"/> Yes <input type="checkbox"/> No | | What Drug? | |
| Have you ever intentionally inhaled paint, glue or any chemical? <input type="checkbox"/> Yes <input type="checkbox"/> No | | What Substance? | Last Time: |
| Have you ever abused any prescription medication? <input type="checkbox"/> Yes <input type="checkbox"/> No | | What Medication? | Last Time: |
| How did you abuse (misuse) this medication: | | | |
| Have you ever been involved, in any way, in the manufacturing of an illegal drug? <input type="checkbox"/> Yes <input type="checkbox"/> No | | What Drug? | |
| Describe your involvement: | | | |
| | | | |
| Do you consume alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Have you ever used Cough medicine to get a "high"? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Frequency of Alcohol Consumption: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Other (explain) | | | |

PERSONAL REFERENCES

List five (5) people who have known you for more than two (2) years and know you well enough to provide current information about you. It is your responsibility to provide the correct address and phone numbers! Do not list relatives or past/present employers.

| | | | | | |
|--|--------------|--|--------------------------------|--|--|
| Reference Name: | | Home Address: Street City State Zip Code | | | |
| Occupation: | Years Known: | Home Phone Number: () | Work/Cell Phone Number: () | | |
| Briefly describe your relationship with this Person: | | | | | |
| | | | | | |
| Reference Name: | | Home Address: Street City State Zip Code | | | |
| Occupation: | Years Known: | Home Phone Number: () | Work/Cell Phone Number: () | | |
| Briefly describe your relationship with this Person: | | | | | |
| | | | | | |
| Reference Name: | | Home Address: Street City State Zip Code | | | |
| Occupation: | Years Known: | Home Phone Number: () | Work/Cell Phone Number: () | | |
| Briefly describe your relationship with this Person: | | | | | |
| | | | | | |
| Reference Name: | | Home Address: Street City State Zip Code | | | |
| Occupation: | Years Known: | Home Phone Number: () | Work/Cell Phone Number: () | | |
| Briefly describe your relationship with this Person: | | | | | |
| | | | | | |
| Reference Name: | | Home Address: Street City State Zip Code | | | |
| Occupation: | Years Known: | Home Phone Number: () | Work/Cell Phone Number: () | | |
| Briefly describe your relationship with this Person: | | | | | |
| | | | | | |

MISCELLANEOUS INFORMATION

List your past /present memberships in groups, associations or clubs:

| Official Name of Organization | Type: Social, Fraternal Professional, Etc. | Office Held | From Date | To Date |
|-------------------------------|--|-------------|-----------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List any hobbies and sports you participate in:

| Hobby / Sport | Length of Time | Level of Proficiency |
|---------------|----------------|----------------------|
| | | |
| | | |
| | | |
| | | |

