



BACKGROUND INVESTIGATION FORM LEXINGTON POLICE DEPARTMENT



(To be completed by applicant)

This form **must** be clearly printed in black ink or printed from a computer. All questions **must** be answered, if applicable. If not, indicate **N/A (Not applicable)**. Pages which are **not** completed and legible **will not** be considered. If space is not sufficient for complete answers, or you wish to furnish additional information, **attach additional sheets** of the same size as this form and refer to the question answered. **ATTENTION:** If any pages are missing from this questionnaire when turned in, the applicant will not be considered. **(18 pages)**

Position Desired: _____ Date: _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Height: _____ Hair: _____ Eyes: _____

Date of Birth: _____ Place of Birth: _____ Social Security#: _____

All Email Addresses: _____

Home Phone# () Work# () Cell#()

List **All** Social Media accounts and user names:

Other names used (Nicknames, aliases, maiden name, former names changed legally or otherwise): _____

Are you legally eligible for employment in the USA: _____.

(For Males Only) Have You Registered with the Selective Service? _____.

If not, Explain. _____

* If extra pages are needed, please attach *



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Please list **All States** you have received a Driver’s License and list the Driver’s License Number.

| | | | |
|---------|------------|---------|------------|
| _____ | _____ | _____ | _____ |
| (State) | D/L Number | (State) | D/L Number |
| _____ | _____ | _____ | _____ |
| (State) | D/L Number | (State) | D/L Number |
| _____ | _____ | _____ | _____ |
| (State) | D/L Number | (State) | D/L Number |

Driving History and Vehicle Information

List **ALL** Vehicles Registered under your name, to include the make, model, license plate numbers, and current valid insurance information (Carrier and policy number).

Have you **ever** been denied vehicle insurance? _____.

Have you **ever** filed an insurance claim? _____.

Have you **ever** made a false insurance claim? _____.

Have you **ever** been involved in an automobile crash where you where the driver? _____

Has any vehicle crash **ever** been determined to be your fault? ___ was a ticket issued? ___

If you answered **yes** to **any** of the above questions write a detailed statement below:
where it occurred, when, how and the outcome.



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MILITARY SERVICE

Have you **ever** been a member of the armed forces, United States or Foreign? _____

Branch of Service: _____ Service#: _____

Date of Entry: _____ Date of Discharge: _____

Type of Discharge: _____ Place of Discharge: _____

Reason for Separation: _____

Rank upon Entry: _____ Rank of Discharge: _____

Reserve Obligation: _____
(Active) (Inactive) (Until what date)

Eligible to reenlist: _____

Military Citations and awards received:
_____, _____, _____

List **ANY** Disciplinary Actions or Military Courts received:

_____, _____, _____, _____
(Date) (Command) (Location) (Nature of Charge)

(Disposition) *If you have other disciplinary action, please attach sheets.



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Job Related

Have you **ever** quit **any** job without giving notice? _____

Have you **ever** been fired from **any** job? _____

Have you **ever** lied to your supervisor? _____

Have you **ever** faked an injury on the job? _____

Have you **ever** been suspended from **any** job? _____

Have you **ever** received any disciplinary action from **any** job? _____

If you answered **yes** to any of the above questions please explain in detail.



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List below present and past employment for the past 10 years, beginning with your most recent.
Include periods of unemployment. Continue on a separate sheet of paper if necessary.

| Name and Address of Company and Type of Business | Employment Dates | Beginning Salary | Ending Salary | Reason for Leaving | Supervisor |
|--|------------------|------------------|---------------|--------------------|------------|
| _____ _____ _____ | | | | | |
| Telephone: | | | | | |

| |
|----------------------------|
| Describe the work you did: |
| |

| Name and Address of Company and Type of Business | Employment Dates | Beginning Salary | Ending Salary | Reason for Leaving | Supervisor |
|--|------------------|------------------|---------------|--------------------|------------|
| _____ _____ _____ | | | | | |
| Telephone: | | | | | |

| |
|----------------------------|
| Describe the work you did: |
| |



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| Name and Address of Company and Type of Business | Employment Dates | Beginning Salary | Ending Salary | Reason for Leaving | Supervisor |
|--|------------------|------------------|---------------|--------------------|------------|
| _____ _____ _____ | | | | | |
| Telephone: | | | | | |

| |
|----------------------------|
| Describe the work you did: |
| |

| Name and Address of Company and Type of Business | Employment Dates | Beginning Salary | Ending Salary | Reason for Leaving | Supervisor |
|--|------------------|------------------|---------------|--------------------|------------|
| _____ _____ _____ | | | | | |
| Telephone: | | | | | |

| |
|----------------------------|
| Describe the work you did: |
| |



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FINANCIAL STATEMENT

Are you currently meeting your financial obligations? _____

Are you currently late on **any** bills (more than 30 days)? _____

Are you able to pay your bills on time when they are due? _____

Have you **ever** been contacted by **any** Collection Agency regarding **any** outstanding unpaid debt? _____

Have any of your bills **ever** gone to Collections? _____

Have you **ever** been sued in court for the collection of **any** debt contracted by you? _____

Have you **ever** filed for Bankruptcy? _____ Have you **ever** been declared officially bankrupt? _____

Have you **ever** had your wages Garnisheed? _____

Have you **ever** used false or fraudulent information to obtain credit? _____

If the answer to any of the above questions is **yes**, please give the date, name of court and location of court. Also give a detailed statement explaining your answer.

_____, _____, _____
(Date) (Court) (Location of Court)

_____, _____, _____
(Date) (Court) (Location of Court)

_____, _____, _____
(Date) (Court) (Location of Court)

Statement: _____



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FAMILY DATA

Present Marital Status: **Circle One**- Single, Married, Widowed, Separated, Divorced

If divorced, give date, name and location of court granting the decree: _____,
_____, _____ (Date)
(Court) (Location of Court)

Present or Former Spouse:

Present Spouse Phone #

Name: _____ Maiden name: _____
(Last) (First) (Middle)

Present address: _____ City: _____ State: _____

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Place of Employment: _____

Employment Address: _____, City: _____, State: _____

Occupation: _____ Phone #'s: _____; _____

List the names, ages and relationship of **all** persons living with you:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Father's Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Address: _____ City: _____ State: _____

* If extra pages are needed, please attach *



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Father's Occupation: _____

Mother's Name: _____ Date of Birth: _____
(Last) (First) (Middle) (Maiden)

Address: _____ City: _____ State: _____

Mother's Occupation: _____

Are any of the people living with you a convicted felon? _____

Have you ever been involved in any domestic violence situation? _____

Have any of your family members been a member of any criminal street gang? _____

Have you ever been a member of any criminal street gang? _____

Have you ever been involved in any physical altercation? _____

If you answered yes to any of the above questions, please provide a detailed statement to include the location, date and names of who were involved.

Statement:

Multiple horizontal lines for writing a statement.



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PAST ADDRESSES:

Please list your addresses for the past **Ten Years**. If you served in the Armed Forces, list your **Duty Stations** while in the military. Start with your **Present Address**.

| | | | | |
|----------------|----------------|-----------|-----------|---------|
| | (From/To) | (Address) | (City) | (State) |
| Property Name: | (Name/Manager) | (Address) | (Address) | (Phone) |

| | | | | |
|----------------|----------------|-----------|-----------|---------|
| | (From/To) | (Address) | (City) | (State) |
| Property Name: | (Name/Manager) | (Address) | (Address) | (Phone) |

| | | | | |
|----------------|----------------|-----------|-----------|---------|
| | (From/To) | (Address) | (City) | (State) |
| Property Name: | (Name/Manager) | (Address) | (Address) | (Phone) |

| | | | | |
|----------------|----------------|-----------|-----------|---------|
| | (From/To) | (Address) | (City) | (State) |
| Property Name: | (Name/Manager) | (Address) | (Address) | (Phone) |

| | | | | |
|----------------|----------------|-----------|-----------|---------|
| | (From/To) | (Address) | (City) | (State) |
| Property Name: | (Name/Manager) | (Address) | (Address) | (Phone) |



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MISCELLANEOUS INFORMATION

Have you **previously** served as a Law Enforcement Officer? _____

If **yes**, state in what capacity, location, date and reason for leaving: (List All)

List Law Enforcement Agencies you have applied for in the past three years.

| | | | |
|--------|----------|------------|----------|
| (Date) | (Agency) | (Location) | (Status) |
| (Date) | (Agency) | (Location) | (Status) |
| (Date) | (Agency) | (Location) | (Status) |

SKILLS/CERTIFICATIONS/BILINGUAL

List any specialized skills, certification, or bilingual proficiencies you possess:

Skills: _____

Certifications/Length of time till expires: _____

Bilingual (list the language proficiency you possess): _____



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LEGAL HISTORY

Have you **ever** been **arrested OR charged** with **any** criminal offense? _____

Have you **ever** had **any** police contact? _____ (list all)

Have you **ever** had the police called on you? _____

Have you **ever** been questioned or detained by the police? _____

Have you **ever** committed a crime where you were not caught? _____

Have you **ever** been required to furnish bail/bond for appearance in **any** court of law? _____

Have you **ever** been convicted in **any** court of **any** criminal charge-**Felony or Misdemeanor?**

Have you **ever** received a **Traffic Summons** for **any** violation of traffic laws? (List all)

If the answer to **any** of the above questions is **yes**, explain below in detail. Please give the date, location and state, charge and final disposition in each case.

| (Date) | (Location & State) | (Charge) | (Final Disposition) |
|--------|--------------------|----------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Statement:



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Narcotic/ Drug/ Alcohol Information

Have you **ever possessed, used, or distributed any** illegal drug or substance, such as: Marijuana, Heroin, Speed, LSD, Cocaine, Hashish, others? _____

Have you **ever** taken a prescription drug that was not prescribed to you by a doctor? _____

Have you **ever** sold prescription drugs illegally? _____

Have you **ever** consumed alcohol underage? _____

Have you **ever** supplied alcohol for someone who is underage? _____

If the answer is **yes** to **any** of the above, describe the circumstances in **detail**.

| | | | |
|--------|--------|--------|--------|
| _____ | _____ | _____ | _____ |
| (Date) | (Drug) | (Date) | (Drug) |
| _____ | _____ | _____ | _____ |
| (Date) | (Drug) | (Date) | (Drug) |

Statement: _____

* If extra pages are needed, please attach *



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LEGAL HISTORY CONTINUED

If you answer **yes** to any of the below questions please provide a detailed statement to include when (date), location, and names. Who else would know these things about you?

- Have you **ever** trespassed? _____
- Have you **ever** committed arson? _____
- Have you **ever** committed a sexual assault? _____
- Have you **ever** sold drugs illegally? _____
- Have you **ever** shoplifted? _____
- Have you **ever** stolen anything? _____
- Have you **ever** forged any document? _____
- Have you **ever** knowingly issued a bad check? _____
- Have you **ever** used tobacco underage? _____

Statement:

* If extra pages are needed, please attach *



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EDUCATION

List the name, address and telephone number of all schools attended, the course of study, and the highest level of education achieved (i.e., AA Degree, 60 credit hours, etc).

1. _____, _____, _____,
(Name and year attended) (Address) (City or County)

_____, (_____) _____,
(State) (Telephone Number) (Credit Hours)

(Courses Taken)

(Highest Level of Education Achieved)

2. _____, _____, _____,
(Name and year attended) (Address) (City or County)

_____, (_____) _____,
(State) (Telephone Number) (Credit Hours)

(Courses Taken)

(Highest Level of Education Achieved)



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PERSONAL REFERENCES

List the name, address, telephone number and email of three (3) personal references **not** related to you:

1. _____, _____, _____,
(Name) (Address) (City or County)
_____, (_____) _____,
(State) (Telephone Number) (Email)

2. _____, _____, _____,
(Name) (Address) (City or County)
_____, (_____) _____,
(State) (Telephone Number) (Email)

3. _____, _____, _____,
(Name) (Address) (City or County)
_____, (_____) _____,
(State) (Telephone Number) (Email)

List **any** clubs, social or fraternal organizations, professional or trade unions or associations to which you are currently a member of or have been a member in the past.

Do you have **any** relatives currently working for the City of Lexington? If yes please list name(s) and type of relationship. _____

Are you acquainted with any members of the Lexington Police Department? If yes please list name(s). _____

* If extra pages are needed, please attach *



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DISCLOSURE INFORMATION

The following statement is to be given to each individual seeking employment with the **Lexington Police Department**. Each applicant is subjected to a complete background investigation conducted by a representative of the **Lexington Police Department**.

The **Lexington Police Department** is involved in the process of hiring applicants only to the extent of background investigations, interviews and recommendations. The Police Department is not authorized to offer employment to an applicant and no statement made by a member of the Police Department shall be construed as a job offer to the applicant.

Before signing this release, be **sure** that **all** information represents the entire truth as it relates to the questions asked. **Any** misrepresentation or omission given by the applicant will be **Immediate Grounds for Termination** of employment or elimination from the selection process. Applicant and LPD personnel will go over each section and make sure everything is correct and accurate. **NOW** is this time to disclose, correct or add any information. There will not be time later to add or correct information. What is handed in is what will be used as the full background check process. Copies of the following on page 18 may be handed in later in a timely manner if they were not included when the original background questionnaire was handed in.

(Signature of Applicant)

(Date)



BACKGROUND INVESTIGATION FORM LEXINGTON POLICE DEPARTMENT



INVESTIGATOR REVIEW

- Read Disclosure/ Sign Disclosure
- Birth Certificate (Copy)
- Social Security Card (Copy)
- Diploma (Copy)
- DD 214 (Military) (Copy)
- Driver's License (Copy)
- Notarized Release of Information
- College Transcripts (Copy)
- Go over each section

I certify that I have reviewed this Background Questionnaire with the above named applicant and that the applicant has acknowledged that information given is true and accurate to the best of their knowledge.

(Investigator)

(Date)

Additional Comments: _____

