

Goshen Police Department
APPLICATION FOR EMPLOYMENT

PLEASE PRINT LEGIBLY OR TYPE

DATE:_____

Position for which you are applying:_____

=====

NAME:_____

Last	First	Middle
------	-------	--------

ADDRESS:_____

Street address	Apt.
----------------	------

City	State	ZIP
------	-------	-----

Telephone Number:_____

Home	Cell	Work
------	------	------

Email address:_____

=====

Social Security Number____-____-_____

Are you a U.S. Citizen or authorized to be employed in the U.S.? ☐ Yes ☐ No

Are you at least 21 years of age? ☐ Yes ☐ No

Fulltime law enforcement officer must be hired prior to reaching 40 years of age. This does not apply to volunteer reserve positions.

Are you eligible for fulltime employment based on this criterion? ☐ Yes ☐ No

=====

Past Employment Data

List chronologically all past and present employment (most recent employment first), including part-time. If provided space is not sufficient, please attach an additional sheet using the same format as below.

1. EMPLOYER:_____

ADDRESS:_____

TELEPHONE NUMBER:_____ JOB TITLE:_____

SUMMARIZE JOB DUTIES:_____

DATES OF EMPLOYMENT: FROM:_____ TO _____

REASON FOR LEAVING:_____

IMMEDIATE SUPERVISOR:_____

Employment (Continued)

2. EMPLOYER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ JOB TITLE: _____

SUMMARIZE JOB DUTIES: _____

DATES OF EMPLOYMENT: FROM: _____ TO _____

REASON FOR LEAVING: _____

IMMEDIATE SUPERVISOR: _____

3. EMPLOYER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ JOB TITLE: _____

SUMMARIZE JOB DUTIES: _____

DATES OF EMPLOYMENT: FROM: _____ TO _____

REASON FOR LEAVING: _____

IMMEDIATE SUPERVISOR: _____

4. EMPLOYER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ JOB TITLE: _____

SUMMARIZE JOB DUTIES: _____

DATES OF EMPLOYMENT: FROM: _____ TO _____

REASON FOR LEAVING: _____

IMMEDIATE SUPERVISOR: _____

5. EMPLOYER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ JOB TITLE: _____

SUMMARIZE JOB DUTIES: _____

DATES OF EMPLOYMENT: FROM: _____ TO _____

REASON FOR LEAVING: _____

IMMEDIATE SUPERVISOR: _____

EDUCATIONAL INFORMATION:

	School Name	City/ State	Years Completed	Field of Study	Diploma/Degree
High School					
College/University					
Business/Technical					
Other					

List any other education, skills, training, licenses or certifications that you have which will be of special benefit in the position for which you are applying:

Are you fluent (speak, read, and write) any foreign language? If yes, specify language and to what degree of comprehension:

=====

REFERENCES: List three references to whom you are not related.

1. NAME:

ADDRESS:

TELEPHONE: YEARS AND CAPACITY KNOWN:

2. NAME:

ADDRESS:

TELEPHONE: YEARS AND CAPACITY KNOWN:

3. NAME:

ADDRESS:

TELEPHONE: YEARS AND CAPACITY KNOWN:

=====

I hereby certify that all information contained in this application is true and complete to the best of my knowledge and understand that any misrepresentation or falsified statement on this application shall be sufficient cause for cancellation of this application and/or grounds for dismissal if I have been employed.

I authorize the City of Goshen to investigate all of the statements contained in this application. I further authorize all prior employers, educational institutions, references, or any other person, agency or organization to give the City of Goshen any and all information concerning my previous employment and other pertinent information they may have, personal or otherwise; including a criminal background check, and release parties from all liability for any damages that may result from furnishing the information to the city.

I understand that by applying for a position on the Goshen Police Department, I am agreeing to submit to a polygraph test.

I understand and agree that if hired, my employment with the City of Goshen is for no definite period and I may be terminated at any time, with or without cause and without prior notice. I understand that no representative of the city of Goshen has the authority to make any assurance to the contrary.

Signature or applicant: _____ Date: _____



GOSHEN POLICE DEPARTMENT

RECORDS CHECK

General Authorization for Release

I hereby authorize any and all schools, physicians, hospitals, Armed Services, employers, law enforcement agencies, credit information agencies, or any other person or organization or agency to furnish to the Goshen City Police Department, or its designated agent(s), any and all information, opinions, or documents which may be requested; to allow the visual inspection and copy of all reports, photographs or other documents.

I hereby waive any objection to the release of said information and grant the Goshen City Police Department, or its designated agent(s), any right I have to said information.

I hereby authorize access to any social network accounts I may have. I understand that this information in itself will not disqualify me, but will provide the agency additional information that will assist in a reasonable background investigation.

I also authorize investigation of all statements made in my application for employment.

Applicant Signature (Full Legal Name)

RECORDS CHECK

General Authorization for Release

I hereby authorize all schools and previous employers to furnish the Goshen City Police Department my record, reason for leaving, and all information they may have concerning me, and I hereby release them and the City of Goshen and its employees from liability for any damage whatsoever arising therefrom. I also authorize investigation of all statements made in the application. I understand that in the event of my employment with the City of Goshen, I shall be subject to dismissal if any of the information I have given in this application is false or if I have failed to give any material information herein requested.

Date

Applicant Signature (Full Legal Name)

State of Indiana

County of _____

Before me, the undersigned, a Notary Public, for _____ County, State of Indiana personally appeared the above subject, _____ and acknowledged the execution of the foregoing instrument this _____ day of _____, 20____.

Signature

Notary Public (_____)

Print Name

Resident of _____ County

Commission Expires _____



GOSHEN POLICE DEPARTMENT

RECORDS CHECK

General Authorization for Release

INFORMATION CHANGE/REPORTING AGREEMENT

By signing below, I do hereby agree to notify any duly authorized agent of the Goshen Police Department of any changes regarding the information I have provided. This notification would include but not be limited to arrests, traffic citations, job terminations, bankruptcies, financial responsibilities assigned to collections, civil and criminal litigation, drug use, or other information of pertinence to an employment background investigation. I realize failure to report such information to the hiring agency could affect my status as an applicant. Additionally, if hired, failure to disclose pertinent information during the hiring process could result in the termination of my employment. The reporting of such information can be done in person, via telephone, or in writing.

Signed this _____ day of _____, 20 _____

Applicant Signature: _____

Notary Public

Date

Seal

Name: _____

GOSHEN POLICE DEPARTMENT

Personal History Questionnaire

(Print full name legible)



Goshen City Police Department, 111 E. Jefferson Street, Goshen, IN 46528
Phone: (574)533-8661 www.goshencitypolice.com Fax: (574)533-1826

Name: _____

APPLICATION CHECK LIST

THE FOLLOWING ITEMS ARE **REQUIRED** TO BE INCLUDED IN YOUR APPLICATION PACKET. APPLICATIONS SUBMITTED WITHOUT THE FOLLOWING ITEMS WILL NOT BE CONSIDERED.

- ☐ Application for Employment
- ☐ Personal History Questionnaire
- ☐ Copies of your educational transcripts
- ☐ Color copy of your Driver's License, larger than actual size
- ☐ Copy of your pertinent information (i.e. commendations, discharge documents, dispositions, etc.)

Return all items on this list in a 9X12 envelope to the Goshen Police Department.

GOSHEN POLICE DEPARTMENT PERSONAL HISTORY QUESTIONNAIRE

FULL NAME: _____
Last First Middle

ADDRESS: _____
Street City State ZIP

INSTRUCTIONS

The Goshen Police Department considers honesty an essential quality for all employees. Any previous act or previous error in judgment may be disqualifying but will be evaluated on its own merits. Many more applicants are not accepted because of concealment and omissions than because of previous behavior. This is an OFFICIAL DOCUMENT and you will be held accountable for all answers. If you fail to include any pertinent information when answering this form, you will forfeit your opportunity to be considered for employment.

Think carefully before answering the questions. Any fraudulent or intentional misrepresentation or omissions will result in disqualification. Answer the questions as completely as possible. Use the "Explanation" Sections for any answers which require additional explanation.

The information in this form is needed by the Goshen Police Department to conduct background investigations on all potential employees to determine their suitability for employment. The contents of this questionnaire will be considered confidential and will be used only for investigation employment suitability with the Goshen Police Department or another law enforcement agency in possession of a notarized permission waiver from you. (EXCEPTION: The jurisdictional police agency will be notified if it is discovered you are currently involved in criminal activity or have committed an undiscovered felony.)

I acknowledge that all forms in this packet are official documents of the Goshen Police Department and that all the answers I give are accurate to the best of my knowledge. The information in this booklet contains true, complete, and accurate statements. I understand that withholding any

Name: _____

information, falsification, or misrepresentation of any information in this booklet will result in disqualification from the Goshen Police Department hiring process.

Signature of Applicant: _____ Date: _____

Note: Your answers to the following questions in any of the sections or categories may be verified through your school records, former and current employers, IRS tax records, financial institutions, credit reporting agencies, court and legal documents, police agency records, US military records, and through interviews with persons acquainted with you. You may also be required to submit to a voice stress test or polygraph examination to verify any or all answers given. If you deliberately give false or misleading answers, you may be disqualified from this or any future employment with this department.

EDUCATION

1. What is the highest level of education you have completed? (Mark ONE entry.)
 - ☐ G.E.D.
 - ☐ Graduated from high school
 - ☐ 1-2 years of college (1-59 semester units)
 - ☐ 3-4 years of college (60+ semester units); no bachelor's degree
 - ☐ Graduated from four-year college (e.g. B.A., B.S.) Major _____
 - ☐ post-graduate degree (e.g., M.A., L.L.B., PhD.)
2. Were you ever suspended or expelled from any school for any reason (disciplinary or academic)?
 - ☐ No
 - ☐ Yes, one time
 - ☐ Yes, two or more times
3. Have you ever entered the Indiana Law Enforcement Academy?
 - ☐ No
 - ☐ Yes and graduated
 - ☐ Yes but did not graduate
4. Have you ever successfully completed a law enforcement training academy in another State?
If so what State? _____

EMPLOYMENT

1. Are you currently employed?
 - ☐ No

Name: _____

- ☐ Yes, full time
- ☐ Yes, part time

2. How long have you been working for your current employer? (If you have more than one employer, answer for your main job)

- ☐ Not currently employed
- ☐ Less than one year
- ☐ One to two years
- ☐ Three to five years
- ☐ Six or more years

3. To the best of your knowledge, how does your current employer evaluate your work performance? (If you have received written performance evaluations, base your answers in the most recent one.)

- ☐ Does not apply, not currently employed
- ☐ Much above average
- ☐ Somewhat above average
- ☐ About average
- ☐ Somewhat below average
- ☐ Much below average

4. About how often are you tardy or late for work?

- ☐ Never
- ☐ A few times per year, or less
- ☐ About every other month
- ☐ About 1-3 times a month
- ☐ about once a week
- ☐ A few times a week
- ☐ Almost everyday

5. During the past year, did you ever miss work and indicate that you were ill when you were not ill?

- ☐ Does not apply, not employed during the past year
- ☐ No
- ☐ Yes, 1-2 times
- ☐ Yes, 3-4 times
- ☐ Yes 5 or more times

6. How long was your longest full time employment? (Full time means 40 hours per week)

- ☐ Never had a full time job
- ☐ less than 1 year

Name: _____

- ☐ 1 to 2 years
- ☐ 3 to 5 years
- ☐ 6 or more years

7. List any employer who terminated your services and/or those who you would not expect to give you a positive reference.

Employer: _____

Reason for termination or negative reference: _____

Employer: _____

Reason for termination or negative reference: _____

8. Have you ever resigned from any job under pressure or unfavorable circumstances or to avoid being fired?

- ☐ No
- ☐ Yes

9. Have you ever had a written complaint made against you or your work performance (by a customer, client, etc) on any of your jobs? (Do not include complaints received while working as a law enforcement officer)

- ☐ No
- ☐ Yes

10. Have you ever failed to complete a probationary period for any job?

- ☐ No
- ☐ Yes

11. Have you ever quit a job without giving the notice required by the employer?

- ☐ No
- ☐ Yes

12. Have you ever received a written or oral reprimand or warning at any place of employment

- ☐ No
- ☐ Yes If yes, how many times _____

13. How many of your former employers would give you a favorable recommendation?

- ☐ All would
- ☐ Most would
- ☐ Half would, half would not

Name: _____

☐ Most would not

☐ None would

14. How often have you ever gotten into arguments with co-workers or supervisors at work in which you raised your voice or used insulting language?

☐ Never

☐ 1 time

☐ 2 times

☐ 3 or more times

15. Have you ever committed or threatened to commit physical harm against a co-worker or supervisor at any place you were employed?

☐ No

☐ Yes

16. How many different times in your life have you collected unemployment compensation? (Count each period or time during which you collected unemployment as one time even if you collected a number of separate checks during that period of time)

☐ Never

☐ 1 time

☐ 2 times

☐ 3 or more times

17. Did you ever work (even on the side) without reporting it while collecting unemployment benefits?

☐ No

☐ Yes, 1 time

☐ Yes, 2 times

☐ Yes, 3 or more times

FINANCIAL HISTORY

1. Are you able to pay all of your monthly bills on time?

☐ Yes, always

☐ Most of the time

☐ Some of the time

☐ Almost never

Have you ever had any of the following financial problems? If yes, explain

2. ...Chapter 7 bankruptcy (where all of your debts were excused)?

Name: _____

- ☐ No
- ☐ Yes

3. ...Chapter 13 consolidation (where you had a payment program to repay your debt)?

- ☐ No
- ☐ Yes

4. ...been referred to a collection agency?

- ☐ No
- ☐ Yes

5. ...repossession of property (voluntary or involuntary)?

- ☐ No
- ☐ Yes

6. ...had wages garnished (or attached)?

- ☐ No
- ☐ Yes

7. How many times in your life have you had a check returned due to insufficient funds (that is, had a check bounce)?

- ☐ Never
- ☐ 1-5 times
- ☐ 6-10 times
- ☐ 11-20 times
- ☐ more than 20 times

8. Have you ever been served an eviction notice by a landlord?

- ☐ No
- ☐ Yes

9. Have you ever had a government subsidized educational loan (school loan) that became delinquent?

- ☐ No
- ☐ Yes

10. Have you ever been delinquent in paying alimony and/or child support?

- ☐ No

Name: _____

☐ Yes

11. Have you ever failed to file an income tax return?

☐ No

☐ Yes

12. Do you have any undocumented loans or debts to non-family members (college roommates, bookies, loan sharks, etc)?

☐ No

☐ Yes

DRIVING RECORD

1. Do you currently have a valid Indiana driver's license?

☐ No

☐ Yes

2. Do you currently have a driver's license issued by another state or country?

☐ No

☐ Yes, what state or country? _____

3. Have you ever had a driver's license issued by another state or country?

☐ No

☐ Yes, what state or country? _____

4. Have you ever been refused a driver's license by any state?

☐ No

☐ Yes, indicate state & reason for refusal _____

5. How long have you been a licensed driver? _____ years

6. Have you ever had your driver's license suspended, revoked, or placed on court probation for any reason?

☐ No

☐ Yes, explain _____

7. How many traffic citations (other than parking) have you received? (Include citations that have been cleared by attending traffic school. Include citations received in other states or on a military base)

Name: _____

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3-4
- ☐ 5-7
- ☐ 8-10
- ☐ 11 or more

List year and jurisdiction(s) where the citations were issued:

8. How many parking citations have you received in the last 12 months?

- ☐ None
- ☐ 1-2
- ☐ 3-4
- ☐ 5 or more

9. Do you have any traffic or parking tickets in this state or any other which have NOT been paid?

- ☐ No
- ☐ yes, where? _____

10. Have you ever had your automobile insurance canceled by the carrier?

- ☐ No
- ☐ Yes, list name of company and agent _____

11. List ALL automobile accidents you have ever been involved in which you were the operator of the vehicle, regardless of fault or if it was reportable, including approximate dates, citations issued, and if it was investigated by a police agency.

12. Were you under the influence of alcohol or controlled substances in any of the previously listed accidents?

- ☐ No
- ☐ Yes Explain: _____

13. Have you ever been the driver in an automobile accident where an injury or damage occurred in which you failed to report either to the police or to the owner of the property?

- ☐ No
- ☐ Yes, Explain: _____

14. Do you carry auto insurance, or have a deposit on file with the Department of Motor Vehicles in lieu of auto insurance, on all of the vehicles that you own and drive?

Name: _____

- ☐ No
- ☐ Yes

15. Have you ever been refused auto insurance for any reason other than failure to pay premium?

- ☐ No
- ☐ Yes

16. Has your auto insurance ever been placed in the assigned risk category as a result of your driving record?

- ☐ No
- ☐ Yes

LEGAL HISTORY

1. Have you ever been questioned as a suspect in any crime? If yes, explain

- ☐ No
- ☐ Yes

2. Have you ever been questioned as a witness in any crime? If yes, explain

- ☐ No
- ☐ Yes

3. How many times have you been arrested for any reason? If other than NEVER, explain

- ☐ Never
- ☐ 1
- ☐ 2
- ☐ 3 or more

4. How many times have you been convicted, pleaded guilty or pleaded no contest to a misdemeanor or felony?

- ☐ Never
- ☐ 1
- ☐ 2 or more
- ☐ 3 or more

5. Have you ever been on court probation as an adult (18 or over)? If yes, explain

- ☐ No
- ☐ Yes

Name: _____

6. Have you ever been involved as a plaintiff, defendant, petitioner, or respondent in any civil court action?
- ☐ No
☐ Yes If yes, explain _____
7. Have you ever applied for a permit to carry a concealed weapon?
- ☐ No
☐ yes
8. Have you ever carried on your person or in your vehicle any weapon for protection (other than while employed as a police officer)?
- ☐ No
☐ Yes
9. Did you ever buy anything that you suspected was stolen? If yes, explain
- ☐ No
☐ Yes
10. Did you ever sell anything that you thought was stolen? If yes, explain
- ☐ No
☐ Yes

MAKE SURE TO EXPLAIN ANY ANSWERS OF YES AT THE END OF THE FORM

ARREST/UNDETECTED CRIMES

NOTE: The next block of questions asks about specific criminal offenses. Respond to each criminal offense as it applies to you. For each criminal offense, mark all answers that apply. Be sure to mark at least one response for each offense. If none of the first four answers apply, mark the response labeled "None of the above".

Make sure to mark ALL that apply and to explain any answer which is not "None of the above"

1. Arson (Intentionally setting a fire)
- ☐ I have committed it.
☐ I have been arrested for it.
☐ I have been tried in court for it.
☐ I have been convicted of it or pleaded guilty or no contest.
☐ None of the above

2. Forgery (Signing another person's name to a document without permission or authorization)
- ☐ I have committed it.
 - ☐ I have been arrested for it.
 - ☐ I have been tried in court for it.
 - ☐ I have been convicted of it or pleaded guilty or no contest.
 - ☐ None of the above
3. Embezzlement/Frauds (Theft of money or other valuables entrusted to you, fraudulent credit card purchases)
- ☐ I have committed it.
 - ☐ I have been arrested for it.
 - ☐ I have been tried in court for it.
 - ☐ I have been convicted of it or pleaded guilty or no contest.
 - ☐ None of the above
4. A forcible sex act or rape
- ☐ I have committed it.
 - ☐ I have been arrested for it.
 - ☐ I have been tried in court for it.
 - ☐ I have been convicted of it or pleaded guilty or no contest.
 - ☐ None of the above
5. Sexually abusing or molesting a child
- ☐ I have committed it.
 - ☐ I have been arrested for it.
 - ☐ I have been tried in court for it.
 - ☐ I have been convicted of it or pleaded guilty or no contest.
 - ☐ None of the above
6. Causing harm to others (such as battery or resisting arrest)
- ☐ I have committed it.
 - ☐ I have been arrested for it.
 - ☐ I have been tried in court for it.
 - ☐ I have been convicted of it or pleaded guilty or no contest.
 - ☐ None of the above
7. Theft of property (such as burglary, stealing, breaking into coin operated device or breaking and entering)
- ☐ I have committed it.

Name: _____

- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

8. Vandalism or criminal mischief

- ☐ I have committed it.
- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

9 A sexual crime, other than rape or child molesting (such as self-exposure, obscene phone calls, "peeping tom", etc.)

- ☐ I have committed it.
- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

10. Driving under the influence of alcohol or drugs

- ☐ I have committed it.
- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

11. Causing an injury or death while driving recklessly, or under the influence of alcohol or drugs

- ☐ I have committed it.
- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it, or pleaded guilty or no contest.
- ☐ None of the above

12. Act involving being in possession of stolen property

- ☐ I have committed it.
- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

13. Act of abducting another person
- ☐ I have committed it.
 - ☐ I have been arrested for it.
 - ☐ I have been tried in court for it.
 - ☐ I have been convicted of it or pleaded guilty or no contest.
 - ☐ None of the above
14. Act of soliciting sex from a child less than 13 years of age
- ☐ I have committed it.
 - ☐ I have been arrested for it.
 - ☐ I have been tried in court for it.
 - ☐ I have been convicted of it or pleaded guilty or no contest.
 - ☐ None of the above
15. Act of taking a child (under the age of 18) out of the state in which the child resides in violation of a judgment or court as result of a child custody suit.
- ☐ I have committed it.
 - ☐ I have been arrested for it.
 - ☐ I have been tried in court for it.
 - ☐ I have been convicted of it or pleaded guilty or no contest.
 - ☐ None of the above
16. Act of sex with a person less than 16 years of age when you were four plus years older than the person
- ☐ I have committed it.
 - ☐ I have been arrested for it.
 - ☐ I have been tried in court for it.
 - ☐ I have been convicted of it or pleaded guilty or no contest.
 - ☐ None of the above
17. Act of producing, purchasing, selling, viewing, or possessing child pornography through either printed material or computer
- ☐ I have committed it.
 - ☐ I have been arrested for it.
 - ☐ I have been tried in court for it.
 - ☐ I have been convicted of it or pleaded guilty or no contest.
 - ☐ None of the above
18. Act of harassment and/or stalking
- ☐ I have committed it.

Name: _____

- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

19. Any sexual contact with an animal

- ☐ I have committed it.
- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

20. Act of manufacturing explosives or devices or causing an explosion

- ☐ I have committed it.
- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

21. Participated in Gang Activity or have been a member of a Gang

- ☐ I have committed it.
- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

22. Act of filing a fraudulent insurance claim

- ☐ I have committed it.
- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

23. Act of filing a false report to any police officer

- ☐ I have committed it.
- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

24. Act of impersonating a police officer or law enforcement officer

- ☐ I have committed it.
- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

25. Act involving resisting arrest, evading, or fleeing from a police officer

- ☐ I have committed it.
- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

26. Act of prostitution/solicitation

- ☐ I have committed it.
- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

27. Act involving illegal gambling (all non-state gaming)

- ☐ I have committed it.
- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

28. Act involving vehicle theft, use of vehicle without the consent of the owner, or joyriding in a stolen vehicle

- ☐ I have committed it.
- ☐ I have been arrested for it.
- ☐ I have been tried in court for it.
- ☐ I have been convicted of it or pleaded guilty or no contest.
- ☐ None of the above

29. Any other acts you may believe to have been illegal or immoral which were not listed previously

- ☐ I have committed it.
- ☐ I am unsure.
- ☐ I have not committed this.

Name: _____

SUBSTANCE ABUSE

The questions about drugs do not refer to prescribed drugs or treatment legally prescribed to you by a physician or other authorized medical professional.

INDICATE USAGE OF EACH DRUG LISTED. WRITE "N/A" TO INDICATE NEVER USED.

<u>DRUG</u>	<u>Date of most recent usage</u>
MARIJUANA	_____
HASHISH	_____
COCAINE	_____
HEROIN	_____
LSD	_____
PCP	_____
SPEED	_____
MUSHROOMS	_____
ANABOLIC STEROIDS	_____
METH/AMPHETAMINE	_____
ECSTASY	_____
PRESCRIPTION DRUGS (Not prescribed to you)	_____
K 2 PRODUCTS (i.e. Mr. Smiley)	_____
OTHER ILLEGAL DRUGS/ SUBSTANCES	_____

1. How many times in your life have you driven after using an illegal or controlled drug? (such as marijuana or cocaine)

☐ Never

Name: _____

- ☐ 1-2 times
- ☐ 3 or more times

2. Have you ever provided any illegal or controlled drugs to friends or others in exchange for money or in trade for goods?

- ☐ No
- ☐ yes

3. When is the last time you ever provided any illegal or controlled drugs to friends or others, in exchange for money or in trade for goods?

- ☐ Doesn't apply, I have never done this
- ☐ In the last month
- ☐ 1-12 months ago
- ☐ 1-2 years ago
- ☐ 3 or more years ago

4. To the best of your knowledge has your spouse, romantic partner, or roommate ever been involved in the use of any illegal or controlled drugs during the past three years?

- ☐ Not applicable, I live alone
- ☐ No
- ☐ Yes

5. Have you ever grown or cultivated marijuana?

- ☐ No
- ☐ Yes

6. Have you ever participated in the manufacture of Methamphetamine or Amphetamine?

- ☐ No
- ☐ Yes

7. Have you ever purchased items knowing that the items would be used in the manufacture of Methamphetamine or Amphetamine?

- ☐ No
- ☐ Yes

8. Have you ever used another chemical or substance, i.e. household cleaner, computer cleaner, glue, etc., for any other purpose that was intended to induce mind altering affects?

- ☐ No
- ☐ Yes

MILITARY EXPERIENCE

1. Have you ever registered for Selective Service (the draft)?
☐ No, although I was legally required to do so
☐ No, because I was not legally required to do so
☐ Yes
2. How long did you serve in the military on active duty? (Include National Guard and Reserves duty)
☐ Did not serve in the military
☐ Less than one year
☐ 1-4 years
☐ More than 4 years, but less than 20 years
☐ 20 years or more

IF YOU DID SERVE IN THE MILITARY, Click here.

LAW ENFORCEMENT EXPERIENCE

1. To how many different law enforcement agencies have you ever applied for employment? (Count ALL applications including applications currently in progress even if you only went through the initial stages of submitting an application)
☐ None
☐ 1-2
☐ 3-4
☐ 5 or more

If you have law enforcement experience, click here.

GENERAL INFORMATION

1. Have you ever used or been known by any name other than the one you used on this questionnaire?
☐ No
☐ Yes. If yes, what was the name and please explain:

Name: _____

2. Have you ever had or used a social security number other than the one you used on this questionnaire?
- ☐ No
☐ Yes. If yes, please explain on a separate piece of paper.
3. How many physical fights have you been in since the age of 18 (other than as part of your job as a law enforcement officer)?
- ☐ None
☐ 1
☐ 2
☐ 3 or more
4. Have you ever physically assaulted (hit, slapped, choked, etc.) your spouse or romantic partner?
- ☐ No
☐ Yes, on one occasion
☐ Yes, on 2 or 3 occasions
☐ Yes, on 4 or more occasions
5. Have you ever been a subject of a Protection from Abuse Order?
- ☐ No
☐ Yes, if yes, list date, city, state:-

6. How many handguns do you now own?
- ☐ None
☐ 1
☐ 2
☐ 3 or more
7. How many combat or assault type firearms do you own?
- ☐ None
☐ 1
☐ 2
☐ 3 or more
8. Have you ever been a member of, or supported financially or otherwise, any organization which advocates, advises, or supports the use of force or other unlawful means to deny other persons their rights under the Constitution of the United States?
- ☐ No

Name: _____

☐ Yes

9. If it became necessary to shoot at another human being in the course of carrying out your law enforcement duties, would you be willing to do so?

☐ No

☐ Yes

10. If it became necessary to inflict serious physical injury on another human being in the course of your law enforcement duties, would you be willing to do so?

☐ No

☐ Yes

11. Did you in any way cheat, lie, or commit fraud during the application or evaluation process for this agency?

☐ No

☐ Yes

Have you ever been rejected as a job applicant for any of the following reasons?

12. ...issues raised by a background investigation?

☐ No

☐ Yes

13. ...issues raised by a polygraph examination?

☐ No

☐ Yes

14. ...issues raised by an oral interview?

☐ No

☐ Yes

15. ...issues raised by a physical abilities test?

☐ No

☐ Yes

EXPLANATIONS

Name: _____

This completes the personal history questionnaire. Please review your answers throughout this booklet making certain each question is answered thoroughly, completely, and honestly.

LAW ENFORCEMENT pt II

Name: _____

Indicate whether you have each of the following types of law enforcement experience.

BE SURE TO ANSWER EACH QUESTIONS

1. ...sworn, weapon carrying officer (i.e. police officer, sheriff's deputy)
☐ No
☐ Yes
2. ...sworn, weapon carrying, reserve officer
☐ No
☐ Yes
3. ...military police officer
☐ No
☐ Yes
4. ...correctional officer
☐ No
☐ Yes
5. ...probation officer
☐ No
☐ Yes
6. ...other law enforcement job (i.e., park ranger, police community service officer)
☐ No
☐ Yes
7. How many years of experience do you have as a sworn, weapon carrying, law enforcement officer (such as police officer or sheriff's deputy)? Total for all agencies combined
_____ years
8. During the time you have been a law enforcement officer, how many citizens' complaints were formally filed against you?
☐ None

- ☐ 1
- ☐ 2
- ☐ 3-5
- ☐ 6 or more

9. How many of these citizens' complaints were sustained (found to be true)?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3 or more

10. How many reprimands (written or oral) have you received while a law enforcement officer?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3 or more

11. How many times have you been suspended from duty or received a reduction in salary as a law enforcement officer?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3 or more

12. Were you ever the subject of a civil suit or criminal prosecution because of your actions as a law enforcement officer? **MARK ONE ANSWER ONLY. IF RESPONSES "B" AND "C" BOTH APPLY, MARK "C"**

- ☐ No
- ☐ Yes but the charges were dropped, and no settlements were made
- ☐ Yes and charges were upheld, or settlements were made

13. Have you ever had any unsatisfactory personnel ratings as a law enforcement officer (including ratings of improvement needed)? Do not include ratings you received during the probationary period

- ☐ No
- ☐ Yes

14. Since becoming an officer, have you ever used illegal drugs?

☐ No

☐ Yes

15. Did you ever drink while on duty and in uniform?

☐ No

☐ Yes

16. Did you ever lie or seriously distort the facts in an official report?

☐ No

☐ Yes

17. Did you ever lie or commit perjury in court or any other official proceeding?

☐ No

☐ Yes

18. Did you ever cover up a serious incident for a fellow officer?

☐ No

☐ Yes

19. Have you ever been terminated or forced to resign from a law enforcement position during the probationary period?

☐ No

☐ Yes

20. Have you ever been terminated or forced to resign from a law enforcement position after the probationary period?

☐ No

☐ Yes

21. Have you ever been the subject of an internal affairs investigation while an officer? Do not count citizens' complaints

☐ No

☐ Yes

22. Have you ever damaged departmental property, equipment, or vehicles and failed to report it, or falsified the report?

☐ No

☐ Yes

23. As a law enforcement officer, how many times (separate incidents) have you personally shot at someone, whether you hit them or not?

☐ None

☐ 1

☐ 2

☐ 3

☐ 4 or more

24. As a law enforcement officer, how many on-duty traffic accidents have you been involved in where you were the driver? (regardless of who was at fault)

☐ None

☐ 1

☐ 2

☐ 3

☐ 4 or more

*****END OF LAW ENFORCEMENT QUESTIONS*****

Please save this portion to submit electronically or print it out

MILITARY EXPERIENCE pt II

Name: _____

1. In which branch of the military did you serve? MARK ALL THAT APPLY

☐ Army

☐ Navy

☐ Air Force

☐ Marines

☐ Coast Guard

☐ National Guard

Other, specify _____

2. What is the highest rank you attained?

☐ Enlisted (E1 through E9)

☐ Commissioned Officer

3. Were you personally involved in combat?

☐ No

☐ Yes

4. Did you fail to complete any term of enlistment for any reason?

☐ No

☐ Yes

5. Were you eligible to reenlist?

☐ No

☐ Yes

☐ Not applicable, still on full time active duty

6. What type of military discharge did you receive?

☐ Honorable

☐ Honorable with hardship reasons

☐ General

☐ Less than honorable

☐ Still on full-time active duty

☐ Still on reserve status

☐ Other,
specify _____

7. How many times did you receive any disciplinary actions in the military (such as court martial, Article 15, or Captain's Mast)?

☐ Never

☐ 1

☐ 2

☐ 3 or more

8. While in the service, were you ever absent without leave (AWOL, missed formation, etc.)?

☐ No

☐ Yes

9. While in the military, were you ever incarcerated (brig time)?

☐ No

☐ Yes

10. While in the military, were you ever reduced in rank as a punishment?

☐ No

☐ Yes

Please complete the release of information on the following pages

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180. (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago.)

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's legal guardian is needed in Section III of the SF180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, the surviving next-of-kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next-of-kin may be any of the following: unmarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**

b. Fees for records: There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.

b. Fees for Archival Records: Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the photocopies of documents in the requested record, you will receive an invoice. Photocopies will be sent after payment is made. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (ISSD), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**

REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE						
b. RESERVE						
c. STATE NATIONAL GUARD						
6. IS THIS PERSON DECEASED? <input type="checkbox"/> NO <input type="checkbox"/> YES - <i>MUST</i> provide Date of Death if veteran is deceased: _____						
7. DID THIS PERSON <u>RETIRE</u> FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES						

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

☐ **DD Form 214 or equivalent.** Year(s) in which form(s) issued to veteran: _____
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: ☐ I want a **DELETED** copy.

☐ **Medical Records** Includes Service Treatment Records, Health (outpatient) and Dental Records. **IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:** _____

☐ **Other** (Specify): _____

2. **PURPOSE:** (Providing information about the purpose of the request is **strictly voluntary**; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____

2. <input type="checkbox"/> I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.	<input type="checkbox"/> I am the VETERAN'S LEGAL GUARDIAN (<i>MUST submit copy of Court Appointment</i>) or AUTHORIZED REPRESENTATIVE (<i>MUST submit copy of Authorization Letter or Power of Attorney</i>)
<input type="checkbox"/> I am the DECEASED VETERAN'S NEXT-OF-KIN (<i>MUST submit Proof of Death. See item 2a on instruction sheet.</i>)	<input type="checkbox"/> OTHER
_____ (Relationship to deceased veteran)	_____ (Specify type of Other)

3. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

Name		

Street	Apt.	

City	State	Zip Code

4. **AUTHORIZATION SIGNATURE:** I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Signature Required - Do not print _____ Date _____

Daytime phone _____ Fax Number _____

Email address _____

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER		
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
PHS	Active, Reserve, or TDRL	10	
	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center ATTN: Release of Information P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTSC) 18420 E. Silver Creek Avenue Building 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command's web page: https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 MR_CustomerService@uscg.mil	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030	9	AMEDD Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002 eVetRecs: http://www.archives.gov/veterans/military-service-records/
5	Marine Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3120		