

EDUCATION

Copies of High School/G.E.D., college degree or college transcripts must be attached to each application to receive credit for education, if it is required.

Yes High School Diploma / G.E.D. Certificate? Name of School _____

No If no, indicate grade completed _____

Vocational / Technical
 Name of School _____ Hours Completed _____
 Major Field _____

UNDERGRADUATE		GRADUATE	
College or University		College or University	
Major Field(s)		Major Field(s)	
Hours Completed Semester:	Quarter:	Hours Completed Semester:	Quarter:
Degree(s) received:		Degree(s) received:	
Dates(s) received:		Dates(s) received:	

1. License/ Certificate issued by:			
Field/Trade/Specialization	Lic. /Cert. No.	Issue Date	Exp. Date
2. License/ Certificate issued by:			
Field/Trade/Specialization	Lic. /Cert. No.	Issue Date	Exp. Date

Special skills you possess that are relevant to the position being applied for e.g. computer literacy (types of hardware/software). Types of equipment operated, management training, etc. _____

- Are you over twenty-one years of age? Yes No
- Are you willing to submit to a full background investigation? Yes No
- Are you willing to submit to drug and alcohol screening? Yes No
- Are you willing to submit to psychological testing? Yes No
- Are you willing to submit to a polygraph examination? Yes No
- Are you willing to undergo various physical agility tests and submit to a full physical examination? Yes No

PROFESSIONAL REFERENCES (Not Relatives): List only those you will permit us to contact

Name	Address	Phone	Professional Relationship

EXPERIENCE

Please begin with your most recent experience in Block 1.

May inquiry be made of your current and past supervisors or employers regarding your character, qualifications, and record of employment?

Yes No If no, please indicate which employer it applies to and why: _____

NOTE: Volunteer or unpaid but relevant experience will be evaluated in the same manner as paid experience. A letter from your employer documenting job duties, beginning and ending dates, and numbers of hours worked are required.

1	Employers Name	Kind Of Business	From(Mo/Yr)	To (Mo/Yr)
Employers Address	No. & Street/ P.O. Box	City	State	Zip
		Your Job Title		
Supervisor's Name	Check One	Hours Per Week	Start Mo. Pay	Last Mo. Pay
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____		\$	\$
Duties: _____				

Reason for leaving or wanting to leave: _____				

				DO NOT WRITE IN THIS AREA
				YRS MO'S

2	Employers Name	Kind Of Business	From(Mo/Yr)	To (Mo/Yr)
Employers Address	No. & Street/ P.O. Box	City	State	Zip
		Your Job Title		
Supervisor's Name	Check One	Hours Per Week	Start Mo. Pay	Last Mo. Pay
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____		\$	\$
Duties: _____				

Reason for leaving or wanting to leave: _____				

				DO NOT WRITE IN THIS AREA
				YRS MO'S

3	Employers Name	Kind Of Business	From(Mo/Yr)	To (Mo/Yr)
Employers Address	No. & Street/ P.O. Box	City	State	Zip
Your Job Title				
Supervisor's Name	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____	Hours Per Week	Start Mo. Pay \$	Last Mo. Pay \$
Duties: _____ _____ _____ _____				
Reason for leaving or wanting to leave: _____ _____ _____				DO NOT WRITE IN THIS AREA YRS MO'S

4	Employers Name	Kind Of Business	From(Mo/Yr)	To (Mo/Yr)
Employers Address	No. & Street/ P.O. Box	City	State	Zip
Your Job Title				
Supervisor's Name	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____	Hours Per Week	Start Mo. Pay \$	Last Mo. Pay \$
Duties: _____ _____ _____ _____				
Reason for leaving or wanting to leave: _____ _____ _____				DO NOT WRITE IN THIS AREA YRS MO'S

NOTE: For additional experience blocks, please use the attached continuation sheet

PLEASE READ BEFORE SIGNING

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment. I hereby authorize the City of Española to investigate the information contained herein and contact those previous employers I have approved. I release all references, previous employers and schools from damages resulting from furnishing such information. I understand that this application shall become record upon receipt and shall be available for public inspection.

Applicant's Signature

Date

JOB HISTORY CONTINUATION SHEET

Employers Name		Kind Of Business			From(Mo/Yr)	To (Mo/Yr)
Employers Address	No. & Street/ P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name		Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week _____	Start Mo. Pay \$	Last Mo. Pay \$	
Duties: _____ _____ _____ _____						
Reason for leaving or wanting to leave: _____ _____ _____					DO NOT WRITE IN THIS AREA YRS MO'S	

Employers Name		Kind Of Business			From(Mo/Yr)	To (Mo/Yr)
Employers Address	No. & Street/ P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name		Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week _____	Start Mo. Pay \$	Last Mo. Pay \$	
Duties: _____ _____ _____ _____						
Reason for leaving or wanting to leave: _____ _____ _____					DO NOT WRITE IN THIS AREA YRS MO'S	

Employers Name		Kind Of Business			From(Mo/Yr)	To (Mo/Yr)
Employers Address	No. & Street/ P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name		Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week _____	Start Mo. Pay \$	Last Mo. Pay \$	
Duties: _____ _____ _____ _____						
Reason for leaving or wanting to leave: _____ _____ _____					DO NOT WRITE IN THIS AREA YRS MO'S	

DEPARTMENT OF PUBLIC SAFETY IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

This information requested below is in compliance with regulations issued by the Equal Opportunity Commission under Title VII of the Civil Rights Act of 1964. Answers will be confidential and will not be used for purposes of other than Equal Employment Opportunity Reporting. The information requested is for statistical purposes only.

SEX: Male Female

RACE: Anglo Hispanic Native American African American Oriental Other (explain) _____

How did you learn or see our ad to become interested in the Department of Public Safety Police Services Division? _____

For use by Human Resource and Department of Public Safety

Experience: _____

Education: _____

Comments: _____

Accepted Rejected Staff: _____ Date: _____



CITY OF ESPAÑOLA

DEPARTMENT OF PUBLIC SAFETY

1316-C Calle Adelante, Española, NM 87532

(505) 747-6000

BACKGROUND HISTORY and RECORDS RELEASE OF LIABILITY ACKNOWLEDGMENT OF CONFIDENTIALITY

DOB: _____

SOC: _____

Applicant's Name (Please Print) _____

I am an applicant for a position with the Española Police Department. The department needs to thoroughly investigate my employment background history and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Española Police Department. I hereby authorize Española Police Department Recruiting/Selection personnel bearing this document to obtain any information in your files pertaining to me and I hereby direct you to release such information upon request to the bearer. I do hereby authorize a review of a full disclosure of all records, or any part thereof concerning myself, by and to any duly authorized agent of the Española Police Department, whether said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to my background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Española Police Department to consider in determining my suitability for employment with the department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigation files, efficiency ratings, complaints or grievances filed by me or against me, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed confidential, and/or sealed. I request that you allow employees, including supervisors and coworkers to be interviewed by Española Police Department Recruiting/Section detectives regarding any aspects of my employment with you or your organization.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with such. I hereby expressly waive any claim of privilege with respect to any disclosures made pursuant to this release. I direct you to release such information upon request of the duly accredited representative of the Española Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to the release will discontinue processing my application if you refuse to disclose the information requested.

**BACKGROUND HISTORY and RECORDS RELEASE OF LIABILITY
ACKNOWLEDGMENT OF CONFIDENTIALITY**

(continued)

For and in consideration of the Española Police Department's acceptance and processing of my application for employment, I agree to indemnify and to hold the City of Española, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Española Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Española Police Department in conjunction with employment procedures. I further understand that information furnished will remain confidential and will be used for the use of the Española Police Department personnel, and will not be released to me now or in the future.

I hereby acknowledge understanding and agree that all information and materials gathered by the Española Police Department, either for me or from other sources is and shall remain the sole and exclusive property of the police department, including but not limited to all test instruments, questionnaires, inquiries, acknowledgments, credit reports, and any other document which might be found in my background file.

A photocopy or facsimile copy of this release form will be valid as the original thereof, even though the photocopy or facsimile copy does not contain original writing of my signature. Should there be any question as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the City of Española, the Española Police Department and the person and/or organization to whom this request is presented and their agents and employees, from and against all claims, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying or attempting to comply with this request. I acknowledge that the burden of providing my qualifications for such employment is at all times upon me.

(Please Print)

Name: _____

Mailing Address: _____
Street/Box City State ZIP

Signature of Applicant

County of: _____

State of: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Signature of Notary Public

{SEAL}

My commission expires on: _____



CITY OF ESPAÑOLA

DEPARTMENT OF PUBLIC SAFETY

1316-C Calle Adelante, Española, NM 87532

(505) 747-6000

PHYSICAL ASSESSMENT MEDICAL CLEARANCE

Dear Applicant:

In order to participate in the Española Police Department selection process, it will be necessary for you to obtain a medical clearance from your doctor to perform the exercises required by the New Mexico Department of Public Safety Training Division for the Law Enforcement Academy. The exercises include, but are not limited to a 1.5 mile timed run, pushups, sit-ups, and a 300 meter relay which will all have minimum standards depending on your age and gender. A copy of the standards is attached.

To: City of Española
Human Resources Division
405 N. Paseo de Oñate
Española, NM 87532

Applicant's Name: _____
(Please Print)

I have reviewed the elements of fitness screening process and have determined that the above named applicant is medically cleared to participate in this process.

Physician's Signature: _____

Medical Facility: _____

Address: _____

Phone Number: _____

Date: _____

Printed Name of Applicant

Signature of Applicant

Date

Physical Fitness Coordinator / Signature

Date



CITY OF ESPAÑOLA

DEPARTMENT OF PUBLIC SAFETY

1316-C Calle Adelante, Española, NM 87532

(505) 747-6000

PHYSICAL FITNESS AND WELLNESS WAIVER

The purpose of physical agility testing is to determine the physical fitness condition and health status of personnel. All physical fitness/agility testing will be supervised and monitored by a member of the Española Police Department. Physical tests include, but are not limited to running, heavy lifting, and callisthenic exercises, performed in either an outdoor or an indoor setting.

There is a possibility that certain detrimental physiological changes may occur while participating in physical agility testing. Physiological changes could include heart related illnesses, abnormal heart beats, abnormal blood pressure, and in rare instances a heart attack. During testing, if you experience pain, please stop whatever physical activity you are performing and immediately advise the Physical Fitness Coordinator or his Designee.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize that it is my responsibility to provide a signed medical clearance form signed by a physician. Furthermore, I understand that it is my responsibility to monitor my own individual physical performance during testing, activities and exercise sessions.

I hereby state that I will not hold the City of Española or the Española Police Department liable for any injuries or medical conditions which may occur as a result of my participation in these physical activities.

I give informed consent for any testing data to be used for statistical data collection and research. The applicant's identity shall remain confidential and only his/her age and gender shall be used for data purposes.

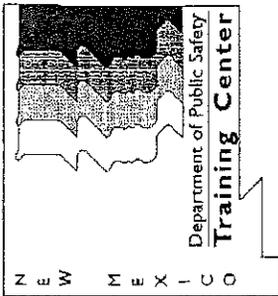
Printed Name of Applicant

Signature of Applicant

Date

Physical Fitness Coordinator / Signature

Date



2011

**New Mexico
Law Enforcement Academy**

**FITNESS STANDARDS
FOR BASIC POLICE OFFICER TRAINING
ACADEMY ENTRANCE**

Prior to entering a Basic Police Officer Training (BPO) program the student must demonstrate a minimum fitness level as measured by the following battery of five tests. These tests are based upon the 40th percentile as established by the Cooper Institute. A standard protocol is explained for each test. Each student with be tested TWO WEEKS prior to the first day of the training program. Those students who do not meet the minimum standard in all tested categories will be dismissed and rescheduled for a subsequent academy.

*For additional information,
Please contact:*
**Department of Public Safety
Training Division**
4491 Cerrillos Road
Santa Fe, New Mexico 87505
(505) 827-9251 (505) 827-3449 FAX
Albuquerque Local (505) 858-3176
Toll Free 1-800-521-9911 in NM Only

ENTRANCE FITNESS STANDARD

Complete medical exam packets (LEA-3) must have been received and final clearance approved prior to Physical Fitness testing being administered by Academy staff.

Tests are not required to be administered in the order listed. All entrance scores are at the 40th Percentile as mandated by 10.29.9.8.C NMAC

Aerobic Power
1.5 Mile Run with 40 seconds added for 6000 feet Altitude Adjustment.

Age	Male	Female
<20	13:09	15:45
20-29	13:09	15:45
30-39	13:33	16:36
40-49	14:30	17:51
50-59	15:54	19:50
60+	17:59	21:35

Anaerobic Power
300 Meter Run

Age	Male	Female
<20	59.0	71.0
20-29	59.0	71.0
30-39	58.9	79.0
40-49	72.0	94.0
50-59	83.2	94.0
60+	83.2	94.0

Equipment: A stopwatch or clock with a sweep second hand; an indoor or outdoor track or another suitable running area measured to 1.5 miles and 300 meters; testing forms to record data.

- The student should refrain from smoking, chewing tobacco, caffeinated drinks, energy aides, or eating for two hours preceding the test.
- Allow adequate time prior to the test for stretching and proper warm-up exercises.

- During the administration of the test, the students will be informed of their lap times. If several students run at once, their individual times at the finish will be called out and recorded later.
- An important consideration at the end of the runs is the "cool down" period. The students should be cautioned about not sitting or standing stationary after the run to prevent venous pooling. They should be instructed to walk at least an additional five minutes to enhance venous return to aid and assist in recovery.
- The student should remember to properly stretch before and after each exercise to prevent any injuries.

Muscular Endurance

1 minute maximum number of **sit-ups**

Age	Male	Female
<20	41	32
20-29	38	32
30-39	35	25
40-49	29	20
50-59	24	14
60+	19	6

- The student starts by lying on their back, knees bent, heels flat on the floor, fingers interlaced and placed behind the head.
- Partner holds the feet down firmly.
- In the up position, the student should touch the elbows to knees and then return until the shoulder blades touch the floor. Any resting should be done in the up position. No rocking hips. If fingers become unliaced, adjustment must be made in the up position

Flexibility
Sit and Reach – Inches

Age	Male	Female
<20	16.5	20.5
20-29	16.5	19.3
30-39	15.5	18.3
40-49	14.3	17.3
50-59	13.3	16.8
60+	12.5	15.5

Explanation continued on back of this page.

Equipment: Box, yardstick on box with 15" mark at edge.

1. The student should properly stretch and warm up. The shoes must be removed.
2. The student is seated on the floor. The feet are placed securely against the boxes with the feet no wider than 8 inches apart.
3. The knees should remain extended throughout the test.
4. The hands are placed exactly together, one hand on top of the other with middle fingers aligned, fingers extended.
5. The yardstick is set on the box so the 15" mark is flush with the edge of the box.
6. The student leans forward without lunging or bobbing and reaches as far down the yardstick as possible. The hands must stay together and even, holding for 1 second.
7. Record the reach to the nearest 1/4 inch.
8. Three trials are allowed; the best of the three is recorded.

Exhaling on the reach is recommended.

Upper Body Strength

1 minute maximum number of push-ups

Age	Male	Female (Modified)	Female (Full Body)
<20	29	23	15
20-29	29	23	15
30-39	24	19	11
40-49	18	13	9
50-59	13	12	9
60+	10	5	9

1. The hands are placed about shoulder width apart. The administrator or partner places a fist on the floor below the student's chest at the midpoint of the sternum (unless a male is testing a female).
2. Starting from the up position (elbows fully extended), the student must keep the back straight at all times (no swayback or elevated hips) and lower their body to the floor until the chest touches the administrator's fist. Student then returns to the up position. Any resting should be done in the up position.
3. The modified push-up (*for females only*) is performed on the hands and knees with the back straight and hands slightly ahead of the shoulders in the up position. Hands cannot leave the floor during the test.

EXIT FITNESS STANDARD

All listed EXIT agility scores are set at the times mandated by 10.29.9.8.C NMAC. Students **MUST** meet or exceed these standards prior to receiving certification.

Aerobic Power

1.5 Mile Run with 40 seconds added for 6000 feet Altitude Adjustment.

Age	Male	Female
<20	12:07	14:05
20-29	12:07	14:05
30-39	12:29	15:13
40-49	13:05	15:57
50-59	14:33	17:59
60+	16:00	19:32

Anaerobic Power

300 Meter Run

Age	Male	Female
<20	54.0	61.0
20-29	54.0	61.0
30-39	55.0	71.0
40-49	64.0	79.0
50-59	74.0	79.0
60+	74.0	79.0

EXIT AGILITY STANDARD

Course #1: Officer starts seated in his vehicle, hands on the steering wheel with seatbelt in use and wearing a 10lb. weight belt or vest around waist to simulate a gun belt. As the timed exercise begins, the officer will:

1. Release seatbelt and open vehicle door.
2. Run 30 feet and open building door.
3. Cross 4ft. threshold, run up two flights of stairs and pause for 60 sec. (Rise and Run of 7"x11" is standard, 8"x10" or 6"x12" are acceptable. Standard floor landings are 10" high.) If only one floor is available it is acceptable to run up, run down, run up and pause 60 seconds. After 60 seconds, runs down the stairs and out the door. There is

no restriction on how the officer negotiates the stairs, however both feet must contact the top and bottom stair.

4. Run 100' from door to a 5' high platform, run up steps, ladder, or ramp to the top of the platform and jumps down.
5. Run 37.5', turn and reverse touching the ramp, run 25 feet to a 6' high wall and scale it. The wall is constructed of unpainted cinder block with a smooth top. If the applicant chooses, he or she may drag a rigid aid or object 10' from the side of the wall and use it to scale the wall. The rigid object will have handles, a flat top, weigh 50lbs. and be 25" tall.
6. After scaling the wall, run 50' to a handcuff/arrest simulator, put arms down, touch ends and hold for 60 seconds. Arrest simulator is 5' high with 60lbs. resistance in the right arm and 40lbs. in left arm. END exercise.

Passing Score (3 minutes 5 seconds)

Course #2: Officer starts from a standing position wearing a 10lb weight belt or vest around waist to simulate a gun belt. As the timed exercise begins, the officer will:

1. Run 30' straight ahead and jump across a 4' wide barrier. The barrier is low to the ground, e.g. a ditch, highway divider, etc.
2. Run 12.5' and climb, jump, or hurdle over a 3' high barrier. The barrier is to resemble a fence or low wall, no more than 4" wide and at least 8" long, made of metal or wood.
3. Run 12.5' to the back of a vehicle equivalent to a full-sized police vehicle and push it 30' on a flat surface in the direction of a clear area where a victim extraction will take place. The car is occupied by a dummy (victim) wearing a seatbelt and weighing 190lbs. +/- 10lbs. The dummy must meet standards established by the New Mexico Law Enforcement Academy.
4. Approach the victim's door; open the door; undo the seatbelt; pull the victim out of the vehicle and drag them 20' perpendicular to the direction of the vehicle.
5. Both officer and dummy (victim) must completely cross the finish line to END the exercise.

Passing Score (42 seconds)

PERSONAL HISTORY STATEMENT

GENERAL INSTRUCTIONS

TO ALL CITY OF ESPAÑOLA DEPARTMENT OF PUBLIC SAFETY/POLICE OFFICER CANDIDATES;

The attached "Personal History Statement" is an important document in the processing of your application to become a Police Officer. If this form is not completed properly and legibly, your application will not be accepted, and it will be returned to you. It is your responsibility to read and answer each question carefully, completely and truthfully.

You must return the completed "Personal History Statement" and other attached forms to this office in person. If there is a problem meeting this deadline, you must contact the Recruiting Officer or Designee to make other arrangements.

Candidates who reside out of town or out of state must contact the Recruiting Officer for instructions.

IMPORTANT NOTE:

INCOMPLETE INFORMATION IN ANY AREA OF THIS PACKET WILL RESULT IN THE PROCESSING OF YOUR APPLICATION BEING HALTED. YOU WILL NOT CONTINUE IN THE SELECTION PROCESS UNTIL THE MISSING INFORMATION IS PROVIDED.

FOLLOW THESE INSTRUCTIONS:

1. Background History/Records Release -- Waiver of Liability - Must Be Signed & Notarized.
2. Print legibly. If you need additional space, use a full-size sheet of paper and leave a blank space of at least one inch at the top. Be sure to list the number of the question you are answering on the added sheet.
3. If your name has changed or if you have an alias, be sure to list these and indicate which name was used during what period of time.

4. Each time you give a person's name, give a complete name. Include complete addresses and zip codes. Also, give a telephone number where the person or business can be reached. Incomplete information will stop your file from being processed further.
5. All phone numbers and zip codes must be current.
6. (Question #12 & #13) List all traffic violations and accidents since you have been driving. Give date of occurrence, location and the name of the police agency that took the report or had knowledge of the incident. Include verbal warnings and accidents where there was no damage/report or police involvement. Example: backing into parked car in parking lot.
7. (Question # 16) Do not include layoffs from employment due to lack of available work. "Terminated or asked to resign" for purposes of this question means fired, or asked to quit instead of being fired.
8. (Question #19) Start with your present employment and work your way back. If there were periods of unemployment, be as specific with dates as possible. Include complete addresses, zip codes and telephone numbers.
9. (Question #57) List business and address of employment, home and work phone number, as well as home addresses of all your personal references. Include complete addresses, zip codes and telephone numbers.

When you return your Personal History Statement, it will be reviewed by one of the recruiters or staff members.

If you have any problems answering the questions on any of these forms, or if you do not understand the directions, call or come by the:

CITY OF ESPAÑOLA
DEPARTMENT OF PUBLIC SAFETY/POLICE SERVICES DIVISION
411 PASEO DE ONATE
ESPAÑOLA NM 87532
PHONE (505) 747-6002.

REMINDER: ANSWER EACH AREA OF EACH QUESTION. IF WE ASK FOR IT, WE NEED IT.

CITY OF ESPAÑOLA

PERSONAL HISTORY STATEMENT
APPLICATION FOR POSITION OF:
POLICE CADET _____ LATERAL OFFICER _____
DETENTION OFFICER _____

_____/_____/_____
SOCIAL SECURITY NUMBER DATE

GENERAL INSTRUCTIONS:

This "Personal History Statement" is an important document in the selection process. If this form is not completed properly and legibly, your application cannot be processed.

Use only black ink.

Hand print and/or type an answer to every question. If the question does not apply to you, so indicate with "N/A." If space available is insufficient, use a separate sheet of paper and number each answer with the correct number of the question. Completeness is important.

Do not misstate or omit material facts. Your statements are subject to verification, and any attempt to deceive or falsify information, or to omit pertinent information, will be cause for your elimination from the selection process.

1. _____
Legal Name (Last) (First) (Middle)

2. _____
By what other name(s) have you been known (maiden, alias, and nicknames?)

3. _____
Residence Address (Number, Street, Apt.#, City, State, Zip Code, Phone Number) w/area code

4. _____
Mailing Address (if different than above)

5. _____
Date of Birth Place of Birth (City, County, State)

6. Are you a U.S. Citizen by birth or a naturalized citizen? _____

If naturalized, list city and state where naturalized. _____

7. _____
Sex Age Height Weight Color of Hair Color of eyes

8. _____
Name of person(s) with whom you live/ Relationship

9. In chronological order (Present to Past). List each and every place you have resided

A. _____
MO/YR to MO/YR Address (Street, City, State & Zip Code) Phone #

Name of person lived with, relationship, and his/her current address.
Name of company/person buying/leasing/renting from and their complete
address and phone number.

B. _____
MO/YR to MO/YR Address (Street, City, State & Zip Code) Phone #

Name of person lived with, relationship, and his/her current address.
Name of company/person buying/leasing/renting from and their complete
address and phone number.

C. _____
MO/YR to MO/YR Address (Street, City, State & Zip Code) Phone #

Name of person lived with, relationship, and his/her current address.
Name of company/person buying/leasing/renting from and their complete
address and phone number.

D. _____
MO/YR to MO/YR Address (Street, City, State & Zip Code) Phone #

Name of person lived with, relationship, and his/her current address.
Name of company/person buying/leasing/renting from and their complete
address and phone number.

ARRESTS, SUMMONSES, ETC.

(ANSWER ALL QUESTIONS)

10. Were you ever arrested or taken into custody or been issued a misdemeanor citation?
Yes _____ or No _____

11. List below ALL arrests and misdemeanor citations, including juvenile arrests.

Violation Actual or Charge	Location (City/State)	Date	Court Disposition or Sentence	Police Agency

12. List ALL traffic violations, including parking, warning, and dismissed citations.

Violation Actual or Charge	Location (City/State)	Date	Court Disposition or Sentence	Police Agency

13. List ALL traffic accidents in which you were the DRIVER.

Date	Location (Street, City, State)	Police Agency

14. Were you ever a plaintiff, defendant, petitioner, or respondent in a civil proceeding (including bankruptcy)? Yes _____ or No _____.

List ALL civil actions in which you were a party or summoned/subpoenaed.

Action or As Plaintiff, Defendant, Court	Date Proceeding	Petitioner, Respondent	Disposition or Witness

SUBVERSIVE AFFILIATIONS

15. Are you a member, or have you ever been a member of any party or organization, political or otherwise, that now (or in the past) advocates the overthrow of the government of the United States or of the State of New Mexico by force or violence or other unlawful means?

Yes _____ or No _____

If yes, attach a separate sheet with an explanation.

EMPLOYMENT

16. Were you ever terminated/fired, given the option of resigning in lieu of termination, or quit before being fired? Yes _____ or No _____ (Give details below)

Complete Employer Address	Date	Supervisor	Reason for Discharge
------------------------------	------	------------	-------------------------

17. Were you ever subject to disciplinary action in connection with any employment?
Yes _____ or No _____

Explain:

18. Have you ever previously submitted an application to the Española Department of Public Safety or any other Law-Enforcement or corrections agency?

Yes _____ or No _____ If yes, give details below.

Were you ever rejected for employment by a law enforcement agency or corrections agency? Yes _____ or No _____
Give details below.

Application Date	Applied Organization	Complete Address	Phone #	Status
---------------------	----------------------	------------------	---------	--------

EMPLOYMENT

19. List below; PRESENT TO PAST, each and every place where you were employed. OMIT NONE including part-time employment. List complete addresses and zip codes. List any periods of unemployment in proper sequence.

A.

Month and Year From: To:	Employer Name	Employer Phone
Position Held	Employer's Address (Street, City, State & Zip Code)	Reason for Leaving
Brief Description of Duties		Immediate Supervisor
Unemployed From:	To:	Reason

B.

Month and Year From: To:	Employer Name	Employer Phone
Position Held	Employer's Address (Street, City, State & Zip Code)	Reason for Leaving
Brief Description of Duties		Immediate Supervisor
Unemployed From:	To:	Reason

C.

Month and Year From: To:	Employer Name	Employer Phone
Position Held	Employer's Address (Street, City, State & Zip Code)	Reason for Leaving
Brief Description of Duties		Immediate Supervisor

SOCIAL STATUS

20. Is your present social status single, married, separated, or divorced? _____

21. Were you ever legally separated? (list date(s) and spouse(s)) _____

22. List all marriages below.

Date	City/State	Spouse's Former & Current Name	Current Address	Home Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

23. With whom do you currently live? Name _____
Relationship _____

24. Does your spouse or roommate work? _____ Can they be contacted at work?

Yes _____ No _____

Employer: _____

Address: _____

25. List below all divorces, annulments and separations.

Type Action	Date	City/State	Petitioner	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

26. List below every child born to you, adopted children, stepchildren, foster children, or other dependents.

Name	Date of Birth	Place of Birth	With whom, and where does child currently reside
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

27. Are you now supporting all children and/or dependents listed above? Yes ___ No ___

If no, explain

28. Have you ever been involved in a paternity suit as a petitioner or defendant? _____

If yes, explain

MILITARY SERVICE

29. Have you ever served in the armed forces of the United States or any other country?
Yes _____ No _____ (If no, go to question #36)

30. Which branch(s) of services? _____

31. List periods of continuous service under each branch of armed forces.

From _____ To _____ Branch _____ Pay Grade _____ Serial # _____

From _____ To _____ Branch _____ Pay Grade _____ Serial # _____

From _____ To _____ Branch _____ Pay Grade _____ Serial # _____

From _____ To _____ Branch _____ Pay Grade _____ Serial # _____

32 What type of DISCHARGE (honorable, dishonorable, general, medical, etc.)

33. Were you ever Court Marshaled, tried on charges, been the subject of a Summary Court, Captain's Mast, Company Punishment, Article 15, or any other type of military discipline? Yes _____ No _____

Number of times _____ Explanation _____

34. Reason for discharge from the military (for example, end of obligated service).

35. Are you currently in the National Guard, or Active Reserve? Yes _____ No _____

36. Did you register for the military draft when you turned eighteen?

Yes _____ No _____ If no, explain _____

GENERAL

37. What college degree or professional license(s) do you possess? _____

38. Do you have a high school diploma or a GED? _____

39. List below the middle school(s), college(s), trade or business school(s) you have attended. Do not list military school(s)

Start with middle school first.

Name of School	Location	Attendance Dates	
		From Mo/Yr	To Mo/Yr
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

40. If you were (or are now) a member of any social, labor, or fraternal organizations, list them below.

Date	Organization	Type of Organization	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

41. Have you ever had garnishments or assignments made on your wages, or received a letter of indebtedness? Yes _____ No _____ If yes, explain _____

42. List ALL financial liabilities (contract, charge accounts, etc.) involving you and if married, your spouse.

To Whom Owed	Phone	Address	Date	Orig. Amt.	Balance	Monthly Payment
_____	_____	_____	_____	_____	_____	_____

43. Are you the co-signer on any loans? _____ If yes, explain _____

44. Have you ever been bonded? _____

Reason	Date	By Whom (Name & Complete address)	Phone
--------	------	--------------------------------------	-------

45. Have you ever been refused a bond? _____ If yes, explain _____

46. Do you possess:

A. Regular driver's license? _____ Number _____ State _____

B. Chauffeur's license? _____ Number _____ State _____

C. Other _____

47. Did you ever have a license issued by another state (s)? _____

Which State(s) _____ Date(s) _____

48. Was your license EVER suspended or revoked? _____

Date(s) _____

City _____ State _____ Reason _____

49. List all vehicles that you currently own.

Year Make Body Type Color License Number

(State, Exp. Yr)

50. Are all the above vehicles currently covered by liability insurance?

Yes _____ No _____ Company _____

If no, indicate vehicle(s) and reason why uninsured.

51. List the name of your father, stepfather, mother, stepmother's (maiden name), and sibling(s) below.

Name Address Phone Relationship Living/Deceased

52. Have you ever been fingerprinted? Yes _____ No _____

When _____ Where _____ Purpose _____

When _____ Where _____ Purpose _____

53. Do you have any knowledge or information, in addition to that specifically asked for in the preceding questions, which is or may be relevant, directly or indirectly, in connection with an investigation of your eligibility or concerning your character, temperance, habits, employment, education, criminal record, etc.?

Yes _____ No _____ If yes, explain

54. Do you know of anything that would disqualify you from the selection process or prevent you from the full discharge of your duties as a Police Cadet/ Police Officer?

Yes _____ No _____ If yes, explain

55. What prompts you to make an application to the Department of Public Safety?

56. Have you any specialized areas of interest in the Department of Public Safety?

57. REFERENCES: List the NAMES and COMPLETE ADDRESSES of SIX reliable people, other than relatives, past employers or supervisors, who know you well enough to provide current information about you.

1. _____
Name Home Address Home Phone #

Occupation Employer's Address Work Phone #

2. _____
Name Home Address Home Phone #

Occupation Employer's Address Work Phone #

3. _____
Name Home Address Home Phone #

Occupation Employer's Address Work Phone #

4. _____
Name Home Address Home Phone #

Occupation Employer's Address Work Phone #

5. _____
Name Home Address Home Phone #

Occupation Employer's Address Work Phone #

6. _____
Name Home Address Home Phone #

Occupation Employer's Address Work Phone #

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS PERSONAL HISTORY STATEMENT IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATION, OMISSIONS, OR FALSIFICATIONS MAY BE DEEMED SUFFICIENT CAUSE FOR REJECTION FROM THE SELECTION PROCESS OR TERMINATION OF FUTURE EMPLOYMENT.
IN WITNESS WHEREOF, I HAVE EXECUTED THIS REQUEST

AT _____ ON THE _____ DAY OF _____ 20_____
(County, State)

APPLICANT'S SIGNATURE

DATE

Subscribed and sworn to and before me this _____ day of _____, 20 _____.

Notary Public in and for said County and State.

My Commission Expires: _____

**CITY OF ESPAÑOLA DEPARTMENT OF PUBLIC SAFETY
ACKNOWLEDGMENT OF BASIC REQUIREMENTS**

The following are the Basic Requirements for Public Safety Officer Applicants:

1. Must be 21 years of age upon certification.
2. No Felony Convictions
3. Must be a United States Citizen
4. Must have a valid Drivers License.
5. For the position of Public Safety Cadet You:
 - a. Must have a high school diploma or equivalent (GED).
6. For Lateral Officer you:
 - a. Must currently be a State of New Mexico Certified Peace Officer in non-probationary status
 - or
 - b. you must achieve certification via the Certification by waiver course in the State of New Mexico.

I acknowledge that I have read, understand and meet the basic requirements for the position of Española Public Safety Officer.

_____/_____/_____
Applicant's Printed Name Applicant's Signature Date

**CITY OF ESPAÑOLA DEPARTMENT OF PUBLIC SAFETY
RECRUITING OFFICE
CANDIDATE IDENTIFICATION INFORMATION**

Date Fingerprinted _____

Position _____

Name _____ D.O.B. ____ / ____ / ____
(First, Middle, and Last Name - No initials)

Race _____ Sex _____

Address _____

City _____ State _____ Zip Code _____

Height in Inches _____ Weight _____ Color of Eyes _____

Color of Hair _____ City & State of Birth _____

Occupation _____ Soc. Sec. # ____ / ____ / ____

Identifying Characteristics: (Scars, Moles, Tattoos, Birthmarks, Etc.)

Left _____ Right _____

Left _____ Right _____

Left _____ Right _____

Father's Name _____ Address _____

City _____ State _____

Mother's Name _____ Address _____

City _____ State _____

Spouse's Name _____ Address _____

City _____ State _____

Brother and Sisters

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

PERSONAL INTEGRITY QUESTIONNAIRE

Read the following instructions **CAREFULLY!!**

DIRECTIONS: The City of Española, Department of Public Safety has developed a comprehensive and intense Officer Selection Process for its applicants. This Selection Process will consume a great deal of your time, as well as expense and effort for the City of Española. This questionnaire is designed to acquaint you with certain standards, which **MAY OR MAY NOT DISQUALIFY YOU AS A CANDIDATE DURING THIS SELECTION PROCESS.** This questionnaire is designed to save you time, money and energy early on in the selection process. Your **truthful** responses to the following questions and during the follow up interview will help to evaluate your chances and ability in continuing the selection process.

Recruiting of all candidates is done without regard to race, color, national origin, ancestry, sex, age, religion or disability, in the provision of services, programs or activities.

The City of Española, Department of Public Safety is an Equal Opportunity/Reasonable Accommodation Employer.

All answers on this application form are subject to verification by use of the polygraph and an intense background investigation. Deliberate inaccuracies, incomplete statements, minimization, rationalizations, omissions and/or misstatements must be corrected. If they are not, it may result in your disqualification from the selection process or termination from employment if hired.

It is to your advantage to respond honestly and openly to all of the following questions. Any negative factors in your background will be evaluated in terms of circumstances and facts surrounding the occurrence and its degree of relevance to the job.

The City of Española, Department of Public Safety is looking for mature, honest people who can admit their mistakes and discuss those mistakes honestly. For example, being fired from a job or having an arrest record is not, in itself, grounds for disqualification in many cases.

During your interview, your background investigator will inquire into the facts surrounding the event. An evaluation will be made of the relevance of the facts to the requirements and guidelines of the job.

It is your responsibility to be truthful. A negative factor in your background may not terminate you from the application process; being dishonest about the negative factor will. **Be honest.**

If you feel some event in your background is indirectly related to your application, even though it is not specifically listed, then disclose it. Save yourself a great deal of time, money, energy and effort if you know you will have to lie at any stage of the application process.

It is your responsibility to ask for clarification of any question or word that is not perfectly clear and understandable to you. Unless otherwise stated, each question refers to anytime, any reason, any place, anywhere, at any age, in any jurisdiction, in civilian or military life, domestic or abroad, or on any military installation, base, or federal land. **IT IS YOUR RESPONSIBILITY TO BE HONEST AND TRUTHFUL.**

Please fill out this form in **BLACK INK** only. It is your responsibility to write clearly and legibly. If we cannot read it, the public will not be able to read your police report either. Remember that neatness in writing, grammar, punctuation, spelling, clarity, and ability to follow written instructions are all evaluated as part of the Selection Process. There is no set time limit to complete this questionnaire, however it **MUST** be completed and ready to be submitted on your first scheduled test date.

You will be informed what the next stage of the selection process will be. Thank you for your time, patience and cooperation in this matter.

PERSONAL APPLICANT DATA:

Applicant Full Name: _____

Any other names ever used or nicknames: _____

Current Street or Mailing Address: _____

City/State/Zip Code: _____

Home Phone #: (____) _____ Message Phone #: (____) _____

Drivers License # and State _____ D.O.B. ____ / ____ / ____

Social Security Number: _____ - _____ - _____ Age: _____

Personal Integrity Questionnaire continued:

QUALIFICATIONS:

Are you applying for a CADET position? YES NO

If yes, complete the following questions:

1. Are you currently at least 21 years of age? YES NO

2. Do you have any felony convictions or arrests? YES NO

3. Do you have any D.W.I. arrests within the last three (3) years in any jurisdiction?

YES NO

4. Do you have any misdemeanor arrests or citations, excluding traffic within the last three (3) years, for any reason in any jurisdiction?

YES NO

5. Are you currently a United States Citizen? YES NO

6. Do you currently have a valid driver's license? YES NO

7. If you have prior military service in any branch and you have been discharged was the discharge listed on your separation papers (DD-214) characterized as honorable?

YES NO

Do you have MILITARY experience? YES NO

If yes, complete the following questions:

-Have you ever been a member of any branch of the armed forces, or are you currently serving in any branch of the armed services?

YES NO

Which Branch(s): _____ Pay grade last promoted to: _____

Date first reported to active duty: ___/___/___ Date of discharge: ___/___/___

*If you are currently serving (whether active duty, active reserve, or guard) at what date do you expect to complete your obligation or when do you intend to resign your commission? ___/___/___?

List the total time you have in service: (include active-duty, active-reserve and guard service together) _____ years.

What was your military specialty in civilian terms: _____

-Did you ever fail any term or condition of your enlistment for any reason?

YES NO

Character of discharge received: (circle correct one)

HONORABLE MEDICAL GENERAL DISHONORABLE

-Were you ever declared U.A., A.W.O.L., or Missing Ships Movement? YES NO

-While in the military did you ever received any punishment that resulted in a written reprimand, demotion, suspension, reduction in rank, being relieved of duty, loss of pay or

confinement? (This includes such things as Article 15's, Page 11's, Captain Mast's, Company punishments, Court Marshal's, written counseling statements, etc.)

YES NO

If you have answered YES to any of the above military questions, please explain the circumstances here:

RESPONSE TO QUESTION:

PERSONAL INTEGRITY QUESTIONS:

You will need to write a short narrative to fully **EXPLAIN EACH "YES" ANSWER**. Make sure your writing is clear and legible.

In your narrative, answer the relevant questions of Who, What, When, Where, Why, How, How Often, etc. as each question requires. Write your narrative in **BLACK INK ONLY**. Again, it is important that your answers are honest, as the polygraph and extensive background investigation will verify the information.

Make sure you include sufficient detail in your report that your background investigator can read and fully understand the circumstances of what happened, when and why.

Regarding any **DRUG AND SUBSTANCE EXPERIMENTATIONS**, make

sure you list the dates first used and last used. Don't rationalize or minimize the facts. If you can't remember the exact dates, put down the month and year to the best of your recollection. If you need more room to write on any give page, continue writing on a separate sheet of paper.

Personal Integrity Questionnaire continued:

EVENT HISTORY SECTION:

Please answer YES or NO to each of the following questions. Each question is asking if at anytime, anyplace, anywhere, at any age, for any reason, both in civilian life or in military life, domestic or abroad, have you ever committed any of the following acts. It does not matter if the act was detected, undetected, was reported or unreported, investigated, discovered, or if anyone was questioned or arrested. The question is simply asking you if you have ever committed this particular act.

It is to your benefit to be honest! Examples refer to things that have occurred other than in the line of duty for the job you were in at that time. **WE DO EXPECT EVERYONE TO ANSWER ALL OF THE QUESTIONS HONESTLY.**

This section is also designed to measure your reading and comprehension ability, your vocabulary and ability to follow written directions correctly. If you have any question or don't understand any of the following words or ideas, please contact your recruiter for assistance.

DRUG USE AND EXPERIMENTATION:

Have you ever experienced at any time, even once with any of the below listed substances for any reason? This includes any and all use including experimentation, curiosity, peer pressure, and any one time use whether you felt the effects of the substance or not, inhaled or not. Answer each of the questions truthfully *YES or NO*. Your drug information will be verified by use of the polygraph and background investigation. Do not minimize or rationalize the facts. If you don't know the exact date put down the approximate month and year as best you can recall, answer either *YES or NO*.

1. ___ Marijuana, pot, grass, weed, etc.
Date FIRST used: _____ LAST used: _____

2. ___ Hash, hash oil, hashish, etc.
Date FIRST used: _____ LAST used: _____

3. ___ Cocaine, crack, rock, snow, blow, etc.
Date FIRST used: _____ LAST used: _____

Personal Integrity Questionnaire continued:

4. ___ Barbiturates, downers, etc.

Date FIRST used: _____ LAST used: _____

5. ___ Amphetamines: uppers, speed, meth, crack, white crosses, etc.

Date FIRST used: _____ LAST used: _____

6. ___ Heroin, black tar heroin, horse, H, etc.

Date FIRST used: _____ LAST used: _____

7. ___ LSD, Blotter Acid, any other hallucinogenic drug not listed.

Date FIRST used: _____ LAST used: _____

8. ___ PCP, Angel Dust

Date FIRST used: _____ LAST used: _____

9. ___ THC, opium, morphine

Date FIRST used: _____ LAST used: _____

10. ___ Mushroom, Peyote

Date FIRST used: _____ LAST used: _____

11. ___ Quaaludes, Ecstasy, Extasy, etc.

Date FIRST used: _____ LAST used: _____

12. ___ Steroids, injected or oral

Date FIRST used: _____ LAST used: _____

Total number of single injections or pills taken, not number of cycles!

13. ___ Inhaled any paint, glue, solvents, gases for the sole purpose of getting high?

Type used: _____

Date FIRST used: _____ LAST used: _____

RESPONSE TO QUESTIONS:

Personal Integrity Questionnaire continued:

14. ___ Poppers, amityl nitrate, "Rush", etc. (Inhaled)

Date FIRST used: _____ LAST used: _____

15. ___ Any other illegal substance not listed?

Type: _____

Date FIRST used: _____ LAST used: _____

16. ___ Ever abuse any prescription or over the counter drugs, made out to you or anyone else, for the sole purpose of getting "HIGH" or for its effect. Included are drugs such as Valium, Xanax, Codeine, Methadone, Dilaudide, Demerol, drinking Listerine, Mouthwash, Cologne, etc.

17. ___ Ever purchased any narcotics, illegal drugs, steroids or marijuana without a doctor's prescription for you or anyone else? Includes giving someone else money to purchase them for you or to defray the costs, chip in, etc.

18. ___ Ever used any illegal drugs or narcotics on any job or gone to work under the influence of any illegal drug or narcotic?

19. ___ Ever sold any illegal or counterfeit drug, including marijuana? (Means received anything of value for it such as a favor, mechanical work, money, goods, sex, travel, food, gas etc.)

20. ___ Ever manufactured or cultivated any illegal drug or narcotic, including marijuana?

21. ___ Currently associate with anyone who uses any illegal drug(s) while in your presence?

22. ___ Ever sold or traded anything of value, OTHER THAN MONEY, to purchase any illegal drugs, including marijuana?

- # _____
- # _____
- # _____
- # _____
- # _____
- # _____
- # _____
- # _____

Personal Integrity Questionnaire continued:

34. ___ Ever committed any act of physical domestic abuse against another person with whom you had been in or with whom you are in a relationship with, such as a boyfriend/girlfriend, husband, wife, significant other? (This includes any slap, hit, punch, kick, pinch, shove, push, jab, poke or other serious, painful or violent physical contact for any reason.)

35. ___ Ever committed any act of bombing or dangerous use of explosives? (Includes pipe bombs, M-80's, etc.)

36. ___ Ever issued any 'NO ACCOUNT' checks? (on any already closed account or on a false account in your or any other name?)

37. ___ Ever committed any act of graffiti, vandalism, damage to private or public property, including any automobile?

38. ___ Ever offered or accepted any bribe for any reason?

39. ___ Ever committed any arson or negligent use of fire? (Intentionally set any fire)

40. ___ Ever eluded any police officer, either on foot or in a vehicle?

41. ___ Ever committed any act of kidnapping, false imprisonment, or custodial interference?

42. ___ Ever counterfeited any money or currency? (Includes Xeroxing.)

43. ___ Ever made any obscene, harassing, threatening, annoying, intimidating phone calls or any false bomb threats for any reason?

44. ___ Ever committed any hunting, fishing, or boating violations?

Personal Integrity Questionnaire continued:

- 45. ___ Ever carried any unlawful deadly weapon into any bar or on school premises, other than in the line of duty?
- 46. ___ Ever carried any weapon on your person or in your vehicle for your own personal protection?
- 47. ___ Ever failed to file an income tax report, federal or state?
- 48. ___ Ever been forced to pay any back taxes or tax penalties for any reason, anywhere, anytime, business or personal?
- 49. ___ Ever shot at any uninhabited/inhabited dwelling, building, vehicle or at a person, other than in the line of duty?
- 50. ___ Ever impersonated a police officer for any reason?
- 51. ___ Ever altered or possessed a false identification (I.D.)? (Includes driver's license birth certificate, etc.)
- 52. ___ Ever forged another person's signature of any Bill of Sale?
- 53. ___ Ever obstructed or refused to obey any police officer?
- 54. ___ Ever committed any act of perjury, lying under oath, either in writing or orally, at any hearing, criminal case or civil suit?
- 55. ___ Ever failed to return any rental property such as tapes, tools, equipment or vehicles?

Personal Integrity Questionnaire continued:

- 56. ___ Ever made a false police or insurance report for any reason?
- 57. ___ Ever been the target or subject of any Grand Jury Investigation?
- 58. ___ Ever knowingly committed any Federal Firearms violation? (Includes automatic weapons, silencers, armor piercing rounds, etc.)
- 59. ___ Ever committed any act of sabotage or espionage against the United States?
- 60. ___ Ever committed blackmail, mail fraud or extortion?
- 61. ___ Ever altered any vehicle V.I.N. (Vehicle Identification Number) for any reason?
- 62. ___ Ever falsely obtained any service such as food, utilities, motel, gas, cable TV or garbage without paying for it?
- 63. ___ Ever illegally fire any firearm or a BB or pellet gun?
- 64. ___ Ever obtained welfare or public assistance benefits to which you were not entitled, such as unemployment, aid for dependent children or food stamps?
- 65. ___ Ever aided or concealed any wanted felon from any police agency?
- 66. ___ Ever been the subject of any restraining order?
- 67. ___ Ever caused the death of another, either intentionally or unintentionally?
- 68. ___ Ever been the subject of any arrest warrant? (Juvenile, traffic, misdemeanor, felony, federal, parking warrant etc.)

Personal Integrity Questionnaire continued:

- 69. ___ Ever been the subject of any search warrant?
- 70. ___ Ever committed any robbery? (Theft from someone using a weapon, implying a weapon or otherwise using any force?)
- 71. ___ Ever purposely provided any false information to any police officer such as a false date of birth, false social security number, name, address, phone number, event or crime facts, etc
- 72. ___ Other than traffic, have you ever been issued any misdemeanor citation for any reason? (minor in possession of alcohol, trespassing, loitering, littering shoplifting, open container of alcohol, etc.)
- 73. ___ Ever been required to appear before any Children's or Juvenile court as a defendant for any reason?
- 74. ___ Ever committed any act of embezzlement? (Includes any theft from any employer, including money or merchandise, or converting anything entrusted to you to your own use.)
- 75. ___ Ever been placed on court probation either as an adult or as a juvenile? (Includes doing any community service for any reason, in any state?)
- 76. ___ Ever been paroled or are you currently serving parole or probation?
- 77. ___ Ever been a 'lookout', 'get-away driver' or in any way aided in any illegal act or crime?
- 78. ___ Ever reported or made a false fire alarm? (Includes pulling fire alarm.)
- 79. ___ Ever tampered with any evidence for any reason, in any type of case?

Personal Integrity Questionnaire continued:

RELATIONSHIP EVENTS:

- 80. ___ Ever committed any forcible or criminal sex act, other than rape, against another person? (Includes oral copulation, masturbation, sodomy, etc., against someone's will.)
- 81. ___ Ever committed any act of rape or criminal sexual contact of another? (Any sexual intercourse or fondling by use of force or implying any weapon?)
- 82. ___ Ever contributed to the delinquency of any minor by providing any liquor or illegal drugs, or for having sex with? (Minor means anyone under the age of 18.)
- 83. ___ Ever patronized or procured any prostitute or male/ female in any country?
- 84. ___ Ever committed any act of prostitution? (performed any sex act for anything of value such as money, goods, favors, food, discounts, drugs, travel, lodging, alcohol, mechanical work, services, etc.)
- 85. ___ Ever committed any act of indecent exposure, incest or forcible sodomy?
- 86. ___ Ever physically abused or sexually molested any child?
- 87. ___ Have you ever physically or sexually abused or molested any mentally or physically handicapped or elderly person? (Includes the blind, deaf, mute, Down's Syndrome, Muscular Sclerosis, Muscular Dystrophy, etc.)
- 88. ___ Have you ever committed any act of voyeurism at anyone undressing or involved in any sexual activity?

Personal Integrity Questionnaire continued:

JOB AND WORK HISTORY:

89. ___ Ever been suspended or expelled from any school, high school, trade school, community college, college, university, vocational or technical school for any reason?

90. ___ Ever drank any alcoholic beverages during working hours contrary to any company policy?

91. ___ Ever sued any employer, past or present, in any civil action for any reason?

92. ___ Ever received counseling, a written reprimand, been suspended or relieved of duty for any reason at any job you have ever had?

93. ___ Ever been fired from, given the option of resigning or resigned to avoid termination from any job?

94. ___ Ever been refused a security clearance or have lost a security clearance at any job you have worked, or lied or misrepresented any fact in any application or process to secure a security clearance?

TRAFFIC RELATED EVENTS:

95. ___ Ever been involved in a traffic accident in which you were the driver, during the last three(3)years? (Includes reported, unreported, hit and run, military, on public or private property.)

96. ___ Ever received any traffic citations in the last three (3) years? (Includes any parking citations, dismissed citations, military police citations, warning citations, etc.)

97. ___ Ever had your driver's license suspended, revoked or place on negligent operator status for any reason in any state?

Personal Integrity Questionnaire continued:

- 98. ___ Are any vehicles currently registered to you not insured for any reason?
- 99. ___ Have you ever had a driver's license issued to you other than by the State of New Mexico? (List all state licenses issued, dates licensed, and license number if known.)
- 100. ___ Ever committed a hit and run accident on either public or private property? (Includes Military bases, parking lots, etc.)
- 101. ___ Do you currently possess a valid driver's license? (List state(s), license number and expiration date.)
- 102. ___ Ever been arrested for driving while intoxicated in any jurisdiction?

FINANCIAL EVENTS:

- 103. ___ Ever declared bankruptcy? (Chapter #7, #11, #13, etc.)
- 104. ___ Ever been referred to any collection agency?
- 105. ___ Ever had any purchased goods repossessed?
- 106. ___ Ever had your wages garnished or any liens placed on any property?
- 107. ___ Do you have any unpaid balances on loans, including student loans and credit cards, mortgages, etc., (if you have a mortgage list the approximate balance and monthly payment. For all other loans, list the approximate balance for the loan(s) and the approximate total of the monthly payment(s) required.

Personal Integrity Questionnaire continued:

108. ___ Ever been a defendant, petitioner, respondent, or plaintiff in any civil action case? (Refers to any hearings or cases other than of a criminal nature, such as being sued.)

109. ___ Ever been more than 60 days late in paying any financial responsibility?

110. ___ Ever failed to pay any child support, alimony, or divorce settlement payments?

111. ___ Ever got into serious financial difficulties?

PREVIOUS RESIDENCES:

112. ___ Ever been evicted from any place you have ever lived? (Includes failing to pay any rent, lease violation, or moving out "in the middle of the night" to avoid rent.)

MISCELLANEOUS ISSUES:

113. ___ Ever been involved in a physical fight in the last three (3) years?

114. ___ Ever been a member of, or had any gang affiliations?

115. ___ Ever committed any animal control violation such as cruelty to, abandonment or death of any domestic animal or been issued a citation or written warning for any other related animal violation that includes: loose animal, barking dog, animal license violation, animal registration, vaccination, spaying, neutering.

116. ___ Ever been investigated or sued for any Civil or Federal Rights violations?

Personal Integrity Questionnaire continued:

- 117. ___ Ever been the subject of any polygraph examination?
- 118. ___ Ever changed your name or used another person's name for any reason?
- 119. ___ Do you currently have any prejudices against any specific group of people with whom, or for whom you feel you would not be able to comfortably work with or for?
- 120. ___ Ever violated a court order of any kind or been held in contempt of court for any reason?
- 121. ___ Ever applied to any other law enforcement or corrections agencies? This includes any local, state, or federal agencies. (Apply means obtaining the initial application, filling it out and sending it back.) If you have applied with City of Española, Department of Public Safety before, you must answer, Yes. (List agency, dates applied, and disposition.)
- 122. ___ Ever committed any dishonest act in any police selection process to remain a candidate such as cheating, lying, having another person take a test for you, provide false documents etc.
- 123. ___ Ever attended or participated in any cock or dog-fighting event?
- 124. ___ Ever failed any background investigation for any law enforcement position or agency?
- 125. ___ Are you currently awaiting any court date(s) for any reason?
- 126. ___ Have you ever been placed in a pre-prosecution program by any court, judge or court official for any reason?
- 127. ___ Ever altered any serial number or ID marks for any reason?

Personal Integrity Questionnaire continued:

128. ___ Ever smuggled, transported or concealed illegal aliens?

129. ___ Have you ever been a member of any radical organization such as the KKK, Aryan Brotherhood, Skin Heads, Black Panthers, IRA, or any other organization that targets any ethnic, racial or religious groups?

130. ___ Have you ever participated in any physical abuse or threatened any person(s) based solely on their perceived sexual orientation, or cultural differences?

131. ___ Is there anything else about your background that needs to be revealed or disclosed that may be relevant to your application?

132. ___ Have you intentionally omitted any fact or facts from your application or withheld any information relevant to your application?

133. ___ Why do you want to become a Police Officer with the City of Española Department of Public Safety?

Personal Integrity Questionnaire continued:

Now that you are through answering all of the above questions, take a minute and go through to **MAKE SURE YOU HAVE ANSWERED ALL OF THE QUESTIONS. NO SINGLE QUESTION MAY BE LEFT UNANSWERED.** Once this is done, go through the questions again and make sure you have explained all the YES answers.

READ AND SIGN:

I have read the above questions thoroughly and completely. I understand the above questions and have answered them truthfully. I agree to this statement of my own free will and have not been subject to any mental or physical force or coercion of any kind. I am aware that any falsification or omission of any true information made on this questionnaire may cause my name to be removed from the eligibility list, or be the cause of immediate dismissal if any employment has been made. I know and understand what I am doing.

I FULLY UNDERSTAND THE INFORMATION I HAVE PROVIDED WILL BE VERIFIED BY USE OF THE POLYGRAPH AND AN EXTENSIVE BACKGROUND INVESTIGATION BY THE CITY OF ESPANOLA DEPARTMENT OF PUBLIC SAFETY.

Candidates Printed Name

Date

Candidates Signature

Personal Integrity Questionnaire continued:

RECOMMENDATION:

Based on the PIQ information, I recommend that this candidate:

_____ Continue in the process.

_____ Be terminated from the selection process for the reasons stated in the remarks/investigation on the previous page.

Supervisor review and conclusion:

_____ Candidate will continue in the selection process.

_____ Candidate will not continue in the selection process

NOTE: If the candidate will not continue in the selection process. Indicate the earliest eligibility date for re-application.

First Approval _____ Date: _____
(NAME & RANK)

Supervisor comments: _____
Second Approval Required Yes _____ No _____



Second Approval: _____ Date: _____
(NAME & RANK)

Concur with Eligibility Date Yes _____ No _____

Reviewer Comments: _____

Revised 12/13/2006 //LT.MAT