

HOUSEHOLD BACKGROUND

PLEASE LIST ALL PERSONS RESIDING IN YOUR HOUSEHOLD:

First	Middle	Last	DOB	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATIONAL BACKGROUND

GRADUATED:

HIGH SCHOOL _____ YEAR _____
Name City, State

COLLEGE _____ YEAR _____
Name City, State

DEGREE: ASSOCIATE BA/BS MA/MS PHD

MAJOR: _____

VOLUNTEER HISTORY

PLEASE LIST ANY PRIOR VOLUNTEER EXPERIENCE BELOW:

Agency/Group/Organization	Years
_____	_____
_____	_____

WHAT IS YOUR PRIMARY REASON FOR VOLUNTEERING WITH US?

HEALTH HISTORY

The questions contained in this section are utilized solely for background investigation purposes, and will remain strictly confidential

HOW FREQUENTLY DO YOU CONSUME ALCOHOLIC BEVERAGES?

DAILY WEEKLY MONTHLY SPECIAL OCCASIONS NEVER

WHEN ALCOHOLIC BEVERAGES ARE USED, HOW MANY DO YOU CONSUME? _____

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH MARIJUANA?

NO YES

IF YES: NUMBER OF TIMES _____ DATE OF LAST USE _____

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH HEROIN?

NO YES

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH COCAINE?

NO YES

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH ANY OTHER CONTROLLED SUBSTANCE THAT WAS NOT PRESCRIBED BY A PHYSICIAN?

NO YES NAME OF SUBSTANCE: _____

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH A PRESCRIPTION MEDICATION THAT WAS NOT PRESCRIBED FOR YOU?

NO YES NAME OF MEDICATION: _____

HAVE YOU EVER TRIED OR USED A PRESCRIPTION MEDICATION, PRESCRIBED FOR YOU, WHEN IT WAS NOT MEDICALLY NECESSARY?

NO YES NAME OF MEDICATION: _____

MILITARY HISTORY

HAVE YOU EVER SERVED IN THE ARMED FORCES? YES NO

ENLISTED FROM _____ to _____ BRANCH _____ RANK _____
Month/Year Month/Year

TYPE OF DISCHARGE: _____

REFERENCES

LIST YOUR MOST RECENT EMPLOYER:

- _____
Business Name

Address

City State Zip Code

Contact Name (Area Code) Telephone Number

LIST TWO PERSONAL REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST FIVE (05) YEARS. DO NOT INCLUDE RELATIVES

- _____
Name

Address

City State Zip Code

(Area Code) Home Number (Area Code) Work Number

E-Mail Address Relationship to Applicant
- _____
Name

Address

City State Zip Code

(Area Code) Home Number (Area Code) Work Number

E-Mail Address Relationship to Applicant

CRIMINAL HISTORY

HAVE YOU EVER (AS AN ADULT OR A JUVENILE) BEEN ARRESTED, DETAINED, OR QUESTIONED BY THE POLICE CONCERNING A CRIME?

- NO YES, AND I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S), YEAR, STATE IN WHICH INCIDENT OCCURRED, AND RESULTING ADJUDICATION

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED, REVOKED, OR CANCELLED?

- NO YES, AND I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S), YEAR, STATE IN WHICH SUSPENSION OCCURRED, AND RESULTING ADJUDICATION

HAVE YOU EVER RECEIVED (A) TRAFFIC CITATION(S)?

- NO YES, AND I HAVE ATTACHED A SHEET EXPLAINING THE CITATION(S), YEAR, STATE IN WHICH CITATION WAS ISSUED, AND RESULTING ADJUDICATION

I affirm that this application contains no false statements, misrepresentations, or omissions; nor did I intentionally conceal any material that would knowingly make me ineligible. I further understand that at any time during my background investigation, should any information be discovered in this application which is not factual, I will become ineligible for any volunteer position with the Charlotte-Mecklenburg Police Department.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY	
Application Mailed:	_____
Application Returned:	_____
Background Completed:	_____
Completed By:	_____
Drug Procedures Mailed:	_____
Must Test By:	_____
Results Received:	_____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Polygraph Scheduled:	_____
Results Received:	_____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail