



# **PRE-EMPLOYMENT BACKGROUND PACKET**



## *Department of Public Safety*

*Post Office Box 1456 Atlanta,  
Georgia 30371-1456*

**Colonel Gary Vowell**  
**Commissioner**

Dear Applicant,

Thank you for taking an interest in employment with the Department of Public Safety by completing the State of Georgia Application for Employment. All applicants for any position within the Department of Public Safety (DPS) are required to successfully complete an intensive background investigation. If you are still interested in employment, the next step in the application process will be the completion and submission by you of the information requested herein. Enclosed you will find the Department of Public Safety Background Packet consisting of a Pre-Employment Questionnaire, Personal Data Form and Authorization for Release of Personal Information, along with instructions for each. Please complete and return by mail utilizing some form of tracking to the address shown below. **Any applicant, who fails to complete the required forms and to supply proper documents such as birth certificate, transcripts, etc., will be removed from further employment consideration.**

Department of Public Safety  
Human Resources Division  
Applicant Backgrounds  
P. O. Box 1456  
Atlanta, Georgia 30371-1456

It is vitally important that you provide full and complete information. **Any evasion, omission or deliberate false statement by you will invalidate your application.**

After review of your background packet, you may be contacted for an interview. The purpose of the interview will be to determine your suitability for employment.

Sincerely,

Kate Maier  
Director, Human Resources Division  
Department of Public Safety

# DEPARTMENT OF PUBLIC SAFETY

## INSTRUCTIONS FOR COMPLETION OF YOUR PRE-EMPLOYMENT BACKGROUND PACKET

1. If forms are handwritten, use black ink and be sure forms are clear and legible.
  2. If additional space is needed for any section or question in the enclosed forms, or if you wish to furnish additional information, attach sheets of paper the same size as these forms, and assign numbered answers to correspond to the questions.
  3. **All information must be completed and returned within 14 days.**
  4. **Incomplete forms/packets will not be accepted.**
  5. You must answer all questions correctly. **Do not use "N/A"**, meaning not applicable. *Failure to furnish the pertinent information requested on the application may result in the Department of Public Safety being unable to complete a background investigation and may disqualify you as a candidate for employment. Intentional omissions or false answers will be a basis for the termination of the application process.*
  6. If you are unable to provide any of the information requested, an explanation must be given as to the reason.
  7. **The information provided by you will be subject to both polygraph examination and background investigation.**
  8. Questions concerning your pre-employment background packet may be directed to the Department of Public Safety, Human Resources Division at (404) 624-7553.
  9. Any information received throughout the employment process including, but not limited to, the background packet, release forms, employment information, psychological reports, credit information, medical information, etc., are the sole property of the Department of Public Safety and no information will be released back to the applicant.
- ☐ Please read the following statements, then sign and date this form. Your signature denotes that you have read and understand the statement:

**1) I UNDERSTAND THAT IF I DO NOT WISH TO ANSWER A QUESTION IN THIS BOOKLET, I MAY CHOOSE NOT TO DO SO AND MY APPLICATION WILL BE TERMINATED.**

**2) I UNDERSTAND THAT IN ORDER TO PROMOTE AND ENCOURAGE CANDID EVALUATIONS BY PERSONS INTERVIEWED DURING APPLICANT BACKGROUND INVESTIGATIONS, ALL EVALUATIONS SHALL BE CONFIDENTIAL, PURSUANT TO THE OPEN RECORDS ACT. CONFIDENTIAL EVALUATIONS ARE INFORMATION OR RECORDS WHICH ASSESS WORK PERFORMANCE, PREJUDICES, INTEGRITY, ETHICAL CONDUCT, HONESTY, FINANCIAL RESPONSIBILITY, OR PAST PERSONAL BEHAVIOR.**

---

Signature

---

Date

## DOCUMENTS TO BE SUBMITTED WITH YOUR BACKGROUND PACKET

Enclose all of the following applicable documents with your completed Background Packet in the envelope provided for your convenience.

- (1) **Original** Birth Certificate and/or **Original** Court Orders Authorizing Any Name Change. If name change due to marriage and/or divorce, include Original Marriage Certificate(s) and Divorce Decree(s) as applicable.
- (2) **Original** Certificate of Naturalization (Law enforcement sworn positions)
- (3) **Photocopy** of your INS Card (non-sworn civilian positions)
- (4) **Photocopy** of out of State Driver's History (Sworn positions only)
- (5) **Official Grade Transcripts** from:
  - a. High School – (Must be an accredited school) or GED diploma (if applicable) b. College
  - c. Vocational/Technical Schools

*(Request forms are located at the end of the packet for your convenience and you may photocopy as needed. E-scripts and Parchment transcripts can be sent to [employment@gsp.net](mailto:employment@gsp.net)).*
- (6) A Recent **Full-Length Photograph (Not a copy of a photo)**
- (7) **Photocopy** of P.O.S.T. Certification (if currently certified)
- (8) **Photocopy** of DD-214 for each period of Military Service  
(Must be Member-4 copy showing lines 23-30 regarding separation and discharge information)
- (9) **Photocopy** of Selective Service Registration Card if you are a male applicant between the ages of 18 and 26 years of age. (Proof may also be obtained online from the Selective Service System Website at <https://www.sss.gov/RegVer/wfVerification.aspx> or at the Selective Service Automated Line telephone number (847) 688-6888). \*

*\*Any male applicant between the ages of 18 and 26 years of age must present proof of having registered with the Selective Service System as required by federal law, or of being exempt from such registration.*

**If you wish to have items #1, #2, or #7 returned, please specify and enclose a self-addressed, stamped envelope. Items #3, #4, #5, #6, and #8 will not be returned.**

**NO PHOTOCOPIES WILL BE ACCEPTED  
IN LIEU OF CERTIFIED COPIES OR OFFICIAL TRANSCRIPTS**

## DEPARTMENT OF PUBLIC SAFETY

### AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Department of Public Safety, whether such records are of a public, private, or confidential nature.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

*I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be used in determining my suitability and continuing suitability for employment.* I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Department of Public Safety to be a participant in the determination process of employment suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

---

**Full Name Printed**

---

**Signature**

---

**Street Address**

---

**Date**

---

**City/State/Zip**

---

**Sex**

---

**Race**

---

**Social Security Number**

---

**Date of Birth**

## DEPARTMENT OF PUBLIC SAFETY

### AUTHORIZATION FOR RELEASE OF CREDIT HISTORY

I do hereby authorize a review and full disclosure of Credit History records concerning myself to any duly authorized investigator of the Department of Public Safety.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or rating), and other financial statements and records wherever filed.

*I understand that any information obtained by a credit history which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability and continuing suitability for employment.* I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Department of Public Safety to be a participant in the determination process of my employment suitability. I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I understand that under the Federal Fair Credit Reporting Act, I have the right to:

- (a) **Obtain** (under section 612) information contained in my credit file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against me because of information supplied by the consumer reporting agency if I request the report within 60 days of receiving notice of the action.
- (b) **Dispute** (under section 611) with a consumer reporting agency the accuracy or completeness of any information in a consumer report furnished by the agency.

I understand that the consumer-reporting agency does not make decisions regarding any adverse action taken by the Department of Public Safety nor is the consumer-reporting agency able to provide any specific reasons why an adverse action was taken. The Department of Public Safety obtains credit history records from Accurate Background, LLC, 7515 Irvine Center Drive, Irvine California 92618, toll-free telephone number 1-800-216-8024.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

**I have read and fully understand the contents of this Authorization for Release of Credit History.**

---

**Full Name Printed**

---

**Signature**

---

**Street Address**

---

**Date**

---

**City/State/Zip**

---

**Sex**

---

**Race**

---

**Social Security Number**

---

**Date of Birth**

# ***DEPARTMENT OF PUBLIC SAFETY***

## ***PROBATION PERIOD POLICY STATEMENT***

I understand that employment with the Department of Public Safety begins with a probationary period during which I must demonstrate my fitness for continued employment. In addition, I understand that failure to successfully complete this probationary period will result in the termination of employment.

I further understand that any employment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willingly withholding information or making false statements in any part of the Pre-Employment Background Packet can be the basis for dismissal from the Department of Public Safety. I agree to these conditions and I hereby certify that all statements made by me on these documents are true and complete, to the best of my knowledge.

---

**Signature**

---

**Date**

## PERSONAL HISTORY

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

LIST ANY OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY & WHY:

If None State So: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
Month Day Year City State

SOCIAL SECURITY NUMBER: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_

DO YOU HAVE ANY TATTOOS VISIBLE BELOW THE CREASE OF THE ELBOW OR ABOVE THE NECKLINE?

YES ☐ NO ☐

IF SO, DO YOU UNDERSTAND THAT DPS POLICY REQUIRES THE SUCCESSFUL REMOVAL BEFORE APPLICANTS MAY BE CONSIDERED FOR EMPLOYMENT?

YES ☐ NO ☐

ARE YOU A CITIZEN OF THE UNITED STATES? YES ☐ NO ☐ NATURAL BORN ☐ NATURALIZED ☐

HOME ADDRESS: \_\_\_\_\_  
Street

City State Zip County

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-mail address: \_\_\_\_\_

WITH WHOM DO YOU RESIDE? (GIVE NAMES AND RELATIONSHIPS)

\_\_\_\_\_

YOUR OCCUPATION: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## FAMILY HISTORY

Spouse's Occupation \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

*If divorced, list former spouse's name(s), address and current phone number, dates of marriage/divorce and location of divorce record:*

---

---

Current Address \_\_\_\_\_

Current Phone Number \_\_\_\_\_

List all dependents; include all children who may not live in your household.

Name

Date of Birth

Residence Address

---

---

---

---

---

List the names of every member of your immediate family who are currently living, Including father, mother, sisters, brothers, father-in-law and mother-in-law.

Name

Relationship

Address

Phone

---

---

---

---

---

[illegible]

## RESIDENTIAL HISTORY

List addresses of all residences for the last ten (10) years, starting with present.

[illegible]

/ (Present)

/

/

/

/

/

/

/

/

/

## LITIGATION

Have you ever been named as a defendant in any type of lawsuit?

☐ Yes      No      **If yes, complete the following:**

_____	_____	_____
Date	Title of action or proceeding	Court Disposition

_____	_____	_____
Date	Title of action or proceeding	Court Disposition

Have you ever filed a lawsuit against any other person, company, or employer?

☐ Yes      ☐ No      **If yes, complete the following:**

_____	_____	_____
Date	Title of action or proceeding	Court Disposition

_____	_____	_____
Date	Title of action or proceeding	Court Disposition

## DRIVING RECORD

Do you have a current driver's license?      Yes ☐      No ☐

**If "yes", provide the following information:**

State of Issue: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Classification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List **ALL** traffic citations you have ever received except parking: **(If none, so state).**

<u>Location (City/State)</u>	<u>Approximate Date</u>	<u>Violation</u>	<u>Disposition</u>
------------------------------	-------------------------	------------------	--------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you ever possess a driver's license issued by any state other than Georgia?

**If yes, give state, license number, dates & name issued to:** Yes ☐      No ☐

_____	_____	_____	_____
State	License Number	Name Issued To	Year(s)

_____	_____	_____	_____
State	License Number	Name Issued To	Year(s)

_____	_____	_____	_____
State	License Number	Name Issued To	Year(s)

Has your license ever been suspended or revoked by any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been refused a driver's license by any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your auto insurance ever been canceled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you ever denied auto insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you ever obtain a driver's license under another name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been involved in an accident you failed to report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been involved in any accident as a driver?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

***If yes, how many.*** \_\_\_\_\_

***If you answered "yes" to any of the above questions, an explanation is required:***

---



---

### **ALCOHOL**

Did you ever operate a vehicle/boat under the influence of alcohol? Yes ☐ No ☐

***If yes, when was the last time?*** \_\_\_\_\_

Have you ever been stopped for driving under the influence but not Taken to jail? Yes ☐ No ☐

***If yes, when was the last time?*** \_\_\_\_\_

Did you ever call in sick because of a "hangover"? Yes ☐ No ☐

Did you ever consume alcoholic beverages prior to reporting for work? Yes ☐ No ☐

Did you ever consume alcoholic beverages while at work? Yes ☐ No ☐

***If you answered "yes" to any of the above questions, an explanation is required:*** \_\_\_\_\_

---



---



---



---

### **GAMBLING**

Do you have gambling debts? Yes ☐ No ☐

***If yes, an explanation is required:*** \_\_\_\_\_

---



---

What is the most money you have ever illegally bet at one time? \_\_\_\_\_

What is the largest amount of money you have ever lost? \_\_\_\_\_

Did you ever borrow money to pay a gambling debt?

Yes ☐ No ☐

If yes, how many times? \_\_\_\_\_

Did you ever steal money to pay a gambling debt?

Yes ☐ No ☐

If yes, how many times? \_\_\_\_\_

### **CRIMINAL HISTORY**

Have you ever been arrested or been the subject of a criminal complaint or indictment or been required to appear as a suspect or defendant in any criminal (including juvenile) proceeding or before any prosecuting officer or investigative agency? Yes ☐ No ☐

Have you ever been convicted or pled guilty or pled nolo contendere to a misdemeanor crime? Yes ☐ No ☐

Have you ever been convicted or pled guilty or pled nolo contendere to a felony crime? Yes ☐ No ☐

Have you ever received a sentence under the First Offender Act or are you currently serving probation as a sentence under First Offender? Yes ☐ No ☐

Were you ever arrested as a juvenile? Yes ☐ No ☐

Have you ever been a member of a Street Gang? Yes ☐ No ☐

Have you ever been:

Sentenced to incarceration? Yes ☐ No ☐

Placed in a police lineup? Yes ☐ No ☐

Placed on probation? Yes ☐ No ☐

Placed on parole? Yes ☐ No ☐

Placed in a holding cell? Yes ☐ No ☐

Placed in a military stockade? Yes ☐ No ☐

Placed in a disciplinary school? Yes ☐ No ☐

Questioned by the police as a suspect of a crime? Yes ☐ No ☐

**If you answered "yes" to any of the above questions, an explanation is required:  
(Please include name of Arresting Agency and Court of Jurisdiction)**

---

---

---

---

---

---

**HAVE YOU EVER COMMITTED OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES OR OFFENSES? THE QUESTION APPLIES EVEN THOUGH YOU MAY NOT HAVE BEEN ARRESTED OR DETECTED.**

	YES	NO	AGE
Murder			
Voluntary Manslaughter			
Involuntary Manslaughter			
Aggravated Assault			
Battery/Simple or Aggravated			
Kidnapping			
False Imprisonment			
Hijacking an Aircraft			
Child Abuse			
Driving on Revoked Driver's License			
Fleeing and Attempting to Elude			
Driving Under the Influence (DUI)			
Vehicular Homicide			
Rape			
Aggravated Sodomy			
Statutory Rape			
Child Molestation			
Bestiality			
Necrophilia			
Public Indecency			
Prostitution			
Pimping			
Bigamy			
Incest			
Cruelty to Animals			
Burglary			
Criminal Damage to Property			
Vandalism			
Arson			
Criminal Possession of Explosives			
Theft by Taking			
Theft by Deception			
Theft by Conversion			
Theft of Services			
Theft of Lost or Mislaid Property			
Theft by Receiving Stolen Property			

	YES	NO	AGE
Hit and Run			
Shoplifting			
Theft of Motor Vehicle, Parts, Components			
Robbery			
Armed Robbery			
Forgery			
Credit Card Fraud			
Accessing Computers for Fraudulent Purposes			
Unauthorized Access, Alteration, Destruction of Computers			
Bribery			
Violation of Oath by Public Officer			
Impersonation of Public Officer or Public Employee			
Obstruction or Hindering of Law Enforcement Officers			
Obstruction or Hindering of Firefighters			
Giving False Name or Address to Law Enforcement Officers			
False Report of a Crime			
False Report of a Fire			
Concealing Death of Another Person			
Escape			
Perjury			
Tampering with Evidence			
Treason			
Advocating Overthrow of Government			
Riot			
Inciting a Riot			
Terroristic Threats and Acts			
Peeping Tom			
Unlawful Eavesdropping			
Illegal Possession of Sawed-Off Shotgun, Machine Gun, Silencer			
Commercial Gambling			
Dog fighting			
Sexual Exploitation of Children			
Child Pornography			
Illegal Possession, Manufacture, Distribution, Use of Illegal Drugs or Marijuana			
Trafficking in Cocaine, Illegal Drugs or Marijuana			
Use of Fictitious Name or False Address When Obtaining Drugs			
Intentional Inhalation of Model Glue			
Domestic Family Violence			
Stalking			

***If you answered "yes" to any of the above, an explanation is required:*** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

### ***THEFTS***

Did you ever steal any money from an employer? Yes ☐ No ☐

Did you ever steal anything from an employer? Yes ☐ No ☐

Did you ever steal any property or money from a fellow employee? Yes ☐ No ☐

Did you ever deliberately "shortchange" a customer? Yes ☐ No ☐

As an adult, did you ever steal anything from a store or business? Yes ☐ No ☐

Did you ever alter a price tag in a store? Yes ☐ No ☐

Did you ever forge a check? Yes ☐ No ☐

Did you ever intentionally write a bad check? Yes ☐ No ☐

Did you ever steal anything from a vehicle? Yes ☐ No ☐

Did you ever act as a lookout when anyone else was stealing? Yes ☐ No ☐

***If you answered "yes" to any of the questions above, an explanation is required:***

---

---

---



## SECURITY

Have you ever been a member of or associated with any group or organization that advocates violent dissent or the overthrow of this government or any other government, to Yes ☐ No ☐ include any acts of terrorism?

Have you ever been a member of a group or organization that advocates violence, racism, or other illegal activities? Yes ☐ No ☐

Have you ever been refused a security clearance or bond? Yes ☐ No ☐

Have you ever been involved in any type of riot, illegal demonstration or illegal strike? Yes ☐ No ☐

Have you ever participated in the use or manufacture of explosive devices or firebombs? Yes ☐ No ☐

Have you illegally accessed or attempted to access any information technology system? Yes ☐ No ☐

*If you answered "yes" to any of the above questions, an explanation is required:*

---

---

---

## DRUG HISTORY

Check the appropriate column(s) for each of the following drugs which you have recreationally and/or casually used or which you are currently using **without a medical prescription**.

<i>Name of Drug</i>	<i>Never Used</i>	<i>Tried/Used</i>	<i>Last Time Month/Year</i>	<i>First Time Month/Year</i>	<i>Number of Times</i>
Amphetamines/Uppers					
Ativan					
Barbiturates/Downers					
Benzedrine					
Biphedamine					
Cocaine/Coke					
Codeine					
Crack					
Crank/Meth/Ice					
Darvon					
Darvon/Darvocet					

<i><b>Name of Drug</b></i>	<i><b>Never Used</b></i>	<i><b>Tried/ Used</b></i>	<i><b>Last Time Month/Year</b></i>	<i><b>First Time Month/Year</b></i>	<i><b>Number of Times</b></i>
Demerol					
Dexedrine					
Dilaudid					
Ecstasy(XTC)/ MDMA/MDA					
Equanil					
GHB/Liquid Ecstasy					
Glue					
Hash Oil					
Hashish					
Heroin					
Huffing/Inhalant Use					
Ketamine/Cat Valium					
Librium					
Lortab/Lorcet					
LSD/Acid/STP					
Marijuana/THC					
Meperidine					
Mescaline					
Methadone					
Methamphetamine					
Methaqualone					
Molly					
Morphine					
Mushrooms/Psilocybin					
Nembutal					
Nexus					
Nitrous Oxide					
Opium					
Oxycodone					
OxyContin					
PCP/Angel Dust					
Percodan/Percocet					
Peyote					
Phenobarbital					
Preludin					
Rohypnol					
Qualudes					
Seconal					
Speed					

<i>Name of Drug</i>	<i>Never Used</i>	<i>Tried/ Used</i>	<i>Last Time Month/Year</i>	<i>First Time Month/Year</i>	<i>Number of Times</i>
Spice					
Steroids					
Talwin					
Thai Stick					
Tranxene					
Tylox					
Valium					
Vicodin					
Wygesic					
Xanax					
Other					

**Explain fully any item(s) checked:**

---



---



---



---



---



---



---



---



---



---

Have you ever used any illegal drug not listed in either chart?      Yes ☐      No ☐

**If yes, list the drug(s) used, last time used and number of times used:**

<hr/>	<hr/>	<hr/>
<i>Type of Drug</i>	<i>Last Time Used</i>	<i>Number of Times Used</i>
<hr/>	<hr/>	<hr/>
<i>Type of Drug</i>	<i>Last Time Used</i>	<i>Number of Times Used</i>

Are you currently using any illegal drugs?      Yes ☐      No ☐

**If yes, list type of drug(s) used, amount used and how often used:**

<hr/>	<hr/>	<hr/>
<i>Type of Drug</i>	<i>Amount Used</i>	<i>How Often Used</i>
<hr/>	<hr/>	<hr/>
<i>Type of Drug</i>	<i>Amount Used</i>	<i>How Often Used</i>

How many of your friends, associates or family members are Street Gang members?

\_\_\_\_\_

How many of your current friends or associates use illegal drugs?

\_\_\_\_\_

When was the last time that someone used illegal drugs in your presence?

\_\_\_\_\_

***Describe the type of drug and circumstances:***

\_\_\_\_\_

Have you attended a Rave?

Yes ☐ No ☐

***Number of Times Attended:***

\_\_\_\_\_

***Last Time Attended:***

\_\_\_\_\_

Have you ever tried/used illegal drugs just prior to reporting to work?

Yes ☐ No ☐

Have you ever tried/used illegal drugs while at work?

Yes ☐ No ☐

Have you ever tried/used illegal drugs at lunch or breaks at work?

Yes ☐ No ☐

Have you ever tried/used illegal drugs just after getting off work?

Yes ☐ No ☐

***Describe the type of drug and circumstances:***

\_\_\_\_\_

Have you ever taken alcohol and illegal drugs together?

Yes ☐ No ☐

**Drug:** \_\_\_\_\_ **Last Time:** \_\_\_\_\_ **Number of Times Used:** \_\_\_\_\_

Have you ever operated a vehicle/boat under the influence of illegal drugs? Yes ☐ No ☐

**Drug:** \_\_\_\_\_ **Last Time:** \_\_\_\_\_ **Number of Times Used:** \_\_\_\_\_

Have you ever grown or participated in growing marijuana? Yes ☐ No ☐

How much? \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

What did you do with the marijuana? \_\_\_\_\_

Have you ever manufactured or participated in manufacturing illegal drugs? Yes ☐ No ☐

What type? \_\_\_\_\_

How much? \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

What did you do with the drugs? \_\_\_\_\_

Have you ever purchased and/or received any illegal drugs? Yes ☐ No ☐

**Drug:** \_\_\_\_\_ **Last Time:** \_\_\_\_\_ **Number of Times Used:** \_\_\_\_\_

**Describe the type of drug and circumstances:** \_\_\_\_\_

Have you ever sold any illegal drug(s) or any substance that you purported or claimed to be an illegal drug? Yes ☐ No ☐

Have you ever transported or stored any illegal drugs? Yes ☐ No ☐

Have you ever set up a drug buy for yourself or anyone else? Yes ☐ No ☐

Have you ever overdosed on illegal drugs? Yes ☐ No ☐

Have you ever illegally used anyone else's drug prescription? Yes ☐ No ☐

Have you ever forged, illegally obtained, sold or stolen a drug prescription? Yes ☐ No ☐

Have you ever passed or attempted to pass a forged or stolen drug prescription? Yes ☐ No ☐

Have you ever stolen drugs from anyone? Yes ☐ No ☐

Do you own/possess any drug paraphernalia? Yes ☐ No ☐

**If you answered "yes" to any of the above questions, an explanation is required:**

---

---

---

---

---

## PROFESSIONAL LICENSE(S) AND/OR ASSOCIATIONS

List all professional license(s) held by you. *(If none, so state).*

---

---

Have you ever had a professional license revoked or suspended for any reason?

☐ Yes      ☐ No

***If yes, give details including type of license and reason for revocation or suspension:***

---

---

---

List any special skill(s) or certificate(s) held by you. *(If none, so state).*

---

---

---

List all organizations, clubs and associations of which you are or have been a member of within the past ten (10) years.

**Name**

**City/State**

---

---

---

---

---

Do you serve on any local, state, or federal board, commission, authority, or in any elected office?      ☐ Yes      ☐ No

***Name of board, commission, authority or office:*** \_\_\_\_\_

---

---

Have you ever applied for a position or been the subject of any previous background investigation by any federal, state or local agency?      ☐ Yes      ☐ No

***If yes, list agencies:*** \_\_\_\_\_

---

## EDUCATION

Circle highest year of education that you successfully completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

If you graduated from high school or received a GED Certificate, complete the following:

<i>School</i>	<i>Address</i>	<i>Year Graduated</i>
---------------	----------------	-----------------------

If you attended a University / College / Vocational-Trade School, list the name of the school, location, years attended, major course of study and any degree or certificate obtained:

<i>School</i>	<i>Location (City &amp; State)</i>
---------------	------------------------------------

<i>Dates Attended</i>	<i>Major</i>	<i>Degree/Certificate</i>
-----------------------	--------------	---------------------------

<i>School</i>	<i>Location (City &amp; State)</i>
---------------	------------------------------------

<i>Dates Attended</i>	<i>Major</i>	<i>Degree/Certificate</i>
-----------------------	--------------	---------------------------

<i>School</i>	<i>Location (City &amp; State)</i>
---------------	------------------------------------

<i>Dates Attended</i>	<i>Major</i>	<i>Degree/Certificate</i>
-----------------------	--------------	---------------------------

If you attended graduate school or have a graduate degree, list the name of the college or university attended, address, major area of study and degree obtained:

<i>College/University</i>	<i>Address</i>	<i>Years Attended</i>
---------------------------	----------------	-----------------------

<i>Graduate Degree</i>	<i>Year Degree Obtained</i>	<i>Major</i>
------------------------	-----------------------------	--------------

If you have any technical skills not necessarily acquired through formal education, list them here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you ever expelled or suspended from any school, college or university?

☐ Yes ☐ No *If yes, explain:*

\_\_\_\_\_

\_\_\_\_\_

## WORK HISTORY

Have you or any companies in which you are or were a principal ever been the subject of an investigation or litigation that was conducted by a federal, state, or local agency?

☐ Yes ☐ No *If yes, explain:* \_\_\_\_\_

Are you now or have you ever been engaged in any business as an owner, partner or corporate member?

☐ Yes ☐ No *If yes, give details below:* \_\_\_\_\_

Do you have any affiliation with any company that does business with the State of Georgia?

☐ Yes ☐ No *If yes, give name of company and explain below:* \_\_\_\_\_

Have you ever been investigated, reprimanded, fined or suspended from doing business with any local, state or federal agency?

☐ Yes ☐ No *If yes, explain:* \_\_\_\_\_

Has a supervisor ever given you a verbal or written reprimand, been suspended or disciplined for any reason?

☐ Yes ☐ No *If yes, explain and give name of employer and dates:* \_\_\_\_\_

Have you ever cheated an employer? (Unauthorized Sick Leave, Padded Expense Accounts, etc.)

☐ Yes ☐ No *If yes, explain:* \_\_\_\_\_

Have you deliberately destroyed any property of an employer?

☐ Yes ☐ No *If yes, explain:* \_\_\_\_\_



Circle the number of times you have been asked to resign or have been fired from a job within the last ten (10) years?

0   1   2   3   4   5   6   7   8   9   10

***Explain the circumstances of each in the space below:***

---

---

---

---

Have you ever quit a job to avoid being fired?

☐ Yes

☐ No

***If yes, explain:***

---

---

---

Have you ever been a party to a lawsuit, resulting from your actions in the performance of your job?

☐ Yes

☐ No

***If yes, explain:***

---

---

Are you willing and able to work nights and weekends? **(NOTE: ALL APPLICANTS FOR TROOPER, MOTOR CARRIER COMPLIANCE OFFICER, CUSTOMER SERVICE AGENT, SAFETY OFFICER & POLICE CORPORAL ARE EXPECTED TO WORK ANY SHIFT ASSIGNED).**

☐ Yes

☐ No

***If "no", please explain:***

---

---

---

Do you have any obligation or commitment, which would prevent you from relocating from your current residence to an assignment anywhere in the State of Georgia? **(NOTE: ALL APPLICANTS FOR TROOPER MUST BE WILLING TO ACCEPT STATEWIDE ASSIGNMENT).**

Yes ☐

No ☐

***If "yes", please explain:***

---

---

---

List **ALL** jobs you have held since high school. ***Put your PRESENT or MOST RECENT JOB FIRST.*** Include Military Service in proper time sequence. List temporary or parttime jobs REGARDLESS OF HOW LITTLE TIME WERE INVOLVED. If you need more space, you may attach additional pages. ***(All addresses and phone numbers must be current. DO NOT use post office box as an address.)***

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Name of Employer \_\_\_\_\_

Street Address

City

State

Zip Code

Phone Number \_\_\_\_\_

Full-Time Job ☐

Salary per month \_\_\_\_\_

Part-time Job ☐

Your duties \_\_\_\_\_

Name & title of supervisor & best time to contact: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

***PLEASE NOTE: YOUR CURRENT EMPLOYER WILL BE CONTACTED DURING THE BACKGROUND INVESTIGATION.***

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Name of Employer \_\_\_\_\_

Street Address

City

State

Zip Code

Phone Number \_\_\_\_\_

Full-time Job ☐

Salary per month \_\_\_\_\_

Part-time Job ☐

Your duties \_\_\_\_\_

Name & title of supervisor & best time to contact: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

---

---

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Name of Employer \_\_\_\_\_

---

*Street Address*

*City*

*State*

*Zip Code*

Phone Number \_\_\_\_\_

Full-time Job ☐

Salary per month \_\_\_\_\_

Part-time Job ☐

Your duties \_\_\_\_\_

---

Name & title of supervisor & best time to contact: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

---

---

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Name of Employer \_\_\_\_\_

---

*Street Address*

*City*

*State*

*Zip Code*

Phone Number \_\_\_\_\_

Full-time Job ☐

Salary per month \_\_\_\_\_

Part-time Job ☐

Your duties \_\_\_\_\_

---

Name & title of supervisor & best time to contact: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

---

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Name of Employer \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip Code*

Phone Number \_\_\_\_\_

Full-time Job ☐

Salary per month \_\_\_\_\_

Part-time Job ☐

Your duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & title of supervisor & best time to contact: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Name of Employer \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip Code*

Phone Number \_\_\_\_\_

Full-time Job ☐

Salary per month \_\_\_\_\_

Part-time Job ☐

Your duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & title of supervisor & best time to contact: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

---

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Name of Employer \_\_\_\_\_

---

*Street Address*

*City*

*State*

*Zip Code*

Phone Number \_\_\_\_\_

Full-time Job ☐

Salary per month \_\_\_\_\_

Part-time Job ☐

Your duties \_\_\_\_\_

---

Name & title of supervisor & best time to contact: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

---

---

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Name of Employer \_\_\_\_\_

---

*Street Address*

*City*

*State*

*Zip Code*

Phone Number \_\_\_\_\_

Full-time Job ☐

Salary per month \_\_\_\_\_

Part-time Job ☐

Your duties \_\_\_\_\_

---

Name & title of supervisor & best time to contact: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

---

---

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Name of Employer \_\_\_\_\_

---

*Street Address*

*City*

*State*

*Zip Code*

Phone Number \_\_\_\_\_

Full-time Job ☐

Salary per month \_\_\_\_\_

Part-time Job ☐

Your duties \_\_\_\_\_

---

Name & title of supervisor & best time to contact: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

---

---

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Name of Employer \_\_\_\_\_

---

*Street Address*

*City*

*State*

*Zip Code*

Phone Number \_\_\_\_\_

Full-time Job ☐

Salary per month \_\_\_\_\_

Part-time Job ☐

Your duties \_\_\_\_\_

---

Name & title of supervisor & best time to contact: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## **PRIOR CRIMINAL JUSTICE EMPLOYMENT HISTORY**

***If you were ever employed by a criminal justice or law enforcement agency, answer the following questions:***

- Have you ever accepted a payoff? Yes ☐ No ☐
- Have you ever stolen anything from someone you arrested? Yes ☐ No ☐
- Have you ever stolen anything from an evidence room? Yes ☐ No ☐
- Have you ever kept the property of someone you arrested? Yes ☐ No ☐
- Did you ever carry a "throw down" weapon? Yes ☐ No ☐
- Have you ever unlawfully entered a business or residence? Yes ☐ No ☐
- Have you ever stolen anything from an impounded vehicle? Yes ☐ No ☐
- Did you ever falsify an expense voucher? Yes ☐ No ☐
- Have you ever received any type of gratuity for dropping a case or disposing of an arrest ticket? Yes ☐ No ☐
- Have you ever tampered with evidence? Yes ☐ No ☐
- Have you ever kept for personal use or for resale any illegal drugs taken from someone that had been arrested/detained or questioned? Yes ☐ No ☐
- Have you ever used any illegal drugs/marijuana while a law enforcement officer? Yes ☐ No ☐
- Did you ever warn anyone that they were the subject of a criminal investigation? Yes ☐ No ☐
- Did you ever "cover up" a crime committed by a fellow officer? Yes ☐ No ☐
- Did you ever make a false official report? Yes ☐ No ☐
- Did you ever make a false entry on a log? Yes ☐ No ☐
- Have you ever illegally destroyed a case file, computer record or official report? Yes ☐ No ☐
- Have you ever illegally retained seized weapons or property? Yes ☐ No ☐
- Have you ever intentionally falsified a case file, computer record or official report? Yes ☐ No ☐

Have you ever “planted” evidence? Yes ☐ No ☐

Were you ever suspended from your job? Yes ☐ No ☐

Have you ever “tipped-off” a friend, acquaintance or relative about an active investigation involving them or someone they know? Yes ☐ No ☐

Did you ever “cover up” a criminal offense for a friend or relative? Yes ☐ No ☐

While employed by a criminal justice agency, have you ever illegally possessed or sold marijuana, cocaine or other illegal drugs? Yes ☐ No ☐

Have you ever stolen anything from a crime scene? Yes ☐ No ☐

While employed by a criminal justice agency, did you ever violate your oath of office? Yes ☐ No ☐

Have you ever lied under oath during a trial? Yes ☐ No ☐

Have you ever been a party to a lawsuit resulting from your actions in the performance of your job? Yes ☐ No ☐

Have you ever been investigated by Georgia P.O.S.T. Council or any other state’s agency that regulates peace officer Certification? Yes ☐ No ☐

***If you answered “yes” to any of the above questions, an explanation is required, including dates and agency with whom you were employed and outcome of any disciplinary or investigation:***

---

---

---

---

---

---

---

---

---

---

---

---



## MILITARY HISTORY

Are you registered for the Draft? ☐ Yes ☐ No ☐ Not Applicable

***Any male applicant between the ages of 18 and 26 years of age must present proof of having registered with the Selective Service System as required by federal law, or of being exempt from such registration.***

If Yes, list branch: \_\_\_\_\_

Service Number \_\_\_\_\_ Highest Rank \_\_\_\_\_

Give date and location of entrance to active duty. \_\_\_\_\_

Give date and location of discharge. \_\_\_\_\_

What is the type of your discharge? (***Honorable, Dishonorable, General, Honorable Under General Conditions, etc.***) \_\_\_\_\_

Are you now, or were you ever an active or inactive member of any branch of the United States Reserve Forces? ☐ Yes ☐ No

If yes, list branch: \_\_\_\_\_ Type of Discharge \_\_\_\_\_

To \_\_\_\_\_ From \_\_\_\_\_

Unit \_\_\_\_\_

Are you now or were you ever a member of the National Guard?

☐ Yes ☐ No

If yes, list branch: \_\_\_\_\_ Type of Discharge \_\_\_\_\_

To \_\_\_\_\_ From \_\_\_\_\_

Unit \_\_\_\_\_

List all decorations and/or service medals awarded to you as a member of the Armed Forces, National Guard or Reserve Forces? ***If none, so state.***

\_\_\_\_\_  
\_\_\_\_\_

Were you ever court-martialed, tried on charges, or were you the subject of a summary court, desk court, captain's mast or company punishment, or any other formal disciplinary action while a member of the Armed Forces, National Guard or Reserve Forces?

☐ Yes ☐ No

***If yes, explain:*** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES AND ACQUAINTANCES

List the names of **five** persons not related to you and not former employers, who are friends, fellow students, or co-workers who have seen you frequently during the past year and preferably those who have known you for the past (5) years. These persons may be asked to appraise your reputation for honesty, trustworthiness, sobriety, reliability, and discretion. **Please provide both business and residential phone numbers where possible.**

Name \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Business Phone (\_\_\_\_) \_\_\_\_\_ Cell/Home Phone (\_\_\_\_) \_\_\_\_\_  
Best Time to Contact \_\_\_\_\_ Best Time to Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Number & Street City State Zip Code  
Business, Occupation or Profession \_\_\_\_\_

---

Name \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Business Phone (\_\_\_\_) \_\_\_\_\_ Cell/Home Phone (\_\_\_\_) \_\_\_\_\_  
Best Time to Contact \_\_\_\_\_ Best Time to Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Number & Street City State Zip Code  
Business, Occupation or Profession \_\_\_\_\_

---

Name \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Business Phone (\_\_\_\_) \_\_\_\_\_ Cell/Home Phone (\_\_\_\_) \_\_\_\_\_  
Best Time to Contact \_\_\_\_\_ Best Time to Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Number & Street City State Zip Code  
Business, Occupation or Profession \_\_\_\_\_

---

Name \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Business Phone (\_\_\_\_) \_\_\_\_\_ Cell/Home Phone (\_\_\_\_) \_\_\_\_\_  
Best Time to Contact \_\_\_\_\_ Best Time to Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Number & Street City State Zip Code  
Business, Occupation or Profession \_\_\_\_\_

---

---

---

Name \_\_\_\_\_ E-mail address: \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Cell/Home Phone (\_\_\_\_) \_\_\_\_\_

Best Time to Contact \_\_\_\_\_ Best Time to Contact \_\_\_\_\_

Address \_\_\_\_\_

Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business, Occupation or Profession \_\_\_\_\_

---

---

---

### **FINANCIAL INFORMATION**

---

If you have savings accounts, provide the following: *(If none, so state)*

Account Number \_\_\_\_\_ Balance \_\_\_\_\_

Bank \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Account Number \_\_\_\_\_ Balance \_\_\_\_\_

Bank \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

If you have checking accounts, provide the following: *(If none, so state)*

Account Number \_\_\_\_\_ Balance \_\_\_\_\_

Bank \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Account Number \_\_\_\_\_ Balance \_\_\_\_\_

Bank \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

List every person or company to whom you owe money including student loans.

*If none, so state.*

<u>Account Number</u>	<u>Creditor Name/City &amp; State</u>	<u>Monthly Payment</u>	<u>Balance</u>

Have you ever declared, or are you about to declare bankruptcy? ☐ Yes ☐ No

*If yes, provide date filed, location, circumstances and date cleared or discharged:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are any of your payments to creditors past due? ☐ Yes ☐ No

*If yes, list creditors and explain circumstances:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you failed to file income tax returns for any past years? ☐ Yes ☐ No

*If yes, give year and details:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you or any company in which you have a controlling interest delinquent in filing any Local, state or federal taxes? ☐ Yes ☐ No

*If yes, give details:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you owe any past due federal, state or local taxes? (Including ☐ Yes ☐ No  
IRS, State Dept of Revenue, Property, Ad Valorem, Income, etc)

**If yes, give year, amount owed and to whom. If you are on an approved payment plan to repay, provide details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever defaulted on a student loan? ☐ Yes ☐ No

**If yes, explain:** \_\_\_\_\_  
\_\_\_\_\_

Do you owe any past-due child support payments? ☐ Yes ☐ No

**If yes, give name of person debt is owed and amount owed:** \_\_\_\_\_  
\_\_\_\_\_

Have you ever had your wages garnished? ☐ Yes ☐ No

**If yes, explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever intentionally declined to pay a debt? ☐ Yes ☐ No

**If yes, explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been ordered by a court to make financial payments? ☐ Yes ☐ No

**If yes, explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What income, other than salary, do you have at present? *Include spouse's salary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Department of Public Safety Pre-  
Employment Questionnaire***

**CERTIFICATION THAT MY ANSWERS ARE TRUE**

I have read and understand each question on this questionnaire. My responses on this questionnaire are true, complete and correct to the best of my knowledge and are made in good faith. I understand that making a knowing and willful false statement on this questionnaire is a crime. I further understand that making a false or misleading statement or failing to answer a question(s) will result in my disqualification from consideration for employment with the Department of Public Safety. I do hereby authorize the Department of Public Safety to conduct a review of all records concerning myself, whether such records are of a public, private or confidential nature.

**Full Name Printed:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **REQUEST FOR EDUCATIONAL RECORD**

**(For Applicant Use Only)**

**IT WILL BE THE RESPONSIBILITY OF THE APPLICANT TO ORDER HIS/HER  
TRANSCRIPTS (BOTH HIGH SCHOOL AND COLLEGE).**

**DATE:** \_\_\_\_\_

**TO: Registrar or Records Manager**

\_\_\_\_\_  
**Name of High School/College/University**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City / State / Zip Code**

**It is requested that you forward official transcripts of my  
educational record to me at the following address:**

**FROM:**

\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City / State / Zip Code**

\_\_\_\_\_  
**Signature**

**I.D. Data Maiden Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

## **REQUEST FOR EDUCATIONAL RECORD**

**(For Applicant Use Only)**

**IT WILL BE THE RESPONSIBILITY OF THE APPLICANT TO ORDER HIS/HER  
TRANSCRIPTS (BOTH HIGH SCHOOL AND COLLEGE).**

**DATE:** \_\_\_\_\_

**TO: Registrar or Records Manager**

\_\_\_\_\_  
**Name of High School/College/University**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City / State / Zip Code**

**It is requested that you forward official transcripts of my  
educational record to me at the following address:**

**FROM:**

\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City / State / Zip Code**

\_\_\_\_\_  
**Signature**

**I.D. Data Maiden Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_