Portland Police Department

Employment Background Information And Personal History Questionnaire

The City of Portland is an Equal Employment Opportunity employer and has made every reasonable effort to ensure that the process of applying for employment with the City of Portland complies with all State and Federal laws concerning discrimination based on race, color, sex, physical or mental disability, religion, age, ancestry or national origin.

The Portland Police Department is located at 109 Middle Street Portland ME 04101. The Personnel office can be reached at (207) 874-8588. Please also visit www.portland-police.com for more information.

| Name of app | Name of applicant: | | |
|-----------------------|--------------------|--|--|
| Date: | | | |
| | | | |
| | | | |
| Position Applied For: | | | |
| | Police Officer | | |
| | Telecommunicator | | |
| | Civilian | | |

Directions for completing the Employment Background Booklet

- 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)
- 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 Portland Police Department.
- 4. If there is not enough space to answer a specific question, provide as much information as space permits than 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:

| Last 3 years tax returns including all W-2 forms (Note: The Department is looking for complete |
|---|
| tax returns. If you need tax information from the IRS or need to request a copy, please your local IRS |
| office. For Maine residents, contact the South Portland, Maine office (207) 879-4683 Birth certificate. |
| High School diploma (only necessary if you do not have a college degree) |
| College transcripts |
| Police Academy certificates (If applicable) |
| Military discharge papers and DD214 |
| Driver's 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.
- 9. If you need more room that provided on any given question, utilize the space on page 36-37. Reference the section number you are providing additional information on.

The Portland Police Department will use the Background Booklet as an investigation aid. Employers and individuals that have become acquainted with you by reason of you 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 Telecommunicator candidates only).

Please call the **Personnel Office** at **207-874-8588** when you have completed the Background Booklet and/or if you have any questions

NOTE: Certain questions in this booklet are intended only for Police Officer or Telecommunicator Candidates.

All other candidates may skip the designated questions only.

INDIVIDUAL LAW ENFORCEMENT OFFICER GIGLIO DECLARATION FORM

Please provide sufficient detail on the back of this form for any "yes" answers marked below. 1. Have there been any sustained findings of misconduct by you – regardless of disciplinary actions – that reflect adversely on your character for truthfulness or that YES NO establishes a bias? This inquiry includes: Sustained instances where you lied in a court case, administrative hearing or other similar type hearing, in a police report, in an investigation, or to a prosecutor or Judicial Officer; or any instances in which you falsified records and / or evidence or made material omissions of information in any official capacity as an employee of the City of Portland; or any sustained instance of theft or fraud; or any sustained incidences in which you engaged in clearly discriminatory behavior or engaged in unduly coercive behavior or a misuse of authority and/or force in order to garner witness cooperation, secure a sexual favor, procure monetary gain, or obtain a statement (even of suspects). **₹YES** □ NO 2. Have you ever been charged with a crime, regardless of the outcome? 3. Are you the subject of any pending investigation of alleged misconduct that might adversely reflect upon your truthfulness or bias? YES NO 4. Has any allegation ever been made against you by a prosecutor, magistrate, or YES NO judge that reflected adversely on your truthfulness or bias? 5. Has there been a judicial finding, in the form of a decision, opinion or order, in YES NO which you have been found to have been untruthful or biased? 6. Are you aware of any good faith allegation made against you that has been publically aired through media sources that claimed you were untruthful or biased? YES NO 7. Have you ever resigned from another agency or employer after being accused of the commission of a crime or misconduct that adversely reflected upon your YES NO truthfulness and/or bias? 8. Are there any set of circumstances that raise serious concerns regarding your credibility and/or reliability that should be disclosed to the Cumberland County YES NO District Attorney's Office?

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 Portland 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 Portland Police Department to fully consider your employment with the Portland 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 Portland 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 and information on the internet, including social network site, etc. Public data is available to any person upon request. The remaining data that you provide 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.

Is there a Portland Police employee responsible for recruiting you as candidate?

If yes, name employee______

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 Portland 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**.

| What is yo | ur full name? | | | | |
|--|--|---|---|---|---|
| Last | | | First | | Middle |
| Give any | other names you h | nave used or been | known by. (If none write | N/A) | |
| | Date of Birth: | | Gender: Male_ | Female | Race |
| | Height | Weight | Hair color | Eye color | _ |
| the hiring | nographic informat g process.) rks, tattoos or oth | | of our background procenarks? | ess. This information is | not used as part of |
| good orde make the hands (bel ring tattoo Unless pro | r, discipline and mon final determination low the wrist), or fire may be no more the phibited in paragraph dy modification is p ire. | rale of the organizat as to what is or is n ngers are prohibited an 10 mm wide and n 1 or 2 above, tatto rohibited for all per | stremist, gang-related, obscion is prohibited for all person allowable. Tattoos on the for all personnel with the comay not extend beyond the pos are permissible and do no sonnel and must be covered. | sonnel. The Chief of Police ne neck (above the collark exception of one ring tatt area between the first an ot require covering while | e or designee will cone), face, scalp, coo per hand. The d second knuckle. on duty. All other |
| | | Social Security Nu | mber: | | |

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

| Where do you now reside? | | | |
|--------------------------------------|----------------|-------|----------|
| | Street Address | | Apt. # |
| City | County | State | Zip Code |
| Contact Information | | | |
| Home Phone | | | |
| Work Phone | | | |
| Cell Phone | | | |
| Email Address | | | |
| How long have you resided there? | | | |
| Mailing address if different than #6 | 5 | | |
| | Street Address | | Apt.# |
| City | County | State | Zip Code |
| Do you own/rent/share? | | | |
| With whom do you reside? | | | |

| Name & DOB | Relationship | Occupation |
|------------|--------------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

In chronological order, state each and every place in which you have resided during the past ten years, beginning with your present address. Include school and the military. (List no information prior to your 15th birthday).

| From and To: (Month & Year) | Rent/Own (If a rent, landlord Name & contact #) | Street Address, Apt. #, City State, Zip Code |
|--------------------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SECTION 4: Citizenship

Each candidate for original appointment to the Portland Police Department shall be a citizen of the United States of America.

Are you a U.S citizen or been granted the permanent right to work in the US? (Please include birth certificate or other documentation).

Yes □ No □

SECTION 5: Family

| Ma | arital Status: | | | | | | | | |
|-------|----------------------------|----------------|---------------------------|---------|-------------|---------------------------|-------------|-----------|---|
| | Single □ | M | arried 🗆 | D | ivorced 🗆 | Separated | | Engaged □ | |
| If y | ou are or have b | een married, | complete the fo | llowing | g: | | | | |
| | Date & Lo | ocation | Spouse N (include m | | | Addres | ss & Contac | t #'s | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | " | | | | | | |
| It ap | oplicable, list the | following info | ormation on all s | separat | ions, annul | ments or dive | orces. | | |
| | Date of order or decree | | Issued by nclude address8 | & #'s) | | ing party as ed by law | | Reason | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | _ |

| ast name | First name | | Middle name |
|-------------------------------------|--------------------------------|-------|-------------|
| Address | City | State | Zip |
| act Information of steady girlfrien | d or boyfriend, if applicable: | | |
| Home Phone | | | |
| Work Phone | | | |
| Cell Phone | | | |
| Email Address | | | |

Name of steady girlfriend or boyfriend, if applicable:

List the names of your spouse, father, mother (include maiden name), sisters, brothers, and any children not residing with you.

Number of children you support? (Including adopted & stepchildren)

| Relationship | Name & DOB | Address & Contact #'s | Occupation |
|--------------|------------|-----------------------|------------|
| Spouse | | | |
| Father | | | |
| Mother | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

List the names of three friends and/or associates. Do not include former employers, teachers or relatives.

| Relationship | Name & DOB | Address & Contact #'s & Email | Occupation |
|--------------|------------|-------------------------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

List any police officers personally known to you and the departments for which they work.

| Officer Name & Rank | Department Name and Contact #'s |
|---------------------|---------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SECTION 6: Education

List earliest dates first of all schools & colleges you have attended (Type I release)

| Name, Address & Contact #'s | Years Attended and Last Grade/Term | Diploma or Degree Received | GPA and Credit Hours |
|-----------------------------|---------------------------------------|-------------------------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FOR POLICE OFFICER CANDIDATES ONLY (Academy Questions):

| Have you successfully completed the M | S □ No □ | |
|---|---------------------------------------|---------------------------------|
| Cl | lass # | Date of Graduation |
| Have you successfully completed any of | ther Law Enforcement Academy? Yo | es 🗆 No 🗆 |
| A | cademy Name | Contact # |
| List all licenses, special skills, or special skills you possess. | machinery (ie. Intoxilyzer, Radar, Of | fice Equipment, etc.) operating |
| License/Skill/Machinery | Date of License | License Issued By |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Hav | Have you ever been expelled or suspended from any school, or disciplined by any school official? | | | | |
|-----|--|-----------------------|--|--|--|
| Yes | □ No □ | If yes, give details: | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

List any foreign language in which you have skills and state your proficiency in the skills listed using Fair, Average, and Excellent.

| Language | Understanding | Reading | Writing | Speaking |
|----------|---------------|---------|---------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION 7: Military and Selective Service

| If you are a male and were born after 1960, have you registered with the Selective Service? | | | | | | |
|---|-----------------|-------------------|-----------------------------|------------|------------------|----|
| | Yes | | No □ | | | |
| If yes | s, Selective Se | rvice Number a | and date <u>:</u> | | | |
| | If no | o, explain: | | | | |
| | | | | | | |
| Have | you ever ser | ved in a militar | y organization of the Unite | ed States, | including ROTC? | |
| | Yes 🗆 | No 🗆 | | | | |
| | If yes, | branch of servi | ce | | | |
| | | | Unit or Ship_Service | # | | |
| | | | Highest Rank | [| Dates of Service | |
| List a | ıll medals and | l decorations av | warded: | | | |
| | | | | | | |
| Give | period(s) of a | ictive service in | cluding drafts, enlistment | s and rec | alls of service. | |
| | | Τv | /pe | | From | То |
| | | • | , pc | | 110111 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| What is your disch | arge(s) or separation | (s) from the Service? | | |
|--|------------------------|--|----------------|-----------|
| Honorable □ If other, explain: | General □ | Honorable Conditions | Dishonorable □ | Medical □ |
| | | | | |
| | | | | |
| | | | | |
| Has your discharge If yes, explain: | e or separation notice | e ever been changed or correcte | ed? Yes □ No □ | |
| | | | | |
| | | | | |
| | | | | |
| summary court, de | eck court, captain's m | urt martial, trial, or investigation ast, company punishment, or a | | |
| | No □ vide details | | | |
| Date | Investigative A | Agency Charges | Disposition | |
| | | | | |
| | | | | |
| | | | | |

| foreign government, or the National | Guard? | |
|---|------------|--|
| Yes □ No □ | | |
| Are you currently: Acti | ve 🗆 | Inactive □ |
| Provide the following if you are an a foreign government, or National Gua | | e Reserve Forces of the United States, any |
| Branch | Regiment _ | |
| Unit | Rank | |
| Address | | |
| Dates from and to | | |
| Commander and Contact #'s: | | |
| SECTION 8: Employment History | | |
| Present Employer: | | |
| Address: | | |
| | | Date of hire: |
| Job duties and description: | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Are you now, or were you ever, an active or inactive member of the Reserve Forces of the United States, any

| Can your current employer be contacted prior to a job offer? Yes □ No□ If no, please explain: |
|---|
| |
| |
| |
| |
| |
| If you checked no, please understand that your employer will be contacted should the Portland Police Department make a conditional job offer. Any negative report will be considered in continuing your employment. |
| Are you now engaged in any business as an owner, active or silent, partner, stockholder, corporate officer or director? |
| Yes □ No □ If yes, give the name of the business and involvement: |
| |

List in chronological order every place you have previously been employed since the age of 15.

Omit none and give addresses and contact numbers. Include all part-time employment)

| Dates from/to (Mo/Yr) | Name & Address of Employer | Contact Numbers | Immediate Supervisor | Reason for Leaving |
|--------------------------|----------------------------|--------------------|-------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| es | | |
|------------------------------|--------------------------------|--|
| Employer | Date | Explain Circumstance |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| you ever subjected to discip | olinary action in connection v | vith any employment? Yes □ No □ |
| you ever subjected to discip | olinary action in connection v | vith any employment? Yes No Explain Circumstance |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Were you ever discharged, terminated, fired or forced to resign from any employment?

| If yes, give details: | | | |
|--|---------------------------|---------------------------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| any professional and/or | social organizations of w | hich you are a member or have applie | d to for membership: |
| Status (Member Applying) | Organization | Address&Contact #'s | Dates of Membership |
| | | | |
| | | | |
| | | | |
| | | | |
| all social media accounts ter and Facebook: | and your user name to i | nclude any accounts with Linked In, G | oogle Plus, Instagram |
| | nt Type | User Nam | е |
| Face | book | | |
| Insta | gram | | |
| Link | ed In | | |
| Twi | tter | | |
| I W | | | |
| er: | | | |
| er: | | | |
| er: | | | |
| | | | |

Have you ever possessed a professional or occupational license, permit or certificate? (Include copies)

Yes □ No □

QUESTIONS 8.9, 8.10 AND 8.11 ARE POLICE OFFICER AND TELECOMMUNICATOR CANDIDATES ONLY.

List any law enforcement agency to which you have applied for employment including the Portland Police Dept. Please be sure to include those departments that did not hire you (omit none)

| Date | Police Department name, address and contact #'s | Present Status |
|------|---|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Have you ever submitted to a pre-employment polygraph exam? Yes □ No □

| Date | Police Department name, address and contact # | Result |
|------|---|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Date | Police Departn | nent name, addr | ess and contact # | R | eason Why |
|----------------------|------------------|-------------------|------------------------|---------------|-----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ION 9: Financial H | <u>listory</u> | | | | |
| | | | | | |
| t is your present h | nourly/weekly s | salary? | | | |
| ou have any other | r source of inco | ome other than v | our principal occupa | tion? Yes □ N | Jo □ |
| | | | | | . • |
| s, provide details t | to include sourc | ce and amount o | f income: | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | _ | iums, etc.) where yo | | wnership |
| | | _ | iums, etc.) where yo | | wnership |
| est as a principal, | | e trustee or bene | ficiary of a real esta | e trust. | · |
| | | _ | - | e trust. | wnership Monthly Payment |
| est as a principal, | | e trustee or bene | ficiary of a real esta | e trust. | · |
| est as a principal, | | e trustee or bene | ficiary of a real esta | e trust. | · |
| est as a principal, | | e trustee or bene | ficiary of a real esta | e trust. | · |
| est as a principal, | | e trustee or bene | ficiary of a real esta | e trust. | · |

List all checking, savings, and money market accounts with any bank or institution in your name. Be prepared to produce documentation.

| Institution name, address & contact #'s | Account Balance |
|---|-----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

List any stocks, bonds, REIT's mutual funds, IRA's, futures, options or other investment you own:

| Institution name, address & contact #'s | Account # | Account Balance |
|---|-----------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

List any outstanding loans of any type and indebtedness to any individual, company or others to include rent payments, mortgages, vehicle and student loans, charge accounts, credit cards, and any other debts or payments.

| | Type (credit card, loan, mortgage, et | | Account # | Total Balance | Monthly Payment |
|------|---------------------------------------|---|------------------------|------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Have | e you ever defaulted | l on a student loan? Yes □ No □ If yes, e | explain: | | |
| | | | | | |
| | | | | | |
| own | | years, have you personally or a compa kruptcy protections, been subjected to | | | |
| Υe | | If yes, on a separate sheet of paper, so (lien/bankruptcy judgment, etc), the re court involved and the docket number | name of the business i | | the |

Please list all real estate (land, houses, buildings, condominiums, etc) where you have an ownership as a principal trustee or beneficiary.

| t of child support, IRS, etc)? |
|--------------------------------|
| |
| |
| |
| |
| tate income tax returns |
| |
| |

SECTION 10: Litigation

| - | • | • | | | on or proceeding in be a defendant in a | | | |
|----------|------------|-----------------------|----------------------|-----------------|--|---|----------------------|--|
| | Yes □ | No □ | If yes, expl | ain: | | | | |
| | Date | Court ac & Cont | | Docket # | Action/ Proceeding | As a plaintiff, defendant, petitioner, etc. | Court Disposition | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| To the I | best of yo | ur knowledge | e, are there a | ny civil action | (s) pending against v | you? Yes □ | No □ | |
| | • | • | • | | rance claim (for exar jury or medical claim | • | ged or | |
| | Yes | 5 🗆 | No □ | | | | | |
| Within | the past s | even years, h Yes□ | ave there be No □ | • | ctions commenced a | gainst you? | | |

| | Yes □ If yes, explain: | No □ | | |
|------|---------------------------|----------|--|-------------------|
| Date | Location | Docket # | Agency bringing charges, Offense and offense # | Court Disposition |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Have you ever been named as a defendant in a criminal proceeding?

Yes □

If yes, explain:

No □

| Crime | Agency and Contact Information | Outcome |
|-------|--------------------------------|--------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Crime | Crime Agency and Contact Information |

SECTION 11: Drivers license and Motor vehicle history

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

| | Date | License # | Type of License | Permission, Restrictions & Expiration Date |
|------|----------------------|-------------------|---------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Has | s your right to reg | ister a motor vel | hicle ever been suspend | ded? |
| | Yes □No □If | yes, explain | | |
| | | | | |
| | | | | |
| | | | | |
| Has | s your driver's lice | ense or other veh | nicles operator's license | ever been revoked or suspended? |
| | Yes □ No □ | If yes, explain | | |
| | | | | |
| | | | | |
| | | | | |
| If y | our license has ev | ver been revoked | l or suspended, was it re | estored? Yes □ No □ |

Have you ever received a summons, citation or other traffic ticket for violation of the traffic laws of this or any other state or country? (This does not include parking violations).

Yes \square No \square If yes, explain:

| Date | Age | Offense | Location | Agency | Outcome |
|------|-----|---------|----------|--------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Have you ever been involved in a motor vehicle accident? Yes □ No □ If yes, explain:

| Date | Location | Investigating Agency | Operator/ Passenger | Details of Accident |
|------|----------|-------------------------|------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Yes □ No □ | If yes, explain | | | |
|---------------------|--------------------------|----------------------------|----------------------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Il motor vehicles I | isted in your name or ir | n joint ownership, or whic | h you drive on a regular b | oasis. |
| State & Plate # | VIN | Year, Model & N | Make Owner | |
| rate & Hate # | VIIV | rear, Moder & W | Make Owner | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ou have auto insui | rance? Yes 🗆 No 🗆 | | | |
| nrovide compan | v name nolicy number | and attach a copy of your | insurance card | |
| | | | | |
| ance Company Na | ime | | | |
| | e ever been revoked or | refused? Yes 🗆 No 🗆 | | |
| If yes, explain | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION 12: Concealed Firearms

| Are yo | u prohibited from posse | ssing a firearm? | 'es □ No □ |
|--------|----------------------------|---|--|
| A. | previous criminal histor | | |
| | | history (Involuntary or once or court order prote | court ordered commitment to a mental health facility) ection from abuse. |
| | | | |
| | | | |
| | | | |
| | | | |
| Do νοι | have any current or pre | evious permits to carry co | oncealed firearms by any issuing |
| | | explain | onecarea in carrie of any issuing |
| | Dates From & To | Permit # | Issuing State & Authority |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Have y | | concealed weapons perr | nit by any issuing authority? |
| | Yes □ No □ If yes, explain | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Has your con | cealed weapons permit ever been revoked or suspended be | by any issuing authority? |
|--------------|---|---------------------------|
| Yes 🗆 | No □ | |
| If yes | , explain: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| SECTION 13: | Personal History | |
| | of anyone who may harm you in any way? | |
| | □ No □ s, explain: | |
| , c. | , explain | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Have you eve | er: | |
| , | | |
| | A. Been involved in a fight while drinking? | Yes No |
| | B. Been involved in a car accident while drinking? | Yes No |
| | C. Been taken into protective custody? | Yes □ No □ |

If you answered "yes" to any question, explain the incident(s) on a separate sheet of paper. Be sure to number your response to match the number and page of the particular question.

| shrooms, ecstasy, LSD | | |
|-------------------------------|-----------------------------------|---|
| Yes 🗆 🕒 | No □ | |
| Drug Used | # of Times | Date of Last Use |
| 2.00 0000 | 663 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| e you ever misused a Yes □ | ny prescription drug or taken pro | escription drugs not prescribed to you? |
| | | escription drugs not prescribed to you? Date of Last Use |
| Yes □ | No □ | |

Have you ever sold, used, tried, possessed or experimented with any illegal drug? (marijuana, cocaine, heroin,

SECTION 14: Gaming/Gambling

| Have you ever gamble Yes □ | | er gambled or made a wager? □ No □ |
|----------------------------|--------|--|
| If yes | , answ | er ALL the following questions: |
| | 1. | What types of gambling have you participated in? (Check all that apply) □ Horse/Dog Track |
| | | □Lottery |
| | | □ Professional or College Sports |
| | | □ Casino Games |
| | | □ Card Games |
| | 2. | How much do you spend on gambling per year? Amount \$ |
| | 3. | What is the largest sum of money you have won while gambling. Amount \$ |
| | 4. | What is the largest sum of money you have lost while gambling? Amount \$ |
| | 5. | Have you ever borrowed money to cover a gambling debt? Yes \square No \square |
| | | If yes, When? Amount \$ |
| | 6. | How many times do you gamble per year? □1-5 |
| | | □ 6-10 |
| | | □ More than 30 |
| | | □ More than 50 |
| | 7. | Have you ever withdrawn money from an ATM machine to pay a gambling debt? Yes \square No \square |
| | | If yes, When? Amount \$ |
| | 8. | What is the largest sum of money you have lost while gambling? |
| | | Amount \$ |
| | 9. | Have you ever borrowed money to cover a gambling debt? Yes \square No \square |
| | | If yes, When? Amount \$ |
| | 10. | Have you ever withdrawn money from an ATM machine to pay a gambling debt? Yes \Box No \Box |
| | | If yes, When?Amount \$ |

| If yes, | explain | | | | | | | | |
|-----------|----------------|----------------|----------|------|-----------|-----------------------|--------------|-------------|-------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | ny issues or p | | _ | | different | races, colc | r, sex, phy | sical or me | ental disak |
| | ancestry or n | ational origii | 1? Yes □ | No □ | | | | | |
| if yes, | explain: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| • | ng that has r | | | _ | | | oublicly rev | vealed, wo | uld bring |
| barrassme | nt to you or t | | | _ | | et that, if ¡ No □ | oublicly rev | /ealed, wo | uld bring |
| barrassme | - | | | _ | | | oublicly rev | vealed, wo | uld bring |
| barrassme | nt to you or t | | | _ | | | oublicly rev | realed, wo | uld bring |
| barrassme | nt to you or t | | | _ | | | oublicly rev | realed, wo | uld bring |
| barrassme | nt to you or t | | | _ | | | oublicly rev | realed, wo | uld bring |
| barrassme | nt to you or t | | | _ | | | oublicly rev | ealed, wo | uld bring |
| barrassme | nt to you or t | | | _ | | | oublicly rev | realed, wo | uld bring |

| l, | , certify that all the statements made by me in this application are true, | | | | |
|--|--|--|--|--|--|
| complete and correct, to the best of my knowledge and belief and are made in good faith. I understand that a | | | | | |
| false information or omissions o | f information from this application may be cause for rejection or dismissal if | | | | |
| employed by the Portland Police | Department. | | | | |
| | | | | | |
| | Signature: | | | | |
| | Date: | | | | |
| | | | | | |
| <u>Autobiography</u> | | | | | |
| with a written account of your | obiography. The document is intended to provide the department life, including any pertinent information about your personal life. ou like. Please provide your signature the end of the document. | | | | |
| Additional Information | | | | | |
| Reference section number when | providing additional information. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |