Old Orchard Beach Police Department



Background Information

And

Personal History Questionnaire

Name of Applicant:	Date:	
Marrie of Applicant.	 Date	

<u>Directions for completing the Employment Background Booklet</u>

- 1. Read and sign the waiver that immediately follows this page.
- 2. When completing the Background Booklet please **print clearly** and use black ink only. Make sure to include all contact information for persons (work #'s, cellular #'s, etc, daytime contact #'s)
- 3. Please complete and sign the set of releases at the end of the Background Booklet. **Do not mail any release forms to the third parties.** Return them along with the Background Booklet to the Old Orchard Beach Police Department.
- 4. If there is not enough space to answer a specific question, provide as much information as space permits then continue your response on individual sheets of paper. Include the number of the question and maintain the same format as in the Background Booklet.
- 5. If a question doesn't not apply to you please write or check N/A (Not applicable)
- 6. Make sure to include copies of all requested and required documents. Checklist:

Birth certificate
High School diploma
College transcripts
Police Academy certificates (If applicable)
Military discharge papers and DD214
Drivers license and proof of insurance
Professional or occupational licenses, permits or certificates

- 7. Please sign the Background Booklet and the autobiography
- 8. Make sure all time periods requested in your background are accounted for.

The Old Orchard Beach Police Department will use the Background Booklet as an investigation aid. Employers and individuals that have become acquainted with you by reason of your residing in different locations and different jobs are often helpful in providing useful information for the background investigation. Persons who know you will be asked to comment on your suitability for employment.

Please respond openly when filling out the Background Booklet. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the position being sought.

All statements are subject to verification by both an investigation and <u>polygraph examination</u>. (The polygraph exam applies to Police Officer and Dispatcher candidates only.)

Call the **Police Department** at **207-934-4911** if you have any questions.

SECTION 1: Waiver

As an applicant for employment as a police officer, you are being asked to provide information about yourself that will be used in evaluating your qualifications and suitability for a position with the Old Orchard Police Department.

Attached are several documents that require your signature and/or personal information about you. You are being asked to sign these documents and complete the information requested in order to permit the Old Orchard Beach Police Department to fully consider your employment with the Old Orchard Beach Police Department. You are not legally required to supply any of the data requested or to sign any release and authorizations forms. However, the information is being requested of you for the purposes outlined above. If you cannot provide that information, the Old Orchard Beach Police Department will be unable to adequately determine your suitability for employment that will, in turn, reduce the chance you may have for consideration as a police officer.

The information that you are being asked to provide is personal in nature. Some is classified as public data and the remaining information is classified as private. The following information is an example of personal data which can be defined as public: your name, value and nature of employer paid fringe benefits, job title, job description, education and employment, work location, work telephone number, honors and awards received, city and county of residence, etc. Public data is available to any person upon request. The remaining data that you provided would generally be considered private information that you would be entitled to have access to. A third party is entitled access to such data only with your consent, pursuant to a court order or statutory provision.

The authorizations for information that you sign and the data you provide may be conveyed to third parties. Considering that they reveal private information, they will be disclosed only to the extent that is necessary to complete this background investigation.

I have read and understand	the above
Signature of applicant	
Print name	
 Date	

SECTION 2: Personal Information

The following information is requested of you for verification and contact purposes. The Old Orchard Beach Police Department acknowledges that the requested information is sensitive in nature but it is necessary to perform the various criminal records and background checks. The information furnished cannot be used to discriminate against you per **Title 5 M.R.S.A. Subsection 4551**.

Last	First	Middle
2.2. Give any other na	mes you have used or been kno	own by. (If none write N/A)
2.3. Date of birth:	Sex: Male Fe	male
Height Weigh	nt Hair color	Eye color
2.4. Scars, marks, tatto	oos or other distinguishing mar	ks?

In accordance with the privacy act of 1974, disclosure of this information is voluntary. The Social Security Number will be used for identification purposes to ensure proper records are obtained

SECTION 3: Residence 3.1. Where do you now reside? _____ Street address Apt. # City County State Zip Code 3.2. Contact Information Home Phone Work Phone Cell Phone Pager **Email Address** 3.3. How long have you resided there? 3.4. Mailing address if different than #. _____ address Apt.# Street City State Zip Code County 3.5. Do you own/ rent/ share? _____

3.6. With whom do you reside?

Name & DOB	Relationship	Occupation

=	ddress. Include school and the m	you have resided during the past ten years, ilitary.
(List no information prior to ye	our 15 birthday)	
From and To:	Rent / Own (If a rent,	Street address,Apt#, City State Zip code
(Month & Year)	Landlord Name and contact #)	
SECTION 4: Citizenship		

Each candidate for original appointment to the Old Orchard Beach Police Department shall be a citizen of

4.1. Are you a citizen? (Please include birth certificate or other documentation)

Are you a native born or naturalized citizen? (Please check one)

Native Born _____ Naturalized _____

the United States of America.

Yes _____ No ____

SECTION 5: Fam	<u>ily</u>			
5.1. Marital stat	tus:	Single Married	Divorced Se	eparated Engaged
5.2. If you are or	r hav	ve been married, complete	the following:	
Date and location	on	Spouse name & DOB (inc	lude maiden)	Address and contact #'s
5.3 If applicable	e, lis	t the following informatior	on all separations	s, annulments or divorces.
Date of order or decree		ued by (Court, include dress and #'s)	Offending party decreed by law	as Reason
Name of steady	girlf	riend or boyfriend, if applic	cable:	

Contact #s

Address

City

State

Zip

5.5 Number of children you support? (Including adopted and Stepchildren): ______

Relationship	Name & D	ООВ	Address & Contact #'s	Occupation
			sociates. Do not include forme	r employers, teachers
or relative	s. Please giv		sociates. Do not include forme numbers if possible. Address & contact #'s	r employers, teachers Occupation
or relative	s. Please giv	ve daytime contact	numbers if possible.	
or relative	s. Please giv	ve daytime contact	numbers if possible.	
or relative	s. Please giv	ve daytime contact	numbers if possible.	
or relative:	s. Please giv	ve daytime contact	Address & contact #'s	Occupation
or relative:	s. Please giv	ve daytime contact	numbers if possible.	Occupation
or relative: elationship .8 List any po	s. Please giv	ve daytime contact	Address & contact #'s	Occupation T which they work.
or relative: Relationship 6.8 List any po	s. Please giv	ve daytime contact	Address & contact #'s to you and the departments for	Occupation T which they work.
or relative:	s. Please giv	ve daytime contact	Address & contact #'s to you and the departments for	Occupation T which they work.

Section 6: Education

6.1 List earliest dates for all schools and colleges you have attended. (Type 1 release)

AME, ADDRESS & CONTACT #'S	DATE FROM & TO	OR TERM	DIPLOMA OR DEGREE	GPA AND CREDIT HOURS
e-Service Ful	I Time			
ass #: Date o				
ass #: Date of the comple	ted any other Law Enforcemei	·		
ass #: Date of the comple	ted any other Law Enforcemei	·		
ass #: Date of the comples of the complex of t	ted any other Law Enforcement Contact #: or special machinery) (i.e Intossess.	oxilyzer, Radar, C		:
ass #: Date of a second s	ted any other Law Enforcement Contact #: or special machinery) (i.e Intossess.	oxilyzer, Radar, C	office Equipment,	:
ass #: Date of 3. Have you successfully comple Academy Name: 4. List all licenses, special skills, etc.) Operating skills you po	ted any other Law Enforcement Contact #: or special machinery) (i.e Intossess.	oxilyzer, Radar, C	office Equipment,	:
ass #: Date of ass #:	ted any other Law Enforcement Contact #: or special machinery) (i.e Intossess.	oxilyzer, Radar, C	office Equipment,	:
ass #: Date of ass #:	ted any other Law Enforcement Contact #: or special machinery) (i.e Intossess.	oxilyzer, Radar, C	office Equipment,	:
lass #: Date of .3. Have you successfully comple Academy Name: 6.4. List all licenses, special skills, etc.) Operating skills you po	ted any other Law Enforcement Contact #: or special machinery) (i.e Intossess.	oxilyzer, Radar, C	office Equipment,	:

LANGUAGE	UNDERSTANDING	READING	WRITING	SPEAKING
SECTION 7: Military and	Selective Service			
		والفائرين المرور والفروائي والمرازين	the Selective Serv	vice?
7.1. If you are a male ar	id were born after 1960, have yo	ou registered with		
•		_		
Yes No	Id were born after 1960, have yo	_		
Yes No		_		
Yes No		_		
Yes No		_		
Yes No		_		
Yes No If No, explain	If yes, selective service nu	mber and date		
Yes No If No, explain 7.2. Have you ever serve	If yes, selective service number of the service of the servic	mber and date		
Yes No If No, explain 7.2. Have you ever serve	If yes, selective service nu	mber and date		
Yes No If No, explain 7.2. Have you ever serve No If yes, br	If yes, selective service number of the service of the servic	mber and date	including ROTC?	
Yes No If No, explain 7.2. Have you ever serve No If yes, br	If yes, selective service numerical service numerical service and in a military organization of the service	mber and date	including ROTC?	
Yes No If No, explain 7.2. Have you ever serve No If yes, br Unit or Ship	ed in a military organization of the anch of service Service #	mber and date	including ROTC?	
Yes No If No, explain 7.2. Have you ever serve No If yes, br Unit or Ship	ed in a military organization of the anch of service Service # Dates of service	mber and date	including ROTC?	

Give period (s) of active service including drafts, enlistments and recalls of service

FROM	ТО	
paration (s) from the servorable Conditions D		dical
ion notice ever been cha	nged or corrected? \	/es No
ubject of a court martial ourt, captain's mast, comp	_	The state of the s
	CHARGES	
INVESTIGATIVE	CHARGES	DISPOSITION
	CHARGES	
INVESTIGATIVE	CHARGES	
INVESTIGATIVE	CHARGES	
	ion notice ever been cha	ion notice ever been changed or corrected? Y

anch	Regiment	Unit		
nk	Address			
ates from and to				
Commander and co	ontact #'s			
Section 8: Employ	nent History			
8.1. Present Emplo	yer			
Address:				
Phone#:				
Date of Hire:				
Job Duties: and des	•			
	nt employer be contacted prior to	a job offer? Yes	No	
If no, explain:				
•	please understand that your em make a conditional job offer. Ar	• •		
8.3. Are you now officer or director?	engaged in any business as an o	wner, active or silent, p	oartner, stockh	older, corporate
Yes	No			

7.8. Provide the following if you are an active or inactive member of the Reserve Forces of the United States,

DATES FROM/TO (MO/YR)	NAME ADDRESS OF EMPLOYER	CONTACT NUMBERS	IMMEDIATE SUPERVISOR	REASON FOR LEAVING
Yes No	ver discharged, terminated	d, fired or forced		
EMPLOYER	DATE		EXPLAIN (CIRCUMSTANCES

		ected to disciplinary act	ion in connection w	ith any employment?
Yes	No			
EMPLOYER		DATE		EXPLAIN CIRCUMSTANCE
8.7 Have you	ever posse	essed a professional or	occupational license	e, permit, or certificate? (Include Copies)
Yes	No			
If yes, give de	etails:			
8.8 List any	profession	al and/or social organi	zations of which y	ou are a member or have applied to for
membership		-	·	.,
STATUS: APPLYING	MEMBER	ORGANIZATION	ADDRESS & CONTACT #'S	DATES OF MEMBERSHIP
ATTEME			CONTROL III S	WENDERSTIII

QUESTIONS 8.9, 8.10, AND 8.11 ARE POLICE OFFICER AND DISPATCHER CANADIDATES ONLY

8.9 List any law enforcement agency to which you have applied for employment including the Old Orchard Beach Police Department:

DATE	POLICE DEPARTM CONTACT#	ENT NAME &	PRESENT 'STATUS		
8.10 Have	you ever submitted to	o a pre-employment polyg	graph exam?	Yes No	
DATE		POLICE DEPARTMENT NAME CONTACT #		REASON WHY	
8.11 Have Yes	-	down for employment by	y a law enforc	ement agency:	
DATE	POLICE DEPARTMEN	NT NAME ADDRESS AND CO	NTACT REAS	ON WHY	

Section 9: Financia	al History							
9.1. What is your p	oresent hourly/ weekly s	salary?						
Yes No	nny other source of incor — details to include source			pation?				
9.3. List any real e	9.3. List any real estate owned by you or your spouse:							
ADDRESS	VALUE	LOAN AMO	JNT MONT	THLY PAYMENY				
9.4. List all checkir	ng, savings, money mark	et accounts with	n any bank institut	ion in your name:				
INSTITUTION NAME, ADDRESS AND CONTACT ACCOUNT # BALANCE #'S								
9.5. List any outstanding loans of any type and indebtedness to any individual, company or others to include rent payments, mortgages, vehicle and student loans, charges, accounts, credit cards, and any other debts or payments.								
Type (Credit Card loan, Mortgage etc)	Name address and contact #'s of creditor	Account #	Total Balance	Monthly Payment				

	you ever defaulted of explain:				
filed fo		ared bankrupt		essions, been placed int	to a collection agency or
	you ever had your wa No If		for any reason	(non-payment of child s	support, IRS etc.)?
Section 10): Litigation				
				tion or proceeding in thi	s state or elsewhere, or l action or proceeding?
Yes	No If yes, exp	ain:			
Date	Court address & contact #	Docket #	Action / Proceeding	As a plaintiff Defendant, Pettioner (ETC)	Court Disposition

ate	Location	Docket #	Agency bringing charges, offense and Offense #	Court disposition

10.2. Have you ever been named as a defendant in a criminal proceeding? Yes_____ No____

charges that were expunged. (Include police and court records if available).

Yes____ No____

Date	Crime	Agency and contact information	Outcome

SECTION 11: Drivers license and Motor vehicle history

11.1. List all current and past drivers' licenses held by you in Maine or other location

State	License #	Type of License	Permission, Restrictions & Expiration date				
11.2 Has your right to register a motor vehicle ever been suspended? Yes No If yes, explain:							
•	rivers license or oth No If yes,	•	icense ever been revoked or suspended?				
11.4 If your license has ever been revoked or suspended, was it restored? Yes No							
11.5 Have you ever received a summons, citation or other traffic ticket for violation of the traffic laws of this or any other state or county? (This does not include parking violations). Yes NO If yes, explain:							

Date	Age	Offense	Location	Agency	Outcome

11.6 Have you ever been involved in a motor vehicle accident? Yes No If yes, explain:								
Date	Location		Investigating	g Agency				
	11.7. Have you ever been in a motor vehicle accident and not reported it to law enforcement agency? Yes No If yes, explain							
								_
								_ _
11.8 List all mo	11.8 List all motor vehicles listed in your name or joint ownership, or which you drive on a regular basis.							
11.9. Has your insurance ever been revoked or refused? Yes No If yes, explain								
12.1 Do you have any current or previous permits to carry concealed firearms by any issuing authority?								
Yes	Yes No If yes, explain:							
Dates from and	d To Peri	mit # Iss	suing State &	Authority				
İ								

Old Orchard Beach Police Department

MANDATORY QUESTIONNAIRE

MUST be completed and submitted with application

Name: (please print)

READ AND ANSWER EVERY QUESTION: A candidate shall be rejected who has intentionally made a false statement of a material fact, practiced or attempted to practice any deception or fraud in his/her application, examination or in securing his/her eligibility for appointment. All information on this form will be subject to review for truthfulness and integrity during a polygraph examination. (Check Yes or No)

1. Have you sold, purchased or offered for sale any illegal drug?	Yes	No
2. Have you induced or attempted to induce another person in the use of illegal drugs?	Yes	No
3. Have you used cannabis, marijuana, hash, hash oil or any of its derivatives in the last six months?	Yes	No
Explain any "yes" answer, giving dates:		
Have you ever used any of the following other than those prescribed for you physician?	while under	the care of

		Check YES OR		IF YES, LIST	IF YES, LIST
DRUG	SLANG NAME		NO	NUMBER OF	LAST DATE
				TIMES USED	USED
Cocaine,crack	Snow, blow, nose				
Freebase, or any	Candy, toot	YES	NO		
Cocaine derivative					
LSD	Acid	YES	NO		
РСР	Angel Dust	YES	NO		

Drug	Slang	Check	yes or no	If yes, List Number of times	If yes, List last o
Opium		YES	NO		
Heroin	Horse Smack, red eagle, monkey	YES	NO		
Psilocybin	Mushrooms, schrooms	YES	NO		
Mdma	XTC, Ecstasy	YES	NO		
Barbiturates	Barbs, downers Yellow jackets Phennies	YES	NO		
Amphetamines	Bennies, dexies Speed	YES	NO		
Inhalants	Glue, gasoline Poppers, rush	YES	NO		
Quaaludes	Ludes, downers	YES	NO		
Methamphetamine	Crank, crystal, ice	YES	NO		
Steroids	Human performance Drugs, anabolics	YES	NO		
Marijuana	Grass, weed, Herb, smoke	YES	NO		
Hashish	Hash, THC	YES	NO		
Other (Please list)		YES	NO		

If yes, List last date

I hereby certify that the information set forth in this two page questionnaire is true and complete. I understand that failure to disclose any information requested in this questionnaire or my application will disqualify me from consideration. Old Orchard Beach Police Department is hereby authorized to make any investigation into my personal history as it relates to my application for employment.

Date	Printed name of Applicant
	Date

AUTOBIOGRAPHY

_
_
_
_
_
_
_
_

Please attach any additional pages to be included with the autobiography