



Clackamas County Sheriff's Office

Statement of Personal History (SPH)

POSITION:

DATE:

The information furnished on this application form is confidential and is to be utilized for the purposes of enabling the Clackamas County Sheriff's Office to determine the applicant's qualifications.

This form must be hand printed clearly in black ink. All questions must be answered completely, accurately and candidly. All statements in this questionnaire are subject to verification.

- If space provided is inadequate, add a supplemental sheet to the back of this form and identify information by block number.
- If an item does not apply, enter "D.N.A."
- **DO NOT LEAVE ANY SPACES BLANK**
- Please **do not** put this application or additional paperwork in a binder.

You **increase** your chances of gaining employment at the Clackamas County Sheriff's Office by answering all questions completely, accurately and candidly.

If you have been terminated from employment, have a criminal record or other unfavorable matter, those matters alone may not keep you from being accepted. However, **the intentional omission, falsification or failure to disclose any matter will be a basis to reject your application.**

Further, you are advised to be candid as you respond to this questionnaire and subsequent inquiries by the Clackamas County Sheriff's Office. Both **full disclosure and complete truthfulness are required. Full disclosure means all of the information available in the matter, including but not limited to the name and contact information for each person involved, what each person would say about the matter and all reports or other documentation related to that matter. Failure to provide information in this manner may be a basis to reject your application.** Be prepared to discuss all matters covered in the SPH with the background investigator during a taped interview.

Please hand print in black ink

Be sure to include the zip codes of every address entered.

Underline name generally used or preferred

NAME: Last First Middle			SOCIAL SECURITY NUMBER		
HOME PHONE NUMBER		DPSST NUMBER OR OTHER POLICE CERTIFICATION#: State		DATE OF BIRTH	
Cell Phone		Pager	Message Phone		Email address
RESIDENCE: Number & Street		City	State	Zip Code	
MAILING ADDRESS: Number & Street		City	State	Zip Code	
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	DRIVER'S LICENSE NUMBER: State	PLACE OF BIRTH

BI _____ Date

Applicant Initials _____ Date

INSTRUCTIONS

Please read the instructions carefully. Your ability to follow instructions accurately and meet required timelines is part of the background process. Please note that all the documents covered on this list are your responsibility to obtain and should be directed to:

CLACKAMAS COUNTY SHERIFF'S OFFICE
ATTN: BACKGROUND INVESTIGATIONS
2223 KAEN ROAD
OREGON CITY, OR 97045

If you have any questions, please call Kay Lattos, Administrative Services Manager at (503) 655-8265.

*Note: It may take some time to obtain some of these documents, so begin working on them at once. **DO NOT** delay the completion of your background form nor delay the submission of this form to the Sheriff's Office while waiting for documents.*

The following original documents must be mailed from the issuing agency or institution directly to our address. These must be certified or official copies that bear a raised/official seal. Copies or photocopies will not be accepted in lieu of original documents.

- Your **BIRTH CERTIFICATE** available from the city/county registrar of births or the state vital statistics office. Note: If you were born outside the United States, you will need to bring either your original certificate of naturalization or your U.S. Passport to our office.
- Official **HIGH SCHOOL TRANSCRIPTS**, whether or not you graduated. These are available from the records office of your high school, the district records office, or church diocese office in the case of parochial schools no longer in operation.
- Official **COLLEGE TRANSCRIPTS** from each college and university that you have attended whether or not you graduated.

Mail or bring the following documents to us. Only one (1) item per page. Copies or photocopies may be accepted.

- Copy of your high school diploma, GED, or certificate of high school proficiency;
- Copy of any college diploma you possess;
- Copy of your DD214 if you were in the military;
- Copy of any traffic collision report in which you were named as a driver;
- Copy of any police report in which you were involved in any way;
- Copies of professional certificates, awards, recognition, etc. that you would like considered.

I acknowledge that all documents received by the Clackamas County Sheriff's Office for the purpose of this background investigation will remain the property of the Sheriff's Office and will not be returned to me at any time prior to or after completion of the background investigation even if employment is not a result.

I acknowledge that it is my responsibility to arrange for each of the documents above that apply to me. Failure to do so may result in my being dropped from consideration for this position.

SIGNATURE

DATE

BI Date

Applicant Initials Date

1. PERSONAL

List any other name that you have used or by which you have been known. Fully explain why it was used, where and when. Include nicknames and maiden name:			
1.	2.		
3.	4.		
IF NATURALIZED: <i>Date</i> <i>Place</i> <i>Court of Naturalization</i>			US CITIZEN? Yes <input type="checkbox"/> No <input type="checkbox"/>
A. Can you perform the essential functions of this position as outlined in the job announcement, with or without reasonable accommodation?			Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Have you ever been named as a suspect, charged or arrested for a crime? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Are there any issues, incidents, events, etc. in your life that may reflect upon your suitability to perform the duties for the position for which you are applying; or, are there any issues, incidents, events, etc. in your life that require further explanation? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Have you ever been named in a police report for anything? List every contact you have ever had with a police officer, campus security or other law enforcement officer.			Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Have you ever been named in or been a party to a restraining order or stalking order? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Have you ever been a defendant, a petitioner or a witness in a lawsuit? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
G. Are there any current or pending civil actions against you? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
H. Have you ever used an illegal drug (to include marijuana)? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>

2. MOTOR VEHICLE RECORD

A. Do you have a license to operate a motor vehicle? <i>List all states in which you have been licensed.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Do you have an instructional permit? <i>If yes, which state?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Is your driver's license currently valid? <i>If no, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Has your driver's license ever been suspended or revoked? <i>If yes, when and where?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E. Have you ever been convicted of or paid fines for any traffic violations, except parking ordinances? <i>If yes, explain fully all information on a supplemental page.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F. Have you ever failed to appear for any court appearance either traffic or criminal related? <i>If yes, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. WEAPON PERMIT

A. Have you ever applied for a concealed weapon permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Did you receive the concealed weapon permit? <i>If no, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
LAW ENFORCEMENT AGENCY	PERMIT NUMBER	
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>	DATE OF ISSUE	
C. Have you ever had your permit revoked? <i>If yes, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Can you legally possess a firearm? <i>If no, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Background Investigator _____

Date _____

4. MARITAL STATUS MARRIED DIVORCED SEPARATED WIDOWED SINGLE SIGNIFICANT OTHER

FULL NAME OF SPOUSE/SIGNIFICANT OTHER/FIANCE(E)			
DATE OF MARRIAGE	SPOUSE'S DATE OF BIRTH	SPOUSE'S MAIDEN NAME	
SPOUSE'S EMPLOYER NAME	ADDRESS: <i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i> PHONE NUMBER
1. FORMER SPOUSE'S CURRENT NAME	1. FORMER SPOUSE'S MAIDEN NAME	2. FORMER SPOUSE'S CURRENT NAME	2. FORMER SPOUSE'S MAIDEN NAME
DATE MARRIED	WHERE PERFORMED	DATE MARRIED	WHERE PERFORMED
DATE DIVORCED	WHERE FILED	DATE DIVORCED	WHERE FILED
ADDRESS: <i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>	ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>
PHONE NUMBER	DATE OF BIRTH	PHONE NUMBER	DATE OF BIRTH

Please reference any additional information on a supplemental page.

5. RELATIVES

List the full names of APPLICANT'S parents or guardians, brothers and/or sisters as indicated:	
FATHER / GUARDIAN	DATE OF BIRTH
ADDRESS: <i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i> PHONE NUMBER
MOTHER / GUARDIAN	DATE OF BIRTH
ADDRESS: <i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i> PHONE NUMBER
1. BROTHER / SISTER	DATE OF BIRTH
ADDRESS: <i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i> PHONE NUMBER
2. BROTHER / SISTER	DATE OF BIRTH
ADDRESS: <i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i> PHONE NUMBER
3. BROTHER / SISTER	DATE OF BIRTH
ADDRESS: <i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i> PHONE NUMBER
4. BROTHER / SISTER	DATE OF BIRTH
ADDRESS: <i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i> PHONE NUMBER
List the full names of SPOUSE/SIGNIFICANT OTHER/FIANCE(E)'S parents or guardians, brothers and/or sisters as indicated:	
FATHER / GUARDIAN	DATE OF BIRTH
ADDRESS: <i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i> PHONE NUMBER
MOTHER / GUARDIAN	DATE OF BIRTH
ADDRESS: <i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i> PHONE NUMBER
1. BROTHER / SISTER	DATE OF BIRTH
ADDRESS: <i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i> PHONE NUMBER

Background Investigator

Date

5. RELATIVES (Continued)

2. BROTHER / SISTER		DATE OF BIRTH
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		PHONE NUMBER
3. BROTHER / SISTER		DATE OF BIRTH
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		PHONE NUMBER
4. BROTHER / SISTER		DATE OF BIRTH
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		PHONE NUMBER
List the full names of all children:		
1. NAME	DATE OF BIRTH	2. NAME
3. NAME	DATE OF BIRTH	4. NAME
List all persons with whom you currently reside:		
1. NAME	RELATIONSHIP	DATE OF BIRTH
2. NAME	RELATIONSHIP	DATE OF BIRTH
3. NAME	RELATIONSHIP	DATE OF BIRTH
4. NAME	RELATIONSHIP	DATE OF BIRTH
5. NAME	RELATIONSHIP	DATE OF BIRTH
6. NAME	RELATIONSHIP	DATE OF BIRTH
<p>Has any relative of yours, or your current or former spouse, or anyone previously or currently living with you, or anyone you are currently or previously were associated with ever been convicted of a felony under the laws of any state or federal law? <i>If yes, explain fully on a supplemental page. List the city/county/state or other identifying data of where these convictions happened. Also list the dates.</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>		

6. RESIDENCES

<p>List all residences since eighteen (18) years of age. List present address first. Include all military stations. Use supplemental page if necessary.</p>		
1. ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		
COUNTY	DATES FROM / TO	OWNED <input type="checkbox"/> RENTED <input type="checkbox"/>
List all the persons with whom you resided at this location.		
2. ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		
COUNTY	DATES FROM / TO	OWNED <input type="checkbox"/> RENTED <input type="checkbox"/>
List all the persons with whom you resided at this location.		
3. ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		
COUNTY	DATES FROM / TO	OWNED <input type="checkbox"/> RENTED <input type="checkbox"/>
List all the persons with whom you resided at this location.		

Background Investigator _____

Date _____

6. RESIDENCES (Continued)

4. ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			
COUNTY	DATES FROM / TO	OWNED <input type="checkbox"/>	RENTED <input type="checkbox"/>
List all the persons with whom you resided at this location.			
5. ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			
COUNTY	DATES FROM / TO	OWNED <input type="checkbox"/>	RENTED <input type="checkbox"/>
List all the persons with whom you resided at this location.			
6. ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			
COUNTY	DATES FROM / TO	OWNED <input type="checkbox"/>	RENTED <input type="checkbox"/>
List all the persons with whom you resided at this location.			
7. ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			
COUNTY	DATES FROM / TO	OWNED <input type="checkbox"/>	RENTED <input type="checkbox"/>
List all the persons with whom you resided at this location.			
8. ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			
COUNTY	DATES FROM / TO	OWNED <input type="checkbox"/>	RENTED <input type="checkbox"/>
List all the persons with whom you resided at this location.			
9. ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			
COUNTY	DATES FROM / TO	OWNED <input type="checkbox"/>	RENTED <input type="checkbox"/>
List all the persons with whom you resided at this location.			
10. ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			
COUNTY	DATES FROM / TO	OWNED <input type="checkbox"/>	RENTED <input type="checkbox"/>
List all the persons with whom you resided at this location.			

7. CREDIT RECORD

A. The management of personal finances is relevant to an individual's qualifications for the position of peace officer. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligation. Be complete and accurate.			
B. Have you ever been refused credit? <i>If yes, explain fully on a supplemental page.</i>	Yes	No	
C. Have you ever had any debt turned over to a collections agency? <i>If yes, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
D. Have you ever had purchased goods repossessed? <i>If yes, explain fully on a supplemental page.</i>	Yes	No	
E. Have your wages ever been garnished? <i>If yes, explain fully on a supplemental page.</i>	Yes	No	
F. Are you purchasing your residence?	Yes	No	

Background Investigator _____

Date _____

7. CREDIT RECORD (Continued)

G. Do you rent?				Yes	No
LANDLORD'S NAME		ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			PHONE NUMBER
Mortgage / Rent <i>(Circle one that applies)</i>	PAYMENT	BALANCE OWING	MORTGAGE IF BUYING: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		
H. List total monthly payments:					
Household expenses (rent or payment, utilities)					\$
Charge Accounts					\$
Finance company(s)					\$
Doctors and/or dentists					\$
Vehicles, boats, or other equipment					\$
Miscellaneous (child support, etc)					\$
Banks or credit unions					\$
I. List all outstanding indebtedness. Use supplemental page if necessary.					
NAME OF COMPANY		<i>Address / City / State / Zip Code</i>			PRESENT BALANCE
					\$
NAME OF COMPANY		<i>Address / City / State / Zip Code</i>			PRESENT BALANCE
					\$
NAME OF COMPANY		<i>Address / City / State / Zip Code</i>			PRESENT BALANCE
					\$
NAME OF COMPANY		<i>Address / City / State / Zip Code</i>			PRESENT BALANCE
					\$
NAME OF COMPANY		<i>Address / City / State / Zip Code</i>			PRESENT BALANCE
					\$
NAME OF COMPANY		<i>Address / City / State / Zip Code</i>			PRESENT BALANCE
					\$
Total financial obligation:					\$

Background Investigator _____

Date _____

8. EDUCATION

A. Are you a high school graduate? Have you obtained a GED?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
B. Circle highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16												
C. List all schools, including civilian and military schools starting from the most current:												
Name / Address of School:	Dates of Attendance	GRADUATED		Major	Degree	Credit	Hours					
		Yes	No									
Name / Address of School:	Dates of Attendance	GRADUATED		Major	Degree	Credit	Hours					
		Yes	No									
D. List all licenses and certifications and the issuing state:												
1. Type of Certificate	Title	Certificate/Registration #				State Issued						
2. Type of Certificate	Title	Certificate/Registration #				State Issued						
3. Type of Certificate	Title	Certificate/Registration #				State Issued						
4. Type of Certificate	Title	Certificate/Registration #				State Issued						
5. Type of Certificate	Title	Certificate/Registration #				State Issued						
6. Type of Certificate	Title	Certificate/Registration #				State Issued						
E. Have you ever been denied a license for which you applied? If yes, list reason and date(s) on supplemental page.									Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
F. Have you ever had your professional license suspended, revoked, censured, or placed on probation for any reason? If yes, list reason and date(s) on supplemental page.									Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

9. MILITARY

A. Have you served in the armed forces of the United States?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
BRANCH OF SERVICE	DATE OF ENTRY	DATE OF DISCHARGE				
TYPE OF DISCHARGE: <i>Attach a copy of the Separation form.</i>	RANK OR RATE ATTAINED					
JOB PERFORMED	PERIOD OF MILITARY OBLIGATION REMAINING					

Background Investigator _____

Date _____

9. MILITARY (Continued)

B. Are you in the National Guard or Reserve? If yes, explain fully below:	Yes	No					
_____ _____							
C. Are you registered with the selective service? State registered:	Month:	Day:	Year:	Yes	No		
D. While in the military, were you ever arrested for any offense, a defendant in any trial, or did you receive any disciplinary action? <i>If yes, give date, place, law enforcement agency or type, court, or court martial and action taken on a supplemental page.</i>						Yes	No
E. While in the military, were you listed as AWOL or on unauthorized leave?						Yes	No

10. EMPLOYMENT

A. Have you ever been involved in any incident that resulted in employment discipline action of any kind, to include material reflecting caution, consultation, warning, admonishment, reprimand, written or non-written (oral)? <i>If yes, explain fully on a supplemental page.</i>	Yes	No
B. Have you ever been discharged; or have you ever resigned under pressure or unfavorable circumstances or under mutual separation? <i>If yes, explain fully on a supplemental page.</i>	Yes	No
C. Have you ever been denied during an application process from any employment? <i>If yes, explain fully on a supplemental page.</i>	Yes	No
D. Would any problems result if your present employer were contacted during the course of this background? If yes, when should such contact be made:	Yes	No

LIST BELOW EVERY PERIOD OF EMPLOYMENT AND EMPLOYER SINCE AGE 18 OR FOR THE LAST 15 YEARS, WHICHEVER IS LONGER. BEGIN WITH PRESENT EMPLOYMENT. INCLUDE PART TIME AND VOLUNTEER JOBS. LIST DATES OF NON-EMPLOYMENT WITH EXPLANATION ON SUPPLEMENTAL FORM. USE A SUPPLEMENTAL PAGE IF NECESSARY

FROM DATE	1. EMPLOYER		JOB TITLE DESCRIPTION
TO DATE	ADDRESS: <i>Street Code</i> <i>City State Zip</i>		SUPERVISOR
SALARY / HOUR	PHONE NUMBER	REASON FOR LEAVING / GAP IN EMPLOYMENT	NAME AND PHONE NUMBER OF ONE CO-WORKER
FROM DATE	2. EMPLOYER		JOB TITLE DESCRIPTION
TO DATE	ADDRESS: <i>Street Code</i> <i>City State Zip</i>		SUPERVISOR
SALARY / HOUR	PHONE NUMBER	REASON FOR LEAVING / GAP IN EMPLOYMENT	NAME AND PHONE NUMBER OF ONE CO-WORKER
FROM DATE	3. EMPLOYER		JOB TITLE DESCRIPTION
TO DATE	ADDRESS: <i>Street Code</i> <i>City State Zip</i>		SUPERVISOR
SALARY / HOUR	PHONE NUMBER	REASON FOR LEAVING / GAP IN EMPLOYMENT	NAME AND PHONE NUMBER OF ONE CO-WORKER
FROM DATE	4. EMPLOYER		JOB TITLE DESCRIPTION
TO DATE	ADDRESS: <i>Street Code</i> <i>City State Zip</i>		SUPERVISOR
SALARY / HOUR	PHONE NUMBER	REASON FOR LEAVING / GAP IN EMPLOYMENT	NAME AND PHONE NUMBER OF ONE CO-WORKER

Background Investigator _____

Date _____

10. EMPLOYMENT (Continued)

FROM DATE	5. EMPLOYER			JOB TITLE DESCRIPTION
TO DATE	ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip</i> <i>Code</i>			SUPERVISOR
SALARY / HOUR	PHONE NUMBER	REASON FOR LEAVING / GAP IN EMPLOYMENT	NAME AND PHONE NUMBER OF ONE CO-WORKER	
FROM DATE	6. EMPLOYER			JOB TITLE DESCRIPTION
TO DATE	ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip</i> <i>Code</i>			SUPERVISOR
SALARY / HOUR	PHONE NUMBER	REASON FOR LEAVING / GAP IN EMPLOYMENT	NAME AND PHONE NUMBER OF ONE CO-WORKER	
FROM DATE	7. EMPLOYER			JOB TITLE DESCRIPTION
TO DATE	ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip</i> <i>Code</i>			SUPERVISOR
SALARY / HOUR	PHONE NUMBER	REASON FOR LEAVING / GAP IN EMPLOYMENT	NAME AND PHONE NUMBER OF ONE CO-WORKER	

11. REFERENCES

List seven (7) persons not related to you, your spouse, significant other or fiancé(e) who know you well that we may contact. Preferably list residents of Oregon. Do not include employers or previously listed co-workers. Failure to furnish all of the information below will prevent processing your application. These may include counselors, instructors, etc. Please contact each reference prior to listing to obtain permission and accurate contact information.

1. NAME		Relationship	HOME PHONE NUMBER	
ADDRESS: <i>Street</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
OCCUPATION			HOW LONG KNOWN	
		WORK PHONE NUMBER		
2. NAME		Relationship	HOME PHONE NUMBER	
ADDRESS: <i>Street</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
OCCUPATION			HOW LONG KNOWN	
		WORK PHONE NUMBER		
3. NAME		Relationship	HOME PHONE NUMBER	
ADDRESS: <i>Street</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
OCCUPATION			HOW LONG KNOWN	
		WORK PHONE NUMBER		
4. NAME		Relationship	HOME PHONE NUMBER	
ADDRESS: <i>Street</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
OCCUPATION			HOW LONG KNOWN	
		WORK PHONE NUMBER		
5. NAME		Relationship	HOME PHONE NUMBER	
ADDRESS: <i>Street</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
OCCUPATION			HOW LONG KNOWN	
		WORK PHONE NUMBER		

Background Investigator _____

Date _____

11. REFERENCES (Continued)

6. NAME	Relationship	HOME PHONE NUMBER
ADDRESS:	Street City State Zip Code	HOW LONG KNOWN
OCCUPATION	WORK PHONE NUMBER	
7. NAME	Relationship	HOME PHONE NUMBER
ADDRESS:	Street City State Zip Code	HOW LONG KNOWN
OCCUPATION	WORK PHONE NUMBER	

12. CONCLUSION

A. Do you have an active application on file or have you ever applied with any other police agency? If yes, list agency, address, date of application and status if known. Yes <input type="checkbox"/> No <input type="checkbox"/>		
AGENCY:	Street / City / State / Zip Code	DATE OF APPLICATION STATUS
AGENCY:	Street / City / State / Zip Code	DATE OF APPLICATION STATUS
AGENCY:	Street / City / State / Zip Code	DATE OF APPLICATION STATUS
AGENCY:	Street / City / State / Zip Code	DATE OF APPLICATION STATUS
B. Are you willing to take an oath to support the Constitution of the United States and the Constitution of the State of Oregon? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Background Investigator _____

Date _____

