

HILLSBORO POLICE DEPARTMENT
CONFIDENTIAL

APPLICATION FOR EMPLOYMENT
DATE OF SUBMISSION: _____

SECTION VI: ALCOHOL AND DRUG USE

Explain any "Yes" answers on Page 11.

53. IN THE LAST THREE (3) YEARS, HAVE YOU USED MARIJUANA OR ANY CANNABINOID BI-PRODUCT AT ANY TIME FOR ANY REASON?

YES ____ NO ____

54. HAVE YOU USED ANY CNS DEPRESSANTS, CNS STIMULANTS, HALLUCINOGENS, DISSOCIATIVE ANESTHETICS, NARCOTICS, INHALANTS, OR OTHER CONTROLLED SUBSTANCES THAT WERE NOT PRESCRIBED TO YOU AND USED UNDER THE SUPERVISION OF A MEDICAL PHYSICIAN?

YES ____ NO ____

55. HAVE YOU EVER PURCHASED, SUPPLIED, OR ALLOWED THE USE OF ANY ILLEGAL OR NON-PRESCRIBED DRUG TO ANY OTHER PERSON?

YES ____ NO ____

56. IN THE LAST THREE (3) YEARS, HAVE YOU EVER MISSED WORK BECAUSE OF DRINKING ALCOHOL?

YES ____ NO ____

57. IN THE LAST THREE (3) YEARS, HAVE YOU EVER CONSUMED ANY ALCOHOLIC BEVERAGES WITHIN ONE (1) HOUR OF STARTING WORK?

YES ____ NO ____

SECTION VII: FINANCIAL HISTORY

Explain any "Yes" answers on Page 11.

58. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS?

YES ____ NO ____

59. HAVE YOU EVER BEEN REFUSED CREDIT?

YES ____ NO ____

60. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?

YES ____ NO ____

61. HAVE YOU EVER FILED FOR BANKRUPTCY?

YES ____ NO ____

62. HAVE YOU EVER BEEN SUED IN COURT?

YES ____ NO ____

63. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC., EITHER WITH OR WITHOUT COURT ACTION?

YES ____ NO ____

64. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF?

YES ____ NO ____

65. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A ROUTINE AUDIT

72. FULL NAME: _____ HOW KNOWN: _____
ADDRESS: _____ YEARS KNOWN: _____
PHONE NUMBER: _____ EMAIL: _____

73. FULL NAME: _____ HOW KNOWN: _____
ADDRESS: _____ YEARS KNOWN: _____
PHONE NUMBER: _____ EMAIL: _____

74. FULL NAME: _____ HOW KNOWN: _____
ADDRESS: _____ YEARS KNOWN: _____
PHONE NUMBER: _____ EMAIL: _____

SECTION X: MISCELLANEOUS INFORMATION

If there is any additional information you would like to be considered while reviewing your application, please include that here.

75. _____

76. ARE YOU RELATED TO ANY CITY OF HILLSBORO EMPLOYEE OR ELECTED OFFICIAL?
YES ___ NO ___

76a. If yes, please explain: _____

77. ARE YOU ACQUAINTED WITH ANY CITY OF HILLSBORO POLICE OFFICERS OR EMPLOYEES?
YES ___ NO ___

77a. If yes, please explain: _____

I have completed this application to the best of my ability. I have reviewed this application for completeness and accuracy. I fully realize that willfully withholding information of making false or incomplete statements on this application or pre-employment questions or testing will be a basis for dismissal and permanent disqualification from future employment with the Hillsboro Police Department.

Signature of Applicant

Date

CERTIFICATION OF APPLICANT AND AUTHORIZATION TO RELEASE INFORMATION

LAST NAME		FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH	STREET ADDRESS	

I, (full name) _____, hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the Hillsboro Police Department.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present and past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the US Army, US Navy, US Marine Corps, US Air Force, US Coast Guard, the National Guard, all Federal, State, and Local government agencies, Federal and State tax bureaus, credit unions, schools, colleges, and universities to furnish to an investigator with the Hillsboro Police Department, as appointed by the Chief of Police, with any and all available information regarding my past or present performance, conduct, or behavior. I further authorize the release of any punitive or disciplinary actions or memorandums to an investigator with the Hillsboro Police Department in order to use that information to assist in the determination of my suitability for police work with the City of Hillsboro.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and business life for the specific purposes of conducting a pre-employment background investigation.

I authorize an investigator with the Hillsboro Police Department, as appointed by the Chief of Police, to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation, and performance.

I authorize the release of any and all of the aforementioned information regarding my person, employment, credit, or any other aspect, whether personal or otherwise, that may or may not be in written records.

I understand that all materials pertaining to this background investigation become the property of the Hillsboro Police Department and will not be made available nor returned to me.

A copy or digital scan of this document will be considered as effective and valid as the original, although the copy do12 792 re52 244BT/F12-215I4(th)-8(orw578g-5I4(th)-8.5I4(th)-8(orw5 av)-15(aiy)-3()-155(the)4(oe9.96 122(i)5AFHv)-15(aiy))4