

Aurora Police Department

BACKGROUND INFORMATION FORM

Applying for: Reserve Officer
 Police Officer
 Records Specialist/Clerk
 Other/Volunteer

The information furnished on this form is confidential and is to be utilized for the purpose of enabling the **Aurora Police Department** to determine the applicant's qualifications.

All questions must be answered. Type or print legibly in black ink. If an item does not apply, enter "N/A." If additional space is required, attach as many sheets of 8 ½" X 11" paper as may be required, or utilize the blank pages at the back of this form. Identify additional information by block number. More than one comment may be placed on a page.

Please notify the Records Department at the address and telephone numbers shown on the last page of this form regarding any change in residence address or telephone number.

PLEASE TYPE OR PRINT (In Black Ink or Type)

Date: _____ Social Security Number: _____ - _____ - _____

PERSONAL INFORMATION

1. Name: _____ / _____ / _____ / _____
Last First Middle Race Sex Date of Birth

Present Address: _____
Number and Street City State Zip

Permanent Address: _____
Number and Street City State Zip

Telephone: () _____ / () _____ / () _____
Home Work Cell/Message

2. List any other name(s) which you have used or by which you have been known. Explain fully why it was used, where and when. (Include nickname, Aliases, and maiden name.)

a. _____

b. _____

c. _____

3. Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Distinguishing marks or features: _____

CITIZENSHIP

Are you U.S. Citizen Yes No Naturalized? Yes No
(Circle One) (Circle One)

If naturalized, give date, place, and court of naturalization: _____

Place of Birth: _____

LICENSES/CERTIFICATIONS

Are you licensed to operate a motor vehicle? Yes No
(Circle One)

Driver's License Number: _____ State of Issuance: _____

Has your driver's license ever been suspended or revoked? Yes No (Circle One)

If yes, explain fully: _____

List any other states & dates in which you held a driver's license: _____

Do you hold a current D.P.S.S.T. Certificate? Yes No If yes, number: _____

EDUCATION

High School(s) Attended & Location: _____

High School GPA: _____ Year Graduated: _____ Passed G.E.D. Yes No

Circle highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12

Advanced Education: Account for all Civilian and Military Schools; (list most current first).

Dates From/To	Name of School	Address: City State & Zip	Major	Graduated Yes/No	Degree AA, BA, BS	Credits Sem/Qtr.

MILITARY STATUS

Have you served in the U.S. Armed Forces? Yes No

If yes, attach copy of discharge or separation papers (DD214). While in the military service were you ever arrested for any offense, or a defendant in any trial, or did you receive any disciplinary action? Yes No

If yes, give data, place, and law enforcing authority or type, or court-martial, charge and action taken in each incident, on a supplemental sheet.

Are you presently a member of the U.S. Reserve or National Guard? Yes No

Branch of Service	Component	From Date	To Date	Type of Discharge-Grade & Service number

If you are currently on active duty, or a member of the Reserves/National Guard, list your:

Unit Mailing Address: _____

Unit Telephone Number: _____ Grade/Rank: _____

Current Duties: _____

Military obligation remaining: _____ Monthly Salary: _____

DRIVING RECORD

List all citations you have received. (Exclude parking citations.)

Date	Place	Agency	Charge	Final Disposition	Details

MOTOR VEHICLE ACCIDENTS

Have you ever been involved in a motor vehicle accident? Yes No

Date	Police Investigation Yes/No	Location	Police Agency	Injury/Non-Injury

Were you at fault in any of these accidents? Yes No

If yes, explain fully: _____

ARREST RECORD

Have you ever been arrested or charged with any violation? Yes No

List all such matters even if not formally charged, no court appearance, found not guilty, or matter settled by payment of fine. List any incident in which you were contacted by a police officer, except traffic tickets.

Date	Place	Charge	Final Disposition	Details	Agency

Please make additional comments on an attached paper.

RELATIVES

List below the full names of all: Parents, step-parents, step/half brothers/sisters, in-laws, spouses and children. If deceased, indicate with an asterisk (*) and provide date of death.

Father	Date of Birth	Home Phone	Home address, City, State, Zip
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Father's Employer and Occupation	Business Phone	Business address, City, State, Zip
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Mother	Date of Birth	Home Phone	Home address, City, State, Zip
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Mother's Employer and Occupation	Business Phone	Business address, City, State, Zip
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Step-Father	Date of Birth	Home Phone	Home address, City, State, Zip
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Step-Father's Employer and Occupation	Business Phone	Business address, City, State, Zip
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Step-Mother	Date of Birth	Home Phone	Home address, City, State, Zip
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Step-Mother's Employer and Occupation	Business Phone	Business address, City, State, Zip
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Spouse	Date of Birth	Home Phone	Home address, City, State, Zip
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Spouse's Employer and Occupation	Business Phone	Business address, City, State, Zip
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Siblings' Names: (Step/half/adopted/natural)	Date of Birth	Home Phone	Home address, City, State, Zip

Children's Names: (Step/half/adopted/natural)	Date of Birth	Home Phone	Home address, City, State, Zip

EMPLOYMENT

List below every period of employment and employer since age 17 or for the last ten years, whichever is longer. Begin with present employment, include part-time and volunteer jobs. If you have any periods of military service or unemployment, list those periods in sequence in the spaces provided. Photocopy this page if additional space is needed.

From Date: / /	Name of Employer:	Name of Supervisor:
To Date: / /		
Monthly Salary: \$	Address:	Name(s) of Co-worker(s):
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Job Title & Duties:	
List any Disciplinary Action(s) Taken Against You:		
Reason For Leaving:		

Do you want your present employer contacted? YES NO
 (Contact must be made prior to final acceptance for employment.)

If no, state reason: _____

From Date: / /	Name of Employer:	Name of Supervisor:
To Date: / /		
Monthly Salary: \$	Address:	Name(s) of Co-worker(s):
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Job Title & Duties:	
List any Disciplinary Action(s) Taken Against You:		
Reason For Leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: / / To: / /		

From Date: / /	Name of Employer:	Name of Supervisor:
To Date: / /		
Monthly Salary: \$	Address:	Name(s) of Co-worker(s):
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Job Title & Duties:	
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List any Disciplinary Action(s) Taken Against You:		
Reason For Leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: / To: /		

REFERENCES

List five (5) persons not related by blood or marriages. Do not list employers, co-workers, or supervisors. List residents of Oregon if you are residing in Oregon or recently moved from Oregon. Failure to furnish all of the information required below will prevent processing of your background form. List individuals who have known you for at least three (3) years.

Full name:	Years known:	Place of employment:
Home Street Address:		Employment Address:
City, State, Zip		City, State, Zip
Home Phone:		Work Phone:

Full name:	Years known:	Place of employment:
Home Street Address:		Employment Address:
City, State, Zip		City, State, Zip
Home Phone:		Work Phone:

Full name:	Years known:	Place of employment:
Home Street Address:		Employment Address:
City, State, Zip		City, State, Zip
Home Phone:		Work Phone:

Full name:	Years known:	Place of employment:
Home Street Address:		Employment Address:
City, State, Zip		City, State, Zip
Home Phone:		Work Phone:

Full name:	Years known:	Place of employment:
Home Street Address:		Employment Address:
City, State, Zip		City, State, Zip
Home Phone:		Work Phone:

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SUPPLEMENTAL SHEET FOR ADDITIONAL COMMENTS:
(Identify additional information by block name)

AUTHORIZATION TO RELEASE INFORMATION
(Personal Inquiry Waiver)

To Whom It May Concern:

I respectfully request and authorize you to furnish the AURORA POLICE DEPARTMENT with any and all information that you may have concerning me, my employment (work) and educational records, my reputation, and financial and credit status. Please include any and all medical, physical and mental records and reports, including all information of a confidential or privileged nature, and photocopies of same, if possible. Your cooperation in reply will be used to assist the Department in determining my qualifications and fitness for placement in the position I am seeking with the AURORA POLICE DEPARTMENT.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested.

Date

Applicant's Signature

I hereby authorize the release of Military Service Records (including medical, physical, and mental records and reports) to the AURORA POLICE DEPARTMENT in Aurora, Oregon.

Date

Applicant's Signature

Selective Service #

SUBSCRIBED AND SWORN to before me on the ____ day of _____, 20__.

Notary Public

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your files.