

READ INSTRUCTIONS!

LEESBURG POLICE DEPARTMENT
APPLICANT SCREENING QUESTIONNAIRE

The purpose of this questionnaire is to determine if you meet the standards established by the Leesburg Police Department. False or misleading information will disqualify you from further consideration. A polygraph examination will be administered as part of the applicant process in addition to a full background investigation. Please use the comments section or add additional pages to this form if you need to more fully explain any areas. DO NOT LEAVE ANY SECTIONS BLANK (If an area does not apply, please indicate so). IF YOU FAIL TO COMPLETE ANY SECTION, NO FURTHER ACTION WILL BE TAKEN ON YOUR APPLICATION. Thank you for your cooperation.

Name: LAST FIRST MIDDLE

Address:

Telephone: (Home) (Work) (E-Mail)

DOB: SSN: Male Female

U.S. Citizen YES NO High School Diploma or GED YES NO

Position Applied For Police Officer / Communications Technician / Other

Present Occupation

Law Enforcement / Communications Technician Experience YES NO

Agency

Reason for Leaving (if applicable)

Military Experience YES NO

Years Service Branch

Discharge: Honorable General Dishonorable Date

Any Court Martial / Article 15 Proceedings? YES NO

Explain

College Degree (Major) Associates Bachelors Masters

Driving History

Current Drivers License Number State Ever held out of state license? YES NO

List other states

Ever suspended or revoked? YES NO

If so, when, where and for what reason

Ever charged with Reckless Driving? YES NO

Date: Location: Disposition:

Ever charged with a drunk driving related offense? YES NO

Date: Charge:

Location: Disposition:

List all traffic charges, tickets, summons', etc. regardless of final disposition for your entire driving history:

Date (year only): Charge:

Location: Disposition:

Date (year only): Charge:

Location: Disposition:

Date (year only): Charge:

Location: Disposition:

Date (year only): Charge:

Location: Disposition:

Date (year only): Charge:

Location: Disposition:

Date (year only): Charge:

Location: Disposition:

(Continued on reverse side)

**DO NOT LEAVE ANY SECTIONS BLANK (If an area does not apply, please indicate so)**

**Ever charged with a criminal offense?** ..... YES NO

Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Location: \_\_\_\_\_ Disposition: \_\_\_\_\_

**Drug Use:**

	<u>Date of last use</u>	<u>Please Elaborate</u>
Marijuana	_____	_____
Cocaine / Crack	_____	_____
LSD	_____	_____
Mushrooms	_____	_____
PCP	_____	_____
Ecstasy	_____	_____
Speed	_____	_____
Steroids	_____	_____
Oxycontin	_____	_____
Other	_____	_____

**Other Law Enforcement Applications**

Leesburg Police Department (if yes, when)? \_\_\_\_\_

Results: \_\_\_\_\_

Other Agencies:

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Results: \_\_\_\_\_

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Results: \_\_\_\_\_

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Results: \_\_\_\_\_

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Results: \_\_\_\_\_

**Civil Action**

Ever been sued? ..... YES NO

Date: \_\_\_\_\_ Circumstances: \_\_\_\_\_

Ever brought suit against another? ..... YES NO

Date: \_\_\_\_\_ Circumstances: \_\_\_\_\_

Ever declared bankruptcy? ..... YES NO

Date: \_\_\_\_\_ Circumstances: \_\_\_\_\_

Ever had judgments placed against you? ..... YES NO

Date: \_\_\_\_\_ Circumstances: \_\_\_\_\_

Ever had any debts go to collection? ..... YES NO

Date: \_\_\_\_\_ Circumstances: \_\_\_\_\_

**GENERAL COMMENTS** \_\_\_\_\_

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**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INTERVIEWER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_