

## Pre-Employment Questionnaire Instruction Sheet

You must complete every section of this questionnaire. Incomplete questionnaires will not be processed. Please mark all sections not applicable with "N/A" and all sections not known with "Unknown."

If additional space is needed for any section or question on the questionnaire, or if you wish to furnish additional information, please use the included "Continuation" sheets.

All applicable documents and diplomas must be submitted with this questionnaire.

This pre-screening questionnaire is processed for eligibility only. Successful completion of this step in the employment process does not guarantee an interview or employment.

Included in this questionnaire are three (3) forms that must be notarized. A notary is available at the police department if needed.

If you have any questions, contact the FAU Police Department at (561) 297-3500 to speak with a member of the recruitment and selection panel.

**REMEMBER** - Falsifying information in this questionnaire, or in the interview, is grounds for dismissal and you will be removed from the selection process. A polygraph examination will be conducted.

**FLORIDA ATLANTIC UNIVERSITY  
POLICE DEPARTMENT**

***Sworn Law Enforcement Officer***  
**Pre-Employment Questionnaire**

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|           |            |             |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

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Residence Address *(Please include Gate Code if applicable)*

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|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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Alternate Mailing Address (Only if Different From Above)

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Residence Phone Number

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Work Phone Number

---

Cell Phone Number

---

E-Mail Address

---

Social Security Number  
FAUPD #1

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Date of Birth

## Secondary Information Worksheet

1. Please state your current driver's license State and number:

\_\_\_\_\_

2. Please list all other driver's license States and numbers you have previously held:

\_\_\_\_\_

3. Are you a high school graduate or GED recipient:    High School    GED

Please name the institution; with full address, phone number, and date that this was awarded:

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

4. If applicable, where and when did you attend a police academy (list all):

\_\_\_\_\_

5. Do you have a college degree?    Yes    No

6. If yes, type of degree - year of degree, and institution name (with full address and phone):

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Degree Title and Type: \_\_\_\_\_

If no, do you have any college credits?    Yes    No    If yes, how many: \_\_\_\_\_

7. Are you currently certified as a police officer in the State of Florida: Yes No
8. Have you ever been certified in other states: Yes No If yes, where \_\_\_\_\_
9. Are you a United States citizen? Yes No
10. What is your City and State of birth (Country if outside the U.S.)?  
\_\_\_\_\_
11. What is your: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_
12. Do you have any tattoos? Location and Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. What is your current marital status:  
Never Married \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_  
Separated \_\_\_\_\_ Widowed \_\_\_\_\_
14. What is your spouse's full name: \_\_\_\_\_
15. Please list all children's names, including step or adopted children:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Did you ever serve in the armed forces: Yes No  
If yes, list branch of service, MOS (describe job function), and final pay grade, and dates:  
\_\_\_\_\_  
\_\_\_\_\_
17. Please list all law enforcement related schools attended or certifications held:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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18. Starting with the most current, list all residences for the past ten (10) years:

Month/Year      From: \_\_\_\_\_      To: Present

Street Address: \_\_\_\_\_

City: \_\_\_\_\_      County: \_\_\_\_\_

State: \_\_\_\_\_      Zip: \_\_\_\_\_      Do you own or rent?      Own      Rent

Please list the law enforcement agency that had jurisdiction at this location:

\_\_\_\_\_

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Month/Year      From: \_\_\_\_\_      To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_      County: \_\_\_\_\_

State: \_\_\_\_\_      Zip: \_\_\_\_\_      Did you own or rent?      Own      Rent

Please list the law enforcement agency that had jurisdiction at this location:

\_\_\_\_\_

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Month/Year      From: \_\_\_\_\_      To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_      County: \_\_\_\_\_

State: \_\_\_\_\_      Zip: \_\_\_\_\_      Did you own or rent?      Own      Rent

Please list the law enforcement agency that had jurisdiction at this location:

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Month/Year From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Did you own or rent? Own Rent

Please list the law enforcement agency that had jurisdiction at this location:

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Month/Year From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Did you own or rent? Own Rent

Please list the law enforcement agency that had jurisdiction at this location:

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19. Please list at least three **(3)** personal or character references with all information:  
*(Do not include relatives, former employers, or persons living outside the United States.  
List only character references that have definite knowledge of your qualifications and  
fitness for the position for which you are applying. Use **Home** addresses only.)*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Email Address: \_\_\_\_\_

20. Please list at least three (3) neighbors with **complete** information. The neighbors must be in your nearby area and within your neighborhood or subdivision.

Neighbor's Full Name (person 1): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Neighbor's Full Name (person2): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Neighbor's Full Name (person 1): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Neighbor's Full Name (person2): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Neighbor's Full Name (person 1): \_\_\_\_\_



Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Neighbor's Full Name (person2): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

In the following section, please explain **ANY** yes answers on the included continuation sheets and reference the question number

### Personal History Questionnaire

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Has your driver's license ( <b>from any State</b> ) ever been suspended or revoked?  | Yes | No |
| 2.  | Have you ever been refused a driver's license from any State?  | Yes | No |
| 3.  | Have you ever had any restrictions placed on your license due to traffic offenses?   | Yes | No |
| 4.  | Have you ever been involved in an automobile accident?<br><i>If yes, give approx. date, location (City &amp; State), if you were cited (given a ticket or citation), and state if you were at fault or not at fault. Also state if this was an "on-duty" accident while employed and working as a law enforcement officer.</i> | Yes | No |
| 5.  | Have you ever been charged with or issued a traffic citation / ticket?<br><i>If yes, give approx. date, location (City &amp; State), reason for the citation (i.e. speeding / stop sign), and disposition (paid fine, attended driver improvement school, plead not guilty - with results).</i>                                | Yes | No |
| 6.  | Have you ever been terminated or "fired" from a job for any reason?  | Yes | No |
| 7.  | Have you ever been asked to resign from any job by your employer?  | Yes | No |
| 8.  | Have you ever received a counseling session ( <b>written or oral</b> ) from any employer?  | Yes | No |
| 9.  | Have you ever received an oral or written reprimand from any employer?   | Yes | No |
| 10. | Have you ever been suspended from any employment?  | Yes | No |
| 11. | Other than the above questions, have you ever had any other forms of   |     |    |

- |     |  |     |        |
|-----|--|-----|--------|
|     | discipline taken against you from any employer?  | Yes | No     |
| 12. | Regarding the above questions (7 -11), are you withholding information?  | Yes | No     |
| 13. | Has your Florida certification from FDLE ever been suspended?  | Yes | No     |
| 14. | Has FDLE ever reviewed you, and/or your certification, for any disciplinary problems or charges?<br><i>If yes, explain fully and give disposition.</i>   | Yes | No     |
| 15. | Have you ever been fingerprinted by a law enforcement agency for any reason?   | Yes | No     |
| 16. | Have you ever submitted an application with another law enforcement agency?<br><i>If yes, list all agencies you have submitted an application with in the past ten (10) years. Specifically list all agencies you are currently "In Process" with and give status. Also, if not hired by an agency you submitted an application with, state reasons.</i> | Yes | No     |
| 17. | Have you ever received a polygraph examination?<br><i>If yes, give approx. dates, why you were examined, and what agency administered the exam, and the results of the test.</i>   | Yes | No     |
| 18. | Have you ever been dropped from employment eligibility due to the unfavorable results of a polygraph examination?  | Yes | No     |
| 19. | Have you ever been arrested or charged by <b>any</b> law enforcement agency, including any arrest or incident where the records were sealed or expunged?   | Yes | No     |
| 20. | If you served in the military, do you have you had any disciplinary action taken against you, including; Article 15's, Captain's Mast, or any other such types of internal judicial processes?   | N/A | Yes No |
| 21. | Have you ever been the subject of a Grand Jury investigation?  | Yes | No     |
| 22. | Were you ever considered a suspect or in <b>any</b> way the subject or focus of a police or criminal investigation?  | Yes | No     |
| 23. | Have you ever been the subject, or involved in <b>ANY</b> capacity of an Internal Affairs investigation from <b>any</b> type of law enforcement agency?  | Yes | No     |
| 24. | Has a law enforcement agency ever been called to your location due to a domestic violence situation (founded or unfounded)?  | Yes | No     |
| 25. | Has your probation period ever been terminated or extended by any employer?  | Yes | No     |
| 26. | Have you ever been sued by anyone (a civil court defendant)?   | Yes | No     |

- |     |  |     |    |
|-----|--|-----|----|
| 27. | Have you ever used or “tried” an unlawful controlled substance including prescription drugs not prescribed to you?   | Yes | No |
| 28. | Have you ever unlawfully sold, delivered, manufactured, smuggled, or trafficked in controlled substances?  | Yes | No |
| 29. | Have you ever possessed illegal substances or drug paraphernalia (other than in the lawful performance of a law enforcement employment purpose)?   | Yes | No |
| 30. | Have you ever stolen money, property, or merchandise from a place you worked?  | Yes | No |
| 31. | Have you ever committed or been involved in any serious undetected crime?  | Yes | No |
| 32. | Is there anything in your background for which you could be blackmailed?   | Yes | No |
| 33. | Is there anything in your background which could embarrass this department?  | Yes | No |
| 34. | Have you ever physically or sexually abused another person?  | Yes | No |
| 35. | Have you ever had, used, or been “issued” another name (first, last, or middle)?   | Yes | No |
| 36. | Have you ever used or been issued another Social Security Number?  | Yes | No |
| 37. | Have you ever falsified an official report of any kind?  | Yes | No |
| 38. | Have you ever taken any evidence or found property for your personal use?  | Yes | No |
| 39. | Have you ever lied under oath?   | Yes | No |
| 40. | Have you ever taken a bribe of any kind?   | Yes | No |
| 41. | Have you ever used an unnecessary use-of-force level?  | Yes | No |
| 42. | Are you now, or have you ever been, a member of any organization, association, movement group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other people their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means? | Yes | No |
| 43. | Are you now, or have you ever been, affiliated or associated with any organization of the type described above, as an agent, official, or employee?  | Yes | No |
| 44. | Are you now associating with, or have you associated with any individuals,   |     |    |

including relatives, who you know or have reason to believe are, or have been, members of any organizations identified above?

Yes No

45. Is there any other unasked information which would be important to us in determining your suitability for employment (positive or negative)?

Yes No

[illegible]

[illegible]



**FLORIDA ATLANTIC UNIVERSITY**

**POLICE DEPARTMENT**

777 GLADES ROAD, CO-69

BOCA RATON, FL 33431

P 561.297.3500

F 561.297.4888

[fau.edu/police](http://fau.edu/police)

**APPLICANT CERTIFICATION**

I understand my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the FAU Police Department. I agree to the conditions and certify all statements made by me on this application and questionnaires are true, correct, and complete to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on the application or which is discovered as a result of the background investigation, or any medical or psychological and fitness assessment, physical fitness assessment, or drug test. I also understand that I will be fingerprinted.

I agree to conform to the rules, regulations, and orders of the FAU Police Department and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Police Department, at its discretion, at any time and without prior notice to me.

Applicant's Full Name: \_\_\_\_\_  
(Printed or Typed)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Florida

County of \_\_\_\_\_)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_ who has produced a Driver's License as identification

and did take an oath.

Notary's Name: \_\_\_\_\_ Title or Rank: \_\_\_\_\_

Notary's Signature: \_\_\_\_\_

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BOCA RATON, FL 33431  
P 561.297.3500  
F 561.297.4888  
[fau.edu/police](http://fau.edu/police)

### **AFFIDAVIT**

I do solemnly swear or affirm that the following information is true and correct to the best of my knowledge:

That I have never been convicted of a misdemeanor crime or domestic violence, not including those convictions that have been expunged or otherwise set aside or pardoned, as defined below:

- Is a misdemeanor under Federal or State law; and
- Has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

Applicant's Full Name: \_\_\_\_\_  
(Printed or Typed)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Florida

County of \_\_\_\_\_)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who has produced a Driver's License as identification  
and did take an oath.

Notary's Name: \_\_\_\_\_ Title or Rank: \_\_\_\_\_

Notary's Signature: \_\_\_\_\_

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### **FAIR CREDIT REPORTING ACT (FCRA) DISCLOSURE**

The Florida Atlantic University Police Department may obtain one or more consumer reports, including but not limited to, credit reports, about you, for employment purposes as defined by the Fair Credit Reporting Act (FCRA), including for determinations related to initial employment, reassignment, promotion, or other employment related actions.

#### **Consumer's Authorization for FAU to Obtain Consumer Report(s)**

I have read and understand the above stated disclosure. I authorize the Florida Atlantic University Police Department to obtain one or more consumer reports on me, for employment purposes, as described in the above disclosure.

Applicant's Full Name: \_\_\_\_\_  
(Printed or Typed)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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