

Department of Public Safety and Corrections Law Enforcement Supplement

This supplement must be submitted with an agency application or the Agency Employment Questionnaire (SF 10E) by all applicants for law enforcement related positions. The information solicited on this supplement shall be used only as an investigative and identification aid to evaluate your suitability for appointment with this agency. Your express written consent must be given for release of information contained herein, provided that if our investigation discloses participation in criminal acts on your part in unlawful or illegal activities, this guarantee of confidentiality is null and void.

PLEASE PRINT OR TYPE

Name: (First, Middle, Last) _____

List any other names you have used: _____

SS#: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Date of Birth: _____ Place of Birth: _____

If additional space is required to complete answering a question, use *the reverse* side of this form.

List previous home addresses for the past ten years in chronological order. Account for all time.

Date (Mo/Yr)	Address
_____	_____
_____	_____
_____	_____

Do you possess a valid driver's license? ____ Yes ____ No	Driver's License #:	State:	Date Issued:	Expiration Date:
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Have there been any judgments against you as a result of an accident? ____ Yes ____ No

Have you had your driver's license suspended or revoked? ____ Yes ____ No

Have you ever been arrested or convicted of any law violation, including federal or state fish and game Laws? (Exclude minor traffic violations) ____ Yes ____ No

Explain "Yes" answers below: give details, reasons, dates, locations, etc. (If you need additional space, use the reverse side of this form.)

Have you served in the military? ____ Yes ____ No	Branch:	Dates of Service:	Highest Rank Attained:	Type of Discharge: <i>(Attach copy of DD214)</i>
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List any organizational affiliation to which you belong and include full name and address. (Exclude any church organizations.)

Have you ever worked for a law Enforcement-related agency? ____ Yes ____ No	If yes, give locations and dates. If rejected, give date you applied and reasons for rejections, if known:
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List three persons who may be contacted for professional and/or character references:

1	Name	Address	Telephone #	Place of Employment
2	Name	Address	Telephone #	Place of Employment
3	Name	Address	Telephone #	Place of Employment

I certify that the answers I have given to all questions in this application are complete and true to the best of my knowledge. I know that any misrepresentation herein may cause my application to be rejected, my name removed from the eligible register and/or subject me to dismissal from state service.

Applicant Signature Date