

## **ADVISORY**

This application will not be accepted unless it is notarized.

You must sign the completed application, in two separate places, in the presence of a Notary Public, who must then, in turn, notarize the form.

Any person who is a Notary Public may witness and sign the application.

You may bring the application to the Springfield Police Department if you wish. Most all State Troopers and Municipal Police Officers and Dispatchers are Notary Public's and can provide the service for you at no cost.

Other Notary's include Town Clerks, Justice of the Peace, etc.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Springfield Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational Institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Springfield Police Department. I also certify that any person(s), agencies, or businesses who may furnish such information concerning my personal history shall not be held accountable for giving this information; and I do hereby release said person(s), agencies or businesses from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

State of Vermont  
SS  
Windsor County

\_\_\_\_\_  
Signature (Included Maiden Name)

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Legal Address

Phone Number : (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Place of Birth : \_\_\_\_\_

# SPRINGFIELD POLICE DEPARTMENT

## BACKGROUND QUESTIONNAIRE

Today's Date: \_\_\_\_\_ Position Applied For : \_\_\_\_\_

### Personal

1. Full Name : \_\_\_\_\_  
Last First Middle

Maiden name or any other name by which you are known: \_\_\_\_\_

2. Date of Birth : \_\_\_\_\_  
Month Date Year

3. Place of Birth : \_\_\_\_\_  
City County State Country

4. Weight : \_\_\_\_\_ lbs. Height : \_\_\_\_\_ Hair Color : \_\_\_\_\_ Eye Color : \_\_\_\_\_

5. Social Security Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Are you a citizen of the United States?  Yes  No  
 Natural Born  Naturalized

7. If a naturalized citizen, check below if you are a citizen by virtue of a Naturalization Certificate issued to:  
 Self  Parent  Spouse

8. Have you ever had your name legally changed?  Yes  No

9. If you responded positively to question #8, indicate as follows :

a. Previous Name : \_\_\_\_\_

b. Date & Location of Change : \_\_\_\_\_

c. Reason for Change : \_\_\_\_\_

10. Present home address : \_\_\_\_\_  
Number Street  
City State Zip

11. How long have you resided at your present address? \_\_\_\_\_

12. Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Business : ( ) \_\_\_\_\_ - \_\_\_\_\_ Other : ( ) \_\_\_\_\_ - \_\_\_\_\_

13. Chronologically list all previous places of residence for the past 5 years :

From (month/yr)	To (month/year)	Address, City and State

Educational Background

14. List all high schools and colleges you have attended :

Years	School	Address	Major	Graduate

Please include copies of your high school diploma and any other degrees or certificates you have earned from attending College; vocational institutes and specialized training courses.

15. While in school were you ever suspended or expelled?  Yes  No  
If yes, please provide details on reverse.

16. What subjects were most difficult for you? \_\_\_\_\_

17. What subjects did you like best? \_\_\_\_\_

18. What was your High School Grade Average? \_\_\_\_\_

19. If applicable, what was your college GPA / GPI? \_\_\_\_\_

20. List other schools you have attended (Military, Trade, Vocational, Etc.) Give dates and locations :  
\_\_\_\_\_  
\_\_\_\_\_

21. Do you speak a foreign language?  Yes  No

22. If you answered yes to question # 21, what language(s) : \_\_\_\_\_

23. Do you possess and particular skills that may be pertinent to the position you have applied for? If yes, list them.  
\_\_\_\_\_

24. Do you possess and special licenses? If yes, list them.  
\_\_\_\_\_

25. List your hobbies and or special interests : \_\_\_\_\_  
\_\_\_\_\_

Military Background

26. Have you ever served in a military organization of the U. S.?  Yes  No

27. If yes, give periods of active military service and other data requested :

From : \_\_\_\_\_ To : \_\_\_\_\_ Branch of Service : \_\_\_\_\_

Serial Number : \_\_\_\_\_ Rank : \_\_\_\_\_

Type of Discharge Received : \_\_\_\_\_

Reason for Discharge : \_\_\_\_\_

28. Were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations?  
 Yes  No

If yes, indicate on a separate sheet of paper the following : 1.) Date 2.) Charge(s) against you 3.) type of court martial or other disciplinary proceedings and 4.) the disposition of the charges.

Reserve and/or National Guard Record

29. Are you now or were you ever an active member of any branch of the United States Reserves or State National Guard?  Yes  No

30. If yes, indicate whether it was a United States Reserve Force or State National Guard along with other data requested:

Branch of Service : \_\_\_\_\_ From : \_\_\_\_\_ To : \_\_\_\_\_

Unit : \_\_\_\_\_ Rank : \_\_\_\_\_

Type of Discharge Received : \_\_\_\_\_

Mailing Address of Unit : \_\_\_\_\_

31. While serving with the Reserves or National Guard were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations?  Yes  No

If yes, indicate on a separate sheet of paper the following : 1.) Date 2.) Charge(s) against you 3.) type of court martial or other disciplinary proceedings and 4.) the disposition of the charges.

Selective Service

32. What is your present Selective Service classification? \_\_\_\_\_

Selective Service Board Number : \_\_\_\_\_

Selective Service Board Address : \_\_\_\_\_

Selective Service Number : \_\_\_\_\_

33. Please indicate all draft classifications you have ever had in addition to your present status :

34. Have you ever asked for or received a deferment from military service?  Yes  No  
 If yes, give dates and full details on a separate sheet.

35. Can you obtain a copy of your DD-214?  Yes  No  
 If so, please submit it with this application or as soon as possible.

Employment History

36. Have you ever been employed by a Police Department?  Yes  No

If yes,, where were you employed :

37. List all employment, including part-time and periods of unemployment over 20 days. List most recent first.

From > To (Month/Yr)	Name & Mailing Address Employer, include street name and #, P.O. Box, City & State	Position Held	Reason for Leaving

If additional space is needed, use separate sheet

38. Were you ever discharged or forced to resign because of misconduct, or unsatisfactory service?  Yes  No

If yes, list those employers who either : a.) disciplined you b.) discharged you c.) requested you resign

Employer's Name	Date	Name of Supervisor Involved

39. Do you object to your present employer's being contacted?  Yes  No

40. Have you ever applied for a position with any law enforcement agency?  Yes  No

If yes, indicate on a separate sheet : 1.) the police department to which you made application 2.) the date which you applied 3.) whether you were rejected or accepted 4.) if rejected, the reason for rejection 5.) if accepted, why you refused employment.

41. Has any license or permit (excluding driver's or learner's permit) issued by any city, county, state, or federal agency ever been denied you or to any corporation or partnership of which you were an officer, director, or partner?  Yes  No

If yes, please provide details on a separate sheet.

42. Has such a license or permit ever been revoked, canceled, or suspended?  Yes  No

43. Have you ever been issued a permit to carry a firearm?  Yes  No

44. Can you type?  Yes  No If yes, how many words a minute? \_\_\_\_\_

45. Are you able to fulfill the essential requirements of the position for which you have applied for?  Yes  No  
If you answered "No", why not?

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46. Have you ever experimented with an illegal drug, i.e. Marijuana, Cocaine, regulated drug?  Yes  No  
If you answered "Yes", please explain your answer. Include type of drug and date of last usage.

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47. Have you ever committed an undetected crime?  Yes  No If you answered "Yes", please explain.

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48. Have you ever been arrested or detained by any law enforcement officer?  Yes  No  
If you answered "Yes", please explain your answer on a separate sheet. Include a.) the date if the incident  
b.) Police Agency c.) the charge d.) the final disposition, juvenile delinquent, youthful offender, or wayward minor

49. Have you ever been reported as a missing person?  Yes  No  
If you answered "Yes", please explain your answer on a separate sheet. Include a.) the date if the incident  
b.) the jurisdiction c.) the complete details d.) the final disposition

### Motor Vehicle Operator Record

50. Can you operate a motor vehicle?  Yes  No

51. Do you possess a valid driver's license?  Yes  No

52. Driver's license type:  Operator's  Chauffeur's

State of insurance: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

53. Has your driver's license ever been revoked or suspended?  Yes  No  
If you answered "Yes", please explain your answer on a separate sheet. Include a.) date of Revocation/Suspension  
b.) the state in which it occurred and c.) the complete details

54. Was your license ever reinstated?  Yes  No If yes, when? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
55. Have you ever been involved in a motor vehicle accident?  Yes  No  
If you answered "Yes", please explain the details of the incident on a separate sheet. Include a.) date of incident  
b.) location c.) injuries d.)any criminal charges incurred e.)final disposition of any police charges or civil liability
56. Have you ever been refused a drivers license by any state?  Yes  No  
If "Yes", please explain the reasons for this refusal on a separate sheet
57. Have you ever received a traffic citation (non-parking)?  Yes  No  
If you answered "Yes", please indicate on a separate sheet a.) date of ticket b.)City, County, State c.)issuing agency d.)charge e.)final disposition
58. Do you now have any unpaid summonses outstanding against you for any parking violations?  Yes  No  
If yes, how many and where? \_\_\_\_\_

59. List all motor vehicles and/or boats presently owned by you or your spouse:

Make	Year	Registration Number	Cost	Date of Purchase

### Financial

60. List any business in which you or your spouse have a financial interest:

Business	Amount of Interest	Yearly Income	Name & Address of Partners

Note: If you answer "Yes" to any questions 61 through 71, give complete details including dates and locations on a separate sheet.

61. Have you, your spouse, or ex-spouse ever had your wages attached?  Yes  No
62. Have you, your spouse, or ex-spouse ever been party to a small claims or other court action?  Yes  No
63. Have you, your spouse, or ex-spouse have any immediate civil action pending against you?  Yes  No
64. Have you, your spouse, or ex-spouse ever had a judgment rendered against you?  Yes  No
65. Have you, your spouse, or ex-spouse ever filed bankruptcy or been declared bankrupt?  Yes  No



Record of Parenthood

83. List every child born to you

Date of Birth	Name of Child	Mother/Father of Child	With Whom does Child Reside

84. Have you ever been involved as a defendant in paternity proceedings or accused of causing the pregnancy of any female not your wife?  Yes  No

If yes, please provide details on a separate sheet of paper

Family Background

85. List alphabetically by last name first, all members of your immediate family. Immediate family shall include father, stepfather, mother, stepmother, brothers, sisters, guardians, and/or foster parents. This includes those relatives which are deceased:

Relationship	Surname, First, Middle	Address State Deceased, if so	Date of Birth	Occupation

(If additional space is needed, please use a separate sheet)

86. Has any member of your family or spouse's immediate family ever been arrest? [ ] Yes [ ] No  
If yes, please provide details on a separate sheet of paper

87. To the best of your knowledge has any other relative, associate or person residing with you, although not related, ever been arrested? [ ] Yes [ ] No If yes, please provide details on a separate sheet of paper

88. Do you have any friends or relatives that work for the Town of Springfield? [ ] Yes [ ] No  
If yes, who are they?

89. Is there anything about your background that the Police Department should be aware of prior to conducting an investigation? [ ] Yes [ ] No  
If yes, please provide details :

\_\_\_\_\_

References

90. Fill in below the names of three persons not related to you and not former employers, who have known you for at least 5 years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business, Occupation or Profession: \_\_\_\_\_ Years Known: \_\_\_\_\_



Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business, Occupation or Profession: \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business, Occupation or Profession: \_\_\_\_\_ Years Known: \_\_\_\_\_

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Acquaintances

91. Fill in below the names of two persons not related to you and not former employers or references who are friends, fellow students, or fellow workers. Names listed should be those of persons who have seen you frequently during the past year.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business, Occupation or Profession: \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business, Occupation or Profession: \_\_\_\_\_ Years Known: \_\_\_\_\_

91. In what capacity are the above acquaintances known to you?

\_\_\_\_\_

93. Please list the name of a "Steady" girlfriend/boyfriend if applicable

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business, Occupation or Profession: \_\_\_\_\_ Years Known: \_\_\_\_\_



### Loyalty

INSTRUCTIONS: The words "subversive organization" as used here means any group or organization which supports, follows, or sympathizes with the principles of Communism or any other subversive doctrine or is listed by the U.S. Attorney General as subversive.

Answer "Yes" or "No" to each question. If answer is "Yes", please provide details on a separate sheet.

94. Have you ever by word of mouth or in writing advocated, advised, or taught the doctrine that the government of the United States of America, or any other state or and political subdivision thereof should be overthrown by force, violence, or any unlawful means?  Yes  No
95. Are you now or have you ever been a member of any subversive organization?  Yes  No
96. Have you ever paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any subversive organization?  Yes  No
97. Have you ever been connected or affiliated in any manner with or have you ever attended any meetings of any subversive organization?  Yes  No
98. Do you belong to a religious sect, or hold any belief, which would prevent you from vowing allegiance to the flag to the flag and constitution of the United States of America or from taking life in carrying out your duties when such action is lawful and necessary?  Yes  No
99. Have you ever participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organization?  Yes  No
100. Have you ever been a member of, or attended any school, camp, class, or forum sponsored by any subversive organization?  Yes  No
101. Have you ever signed or solicited others to sign a petition sponsored or issued by any subversive organization, or any portion which has as its purpose the aiding of any person, cause, or program connected with any subversive organization?  Yes  No

Polygraph Examination

102. Are you willing to take a polygraph examination to verify all information supplied in this application and all other information supplied by you to this department? [ ] Yes [ ] No

If "No", please state your reason(s) :

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I affirm that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentations or falsifications, omissions, or concealment of material fact, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be dismissed. (Sign before a Notary Public)

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Signature of Applicant

Subscribed and sworn to before me

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

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Notary Public

My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_