



PINELLAS PARK POLICE DEPARTMENT



VOLUNTEER IN POLICE SERVICE UNIT

VOLUNTEER PERSONAL HISTORY QUESTIONNAIRE

PERSONAL DATA

Last Name: _____ First: _____ Middle: _____

Maiden Name: (If Applicable) _____

List All Names Used (Real and Nicknames): _____

Date of Birth: ____/____/____ Social Security Number: _____

Race: _____ Gender: _____

Driver's License Number and State: _____

Street Number: _____ Apt/Lot #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Place of Birth (City/County/State/Country): _____

Please list all addresses lived at for the past five years:

From Date: _____ To Date: _____

Street Number: _____ Apt/Lot #: _____

City: _____ State: _____ Zip Code: _____





From Date: _____ To Date: _____

Street Number: _____ Apt/Lot #: _____

City: _____ State: _____ Zip Code: _____

From Date: _____ To Date: _____

Street Number: _____ Apt/Lot #: _____

City: _____ State: _____ Zip Code: _____

MARITAL STATUS

What is your Current Marital Status: _____

If married, please provide your spouse's information below:

Last Name: _____ First: _____ Middle: _____

Race: _____ Gender: _____ Spouse's Date of Birth: ____/____/____

Spouse's Place of Employment: _____

Please list the full name and date of birth of all of your children and/or step children.

Full Name	Place & Date of Birth	Current City and State of Residence
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





Please list the full name and date of birth of all persons (other than spouse and children) who have resided in your home within the past five years:

Full Name

Age

Full Name	Age

Has any relative or other person residing in your home been arrested or charged with a criminal offense within the past five years? _____

If yes, Please explain: _____

Volunteers in Police Service

MILITARY SERVICE

Have you ever served in the Armed Forces of the United States? _____

(If Yes) From Date: _____ To Date: _____

Branch: _____ Rank: _____

Type of Discharge: _____

Reason for Discharge: _____

Are you currently a member of the Military Reserves or the National Guard? _____

(If Yes) From Date: _____ To Date: _____

Branch: _____ Rank: _____





Have you ever been rejected for military service for non-medical reasons? _____

If Yes, Please Explain: _____

Have you ever served with any military or paramilitary organization in a country other than the United States? _____

(If Yes) From Date: _____ To Date: _____

Branch: _____ Rank: _____

Type of Discharge: _____

EMPLOYMENT RECORD

Please provided a listing of your last three employers.

Full Time: _____ Part Time: _____

Start Date: _____ End Date: _____

Employer: _____ Position or Title: _____

Address: _____ City: _____ State: _____

Telephone Number: _____ Family Operated: _____

Reason for Leaving: _____

Full Time: _____ Part Time: _____

Start Date: _____ End Date: _____

Employer: _____ Position or Title: _____

Address: _____ City: _____ State: _____

Telephone Number: _____ Family Operated: _____

Reason for Leaving: _____





Full Time: _____ Part Time: _____

Start Date: _____ End Date: _____

Employer: _____ Position or Title: _____

Address: _____ City: _____ State: _____

Telephone Number: _____ Family Operated: _____

Reason for Leaving: _____

Were you terminated or asked to resign from any of the positions listed above? _____

If yes, please explain: _____

Were you the subject of any discipline while employed with the businesses listed above? (If yes, please explain) _____

Volunteers in Police Service

DRUG AND ALCOHOL USE

How frequently do you consume alcoholic beverages? Please check one below:

Daily _____ Weekly _____ Monthly _____ Special Occasions _____ Never _____

When you drink alcoholic beverages, how many do you consume? _____

Have you ever tried any illegal drugs (including marijuana) without a doctor's prescription? (If Yes, Please Explain) _____





Have you ever abused or misused prescription medication? _____

If Yes, Please Explain: _____

CRIMINAL HISTORY

Have you ever been arrested, taken into custody, detained, issued a summons or Notice to Appear (other than traffic), questioned or investigated concerning any criminal violation? (Felony or Misdemeanor) _____

NOTE: Florida law requires law enforcement applicants to list any expungement or sealing of record, whether adult or juvenile, civilian or military.

If yes, please complete below:

Date	City / State	Police Agency	Violation/Charge	Disposition

DRIVER'S LICENSE INFORMATION

List ALL driver's licenses you have held in any state. Start with current license and work back.

State	Date Issued	Still Valid (Y or N)





Has your license ever been suspended or revoked in any state? _____

If Yes, provide the following information:

Date	State	Reason	Date Restored
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been involved in any traffic crashes, as a driver, in the past five (5) years? If yes, indicate date and location: _____

INTERNET

If you answer yes to any of the these questions, please explain below:

Have you ever violated any Federal or State law involving Internet use? _____

Have you ever used the Internet for any type of child pornography? _____

While employed by a company, have you ever intentionally violated any company policy regulating the use of the Internet? _____

If yes, please explain: _____





REFERENCES

List three (3) character references (not relatives) who have known you for five years or more and who could appraise your character, abilities, experiences, personality, and other qualities.

Name: _____

Address: _____ City / State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Name: _____

Address: _____ City / State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Name: _____

Address: _____ City / State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

LOYALTY

Do you now or have you ever belonged to any organization which engages in, advises, or teaches the overthrow or destruction of the constitutional form of US or State government by force, violence, or other unlawful means? _____

If yes, please list organization and membership dates: _____

Do you currently bear any intentionally inflicted scar, insignia, tattoo or other permanent body marking depicting symbols or words which are commonly associated with any subversive, paramilitary organization or gang? _____

If yes, please explain: _____





Have you ever knowingly collected, donated or solicited funds for any subversive organization? _____

If yes, which organization(s) _____

Do you now or have you ever belonged to, served with, applied to join, or associated with any gangs, or organized groups dealing in illegal activities? _____

If yes, which organizations? _____

Are you a member of any social organizations or associations? _____

If yes, please list the organization or association name and type: _____

APPLICANT SIGNATURE AND ACKNOWLEDGEMENTS

I, _____ affirm that this document contains no false statements, misrepresentations, omissions; nor did I intentionally conceal any material which would knowingly make me ineligible. I further understand that during investigation should any information be discovered as not factual, I could become ineligible for the position applied for and will not be eligible for any other positions with the Pinellas Park Police Department.

APPLICANT SIGNATURE

DATE

VOLUNTEER COORDINATOR SIGNATURE

DATE

