

Hopkinsville Police Department

Applicant Packet

The below items **MUST** be completed and/or copies sent to the Human Resources Department for consideration of the Police Officer recruitment process. The information can be mailed or delivered to the City of Hopkinsville, P.O. Box 707, Hopkinsville, KY 42240 or faxed to 270-890-0266, Attention: Human Resources.

- Application & Release of Personal Information-see website at <http://www.hopkinsvilleky.us/city-departments/administration/human-resources/job-openings>
- Qualification Inquiry Form-see attached
- Police Candidate Questionnaire-see attached
- Personal History Statement (Form H-2)-see attached
- Birth Certificate
- High School Diploma/GED
- Social Security Card
- Driver's License
- DD 214 Member 4 copy (if applicable)
- Certifications
- Resume – preferred but optional

QUALIFICATION INQUIRY

This form must be returned with application if to be considered for employment with the City of Hopkinsville Police Department.

- a) The purpose is to obtain information which will assist in the determination of whether personnel reassignment and/or administrative action are warranted.
- b) You have a duty to complete this form. Agency disciplinary action, including dismissal, may be undertaken if you refuse to answer or if you fail to reply fully and truthfully.
- c) Neither your answers nor any information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922 (g) (9). However, the answers you furnish and any information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and in the course of agency disciplinary proceedings.

1. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of the statute:

Initial and date: YES _____ NO _____

2. If you answered YES to the first question, provide the following information with respect to the conviction:

Court/Jurisdiction: _____

Docket/Case Number: _____

Statute/Charge: _____

Date Sentenced: _____

I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for adverse action, up to and including removal, and is also criminally punishable pursuant to federal law, including 18 U.S.C. s 1001.

Name and Title
[print or type] _____

Agency/Duty Station: _____

Signature of Applicant

Date

City of Hopkinsville

Police Candidate Questionnaire

1. Are you or will you be 21 years of age or older by Date of Hiring process?
_____ Yes _____ No If your answer is no you are not eligible to compete in this process.
2. Do you have a high school diploma or GED equivalent?
_____ Yes _____ No If your answer is no you are not eligible to compete in this process.
3. Have you ever been convicted of a domestic violence charge?
_____ Yes _____ No If your answer is yes you are not eligible to compete in this process.
4. Have you ever used illegal drugs?
_____ Yes _____ No **If your answer is yes and it has been within the last two years for marijuana, cocaine you cannot proceed in the process. If you have ever used meth, speed or other hard drugs or if you have been involved in the sale of drugs, do not fill out this application, you are not eligible to compete in this process.**

If you have used drugs please give us the dates, the types of drugs used and the frequency of use.

5. Have you ever been convicted of a felony?
_____ Yes _____ No **If your answer is yes you are not eligible to compete in this process.**
6. Have you ever been arrested or been before a Judge for any reason (include all **DUI's, traffic citations, assault, burglary, theft by deception, etc.**)?
_____ Yes _____ No If your answer is yes please give details of every incident.
Use additional paper if necessary.

I hereby certify that each and every answer made on this form is true and complete and I understand that any untruthful answer will subject me to disqualification.

Name _____ Date _____

Witness _____ Date _____

KENTUCKY LAW ENFORCEMENT COUNCIL
PEACE OFFICER PROFESSIONAL STANDARDS
FUNDERBURK BUILDING
EASTERN KENTUCKY UNIVERSITY
521 LANCASTER ROAD
RICHMOND, KY 40475-3102
(859) 622-6218
FAX: (859) 622-5943 E-MAIL: pops@docjt.jus.state.ky.us

FORM H-2

PERSONAL HISTORY STATEMENT

It is the determination of the Kentucky Law Enforcement Council that these questions are necessary in order to fully and adequately evaluate applicants for Peace Officer Certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.

Agency

Name of Applicant

NOTE: This form is not designed for use as an initial application for employment. Rather, the applicant for a peace officer position should complete this form prior to beginning his/her background investigation or **taking the KLEC suitability testing.**

**KENTUCKY LAW ENFORCEMENT COUNCIL
PEACE OFFICER PROFESSIONAL STANDARDS**

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Using a typewriter or legibly printing in ink, fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification.

Position(s) applied for _____

_____ Agency _____ Month _____ Day _____ Year

PERSONAL

1. Name _____ 2. _____ / _____ / _____
 First Middle Last Social Security Number

Nicknames or Aliases _____

3. Present Mailing Address _____
 Street & Number City
 State Zip Code

Permanent Mailing Address _____
 Street & Number City
 State Zip Code

Telephone Number: Home _____ Work _____

4. Date of Birth _____ 5. Place of Birth _____

6. Citizenship: U.S. Born U.S. Naturalized Other—
Specify _____

7. Have you previously submitted an application for employment with this agency?
 Yes B. No Approximate date: _____

EDUCATIONAL

8. Indicate below the schools you have attended. (Include incomplete courses)

Name Address (City and State)	No. Full Years Work Completed	When Attended	Graduated	Degree Awarded	Major Field
High Schools					
University or Colleges					
Extension or Correspondence Courses					

9. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?
 Yes No If yes, when and where did you complete the GED?

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation.

MARTIAL

10. Marital Status (Check One) Single Married Divorced
 Separated Widowed

11. Name of Spouse _____

12. List all of your children, including any adopted or stepchildren:

A. Name	B. Birth Date	C. Relationship	D. With whom resides	E. Phone Number
1.				
2.				
3.				
4.				
5.				
6.				

13. Are you related by blood or marriage or any person(s) now employed by this agency?

Yes No If yes, give name(s) and details:

14. Is any member(s) or your immediate family now in prison or on either probation or parole?

Yes No If yes, give name(s) and details:

RESIDENCES

15. List addresses for past 10 years starting with present address at top:

FROM		TO		ADDRESS OF RESIDENCE (Include County of Residence)	CITY & STATE (Include Zip Code)	LANDLORD
Mo.	Yr.	Mo.	Yr.			

FINANCIAL

16. What income other than salary do you have at present?

17. Are you now supporting all children born to you, adopted by you and stepchildren? Yes No If not, give details

18. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support?

Yes No If yes, give name(s) and details:

19. Have you ever been sued with a civil judgment being rendered against you?

Yes No If yes, give name(s) and details:

20. What is the total amount of all your debts at present?

\$ _____

21. What is the average monthly total of all of your bills, payments and current living expenses?

\$ _____

22. List credit references, including businesses to which you make monthly payments:

A. _____ Amount Owing _____
Name of Business

Street Address City and State

B. _____ Amount Owing _____
Name of Business

Street Address City and State

C. _____ Amount Owing _____
Name of Business

Street Address City and State

D. _____ Amount Owing _____
Name of Business

Street Address City and State

E. _____ Amount Owing _____
Name of Business

Street Address City and State

WORK HISTORY

23. Have you ever been denied employment by a criminal justice agency?
Yes _____ No _____ If yes, list agency name and give details:

24. If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, give details:

25. Do you object to wearing a uniform? Yes No

26. Do you object to working nights? Yes No

27. Do you object to working rotating shifts? Yes No

28. Do you object to occasionally being away from home over night and for other periods of time attending meetings, acquiring training and otherwise performing official duties? Yes No

29. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of Present or last Position _____ Present Salary _____ Last Salary _____

Date Employed			Name and title of supervisor
Date Separated			Number of employees supervised by you
Full time	Years	Months	Employer _____ Address _____
Part-time	Years	Months	Duties _____ _____ _____
If part time, number of hours worked per week			REASON FOR LEAVING _____ _____ _____ _____

B. Title of Next to last Position _____ Present Salary _____ Last Salary _____

Date Employed			Name and title of supervisor
Date Separated			Number of employees supervised by you
Full time	Years	Months	Employer _____ Address _____
Part-time	Years	Months	Duties _____ _____ _____
If part time, number of hours worked per week			REASON FOR LEAVING _____ _____ _____ _____

C. Title of Next Position _____ Starting Salary _____ Last Salary _____

Date Employed			Name and title of supervisor		
Date Separated			Number of employees supervised by you		
Full time	Years	Months	Employer _____ Address _____		
Part-time	Years	Months	Duties _____ _____ _____		
If part time, number of hours worked per week			REASON FOR LEAVING _____ _____ _____ _____ _____		

D. Title of Next Position _____ Starting Salary _____ Last Salary _____

Date Employed			Name and title of supervisor		
Date Separated			Number of employees supervised by you		
Full time	Years	Months	Employer _____ Address _____		
Part-time	Years	Months	Duties _____ _____ _____		
If part time, number of hours worked per week			REASON FOR LEAVING _____ _____ _____ _____ _____		

E. Title of Next Position _____ Starting Salary _____ Last Salary _____

Date Employed			Name and title of supervisor
Date Separated			Number of employees supervised by you
Full time	Years	Months	Employer _____ Address _____
Part-time	Years	Months	Duties _____ _____ _____
If part time, number of hours worked per week			REASON FOR LEAVING _____ _____ _____ _____

F. Title of Next Position _____ Starting Salary _____ Last Salary _____

Date Employed			Name and title of supervisor
Date Separated			Number of employees supervised by you
Full time	Years	Months	Employer _____ Address _____
Part-time	Years	Months	Duties _____ _____ _____
If part time, number of hours worked per week			REASON FOR LEAVING _____ _____ _____ _____

MILITARY SERVICE

30. Were you ever in the U.S. Military Service or any other military organization?
 Yes No

31. What is your service number? _____

32. What was the highest rank you held? _____

33. What was the date and location of your first entrance into active duty?
 Date _____ Location _____

34. What were your unit assignments in the service?

Branch	Unit (Company or Ship)	Location	From Mo/Yr	Mo/Yr
			/	/
			/	/
			/	/
			/	/
			/	/
			/	/
			/	/
			/	/

35. What was the date and location of your discharge from active duty?
 Date _____ Location _____

36. Was your last discharge honorable? Yes No
 If No, was it characterized as bad conduct or dishonorable ?

37. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or nonjudicial punishment (Captain's mast, company punishment, Article 15, etc.). **or any other disciplinary action** while a member of the armed forces?
 Yes No If yes, explain in detail _____

38. List any disciplinary action taken against you in the National Guard or other reserve unit _____

39. List all medals and decorations awarded you during your military service:

40. If you are presently a member of the National Guard or any military reserve, give the unit, location and describe your obligation: _____

USE OF ALCOHOL OR DRUGS

Note: In questions 41, 42, 43 and 44, the words drink or used mean "one time or more, including experimentation." If any answer is yes, give full and complete details (Attach extra sheets if necessary.) _____

41. Do you drink alcoholic beverages? Yes No
If yes, to what degree?

42. Have you ever used marijuana? Yes No
If yes, what were the circumstances?

When was the last time? _____

43. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.? Yes No
If yes, what were the circumstances?

When was the last time? _____

44. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician? Yes No
If yes, please explain the circumstances:

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), duty to stop in the event of an accident, driving while license permanently revoked, and attempt to elude arrest.

Answer all of the following questions completely and accurately. If any doubts exist in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You should answer "No," **only** if you have never been arrested or charged, or your record was expunged by a judge's court order.

45. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?

Yes No If "yes," please give details:

- A. Offense Charged _____
 Law Enforcement Agency _____
 Date _____ Disposition of Case _____
- B. Offense Charged _____
 Law Enforcement Agency _____
 Date _____ Disposition of Case _____
- C. Offense Charged _____
 Law Enforcement Agency _____
 Date _____ Disposition of Case _____

(Attach extra sheets if necessary)

46. Have you been charged with or convicted of a felony?

Yes No If yes, give details _____

47. Have you ever been placed on probation?

Yes No If yes, give details _____

48. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)? Yes No _____
-
49. Can you operate a motor vehicle? Yes No
50. Do you possess a valid driver's license from the State of Kentucky?
 Yes No
 Driver's License Number _____ Year Issued _____
51. Do you possess a driver's license issued by any state other than Kentucky?
 Yes No
 If yes, give state and number _____
52. Was your license ever suspended or revoked? Yes No
 If yes, state which and give reasons: _____
-
53. Was your license ever restored? Yes No When? _____
54. Have your driving privileges ever been restricted? Yes No
 If yes, give details: _____
-

CAREER OBJECTIVES

55. Briefly explain your reasons for applying for this position:

56. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

57. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

REFERENCES

58. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

Name	Address	Telephone
A.		
B.		
C.		
D.		
E.		

I hereby verify that the above information is true and accurate.

Signed this ____ day of _____, 20____.

Signature of applicant