

10. List all employers you have worked for within the last three years and the reasons for leaving:

| | |
|---------------------|---------------------|
| Employer | Employer |
| Address | Address |
| Work Number | Work Number |
| Reason for Leaving | Reason for Leaving |
| Dates of Employment | Dates of Employment |
| Employer | Employer |
| Address | Address |
| Work Number | Work Number |
| Reason for Leaving | Reason for Leaving |
| Dates of Employment | Dates of Employment |

11. Complete this section if answer to question 2 or 3 is Yes:

| Order of Offense | Place and date of arrest or citation List date, city and state | Describe specific charge at the time of original arrest (example, speeding, drunk driving, petty theft). Do not list penal codes. | If original charge was changed, list charge for which convicted. (Example, drunk driving reduced to reckless driving). | Disposition Guilty, not guilty, dismissed, bail forfeited, etc. | If guilty, list: Date, place and length of confinement and/or amount of fine. | Length of probation Name and address of probation officer. |
|------------------|---|---|--|--|---|---|
| 1ST | | | | | | |
| 2ND | | | | | | |
| 3RD | | | | | | |

12. Complete this section if answer to question 6 or 7 is Yes:

| Name of person in prison | Relationship | Date of birth | Prison No. | Facility | Dates From: To: |
|--------------------------|--------------|---------------|------------|----------|--------------------|
| | | | | | |
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| | | | | | |

I hereby certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct. I further understand that any falsifications, failure to answer all questions completely and accurately, or failure to immediately notify the Background Investigation Unit of any subsequent citations, arrests, convictions, employment terminations, or other negative law enforcement contacts or employment prior to my appointment may be cause for rejection or termination from employment with the Department.

| | |
|--|---------------------------------------|
| Signature | Date |
| <i>For Departmental Use Only</i> | |
| Reviewer: | Date: |
| <input type="checkbox"/> Approved for clearance update | <input type="checkbox"/> Not approved |