



Background Investigation Worksheet Jim2020 Test

Please Read Before Completing

The questions asked in this worksheet are necessary to initiate a thorough investigation. Due to the nature of this position, a security clearance is vital.

You must honestly and thoroughly complete the worksheet by typing your responses on this electronic form. Use the additional information section on page 5 if the space provided is not sufficient to complete your answers.

After answering all questions, print the worksheet.

REQUIRED

Each applicable item on this checklist must be attached after page 5:

- Any Fire/EMS related **do not attach original documents**
- A copy of **college** degree for graduates or **unofficial** copy of **college** transcript(s) for non-graduates
- A copy of military discharge record (i.e., DD214 or NG22)

FOR APPLICANTS WITH OUT-OF-STATE DRIVING LICENSES:

A current, original and **official** driving transcript from your state's department of motor vehicles or department of transportation, dated no earlier than July 6, 2020.

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You must bring the completed background worksheet with attachments to the written test site or you will not be allowed to take the written test.

Personal History

Last Name (Include Sr., Jr., etc.)	First	Middle	

Maiden and/or Nicknames/Aliases		Date of Birth	
_____		_____	
		_____ Month Day Year	
Are you a U.S. Citizen?	Place of Birth (City/Town/County – State and Country)	Social Security Number	
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	
If no, explain in detail: _____			
Gender	Age	Height	Weight
_____	_____	_____ Ft. In.	_____
Hair Color	Eye Color	Race	
_____	_____	_____	
Current Home Address Street	Dates at Address	City/Town/County – State and Country	Zip Code
_____	_____	_____	_____
Former Home Address Street	Dates at Address	City/Town/County – State and Country	Zip Code
_____	_____	_____	_____
Former Home Address Street	Dates at Address	City/Town/County – State and Country	Zip Code
_____	_____	_____	_____
Former Home Address Street	Dates at Address	City/Town/County – State and Country	Zip Code
_____	_____	_____	_____
Home Phone Number	Cell Phone Number	Email Address	
_____	_____	_____	
Marital Status (Check one)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single	Married*	Widowed	Separated
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Divorced			
*Date Married	Spouse's Name (include Maiden Name, if applicable)		
_____	_____		
If legally separated or ever divorced, list court jurisdiction and date(s):			

Provide complete name(s) and address(es) of former spouse(s).			

Motor Vehicle Operation

Operator's License Number _____ State _____

Have you ever held an operator's license in another state? Yes No

If yes, list all state(s) and date(s)*: _____

Have you ever been refused an operator's license in another state? Yes No

If yes, explain in detail to include the state(s) where you were refused: _____

Has your operator's license ever been suspended or revoked in any state? Yes No

If yes, explain in detail to include the license number(s) and state(s): _____

Have you ever been involved in an automobile accident in which you were the driver?

Yes No If yes, explain below:

Date	Location (City/State)	Report Taken	Police Agency
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Traffic

List all traffic citations (including parking tickets) you have received:

Date	Location (City/State)	Charge	Court Finding

Police Record

List any and all criminal charges brought against you as a juvenile or adult:

Date	Location (City/State)	Charge	Court Finding

Is there any court action pending (criminal, traffic, or civil) against you at this time?

Yes No If yes, explain in detail: _____

Have you ever committed a criminal act for which you were not charged?

Yes No If yes, explain in detail: _____

Drug Use

Are you now or have you in the past possessed, used or sold any illegal drugs as a juvenile or adult?

Yes No If yes, explain each situation in detail, including which drug(s), date(s), age(s) and level(s) of use: _____

Financial Status

Have you filed bankruptcy within the past 7 years? Do you have any outstanding judgments?

Yes No If yes, explain in detail to include date(s) and debtor(s): _____
