NAME	
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TVDE OD DDIA	T FIII I NAME HEDE)

## PRINCETON POLICE DEPARTMENT POLICE CHIEF EMPLOYMENT APPLICATION & BACKGROUND QUESTIONNAIRE

# FOLLOW DIRECTIONS CAREFULLY

- 1) USE BLACK INK TO COMPLETE THE QUESTIONNAIRE.
- 2) COMPLETE IN YOUR OWN HANDWRITING OR PRINTING.
- 3) WRITE OR PRINT LEGIBLY.
- 4) READ EACH QUESTION CAREFULLY.
- 5) ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
- 6) ANSWER ALL QUESTIONS.
- 7) IF A QUESTION DOES NOT APPLY WRITE N/A IN THE SPACE PROVIDED.
- 8) IF YOU NEED ADDITIONAL SPACE USE THE BACK OF THE PAGE.
- 9) SIGN THE QUESTIONNAIRE AND HAVE IT NOTORIZED. THE PRINCETON POLICE DEPARTMENT WILL NOT NOTARIZE IT FOR YOU.
- 10) WHEN COMPLETE, RETURN TO:

PRINCETON POLICE CHIEF SEARCH c/o: MAYOR P.O. BOX 307 311 THIRD STREET PRINCETON, IOWA 52768

### NOTE

FAILURE TO FOLLOW INSTRUCTIONS OR TO PROVIDE COMPLETE INFORMATION WILL DELAY THE BACKGROUND INVESTIGATION PROCESS OR ELIMINATE YOU FROM FURTHER PROCESSING. ANY INCOMPLETE PACKET MAY BE REJECTED.

<sup>\*</sup>INCLUDE COMPLETE ADDRESS: ZIP CODES, STREET ADDRESS, CITY, AND STATE.

<sup>\*</sup>INCLUDE COMPLETE TELEPHONE NUMBERS: AREA CODE AND NUMBER.

#### **APPLICANT'S ACKNOWLEDGMENT & AGREEMENT:**

THIS QUESTIONNAIRE WILL BE USED FOR REFERENCE BY THOSE WHO WILL BE CONSIDERING YOU FOR EMPLOYMENT WITH THE CITY OF PRINCETON POLICE DEPARTMENT.

AN EXTENSIVE BACKGROUND INVESTIGATION WILL BE CONDUCTED INTO YOUR PERSONAL HISTORY.

APPLICANTS MAY BE REQUIRED TO TAKE A POLYGRAPH EXAMINATION TO CONFIRM THE INFORMATION IN THIS QUESTIONNAIRE AND TO DETERMINE OTHER ITEMS OF BACKGROUND INFORMATION.

IT IS UNDERSTOOD, ACKNOWLEDGED, AND AGREED TO THAT YOU WILL NOT RECEIVE AND ARE NOT ENTITLED TO A COPY OF SAID POLYGRAPH REPORT OR TO KNOW ITS CONTENTS. IT IS FURTHER UNDERSTOOD, ACKNOWLEDGED, AND AGREED TO THAT THE CONTENTS WILL BE USED IN AN EVALUATION PROCESS FOR EMPLOYMENT WITH THE CITY OF PRINCETON POLICE DEPARTMENT. IT IS FURTHER UNDERSTOOD, ACKNOWLEDGED, AND AGREED TO THAT NO DOCUMENTS SUBMITTED BY YOU WILL BE RETURNED AND THAT NO COPIES OF ANY REPORTS OR DOCUMENTS UTILIZED FOR OR DURING YOUR APPLICATION FOR EMPLOYMENT WILL BE FURNISHED OR PROVIDED TO YOU, EXCEPT AS OTHERWISE REQUIRED BY LAW. IF YOU ARE NOT SELECTED FOR THIS POSITION YOU WILL NOT BE ADVISED OF THE REASON FOR NON-SELECTION.

WHERE WRITTEN EXPLANATIONS ARE REQUIRED IN THIS FORM, IT IS **MANDATORY** THAT THE INFORMATION BE LISTED TOTALLY AND COMPLETELY.

THE EXISTENCE OF ANY OF THE CONDITIONS LISTED BELOW MAY RESULT IN REJECTION FROM THE SELECTION PROCESS. THESE AREAS WILL BE EXPLORED DURING THE EXTENSIVE BACKGROUND INVESTIGATION, PSYCHOLOGICAL AND OR POLYGRAPH EXAMINATIONS.

#### CRITERIA STANDARDS FOR DISQUALIFICATION

- 1) ANY FELONY ARREST/CONVICTION. (NO TIME LIMIT).
- 2) PARTICIPATION IN ANY SERIOUS CRIME.
- 3) ANY MISDEMEANOR CONVICTION INVOLVING NARCOTICS, DRUGS OR MARIJUANA.
- 4) ANY SELLING OF NARCOTICS, DRUGS OR MARIJUANA.
- 5) ANY ILLEGAL USE OF OPIATE NARCOTICS, HALLUCINOGENS, AND/OR OTHER DANGEROUS DRUGS. (INCLUDUNG LSD, PCP, PEYOTE, MESCALINE, CODEINE, HEROIN, MORPHINE, OPIUM, PSILOCYBIM, COCAINE, HASH, SPEED, BARBITURATES, ETC)
- 6) ANY RECENT ILLEGAL USE OF MARIJUANA.
- 7) ANY EXCESSIVE ILLEGAL USE OF MARIJUANA.
- 8) ANY HISTORY OF DISREGARD FOR TRAFFIC LAWS WITH SUCH FREQUENCY SO AS TO INDICATE DISRESPECT FOR TRAFFIC LAWS AND A DISREGARD FOR THE SAFETY OF OTHER PERSONS ON THE HIGHWAY.
- 9) ANY SEXUAL CONDUCT PROHIBITED BY LAW.
- 10) NEGLIGENCE IN MAINTAINING SATISFACTORY FINANCIAL RESPONSIBILITY AS DETERMINED BY A DETAILED CREDIT SCORE & HISTORY CHECK.

Notary Public, \_\_\_\_\_

#### PUBLIC DISCLOSURE OF INFORMATION

YOUR SOCIAL SECURITY NUMBER IS REQUESTED FOR IDENTIFICATION AND RECORD KEEPING PURPOSES. DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS FOR THE PURPOSE OF CONDUCTING A THOROUGH BACKGROUND INVESTIGATION. MOST OF THE INFORMATION PROVIDED AND CONTAINED WITHIN THIS APPLICATION CONSTITUTES A "PUBLIC RECORD" REQUIRING PUBLIC DISCLOSURE UNDER IOWA'S PUBLIC RECORDS LAW WHEN REQUESTED TO DO SO.

WHERE NECESSARY, USE THE REVERSE SIDE OF PAGE TO COMPLETE ANSWERS THROUGHOUT THIS QUESTIONNAIRE.

#### 1. PERSONAL DATA

LAST NAME	FIRST	MIC	DDLE	HOME	PHONE	CELL PHONE
CURRENT EMPL	OYMENT WORK H	OURS & DAY	S OFF	WOR	( PHONE	
ARE YOU A UNIT	ED STATES CITIZE	EN? YES	NО			
CURRENT ADDR	ESS (STREET & NU	JMBER)	CITY		STA	TE ZIP CODE
LENGTH OF TIME	E AT ADDRESS:		SOCIAL SE	CURITY NUM	IBER:	
Mark American Control of the Control	R NAMES, SOCIAL S			TES OF BIRT	H YOU HAVE US	ED:
ADDRESS (STRE	ET & NUMBER)	CITY	STATE	ZIP		DATE FROM - TO
ADDRESS (STRE	ET & NUMBER)	CITY	STATE	ZIP		DATE FROM - TO
ADDRESS (STRE	ET & NUMBER)	CITY	STATE	ZIP		DATE FROM - TO
ADDRESS (STRE	ET & NUMBER)	CITY	STATE	ZIP		DATE FROM - TO

## LIST **ALL** PERSONS WITH WHOM YOU HAVE LIVED DURING THE PAST FIVE YEARS. **DO NOT** INCLUDE FAMILY MEMBERS.

NAME	STREET	CITY, STATE, ZIP	TELEPHONE	RELATIONSHIP
}				
	- Tilliani kan			
				,

FAMILY REFERENCES: LIST ALL IMMEDIATE RELATIVES; PARENTS, SIBLINGS, IN-LAWS AND EX-SPOUSES.

NAME	RELATIONSHIP	AGE	STREET ADDRESS	CITY, STATE, ZIP CODE	TELEPHONE
		and the state of t			

#### **2. EMPLOYMENT HISTORY**

LIST ALL PLACES OF EMPLOYMENT AND PERIODS OF UNEMPLOYMENT IN THE PAST (10) TEN YEARS. BEGINNING WITH THE PRESENT OR MOST RECENT EMPLOYER AND GOING BACKWARDS. LIST EVERYTHING IN PROPER SEQUENCE, **OMIT NONE!** (USE FOLLOWING PAGE IF NECESSARY)

MONTH AND YEAR					
FROM:	NAME OF EMPLOYER			SUPI	ERVISOR
TO:		Phylippe			
SALARY:	EMPLOYER ADDRESS	CITY	STATE	ZIP	PHONE
START: END:	YOUR JOB TIT	LE – DESCRIBE	YOUR DUTIES	<b>3</b>	
_	DETAILE	D REASON FOR	LEAVING		
MONTH AND YEAR					
	NAME OF EMPLOYER			SUPE	RVISOR
FROM: TO:					
****	EMPLOYER ADDRESS	CITY	STATE	ZIP	PHONE
SALARY:					
START:	YOUR JOB TIT	LE – DESCRIBE	YOUR DUTIES	I	
END:					
	DETAILED	REASON FOR I	LEAVING		
MONTH AND YEAR					
FROM:	NAME OF EMPLOYER			SUPE	RVISOR
TO:					DIIONE
SALARY:	EMPLOYER ADDRESS	CITY	STATE	ZIP	PHONE
	VALD IAD TITI	TE DECORDE	VOID DITTIE		
START: END:	YOUR JOB TITI	LE - DESCRIBE	TOOK DUTTES		
	DETAILE	D REASON FOR	LEAVING		
	DETAILE	DREASONTOR	LLATING		
MONTH AND YEAR	NAME OF EMPLOYER			SUPE	RVISOR
FROM:	TANIE OF BITTE FEAT			~ ~ ~	
TO:	EMPLOYER ADDRESS	CITY	STATE	ZIP	PHONE
SALARY:					
START:	YOUR JOB TITI	LE – DESCRIBE	YOUR DUTIES		
END:					
<del></del>	DETAILE	D REASON FOR	LEAVING		THE PARTY OF THE P

MONTH AND YEAR	-							
FROM:	NAME OF EMPLOYER			SUP	ERVISOR			
TO:	WHO THE THE PARTY OF THE PARTY							
SALARY:	EMPLOYER ADDRESS	CITY	STATE	ZIP	PHONE			
START:END:	YOUR JOB	TITLE – DESCRIB	E YOUR DUTIES	S				
	DETAI	LED REASON FOR	LEAVING					
MONTH AND YEAR								
FROM:TO:	NAME OF EMPLOYER			SUP	ERVISOR			
SALARY:	EMPLOYER ADDRESS	CITY	STATE	ZIP	PHONE			
START:END:	YOUR JOB	TITLE – DESCRIB	E YOUR DUTIES	S				
	DETAL	LED REASON FOR	LEAVING					
MONTH AND YEAR				······································				
FROM: TO:	NAME OF EMPLOYER			SUP	ERVISOR			
SALARY:	EMPLOYER ADDRESS	CITY	STATE	ZIP	PHONE			
START: END:	YOUR JOB TITLE - DESCRIBE YOUR DUTIES							
	DET	AILED REASON F	OR LEAVING					
MONTH AND YEAR								
FROM: TO:	NAME OF EMPLOYER			SUPI	ERVISOR			
SALARY:	EMPLOYER ADDRESS	CITY	STATE	ZIP	PHONE			
START: END:	YOUR I	OB TITLE – DESC	RIBE YOUR DU	TIES				
	DE	TAILED REASON	FOR LEAVING					
	3. PERSONA	REFERENCES						
A) LIST THREE (3) R ADULTS, AND WE WITH AREA COL	EFERENCES (NOT RELATIVES OF THE REPORT OF THE PROPERTY OF THE	OR FORMER EMPL URING THE PAST	OYERS) WHO A FIVE (5) YEARS	ARE RESPO S. LIST PH	ONSIBLE IONE NUMBERS			
NAME	STREET	CITY	STATE	ZIP	HOME PHONE			
HOW LONG KNOWN?	OCCUPATION & E	SUSINESS ADDRES	SS		WORK PHONE			

NAME	STREET	CITY	STATE	ZIP	HOME PHONE
HOW LONG KNOWN?	OCCUPATION	& BUSINESS ADDRE	ESS		WORK PHONE
NAME	STREET	CITY	STATE	ZIP	HOME PHONE
HOW LONG KNOWN?	OCCUPATION	N & BUSINESS ADDE	RESS		WORK PHONE
B) LIST NAMES OF ANY	ACQUAINTANCES EMPL	OYED BY THIS DEP.	ARTMENT:		
C) HAVE YOU EVER API PAID EMPLOYEE OR	PLIED TO, OR BEEN EMPL VOLUNTEER? YES	OYED BY THE CITY NO IF YES,	OF PRINCETON WHEN / POSITIO	IN ANY (	CAPACITY AS A
D) PLEASE DOCUMENT	YOUR IOWA LAW ENFOR	CEMENT ACADEMY	Y CERTIFICATION	N TRAIN	ING?
WHEN	WHERE		( <i>F</i>	ATTACH	CERTIFICATION)
ATTENDED. LIST GED,  DATE GRADUATED			ADDRESS	DIPLO	OMA RECEIVED
B) LIST ANY SKILLS OR A	ABILITIES POSSESSED (IN	ICLUDING FOREIGN	I LANGUAGES):		
	<u>5. MILI</u>	TARY STATUS	e e e e e e e e e e e e e e e e e e e		
A) HAVE YOU EVER SEF ANY MILITARY RESE	RVED IN THE ARMY, NAV	Y, MARINE CORPS, NO IF YES, EX	AIR FORCE, COA XPLAIN:	ST GUAF	RD, R.O.T.C., OR
	NK / BRANCH / ORGANIZA		RABLE DISCHAR		DATE
3) ARE YOU REGISTERE	D WITH THE SELECTIVE	SERVICE? YES	NO N/A		
LOCAL BOARD#	ADDRESS	DRAFT CLASS		D	ATE CLASSIFIED

#### **6. CONVICTION HISTORY**

LA CIT	W, OR REGUI CATIONS SINC		IL OR MILIT /ING) IN TH	FARY AUTHOR IS COUNTRY (	RITY (IN OR ANY	CLUDING OTHER C	G TRA	ATUTE, ORDINANCE, AFFIC AND PARKING VTRY? (INCLUDES , DESCRIBE BELOW.
CRIMI	NAL CONVIC	CTIONS*:						
DATE	LOCATION	ARRESTING AGENC	Y ORIGIN	NAL CHARGE	REDL	JCED TO	DISP	POSITION/COURT ACTION
			- 14-A-1					
* Whethe	er a conviction will	disqualify an applicant depen	ds upon on the 1	nature of the offense	and lengtl	of time since	the co	nviction and sentence.
TRAFF	IC CITATION	S:						
DATE	LOCATION	ISSUING AGENCY	CHARGE	CHARGED REI	DUCED	DISPOSIT	ION	ACCIDENT REALATED
								Y/N
								· ·
			<u>7. DRIV</u>	ING HISTORY				
A) HAV	F VOILEVER (	OPERATED A MOTOR	VEHICLE W	HILE UNDER T	HE INFI	LUENCE O	F AL	COHOL? YESNO
						DOBINOS O		
B) LIST	ALL DRIVERS	S OR CHAUFFERS LICE	ENSES YOU	CURRENTLY H	OLD:			
STATE			LICENSE NI	JMBER & TYPE				
SIAIE			LICENSE NC	MIDLIN OC TITL	,			
C) HAV	E YOU EVER I	BEEN LICENSED TO D	RIVE IN AN	OTHER STATE?	YES	NO	IF Y	ES, LIST BELOW:
-,								
STATE				JMBER & TYPE				(PIRATION DATE
D) HAV	'E YOU EVER	HAD YOUR LICENSE	REVOKED O	R SUSPENDED	? YES _	NO	_ IF \	YES, LIST BELOW:
STATE		TICE	ENSE NUMB	FR & TVDF	DEV	SON FOR	SUSP	ENSION/REVOCATION
SIAIE		LICE	TARE MOME	LK & III	NLA			LI DICINALI I COLLIACI
E) HAV	E YOU EVER A S THE FILING	ATTENDED A DRIVER OF A TRAFFIC CITATI	IMPROVEM ION? YES	ENT SCHOOL A	AS A RE 'ES, LIS'	SULT OF A T BELOW:	A TRA	AFFIC CITATION, OR TO
DATE			LOCATION	/ JURISDICTIO	N	- MARTINE -	WH	AT WAS CITATION FOR?

#### **8. NARCOTICS & DRUG USE**

USE REVERSE SIDE IF MORE SPACE IS NEEDED TO EXPLAIN "YES" ANSWERS. INCLUDE NUMBER OF TIMES AND DATES DRUG(S) WERE USED.

1) HAVE YOU EVER TRIED OR USED AN ILLEGAL NARCOTIC OR DANGEROUS DRUG, EITHER IN PILL FORM, INJECTION OR ANY OTHER MANNER OF INGESTION? YES: \_\_\_\_\_ NO: \_\_\_\_\_ (IF YES, LIST BELOW)

TYPE OF DRUG	MONTH AND YEAR YOU FIRST TRIED	MONTH AND YEAR YOU LAST TRIED	MAXIMUM TIMES TRIED	MAXIMUM TIMES TRIED AFTER AGE 21
MARIJUANA				
HASH				
COCAINE				
CRACK				
SPEED				
HEROIN				
OPIUM				
MORPHINE				
LSD				
ACID				
PEYOTE				
MESCALINE				
STEROIDS				

	TYPE OF DRUG	DATE YOU FIRST TRIED	DATE YOU LAST TRIED	MAXIMUM TIMES TRIED AFTER AGE 21
ANY OTHER ILLEGAL DRUGS?				
ANY PRESCRIPTION DRUGS NOT PRESCRIBED FOR YOUR USE?				
OBTAINED ANY PRESCRIPTION DRUG IN AN ILLEGAL MANNER?				

	9. MISCELLANEOUS	
	(USE PAGE NEXT PAGE FOR EXPLANATIONS)	
A)	HAVE YOU EVER BEEN PARTY TO A SMALL CLAIMS OR OTHER COURT ACTION?	YES()NO()
В)	HAVE YOU EVER BEEN INVOLVED IN ANY CIVIL COURT ACTION?	YES() NO()
C)	HAVE YOU EVER HAD A JUDGMENT RENDERED AGAINST YOU?	YES() NO()
D)	HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED?	YES()NO()
E)	HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION?	YES () NO ()
F)	HAVE THE POLICE EVER BEEN CALLED TO YOUR RESIDENCE FOR ANY REASON OTHER	
	THAN AS A VICTIM?	YES()NO()
G)	HAVE YOU EVER BEEN SUED OR SUMMONED INTO COURT?	YES()NO()
J)	HAVE ANY RELATIVES OF YOURS EVER BEEN CONVICTED OF ANY CRIME OR IMPRISONED?	YES()NO()
K)	DO YOU NOW OR HAVE YOU EVER HAD ANY GAMBLING DEBT?	YES()NO()
L)	HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE WITH?	YES()NO()
M)	HAVE YOU EVER WORKED FOR AN ILLEGAL GAMBLING OPERATION, OR BOOKED ANY ILLEGAL BETS?	YES()NO()
N)	HAVE YOU EVER HAD AN F.B.I. FINGERPRINT CHECK DONE FOR ANY REASON?	YES ( ) NO ( )
O)	IN ANY EMPLOYMENT SETTING, INCLUDING MILITARY SERVICE, HAVE YOU RECEIVED ANY VERBAL OR WRITTEN REPRIMANDS OR SUSPENSIONS FOR VIOLATIONS OF COMPANY POLICY?	YES()NO()
P)	WOULD YOU HAVE ANY DIFFICULTY IN WORKING OR DEALING WITH MEMBERS OF THE OPPOSITE SEX, DIFFERENT SEXUAL ORIENTATION, RACE, RELIGION, OR NATIONALITY?	YES()NO()
Q)	IN ANY JOB THAT YOU'VE HELD, HAVE BEEN INVOLVED IN ANY PHYSICAL OR MAJOR VERBAL CONFRONTATIONS?	YES ( ) NO ( )
R)	WOULD YOU HAVE DIFFICULTY FOLLOWING DIRECT ORDERS, EVEN THOUGH YOU MAY NOT AGREE WITH THEM?	YES()NO()
S)	IN ANY PREVIOUS EMPLOYMENT SETTING WERE YOU EVER EXPOSED TO ANY HIGH STRESS OR AN EXTREME EMERGENCY SITUATION?	YES()NO()
T)	HAVE YOU EVER LEFT A PLACE OF EMPLOYMENT WITHOUT GIVING 2 WEEKS NOTICE?	YES()NO()
U)	HAVE YOU EVER COMMITTED ANY CRIMINAL VIOLATION THAT HAS GONE UNDETECTED?	YES()NO()
V)	HAVE YOU EVER OPERATED A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, TO THE POINT THAT YOU KNEW YOU SHOULD NOT HAVE BEEN DRIVING?	YES()NO()

W) HAVE YOU EVER BEEN EXTENSIVELY DELINQUENT ON ANY OF YOUR FINANCIAL OBLIGATIONS?	YES()NO()
X) HAVE YOU EVER FILED FOR BANKRUPTCY?	YES()NO()
Y) HAVE YOU EVER HAD ANY OF YOUR FINANCIAL OBLIGATIONS TURNED OVER TO A COLLECTION AGENCY?	YES ( ) NO ( )
Z) ARE YOU NOW DELINQUENT ON ANY OF YOUR FINANCIAL OBLIGATIONS?	YES()NO()
AA) HAVE YOU EVER BEEN PLACED ON COURT SUPERVISION OR PROBATION?	YES ( ) NO ( )
BB) HAVE YOU EVER HAD ANY COURT PROCEEDINGS / RECORDS EXPUNGED?	YES ( ) NO ( )
CC) DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT THE CITY SHOULD BE MADE AWARE THAT WOULD PREVENT YOU FROM PERFORMING ALL OF THE ESSENTIAL FUNCTIONS C PUBLIC SAFETY POSITION AND/OR SUCCESSFULLY UNDERTAKING AND PASSING THE II PHYSICAL AGILITY TESTING?	F THIS
PLEASE USE THIS AREA TO EXPLAIN YOUR YES ANSWERS	
	N. M.
DO YOU HAVE ANY ADDITIONAL KNOWLEDGE OR INFORMATION OF ANY KIND <u>IN A</u> SPECIFICALLY REQUIRED AND ALREADY PROVIDED IN THIS QUESTIONNAIRE WHICH BE RELEVANT DIRECTLY OR INDIRECTLY TO A BACKGROUND INVESTIGATION INTO OR FITNESS FOR THE POSITION YOU ARE SEEKING? THIS INCLUDES BUT IS CHARACTER TRAITS, HOBBIES, TEMPERANCE HABITS, EMPLOYMENT, EDUCATION, AWARDS, FAMILY, AND ASSOCIATIONS? YES:NO: IF YES PROVIDE DETAILS.	CH YOU FEEL MAY YOUR ELIGIBILTY NOT LIMITED TO: CIVIC ACTIVITIES,
	APTIO TO

r

DATE	SIGNATURE OF	APPLICANT				
OR MY FUT	URE DISMISSAL, IF EMI	LOYED.				
	E) OR INACCURATE INF		RESULT IN T	HE REJECTION	OF THIS APP	PLICATION
APPLICATION	ON. I UNDERSTAND THA	AT INCOMPLETE,	FALSE, MISLI	EADING (INTEN	TIONALLY (	OR
AND OR ITS	S AGENT(S) TO OBTAIN	ALL NECESSARY	INFORMATIC	ON AND RECOR	DS CONCERI	NING THIS
ARE TRUE	AND CORRECT TO THE	BEST OF MY KNO	WLEDGE. I A	UTHORIZE THE	E CITY OF PR	UNCETON
CERTIFICA	ATION: I CERTIFY THAT	ALL STATEMEN	TS MADE IN C	CONNECTION W	TTH THIS AF	PLICATION

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#### 10. SUPPLEMENTARY BACKGROUND INFORMATION

#### PLEASE USE THIS PAGE TO ANSWER THE FOLLOWING:

WHY DO YOU WANT TO BE THE POLICE CHIEF FOR THE CITY OF PRINCETON?
WHAT QUALITIES DO YOU POSSESS THAT MAKE YOU A GOOD POLICE OFFICER?

# CITY OF PRINCETON POLICE DEPARTMENT 311 THIRD STREET PRINCETON, IOWA 52768

#### **AUTHORIZATION FOR RELEASE OF INFORMATION**

I, DO HEREBY AUTHORIZE AND RELEASE FROM
ANY AND ALL LIABILITY, ANY AND ALL INDIVIDUALS, PARTNERSHIPS, CORPORATIONS, CIVILIAN AND
GOVERNMENT AGENCIES, MILITARY AGENCIES, LAW ENFORCEMENT AGENCIES, PRIVATE, CITY,
COUNTY, STATE, AND FEDERAL ENTITIES INCLUDING THE PRINCETON POLICE DEPARTMENT AND THE
CITY OF PRINCETON TO RELEASE, FURNISH AND EXCHANGE ANY AND ALL AVAILABLE INFORMATION,
INCLUDING MEDICAL RECORDS REGARDING ME IN ORDER THAT MY SUITABILITY FOR LAW
ENFORCEMENT WORK MAY BE DETERMINED. THIS INCLUDES BUT IS NOT LIMITED TO MY CHARACTER
INTEGRITY, REPUTATION, FINANCIAL STABILITY, ETC.
SIGNED
SIGNED
DATE
DATE
SOCIAL SECURITY NUMBER
Sould Should I Wonder
HOME PHONE NUMBER
CELL PHONE
EMAIL ADDRESS (ES)
STATE OF : :SS
: SS COUNTY OF :
On this
Notary Public, (INSERT COUNTY AND STATE)