



Lexington Police Department

Recruit Applicant

Background Booklet

Instructions to the applicant:

- The information you provide in this Background Investigation Booklet will be used in the background investigation to assist in determining your suitability for the position of Lexington Police Officer.
- Type in your responses to all the items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form and identify the additional information by the question number.
- You must save this document to your desktop and follow the instructions on the last page of this booklet (Booklet Filing Instructions) to turn the completed document into the Backgrounds Unit.

Contact Information:

Name of Applicant: _____
Last First MI

Nicknames or Aliases: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____ Alternate #: _____

Primary Email: _____ Secondary Email: _____

Personal Data:

Date of birth (mm/dd/yyyy): _____ Age: _____ SS#: _____

Are you a United States citizen? Yes No

If you are not a United States citizen, have you applied for citizenship? Yes No

Race: _____ Explain: _____

Marital Status: _____ Explain: _____

Gender: _____ Ht: _____ Wt: _____ Hair color: _____ Eye color: _____

Driver License State: _____ Driver License #: _____ Exp. Date: _____

Education:

High School: _____ Location: _____

Year of Graduation: _____

Current/Most Recent College: _____ City/State: _____

Degree: _____ GPA: _____

Second Most Recent College: _____ City/State: _____

Degree: _____ GPA: _____

Military Service:

Current Military Branch

Branch: _____ Highest Rank Held: _____ Last M.O.S.: _____

Type of Discharge: _____ Dates of Service (by year): From _____ to _____
Past Military Branch

Branch: _____ Highest Rank Held: _____ Last M.O.S.: _____

Type of Discharge: _____ Dates of Service (by year): From _____ to _____

Relatives:

If the relative is deceased, just type "Deceased" in the name section. If you do not have the listed relative, type "N/A" (not applicable) in the name section.

Father's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Email Address: _____

Mother's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Email Address: _____

Step-Mother's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Email Address: _____

Step-Father's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Email Address: _____

Father-in-Law's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Email Address: _____

Mother-in-Law's Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____
Email Address: _____

Brother's Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____
Email Address: _____

Brother's Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____
Email Address: _____

Brother's Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____
Email Address: _____

Sister's Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____
Email Address: _____

Sister's Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____
Email Address: _____

Sister's Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____
Email Address: _____

Spouse/Significant Other:

Spouse's/Domestic Partner's Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Cell Phone #: _____
Personal Email Address: _____
Place of Employment: _____ Position Held: _____
Place of Employment Address: _____
City: _____ State: _____ Zip: _____
Work Phone #: _____ Work Email Address: _____
DOB: _____ Age: _____ Gender: _____
Race: _____ Hair Color: _____ Eye Color: _____

How long have you known your spouse/domestic partner? _____
Is there, or has there ever been, a domestic violence order or restraining order in effect for this individual?

Yes No
If yes, please explain:

Former Spouse/Significant Other:

Former Spouse's/Domestic Partner's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Personal Email Address: _____

Place of Employment: _____ Position Held: _____

Place of Employment Address: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____ Work Email Address: _____

DOB: _____ Age: _____ Gender: _____

Race: _____ Hair Color: _____ Eye Color: _____

Provide the dates in which you were with your former spouse/domestic partner: _____

Date of dissolution of marriage: _____

Is there, or has there ever been, a domestic violence order or restraining order in effect for this individual?

Yes No

If yes, please explain:

Children:

List all of your living children, including natural, adopted, step and/or foster care. Include any other children who reside with you. Provide the name and contact information of the other parent with which you have the child.

Child's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Other Parent: _____

Race: _____ Age: _____ Gender: _____

Natural Adopted Step Foster Other

Employer/School Attending: _____

Child's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Other Parent: _____

Race: _____ Age: _____ Gender: _____

Natural Adopted Step Foster Other

Employer/School Attending: _____

Child's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Other Parent: _____

Race: _____ Age: _____ Gender: _____

Natural Adopted Step Foster Other

Employer/School Attending: _____

Child's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Other Parent: _____

Race: _____ Age: _____ Gender: _____

Natural Adopted Step Foster Other

Employer/School Attending: _____

Social References:

Please provide the following references. Understand that these references will be contacted by a backgrounds investigator if you move on to Phase II of the hiring process. Please provide accurate email addresses for each reference.

A social reference is defined as a person who is a friend. Current Lexington Police Officers cannot be used as a social reference!

Social Reference #1

Full Name _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Personal Email Address: _____

Place of Employment: _____

Position Held: _____

Place of Employment Address: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____

Work Email Address: _____

Gender: _____

How long have you known this person? _____

How did you meet this person?

Social Reference #2

Full Name _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Personal Email Address: _____

Place of Employment: _____

Position Held: _____

Place of Employment Address: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____

Work Email Address: _____

Gender: _____

How long have you known this person? _____

How did you meet this person?

Professional References:

Please provide the following references. Understand that these references will be contacted by a backgrounds investigator if you move on to Phase II of the hiring process. Please provide accurate email addresses for each reference.

A professional reference is defined as a person who is or was your boss, a teacher/professor or someone of higher authority over you. Current Lexington Police Officers cannot be used as a professional reference!

Professional Reference #1

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Personal Email Address: _____

Place of Employment: _____

Position Held: _____

Place of Employment Address: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____

Work Email Address: _____

Gender: _____

How long have you known this person? _____

How did you meet this person?

Professional Reference #2

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Personal Email Address: _____

Place of Employment: _____

Position Held: _____

Place of Employment Address: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____

Work Email Address: _____

Gender: _____

How long have you known this person? _____

How did you meet this person?

Selective Service:

If you are male, born after 1960, Federal Law requires you to have registered with the Selective Service. If you do NOT have a Selective Service number, you are in violation and your application cannot be processed. To locate your Selective Service Registration Number, go to <http://www.sss.gov/>.

Provide your Selective Service Number: _____

Provide the Date of Registration: _____

Military Service:

Have you ever served in a military organization? Yes No
Current Military Branch

Branch: _____ Highest Rank Held: _____ Last M.O.S.: _____

Type of Discharge: _____ Dates of Service (by year): From _____ to _____

Supervisor's Name: _____ Last Supervisor's Phone #: _____

Past Military Branch

Branch: _____ Highest Rank Held: _____ Last M.O.S.: _____

Type of Discharge: _____ Dates of Service (by year): From _____ to _____

Supervisor's Name: _____ Last Supervisor's Phone #: _____

Past Military Branch

Branch: _____ Highest Rank Held: _____ Last M.O.S.: _____

Type of Discharge: _____ Dates of Service (by year): From _____ to _____

Supervisor's Name: _____ Last Supervisor's Phone #: _____

Military Service:

List all military awards you have received.

List any certifications received in the military.

List any discipline you received and the outcome of that discipline.

List any reasons for leaving one military organization to join another.

Employment:

*****If you are under legal contract with any employer, you must ascertain if you are able to accept a position with the Lexington Division of Police should you be hired. The Lexington Police Department will not “buy out” an applicant's existing contract. It is the applicant's responsibility to determine his/her existing contract guidelines before applying and communicate those guidelines to the Lexington Police Department.*****

Most recent job first!

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Title: _____

Supervisor's Phone #: _____ Email: _____

Last Position Held: _____

Date of Employment (month/year): From _____ to _____

Reason for separation, if no longer employed at this company:

Laid Off Resigned Fired

Other (explain in 100 words or less):

Please explain your position at this employer and what you did on a daily basis.

Please explain any issues at this employer regarding your involvement in sexual harassment, inappropriate actions, any disciplinary actions, theft, poor attendance or reasons for being fired or laid off.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Title: _____

Supervisor's Phone #: _____ Email: _____

Last Position Held: _____

Date of Employment (month/year): From _____ to _____

Reason for separation, if no longer employed at this company:

Laid Off Resigned Fired

Other (explain in 100 words or less):

Please explain your position at this employer and what you did on a daily basis.

Please explain any issues at this employer regarding your involvement in sexual harassment, inappropriate actions, any disciplinary actions, theft, poor attendance or reasons for being fired or laid off.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Title: _____

Supervisor's Phone #: _____ Email: _____

Last Position Held: _____

Date of Employment (month/year): From _____ to _____

Reason for separation, if no longer employed at this company:

Laid Off Resigned Fired

Other (explain in 100 words or less):

Please explain your position at this employer and what you did on a daily basis.

Please explain any issues at this employer regarding your involvement in sexual harassment, inappropriate actions, any disciplinary actions, theft, poor attendance or reasons for being fired or laid off.

Please list any other jobs you may have had prior to the last job listed. Please include the business name, address, telephone number and supervisor's name.

Have you ever quit a job without proper notice? Yes No
If yes, please explain.

Have you ever resigned in lieu of termination? Yes No
If yes, please explain.

Have you ever been accused of discrimination (e.g. sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? Yes No
If yes, please explain.

Were you ever the subject of a written complaint at work? Yes No
If yes, please explain.

Have you ever been counseled at work due to lateness or absences? Yes No
If yes, please explain.

Have you ever received an unsatisfactory performance review? Yes No

If yes, please explain.

Have you ever sold, released or given away legally confidential information? Yes No

If yes, please explain.

Have you ever called in sick to work when you were neither sick nor caring for a sick family member?

Yes No

If yes, how many sick days have you used in the past five years which were not due to illness? Please explain.

In the past three years, have you missed work or been late to work due to drug or alcohol consumption?

Yes No

If yes, please explain.

Has your work performance ever been affected by your use of alcohol or drugs? Yes No

If yes, please explain.

In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No

If yes, please explain.

Have you ever applied to any other law enforcement agency? Yes No

If yes, list EVERY agency you have applied to, starting with the most recent. If more space is needed, continue on the last page of this booklet.

Name of Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Date Applied: _____

Background Investigator's Name (if known): _____

Check each step in the process you completed and your current status:

Steps

Application Written Physical Agility Oral Interview

Polygraph Background Chief's Oral Interview Medical

Status

Hired On List Withdrawn Disqualified

Please explain if you did not get selected or withdrew from the process.

Name of Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Date Applied: _____

Background Investigator's Name (if known): _____

Check each step in the process you completed and your current status:

Steps

Application Written Physical Agility Oral Interview

Polygraph Background Chief's Oral Interview Medical

Status

Hired On List Withdrawn Disqualified

Please explain if you did not get selected or withdrew from the process.

Name of Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Date Applied: _____

Background Investigator's Name (if known): _____

Check each step in the process you completed and your current status:

Steps

Application Written Physical Agility Oral Interview

Polygraph Background Chief's Oral Interview Medical

Status

Hired On List Withdrawn Disqualified

Please explain if you did not get selected or withdrew from the process.

Residential Information:

List your current address and then list previous addresses for the past five years as well as the length of time you resided at each location.

Current Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Years at this Address (month/year) From _____ to _____

Rent Own

List the names and associations of all persons residing within this address and contact telephone numbers for each:

1. Phone #: _____

Parent Spouse Child Sibling Other

2. Phone #: _____

Parent Spouse Child Sibling Other

3. Phone #: _____

Parent Spouse Child Sibling Other

4. Phone #: _____

Parent Spouse Child Sibling Other

5. Phone #: _____

Parent Spouse Child Sibling Other

1st Former Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Years at this Address (month/year) From _____ to _____

Rent Own

2nd Former Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Years at this Address (month/year) From _____ to _____

Rent Own

3rd Former Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Years at this Address (month/year) From _____ to _____

Rent Own

Have you ever been evicted or asked to leave a residence? Yes No

Have you ever left a residence owing rent? Yes No

If yes, please explain.

Traffic Violations:

List all citation traffic violations. This includes out-of-state violations as well!

Violation	Date (mm/dd/yyyy)	State	Disposition

List all states in which you have been issued a driver license.

State	Driver License #

Has your driver license ever been suspended in any state for any reason? Yes No
If yes, please explain.

List any vehicle accidents in which you were at fault.

Date (mm/dd/yyyy)	Location	Brief Description

Please be prepared to provide a copy of the accident report to your background investigator if you continue to that point.

Alcohol Use/History:

Have you operated a motor vehicle while intoxicated in the past 24 months? Yes No

If yes, how many times? _____
Please explain.

Have you been intoxicated in public in the last 24 months (2 years)? Yes No

If yes, how many times?

Please explain.

When was the last time you were intoxicated and why?

Have you ever been arrested or received a citation for an alcohol related offense? Yes No

If yes, explain the nature of the arrest/citation, including the date, circumstances of the offense and the final outcome.

Arrest History:

Have you ever been arrested? Yes No
If yes, please provide the following information:

Date (mm/dd/yyyy)	Location (including state)	Offense	Disposition

Have you ever been arrested for a domestic violence related offense or felony? Yes No
If yes, please explain and include the circumstances of the arrest or charge, the dates in which the actions took place and the outcome of the case(s).

Have you ever had an emergency protective order or other domestic violence related protection order against you? Yes No

If yes, please explain and include the circumstances in which the order was taken out, the dates in which the actions took place and the outcome of the case(s).

Illegal Drug History:

Please complete the following table.

Drug Used	Date of First Use (mm/dd/yyyy)	Date of Last Use (mm/dd/yyyy)	Maximum Times Used	How Drugs Were Used	Number of Times Purchased
Marijuana					
Hashish					
PCP					
Angel Dust					
Amphetamines					
LSD					
Peyote					
Mescaline					
Heroin					
Cocaine					
Quaaludes					
Downers					
Tranquilizers					
Percocet					
Hydrocodone					
Ecstasy/XTC					
Darvocet					
Dilaudid					
Ketamine					
Speed					
Inhalents					
Meth.					
Mushrooms					
Xanax					
Adderall					
Oxycodone					
Ambien/Lunesta					
Anabolic Steroids					
Synthetic Cannabinoids					
Bath Salts					

Please complete the following table.

Type of Drug	Amount Sold	Date (mm/dd/yyyy)	Number of Times	Dollar Value

Have you ever taken someone else's pain medication or over-the-counter medication? Yes No
If so, what were the circumstances to taking that medication? Please Explain:

Please provide any additional information regarding your previous or current drug use that you believe would be important for us to know during this selection process.

Prior Polygraph Examinations:

Prior Polygraph Examination #1:

When: _____

Where (location test was given): _____

Why: _____

Who (name of examiner or agency): _____

Prior Polygraph Examination #2:

When: _____

Where (location test was given): _____

Why: _____

Who (name of examiner or agency): _____

Prior Polygraph Examination #3:

When: _____

Where (location test was given): _____

Why: _____

Who (name of examiner or agency): _____

If more than three polygraph examinations, check here

Criminal History Questions:

Please complete the following questions.

1. Have you ever taken the life of another person either intentionally or accidentally? Yes No
If yes, please explain.

2. Have you ever taken part in the act of rape, either by force or threats of injury? Yes No
If yes, please explain.

3. Have you ever taken part in any act involving hurting, harming, abusing, striking or injuring any person under the age of 15? Yes No
If yes, please explain.

4. Have you ever taken part in any act involving the intentional damage or destruction of any property belonging to another person? Yes No
If yes, please explain.

5. Have you ever taken part in abducting another person? Yes No
If yes, please explain.

6. Have you ever been married to two or more people at the same time? Yes No
If yes, please explain.

7. Have you ever taken part in any act of entering or remaining on the property of another, knowing that you did not have permission of the owner? Yes No

If yes, please explain.

8. Have you ever taken part in any act involving the use of a firearm, knife, club or other deadly weapon; physical force, threats or intimidation in order to steal cash or property; or with the intent of committing another criminal act? Yes No

If yes, please explain.

9. Have you ever taken part in any act involving hurting, harming or attempting to injure another person using a firearm, knife, club or any other deadly weapon? Yes No

If yes, please explain.

10. Have you ever had any sex act after you turned 18 years of age with another person who was less than 14 years of age at the time of the act (examples: intercourse, oral sex or the touching of the breasts, genitals or anus of another person)? Yes No

If yes, please explain.

11. Have you ever exposed your anus or genitals in public to sexually arouse or to gratify another person?

Yes No

If yes, please explain.

12. Have you ever filed a false police report? Yes No

If yes, please explain.

13. Have you ever taken part in the theft of any vehicle, the use of any vehicle, or, joy-riding in/on a vehicle without the owner's permission? Yes No
If yes, please explain.

14. Have you ever unlawfully possessed an explosive device, sawed off shotgun or rifle, machine gun, armor piercing ammunition or silencer? Yes No
If yes, please explain.

15. Have you ever carried a pistol, switchblade knife or any other illegal weapon? Yes No
If yes, please explain.

16. Do you have any debts to friends, family, employers or any other person as a result of any act of gambling?
 Yes No
If yes, please explain.

17. Have you ever been involved in or participated in any activity, which resulted in a police investigation, arrest and/or incarceration (this does not include traffic offenses, but does include any instance where charges were filed, warrants issued and/or bond posted)? Yes No
If yes, please explain.

18. Have you ever taken part in any act involving gambling (this includes, but is not limited to, placing a wager or bet to a bookmaker by phone or by hand on the results of any sport or by being "paid off" while playing an illegal slot or video poker machine)? Yes No
If yes, please explain.

19. Have you ever taken or kept a child under the age of 18 out of the state in which the child resides, to violate a court order or judgment disposing of the child's custody? Yes No
If yes, please explain.

20. Have you ever caused, planned or started a fire or an explosion to damage or destroy a building, habitation or vehicle belonging to you or another person, which was insured? Yes No
If yes, please explain.

21. Have you ever committed acts of cruelty to any creature or animal, which resulted in harm, injury or death (excludes legally licensed hunting or fishing)? Yes No
If yes, please explain.

22. Have you ever been involved in the telling of a lie, falsehood or any misrepresentation while under oath or on a sworn notarized statement? Yes No
If yes, please explain.

23. Have you ever been involved in resisting arrest or interfering with any police officer in making an arrest or detention? Yes No

If yes, please explain.

24. Have you ever been a part of any sexual act, including, but not limited to, intercourse, oral or anal sodomy or any sexual contact with another person in exchange for cash or property of any value (include Nevada or other countries where prostitution is legal)? Yes No

If yes, please explain.

25. Have you ever fled from police by foot, vehicle or any means to avoid arrest, detention or questioning?

Yes No

If yes, please explain.

26. Have you ever been a part of any act involving forgery or counterfeiting or any writing, document, signature, money, license, contract, credit card receipt, security agreement, will, deed or any deed of trust with the intention to defraud or harm the person or business? Yes No

If yes, please explain.

27. Have you ever bribed or attempted to bribe any governmental officer or employee? Yes No

If yes, please explain.

28. Have you ever been a part of impersonating a police officer, peace officer or any member of a law enforcement agency or other governmental agency? Yes No

If yes, please explain.

29. Have you ever taken part in any action in which you were compensated money or anything of value for any act or prostitution committed by another by force or by threat of force to that person? Yes No

If yes, please explain.

30. Have you ever been a part of stealing of a credit card, presenting a credit card to obtain goods or services fraudulently or using a credit card without the permission of the person to whom the card was issued, using a fictitious card or number, any involvement in the manufacture of counterfeit credit card(s), buying credit card(s), or selling credit card(s) or in any way using a credit card to commit theft or any other crime?

Yes No

If yes, please explain.

31. Have you ever broken into a coin operated device with the intent to steal cash, property and merchandise or to obtain services? Yes No

If yes, please explain.

32. Have you ever broken into or entered a vehicle of any kind with the intent to steal cash, property or merchandise (this includes, but is not limited to, car, trucks, trailers, boxcars, vans or motor homes)?

Yes No

If yes, please explain.

33. Have you ever been involved in any type of the breaching of peace (this includes, but is not limited to, profane, vulgar or abusive language to incite a crowd, fighting or threatening another in a public place or looking into a window or opening in a building for lewd purposes)? Yes No
If yes, please explain.

34. Have you ever been involved in, whether alone or as a participant in a group/organization which seeks to further murder, arson, robbery, burglary, theft, kidnapping, assault, forgery gambling, prostitution, promotion or the distribution of drugs, promotion or distribution of obscene material or any other criminal act?
 Yes No
If yes, please explain.

35. Have you been involved in any act of breaking into a building, habitation or any portion of a habitation or building with the intent to steal cash, property or merchandise or with the intent of committing another criminal act? Yes No
If yes, please explain.

36. Have you unlawfully deprived an individual of property, cash or merchandise through appropriation, theft, theft by false pretense, theft from a person, swindling, passing a worthless check, embezzlement or extortion (this includes making false insurance claims)? Yes No
If yes, please explain.

37. Have you been involved in the production, sale, distribution, promotion or possession with the intent to sell any picture, magazine, film, video or any item that patently depicts any sexual act (this includes any form of copulation, masturbation, excretory functions, sadism, masochism or bestiality)? Yes No
If yes, please explain.

38. Have you taken part in any sexual acts, after you were 21 years of age, with a person who was less than 16 years of age at the time of the act? Yes No

If yes, please explain.

39. At any time did you lie during this hiring process? Yes No

If yes, please explain.

40. Have you ever assaulted another person by striking them with the intent to hurt that person (this includes any act of domestic violence, being served with an Emergency Protective Order (EPO), Domestic Violence Order (DVO) or any other court order)? Yes No

If yes, please explain.

41. Have you ever been involved in any incestuous act of knowingly inflicting sexual contact or sexual penetration (this includes, but is not limited to, sexual intercourse, oral and anal intercourse with a natural child, stepchild or child by adoption; natural grandmother, step-grandchild or grandchild by adoption; sister or half-sister, brother or half-brother, niece or nephew)? Yes No

If yes, please explain.

42. Have you ever made annoying or obscene telephone calls? Yes No

If yes, please explain.

43. Have you committed any act that you believe, if it comes out, would bring dishonor to you or the Lexington Police Department? Yes No
If yes, please explain.

44. Have you ever been refused a permit to carry a concealed weapon? Yes No
If yes, please explain.

45. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability? Yes No
If yes, please explain.

Please explain any other type of criminal activity or questionable activity that you have engaged in below OR use this section to continue explaining one of the previously asked questions from this section.

Applicant Interview Questions:

1. What do you consider to be your personal strengths?

2. What do you believe are your personal weaknesses?

3. Describe how you manage your personal finances (e.g. are you in debt, do you spend above your means, etc.)?

4. What do you consider to be good traits for a police officer?

5. Why do you want to become a Lexington Police Officer?

6. Have you ever applied for employment with this department in the past? If yes, list the date and why you weren't considered for employment.

7. How did you learn about the Lexington Police Department (e.g. television, internet, radio advertisements)?

8. How would you describe your ability to communicate with people? Please explain.

9. Explain your personal work ethic.

10. Describe your ability to work under pressure.

11. Describe any past experience you may have had as a member of a team.

12. What accomplishments in your life are you most proud of?

13. What does the Lexington Police Department have to offer you?

14. Why do you feel you are the most qualified person for this position?

15. Do you personally, socially or otherwise, know any members of the Lexington Police Department? If yes, who are they and how do you know them?

16. Please list any organizations or activities that you engage in (professionally or socially)?

17. Do you have any tattoos? If so, where are they located and what are they/what do they say? (Be prepared to submit photographs of your tattoos.) Per Lexington Police Department policy, all applicants must demonstrate compliance with the requirements of General Order 73-5/S as it pertains to any tattoo, brand, and/or body modification.

18. Please list and explain what you believe are the top three most challenging issues facing law enforcement today?

19. Please explain what you believe is the largest issue facing the Lexington Police Department.

High School Education:

You will be required to furnish transcripts, diploma or other proof to support all your educational claims.

High School Diploma GED Year Earned: _____

Last Attended High School #1: _____

Dates Attended: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Previous High School #2: _____

Dates Attended: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Previous High School #3: _____

Dates Attended: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

College Education:

You will be required to furnish transcripts, diploma or other proof to support all your educational claims.

Last Attended College: _____

Dates Attended: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Degree earned and type of degree: _____

If no degree earned, enter the number of credit hours: _____

College: _____
Dates Attended: _____ to _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Degree earned and type of degree: _____
If no degree earned, enter the number of credit hours: _____

College: _____
Dates Attended: _____ to _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Degree earned and type of degree: _____
If no degree earned, enter the number of credit hours: _____

Trade, Vocational or Technical School Education:

You will be required to furnish transcripts, diploma or other proof to support all your educational claims.

Last Attended College: _____
Dates Attended: _____ to _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Degree earned and type of degree: _____
If no degree earned, enter the number of credit hours: _____

College: _____
Dates Attended: _____ to _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Degree earned and type of degree: _____
If no degree earned, enter the number of credit hours: _____

College: _____

Dates Attended: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Degree earned and type of degree: _____

If no degree earned, enter the number of credit hours: _____

Police Academy:

Last Attended Police Academy: _____

Dates Attended: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Department/Agency, if applicable: _____

Police Academy: _____

Dates Attended: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Department/Agency, if applicable: _____

Police Academy: _____

Dates Attended: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Department/Agency, if applicable: _____

Academic Information:

Have you ever had academic discipline, been suspended or expelled from any high school, college/university, business or trade school or police academy? Yes No

If yes, please explain.

Please list any organizations, social or education, that you have taken part in while in school (include high school as well).

Please list any sport you have played for any school, high school or college and the years you took part in this or these sports. Please include the name of the school as well.

Financial Information:

For each of the following questions, please fill in the amounts to the nearest dollar.

From your employer, what is your take-home monthly income? \$_____ /month

Do you have income other than from your salary or wages? Yes No

If yes, please explain and provide the amount.

Funding Source _____ \$_____ /month

Funding Source _____ \$_____ /month

Have you ever filed for, or declared, bankruptcy (Chapter 7, 11 or 13)? Yes No

Have any of your bills ever been turned over to a collection agency? Yes No

Have you ever had purchased goods repossessed? Yes No

Have your wages ever been garnished? Yes No

Have you ever been delinquent on income or other tax payments? Yes No

Have you ever failed to file or cheated/lie on an income tax form? Yes No

Have you ever had an employment bond refused? Yes No

Have you ever avoided paying any lawful debt by moving away? Yes No

Have you ever defaulted on, failed to pay, a loan? Yes No

Have you ever borrowed money to pay for a gambling debt? Yes No

Have you ever spent money for illegal purposes (e.g. drugs, etc.)? Yes No

Have you ever failed to make or been late on court-ordered payments (child support, restitution, alimony)?

Yes No

Have you ever written three or more bad checks in a one-year period? Yes No

If you answered yes to any of the financial questions, please explain.

Honesty Certification:

I do hereby certify that all statements made in this questionnaire/booklet are true, complete and correct to the best of my knowledge, belief and are made in good faith. I understand that any false information, misstatement or omission of material fact may disqualify me or result in my dismissal from the Lexington Police Department Selection Process.

Type Name

Date

Booklet Filing Instructions

This entire booklet must be returned to the Backgrounds Unit by email. The booklet is in Adobe Acrobat. If you do not have Adobe Acrobat, you can download the software for free at the web address below. After you open the document, you can save it to your computer or storage device by going to File in the top left hand corner, Save As, PDF and Save. The document can be edited and saved as many times as necessary.

Once you have completed the document, compose a new email to backgrounds@lexingtonpolice.ky.gov **You must place your last name, first name and middle name on the subject line.** Next, attach the document to the email. After placing any information that you feel necessary in the body of the email, send it. Make sure your document is attached. Do not send more than one email with this document attached and do not use the Submit Form button located at the top of each form. As each contact that is made between you and the Lexington Division of Police is part of your background, it is imperative that you follow all instructions and directions.

<http://get.adobe.com/reader/>

If you have any questions, call 859-425-2543 and one of the Background Unit detectives will assist you.