







# CODE 3 SECURITY

## AUTHORITY FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Sex	Race	Date of Birth	SSN

City of Birth	County	State	Country

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of CODE 3 SECURITY, Professional Standards Section, whether said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records; the results of any polygraph examinations; records of complaints of a civil nature made by or against me, wherever located, including the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate and emphasize that the intent of this authorization is to provide full and unobstructed access to the background and history of my personal life for the specific purpose of pursuing a background investigation, which may provide pertinent data to CODE 3 SECURITY to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by CODE 3 SECURITY. I understand that all materials pertaining to this background investigation become the property of CODE 3 SECURITY, Professional Standards Section, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

**Note: Where necessary, use the last page to complete answers throughout this questionnaire.**

**APPLICANT INFORMATION**

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
Date Available			Social Security No.		Driver's License #	
Position Applied for						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
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**EDUCATION**

High School				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Police Academy				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

**REFERENCES**

List the names, addresses, telephone numbers and year acquainted of three persons not related, that you have known for at least five years, who would be able to give a personal reference for you.

Full Name				Relationship			
Years Known				Phone			
Address							
Full Name				Relationship			
Years Known				Phone			
Address							
Full Name				Relationship			
Years Known				Phone			
Address							

## QUESTIONNAIRE

1) Do you have a valid Concealed Pistol License? If yes, list license number:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) If it became necessary to take a life in the line-of-duty, would religious or personal beliefs affect you? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Have you ever quit a job without giving notice required by an employer? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Have you been unemployed anytime during the past three years? If yes, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Do you currently have automobile insurance as mandated by the state? If no, explain why not	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Do you have, or have you ever had a driver's license from another state or country? If yes, where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) Are you aware that the employment environment within this agency is a DRUG-FREE ENVIRONMENT, and any violation of that policy can lead to termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## PREVIOUS EMPLOYMENT

List all places of employment. **Begin with present or most recent employer and go backwards.** List periods of school, military service, and unemployment in the past 3 years. List everything in proper sequence, leaving no vacant time lapse. **Do not omit any employers.**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	

Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>		

<b>MILITARY SERVICE</b>	
Branch	From      To
Rank at Discharge	Type of Discharge
If other than honorable, explain	
Are you currently active with any Military Reserves? Explain How often? List any specialty training.	

<b>EMPLOYMENT INFORMATION</b>
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8) Have you ever been disciplined in any of your previous employment? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9) Have you had any extended work absences not related to vacations? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) Are you an owner or partner in a business? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11) Have you been terminated or asked to resign from any employment? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12) Have you ever resigned from a job to avoid being fired or terminated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13) Have you ever been written up, counseled, or disciplined in any manner, by any of your employers for failure to comply with required rules or regulations, or for any other reason? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>LEGAL</b>		
14) Have you ever had any contact with a police officer at any time in your life? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15) Have you ever been warned about anything by a police officer at any time in your life? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16) Have you ever been arrested or detained by police at any time in your life? (held in police custody, cited and released, etc.) If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17) Have you ever been convicted of a misdemeanor or felony at any time in your life? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18) Have you ever been investigated or implicated in a criminal case at any time in your life? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19) Have you ever been on court-ordered probation at any time in your life? If yes, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20) Have you ever been involved with the sale of illegal drugs, property or concealment of drugs or property? If yes, explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21) Have you ever had a conviction expunged from your records either as an adult or juvenile? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22) Have you had the police come to your residence for any reason? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23) Have you ever had a warrant issued for your arrest for failure to pay a citation or failure to appear in court? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24) Have you ever been involved in an automobile accident? If yes, how many?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25) Have you ever attended a driver improvement school? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26) Have you ever had your driver's license suspended, revoked, refused, or cancelled? If yes, explain in detail.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27) Do you currently have any unpaid tickets, fines, or court fees? If yes, explain in detail	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**TRAFFIC (Past 5 Years)**

Date & Offense	Jurisdiction	Disposition

**GENERAL INFORMATION**

28) Do you speak or understand any other language? If yes, list.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29) Have you or do you use marijuana or other drug(s)? If yes, when was the last time used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30) Do you drink alcohol and/or smoke cigarettes? If yes, how frequent.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31) Do you have a problem with assisting someone with a communicable disease? (HIV/AIDS, hepatitis, Ebola, TB, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32) Have any promises been made to you securing a position with Code 3 Security? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33) When was the last time you stole?		
34) What was stolen?	What was the amount of the item(s) stolen?	

**PERSONAL**

Provide your last (4) four residences. (Dates there/address/city/state)


What qualifications will you bring to Code 3 Security?


Why do you want to become a Code 3 Officer?


