



**PACIFIC POLICE DEPARTMENT
300 HOVEN DRIVE, PACIFIC, MO 63069**

– CONFIDENTIAL –

PLEASE SELECT ONE:

COMMISIONED POLICE OFFICER

DISPATCH

ADMINISTRATIVE

VERIFICATION OF INFORMATION:

Subject to all applicable State and Federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement, whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment and retention, regardless of race, color, religion, sex, national origin, age, disability or political affiliation.

This questionnaire will be used for reference by those who will be considering your application for employment as a Police Officer for the City of Pacific, Missouri. Fill out completely and **CORRECTLY**.

An extensive background investigation will be conducted into your personal history. Applicants may be requested to take a polygraph (lie detector) examination to confirm the information in this questionnaire and to determine other items of background information. Any **FALSE, MISLEADING, OR INCOMPLETE** information requested in this form will be grounds to disqualify you for employment.

Please confirm that you have read, understood, and agree to the foregoing.

Signature

Date

1. **USE BLACK INK ONLY.** Complete this form in your own handwriting.
2. Be certain that your answers are legible.
3. Read each question carefully.
4. Make certain that each question is answered completely and correctly before you submit this questionnaire. If you need additional space, use an additional sheet or write on the back of this page.
5. **If it does not apply to you, write N/A in the space, do not leave any blank fields.**
6. Submit all documents as requested.

Pursuant to Public Law 93-573, the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way affect your application for consideration. The Social Security Number assists the Department in differentiating between applicants with similar or identical names.

I. PERSONAL INFORMATION

LAST NAME		FIRST		MIDDLE		HOME PHONE
ADDRESS			CITY	STATE	ZIP CODE	BUSINESS PHONE
PERMANENT ADDRESS			CITY	STATE	ZIP CODE	EMAIL
AGE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER				STATE

A. LIST ANY OTHER NAMES THAT YOU HAVE USED:

B. ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE YOU NATURALIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESSES YOU HAVE LIVED AT FOR THE PAST TEN (10) YEARS. INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE, IF APPLICABLE.

FROM	TO	ADDRESS & ZIP CODE	COUNTY	STATE

E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE? YES NO
 IF YES, DATE OF APPLICATION _____

F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH OTHER SOURCES RECENTLY? YES NO

ORGANIZATION/FIRM	ADDRESS & ZIP CODE	POSITION APPLIED FOR	DATE	DISPOSITION

G. ARE YOU ACQUAINTED WITH ANY CURRENT PACIFIC POLICE EMPLOYEES? IF YES, PLEASE LIST:

H. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU'VE APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIES THIS APPLICATION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS?

YES NO

II. REFERENCES

A. LIST FOUR (4) CHARACTER REFERENCES (NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS) WHO HAVE KNOWN YOU WELL DURING THE PAST THREE (3) YEARS.

1	NAME	PHONE NUMBER	YEARS ACQUAINTED	
	RESIDENCE ADDRESS	CITY	STATE	ZIP
	BUSINESS ADDRESS		OCCUPATION	
2	NAME	PHONE NUMBER	YEARS ACQUAINTED	
	RESIDENCE ADDRESS	CITY	STATE	ZIP
	BUSINESS ADDRESS		OCCUPATION	
3	NAME	PHONE NUMBER	YEARS ACQUAINTED	
	RESIDENCE ADDRESS	CITY	STATE	ZIP
	BUSINESS ADDRESS		OCCUPATION	
4	NAME	PHONE NUMBER	YEARS ACQUAINTED	
	RESIDENCE ADDRESS	CITY	STATE	ZIP
	BUSINESS ADDRESS		OCCUPATION	

III. ARREST HISTORY

A. **OTHER THAN TRAFFIC CITATIONS**, HAVE YOU BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR DETAINED FOR ANY REASON BY POLICE, SECURITY OFFICERS OR MILITARY POLICE, EITHER IN THE UNITED STATES OF AMERICA, OR IN ANY FOREIGN COUNTRY?

YES NO IF "YES", DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 13 & 14.

DATE	CHARGE	DEPARTMENT/AGENCY	CITY, COUNTY, STATE & ZIP CODE	DISPOSITION

B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC CITATIONS?
 YES NO IF "YES" EXPLAIN IN FULL ON PAGES 13 & 14.

C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON?
 YES NO IF "YES" EXPLAIN IN FULL ON PAGES 13 & 14.

D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS?
 YES NO IF "YES" EXPLAIN IN FULL ON PAGES 13 & 14.

E. ARE THERE ANY CHARGES NOW PENDING AGAINST YOU FOR ANY VIOLATION OF THE LAW?
 YES NO IF "YES" EXPLAIN IN FULL ON PAGES 13 & 14.

IV. ORGANIZATION MEMBERSHIP

A. LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES OR GROUPS OF WHICH YOU ARE OR HAVE BEEN, A MEMBER OR ASSOCIATE. ALSO FURNISH ITS LOCATION.

NAME OF ORGANIZATION	ADDRESS & ZIP CODE	OFFICE HELD

C. ARE YOU NOW OR HAVE YOU EVER BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC SUBVERSIVE ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR CLUB, WHICH HAS ADOPTED OR PROMOTES A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF MISSOURI, BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS?
 YES NO IF "YES" EXPLAIN IN FULL ON PAGES 13 & 14.

V. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. REGISTRATION NUMBER	C. LOCATION WHERE REGISTERED
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D. HAVE YOU EVER SERVED IN THE ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (IF THERE IS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS)
 YES NO

DATE ENTERED	BRANCH/ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY

IF EITHER OF THE FOLLOWING QUESTIONS ARE ANSWERED "YES" EXPLAIN ON PAGES 13 & 14.

E. WERE YOU EVER REDUCED IN RANK IN THE MILITARY?

YES NO

RANK REDUCED FROM _____

TO _____

F. WERE YOU EVER COURT MARTIALED?

YES NO

TYPE OF COURT MARTIAL:

SUMMARY SPECIAL GENERAL

SENTENCE RECEIVED: _____
 HAVE YOU EVER RECEIVED A CAPTAIN'S MAST,
 COMPANY PUNISHMENT OR ARTICLE 15?

YES NO

G. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT?

YES NO

IF "YES", EXPLAIN: _____

VI. FINANCIAL STATUS

A. LIST ALL OF YOUR SOURCES OF INCOME AT THE PRESENT TIME:

TYPE OF INCOME	FIRM OR SOURCE NAME	ANNUAL AMOUNT
YOUR SALARY		\$
OTHER EMPLOYMENT		\$
DIVIDENDS/INTEREST		\$
MILITARY		\$
OTHER (SPECIFY)		\$
TOTAL		\$

B. IF YOUR SPOUSE IS EMPLOYED, FIRM NAME:

TITLE

COMPANY ADDRESS & ZIP CODE

TELEPHONE NUMBER

C. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS. USE PAGES 13 & 14 IF ADDITIONAL SPACE IS NEEDED.

OBLIGATION	NAME, ADDRESS & ZIP CODE OF CREDITOR	ACCOUNT NUMBER	UNPAID BALANCE	MONTHLY PAYMENT	AMOUNT PAST DUE
MORTGAGE OR RENT			\$	\$	\$
AUTO PAYMENT			\$	\$	\$
PERSONAL LOANS			\$	\$	\$

OBLIGATION	NAME, ADDRESS & ZIP CODE OF CREDITOR	ACCOUNT NUMBER	UNPAID BALANCE	MONTHLY PAYMENT	AMOUNT PAST DUE
PERSONAL LOANS			\$	\$	\$
SCHOOL LOANS			\$	\$	\$
CREDIT CARD			\$	\$	\$
CREDIT CARD			\$	\$	\$
OTHER (SPECIFY)			\$	\$	\$
OTHER (SPECIFY)			\$	\$	\$
TOTAL			\$	\$	\$

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", WRITE DETAILS ON PAGE 13 & 14. MARK "YES" IF THE QUESTION INVOLVES YOU, YOUR SPOUSE OR ANY EX-SPOUSE.

- D. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS? YES NO
- E. HAVE YOU EVER BEEN REFUSED CREDIT? YES NO
- F. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED? YES NO
- G. HAVE YOU EVER FILED BANKRUPTCY? YES NO
- H. HAVE YOU EVER BEEN SUED IN COURT? YES NO
- I. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC., EITHER WITH OR WITHOUT COURT ACTION? YES NO
- J. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF? YES NO
- K. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON? YES NO

VII. NARCOTIC AND LIQUOR USAGE

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", PLEASE EXPLAIN ON PAGES 13 & 14.

- A. WITHIN THE LAST SIX (6) MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL? YES NO
- B. WITHIN THE LAST SIX (6) MONTHS, HAVE YOU USED A CONTROLLED SUBSTANCE? YES NO

VIII. MARITAL STATUS/FAMILY MEMBERS

A. CHECK DESCRIPTION OF MARITAL STATUS. USE ADDITIONAL SPACE ON PAGES 13 & 14 IF NECESSARY.

SINGLE
 ENGAGED
 MARRIED
 SEPARATED
 DIVORCED
 WIDOWED

FIANCE OR SPOUSE'S MAIDEN NAME (IF APPLICABLE)	ADDRESS & ZIP CODE	PHONE	DATE OF BIRTH	DATE OF MARRIAGE
EX-SPOUSE'S NAME (IF APPLICABLE)	ADDRESS & ZIP CODE	PHONE	DATE OF BIRTH	DATE OF SEPARATION
IF SPOUSE IS DECEASED, FULL NAME (MAIDEN) OF DECEASED SPOUSE:				CAUSE #.
				DATE DECEASED

B. LIST ALL DEPENDENTS (USE ADDITIONAL SPACE ON PAGES 13 & 14 IF NECESSARY.)

NAME	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP	ADDRESS	RESIDES WITH WHOM	% OF SUPPORT

C. DO YOU NOW PAY CHILD SUPPORT FOR ALL CHILDREN BORN TO YOU? YES NO
 IF "NO", EXPLAIN:

D. AN EMPLOYEE OF THIS DEPARTMENT WORKS EIGHT (8) TO TWELVE (12) HOURS PER DAY. THE NUMBER OF DAYS PER WEEK MAY VARY, TO INCLUDE DAY OR NIGHT SHIFT. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES?
 YES NO

WHEN THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", EXPLAIN IN THE ADDITIONAL SPACE PROVIDED ON PAGES 13 & 14.

E. ARE YOU PRESENTLY LIVING WITH ANYONE ELSE (FRIEND OR RELATIVE)? YES NO

F. DO YOU HAVE ANY SERIOUS PROBLEMS WITH YOUR RELATIVES OR IN-LAWS? YES NO

G. LIST FULL NAMES OF YOUR IMMEDIATE FAMILY, SUCH AS FATHER, MOTHER (MAIDEN NAME), BROTHERS AND SISTERS. USE ADDITIONAL SPECE ON PAGES 13 & 14, IF NEEDED.

NAME	RELATIONSHIP	ADDRESS	PHONE	OCCUPATION	DATE OF BIRTH

IX. USE OF FORCE

A. IF THE NECESSITY AROSE FOR YOU TO SHOOT A PERSON IN THE COURSE OF YOUR DUTIES AS AN OFFICER, WOULD YOU HAVE ANY RELUCTANCE TO DO SO?

YES NO

IF "YES", EXPLAIN IN DETAIL: _____

B. HAVE YOU EVER USED A WEAPON TO DEFEND YOURSELF OR OTHERS? YES NO

IF "YES", EXPLAIN IN DETAIL: _____

X. NARRATIVE

A. IN 25 – 50 WORDS, EXPLAIN WHY YOU WISH TO BE A POLICE OFFICER:

XI. DRIVING HISTORY

A. LIST ALL DRIVER'S OR CHAUFFER'S LICENSES YOU NOW HOLD OR HAVE PREVIOUSLY HELD, EITHER IN MISSOURI OR ANY OTHER STATE OR COUNTRY.

STATE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE

B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED? YES NO

IF "YES", EXPLAIN:

C. LIST ALL DRIVING CITATIONS/TICKETS, OR SUMMONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT. (IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, GIVE APPROXIMATE DATES AND LOCATIONS.) USE ADDITIONAL SPACE ON PAGES 13 & 14, IF NECESSARY.

MONTH/YEAR	CHARGE	CITY/STATE	POLICE DEPARTMENT/AGENCY	DISPOSITION

D. LIST ALL VEHICLES WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE (INCLUDE MOTORCYCLES).

YEAR	MAKE	MODEL	LICENSE NUMBER	STATE

E. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST FIVE (5) YEARS?
 NUMBER _____ LIST THEM: _____

F. HAVE YOU RECENTLY CHANGED AUTOMOBILE INSURANCE COMPANIES? YES NO
 IF "YES", INDICATE DATE, NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS INSURANCE COMPANY.

G. CURRENT INSURANCE COMPANY: _____
 ADDRESS: _____ CITY _____ STATE _____ ZIP _____
 CURRENT INSURANCE AGENT'S NAME: _____ PHONE NUMBER: _____
 POLICY NUMBER: _____

H. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD YOUR INSURANCE CANCELLED?
 YES NO
 IF "YES", EXPLAIN IN DETAIL: _____

XII. EDUCATION

A. LEVEL OF EDUCATION (CHECK ALL THAT APPLY):
 GED CERTIFICATE HIGH SCHOOL DIPLOMA COLLEGE DEGREE OTHER
 IF OTHER, EXPLAIN IN DETAIL: _____

B. IF YOU PRESENTLY ATTEND SCHOOL, LIST THE NAME, ADDRESS OF SCHOOL AND NUMBER OF COURSES YOU ARE TAKING:

C. IF YOU ATTENDED COLLEGE, WHAT WAS YOUR MAJOR AND MINOR?

D. LIST ALL ELEMENTARY SCHOOLS, HIGH SCHOOLS, COLLEGES, AND UNIVERSITIES YOU ATTENDED:

DATES ATTENDED	NAME	ADDRESS & ZIP CODE	YEARS/CREDITS COMPLETED		DIPLOMA RECEIVED

E. DO YOU SPEAK OR WRITE ANY FOREIGN LANGUAGES? YES NO
 IF "YES", WHAT LANGUAGE(S) AND HOW WELL? _____

F. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE SCHOOL FOR ANY REASON?
 YES NO
 IF "YES", EXPLAIN: _____

G. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY POLICE DEPARTMENT? YES NO
 IF "YES", WHEN _____ WHAT DEPARTMENT? _____
 WHAT POSITION? _____ DISPOSITION? _____

H. HAVE YOU EVER RECEIVED ANY POLICE TRAINING? YES NO
 IF "YES", WHERE? _____ WHEN? _____
 DID YOU GRADUATE? YES NO (IF YES, ATTACH ALL DOCUMENTATION)
 TYPE OF TRAINING: _____

I. WHAT AREA OF POLICE WORK INTERESTS YOU MOST? _____

XIII. EMPLOYMENT HISTORY

A. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL THE PLACES YOU HAVE WORKED. IN THE PROPER ORDER, LIST PERIODS OF SCHOOL, MILITARY SERVICE AND EMPLOYMENT. LIST EVERYTHING FOR THE LAST TEN (10) YEARS. KEEP IN PROPER SEQUENCE. OMIT NOTHING. INCLUDE PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT.

MONTH & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

MONTH & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

MONTH & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

MONTH & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

MONTH & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

DATE & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

DATE & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

DATE & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES NO
 IF "YES", EXPLAIN IN DETAIL ON PAGES 13 & 14.

C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? YES NO
 IF "YES", EXPLAIN IN DETAIL ON PAGES 13 & 14, TO INCLUDE FINAL DISPOSITION OF ALL ITEMS, I.E., SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC.

PACIFIC POLICE DEPARTMENT APPLICATION CHECKLIST

A copy of the following documents must be included with this application, or explain fully below as to why they are not included. All documents submitted become the property of the Pacific, Missouri Police Department and will not be returned.

The following items should be submitted by all applicants:

- *1. Birth Certificate (State issued with raised impression, certified or notarized copy). YES NO
- 2. High School Diploma and Transcripts. YES NO
- 3. College Diploma and Certified Transcripts. YES NO N/A
- 4. Military Discharge DD214, indicating type of discharge. YES NO N/A
- *5. Two recent facial photographs. YES NO
- 6. Special Awards (school, military, etc.) YES NO
- *7. Naturalization Papers. YES NO N/A

In addition to the above, applicants for the position of police officer must also submit:

- 8. Copy of any license, including state issued motor vehicle operator's license, pilot's license, radio operator's license, etc. YES NO
- 9. Copy of Certificate of Completion from a 16-week accredited police academy as required for first class counties in Missouri. YES NO

Include document number and reason for its omission from the application:

* Must be submitted if offered a position, and prior to appointment.



AUTHORIZATION FOR RELEASE OF INFORMATION

8/31/21

I, _____ hereby authorize any representative of the Missouri Department of Public Safety's Peace Officer Standards and Training (POST) Program to release all information and records relating to my peace officer license, and all continuing law enforcement education training information and records to the following law enforcement agency:

Officer last four SSN: _____

Agency Name: _____

Contact Person: _____

Phone Number: _____

A photo static copy of this authorization will be considered as effective and valid as the original and shall not expire.

Signature of Licensee: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____.
I am commissioned as a notary public within the county of _____, state of _____, and my commission expires on _____, 20____.

NOTARY PUBLIC



**CERTIFICATE OF APPLICANT AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

(Read carefully before signing)

I, _____, hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief, and I understand and agree that any mis-statements or omission of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the Pacific Police Department.

I also do hereby authorize all law enforcement agencies, the Veterans Administration, U.S. Army, U.S. Navy, U.S. Air Force, all military agencies, all federal, state or local government agencies, state and federal tax bureaus, credit bureaus, schools and universities, to furnish the Chief of Police of the Pacific Police Department with all available information regarding me and for the release of any medical, physical, psychiatric and psychological records to the Chief of Police for purposes of determining my suitability for police work.

I authorize the Pacific Police Department to make inquiry of my present and past employers regarding my character, integrity, and reputation.

I authorize the release of all information regarding my employment, credit, and any other information, whether personal or otherwise, that may or may not be in their records, and release said company or person from all liability for any damage whatsoever that may issue from furnishing such information to the Pacific Police Department.

A copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant

Date

Signature of Witness

Date