

**SECURITY INVESTIGATION DATA FORM  
FOR SENSITIVE POSITION**

**INSTRUCTIONS:**

Please fill out each section of this form completely and accurately. The information you provide in the Security Investigation Data Form will be used to complete Background Checks and a Panel Assessment Device - Background Check.

Information that you provide will be subject to verification; therefore *inaccuracies, omissions, or incomplete statements* may result in your disqualification for this position. It is to your advantage to respond openly. 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 you are applying for.

On the last page, you will find an Authorization to Release Information. **YOU MUST HAVE THIS AUTHORIZATION SIGNED BY A NOTARY PUBLIC.**

**APPLICANT DATA**

1. **FULL NAME** (initials and abridgements of full name are not acceptable. If no middle name, show "NMN"; if initials only, show "no given or middle name.")

LAST NAME	FIRST NAME	MIDDLE NAME	OTHER NAMES (maiden, pen, etc.)

2. **CURRENT ADDRESS** (include ZIP Code)

STREET ADDRESS	APT. NO.	CITY/STATE	ZIP CODE

3. **CONTACT INFORMATION**

EMAIL ADDRESS	PHONE NUMBER

4. **RESIDENCES** List all residences during the past 10 years beginning with your current residence. Continue under item 19 if necessary.

FROM	TO	STREET ADDRESS	APT. NO.	CITY/STATE	ZIP CODE

5. **PERSONAL INFORMATION**

DATE OF BIRTH	PLACE OF BIRTH (City, State)	SOCIAL SECURITY NUMBER

**6. LICENSE INFORMATION**

DRIVER'S LICENSE NUMBER	STATE LICENSE ISSUED BY	EXPIRATION DATE

**7. REFERENCES** List three persons, other than relatives or employers, who are well acquainted with you.

FULL NAME	HOME ADDRESS	ZIP CODE	HOME PHONE	BUSINESS ADDRESS	ZIP CODE	BUS PHONE

**8. ORGANIZATIONS** List any organizations you are now, or have ever been a member of which are inimical to the best interest of the United States?

ORGANIZATION NAME	ORGANIZATION ADDRESS	FROM	TO	OFFICE HELD

**9. EDUCATION** Continue under item 19 if necessary.

NAME/ADDRESS OF SCHOOL ATTENDED	FROM	TO	NAME/DESCRIPTION OF COURSE PURSUED	GRAD? (YES/NO)	NUMBER OF SEM/QTR/ CONTACT HOURS COMPLETED	DEGREE/ DIPLOMA/ CERTIFICATE EARNED
Junior High School						
High School						
High School						
GED From						
College/University						
College/University						
College/University						
College/University						

Trade/Vocational						
Trade/Vocational						
Police Academy						

10. **MILITARY SERVICE** If you ever served in the armed forces, national guard, or military reserves, complete the table below. If service number unknown, give grade or rating at separation.

SERVICE BRANCH	SERVICE NUMBER	FROM	TO	HIGHEST RANK	TYPE OF DISCHARGE

11. **EMPLOYMENT HISTORY** Beginning with your most current employment, list all jobs, (including part-time, temporary, and voluntary positions) you have held in the past 10 years. If you have had any intervening periods of military service, unemployment, or schooling, list those periods in sequence and your address. Show name used while employed if different from current name. List all positions held relating to law enforcement regardless of time period (those more than 10 years ago). Continue under item 19 if necessary.

From	Employer Name	Employer Address	Job Title
To	Supervisor Name	Reason for Leaving	Telephone Number
From	Employer Name	Employer Address	Job Title
To	Supervisor Name	Reason for Leaving	Telephone Number
From	Employer Name	Employer Address	Job Title
To	Supervisor Name	Reason for Leaving	Telephone Number
From	Employer Name	Employer Address	Job Title
To	Supervisor Name	Reason for Leaving	Telephone Number
From	Employer Name	Employer Address	Job Title
To	Supervisor Name	Reason for Leaving	Telephone Number
From	Employer Name	Employer Address	Job Title
To	Supervisor Name	Reason for Leaving	Telephone Number
From	Employer Name	Employer Address	Job Title
To	Supervisor Name	Reason for Leaving	Telephone Number
From	Employer Name	Employer Address	Job Title
To	Supervisor Name	Reason for Leaving	Telephone Number

To	Supervisor Name	Reason for Leaving	Telephone Number
From	Employer Name	Employer Address	Job Title
To	Supervisor Name	Reason for Leaving	Telephone Number
From	Employer Name	Employer Address	Job Title
To	Supervisor Name	Reason for Leaving	Telephone Number
From	Employer Name	Employer Address	Job Title
To	Supervisor Name	Reason for Leaving	Telephone Number

12. **HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM EMPLOYMENT? \_\_\_YES \_\_\_NO Explain the reason(s) below.** If answered yes, give details below. Include the name of the employer(s), date(s), and reason(s) in each case. Continue under item 19 if necessary.

13. **HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU? \_\_\_YES \_\_\_NO** If answered yes, give details below. Include the name of the employer(s), date(s), and reason(s) in each case. Continue under item 19 if necessary.

14. **DESCRIBE YOUR CURRENT AND PREVIOUS CONSUMPTION OF ALCOHOLIC BEVERAGES,** Include type of alcohol (beer, wine, hard liquor, etc.), frequency of usage (2 cans per week, 6 shots per month in one setting, approximately twice per year at special occasions, etc.), and dates used (current, mo/yr to mo/yr, etc.) If you never consumed alcoholic beverages, state that also. Continue under item 19 if necessary.

15. **HAVE YOU EVER USED OR DISTRIBUTED ANY CONTROLLED SUBSTANCES (opiates, amphetamines, barbiturates, hallucinogenic, hashish, marijuana, cocaine, etc.) WITHOUT A DOCTOR'S PRESCRIPTION? \_\_\_YES \_\_\_NO** If yes, describe below. Include type of each controlled substance, frequency (every weekend, once a month, etc.), and dates involved (current, mo/yr to mo/yr, etc.) Continue under item 19 if necessary.

16. **LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED. (except parking violations)** Continue under item 19 if necessary.

NATURE OF VIOLATION	LOCATION (City)	APPROX. DATE	INDICATE WHETHER FINDER OR ACTION TAKEN ON DRIVER'S LIC.

17. **HAVE YOU EVEN BEEN CONVICTED OF A FELONY?** \_\_\_ YES \_\_\_ NO If yes, complete the table below. Continue under item 19 if necessary.

DATE	LOCATION	ORIGINAL CHARGE	FINAL CHARGE (if amended or reduced)	DISPOSITION (Amt of Fine, Confinement, Probation, etc.)

18. **HAVE YOU EVEN BEEN CONVICTED OF A MISDEMEANOR?** \_\_\_ YES \_\_\_ NO If yes, complete the table below. Continue under item 19 if necessary.

DATE	LOCATION	ORIGINAL CHARGE	FINAL CHARGE (if amended or reduced)	DISPOSITION (Amt of Fine, Confinement, Probation, etc.)

19. **CONTINUATION OF ANSWERS TO PREVIOUS QUESTIONS.** Show item number to which the answer applies.  
Attach a separate sheet if additional space is needed.

