

# *CITY OF CRESTVIEW*

## *POLICE DEPARTMENT*

**201 Stillwell Boulevard**  
Crestview, FL 32539  
(850) 682-3544  
Fax (850) 682-2080



*Dispatch Operator*  
*PRE-EMPLOYMENT*  
*Questionnaire*

**An Equal Opportunity Employer**

|           |            |             |       |
|-----------|------------|-------------|-------|
| Last Name | First Name | Middle Name | Date: |
|-----------|------------|-------------|-------|

**Are you currently certified by the Florida Department of Law Enforcement as a 911 Dispatch Operator in the State of Florida?**     Yes    No

**NOTICE:** Please carefully read and follow these instructions exactly. Your ability to complete this questionnaire, as instructed, will be evaluated and used as one basis for employment decisions. Declination or failure to comprehensively provide the information requested throughout this document may result in your rejection or disqualification. This document, when completed, will be used by the Crestview Police Department as an investigative aid. Assistance will be provided to those persons who may require special accommodation.

- INSTRUCTIONS:**
1. Hand print clearly in black ink and in your own handwriting.
  2. Answer every question as comprehensively as possible by placing a check mark  OR  in the appropriate space and/or in essay form if an answer requires an explanation. If the question does not apply to you, so state with "N/A".
  3. If the space available is insufficient to comprehensively answer a question, attach a separate sheet of 8½ X 11 paper. Identify the section, page number and question number to the left of each question answered on a separate and attached page. Annotate in the space provided in this questionnaire that the question is answered and/or continued on an attached page.
  4. Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications for employment.
  5. Answer all the questions accurately and completely. Do not make exaggerated, false or misleading statements as they may cause your disqualification, rejection or dismissal. Failure or declination to disclose the requested information may also cause your disqualification, rejection or dismissal.
  6. Each and every question has a purpose. Do not fail to answer each question completely even if you feel it is "not important".
  7. Before affixing your signature anywhere in this document, check to be sure that a Notary Public certification is not required. If a Notary Public certification is required, you may bring the completed document to the Police Department prior to the suspense date to sign in the presence of a notary.
  8. Return the completed document to the City of Crestview Police Department on or before the below suspense date.

"I have read and I understand all of the above instructions. I also understand that I will be required to take a truth verification examination to determine the truthfulness of the information provided in this application." Any untruthful statement made on this questionnaire will result in disqualification of application, or, if hired, immediate dismissal without appeal rights.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Suspense Date

**I. PERSONAL**

1. Full Name

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

2. Other: List all other names you have used including the circumstances and time periods you used them. (i.e. former name(s), alias(es), or nickname(s).)

| Name | Circumstances | Dates From | Dates To |
|------|---------------|------------|----------|
|      |               |            |          |
|      |               |            |          |
|      |               |            |          |

3. Have you ever had your name legally changed?  Yes  No

4. If you responded positively to question #3, indicate as follows:

|                          |  |
|--------------------------|--|
| Previous Name            |  |
| Date and Location Change |  |
| Reason for Change*       |  |

\*Include official document(s) concerning any change in name.

5. Place of Birth

|      |       |        |         |
|------|-------|--------|---------|
| City | State | County | Country |
|------|-------|--------|---------|

6. Identification

|               |     |        |        |            |           |                        |
|---------------|-----|--------|--------|------------|-----------|------------------------|
| Date of Birth | Sex | Height | Weight | Hair Color | Eye Color | Social Security Number |
|---------------|-----|--------|--------|------------|-----------|------------------------|

7. EEO Code

White                       Hispanic                       American Indian or Alaskan Native  
 Black                         Asian                               Other

8. Scars, Tattoos, and/or Distinguishing marks:

9. Are you a citizen of the United States?  Yes  No  Natural Born  Naturalized

10. If naturalized citizen, check below if you are a citizen by virtue of Naturalization Certificate issued to:  Self  Parent  Spouse

11. Present Home Address:

|         |              |           |
|---------|--------------|-----------|
| Street: | City, State: | Zip Code: |
|---------|--------------|-----------|

12. How long have you lived at your present address? \_\_\_\_\_ Years, \_\_\_\_\_ Months

13. With whom do you reside?

14. Telephone Numbers

|                |                    |                               |
|----------------|--------------------|-------------------------------|
| Home Telephone | Business Telephone | Cellular Telephone (Optional) |
|----------------|--------------------|-------------------------------|

15. Chronologically list all previous places of residence during the past 10 years.

| Dates |    | Street Address | City | State | Zip Code |
|-------|----|----------------|------|-------|----------|
| From  | To |                |      |       |          |
|       |    |                |      |       |          |
|       |    |                |      |       |          |
|       |    |                |      |       |          |
|       |    |                |      |       |          |



|   |  |   |
|---|--|---|
| 22. Have you ever sold, delivered or otherwise transmitted ANY amount of ANY illegal drugs (inclusive of but not limited to marijuana, cocaine, hallucinogens, hashish, or heroin, etc.)?. If "Yes", provide details below:   |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Name of the medication(s)   |  |   |
| Individual from whom you obtained the medication(s)   |  |   |
| Circumstances surrounding the incident  |  |   |
| Were the medication(s) purchased?   |  |   |
| 23. Have you ever sold, delivered or otherwise transmitted ANY prescription medication(s) which were prescribed to you or to another individual? If "Yes", provide details below:   |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Name of the medication(s)   |  |   |
| Individual from whom you obtained the medication(s)   |  |   |
| Circumstances surrounding the incident  |  |   |
| Were the medication(s) purchased?   |  |   |
| 24. Have you ever sold, delivered or otherwise transmitted ANY anabolic steroids? If "Yes", provide details below:  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Name of the steroid(s)  |  |   |
| Individual from whom you obtained the steroid(s)  |  |   |
| Circumstances surrounding the incident  |  |   |
| Were the steroid(s) purchased?  |  |   |
| 25. If it became necessary in the course of your law enforcement duties to lawfully inflict personal injury, take a human life etc. would you be reluctant to do so?  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 26. If it became necessary in the course of your law enforcement duties to attend an autopsy would you be reluctant to do so? If "Yes", provide details:  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |  |   |
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| 27. When it becomes necessary to respond to, and/or investigate traffic crashes with severe injuries and/or death, violent crimes (i.e. homicide, domestic violence, aggravated batteries, etc.) or other incidents involving great bodily injury, will you be able to do so without reservations or hesitation? If "No" provide details: |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |  |   |
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**II. PERSONAL RELATIONSHIPS**

|  |        |        |                     |
|--|--------|--------|---------------------|
| 1. If you are married, divorced, or separated provide the following information: |        |        |                     |
| Spouses Full Name Last   | First  | Middle | Date of Birth       |
| Spouses Maiden Name Last   | First  | Middle | Date of Marriage    |
| Location of Marriage City  | County | State  | Place of Employment |

|  |       |        |   |
|--|-------|--------|---|
| 2. Are you presently living with your spouse <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", current address   |       |        |   |
| Street   | City  | County | State   |
| 3. Are you currently living with someone whom you consider to be a girl/boyfriend? If "Yes", please provide the following information: <input type="checkbox"/> Yes <input type="checkbox"/> No  |       |        |   |
| Girl/Boyfriend's Name Last   | First | Middle | Date of Birth   |
| 4. Have you ever been involved in an unreported physical confrontation with your spouse, former spouse, boy/girlfriend, former boy/girlfriend, or a relative (including in-laws and former in-laws). If "Yes", provide details including: (1) approximate dates, (2) with whom the confrontation(s) occurred, (3) the circumstances surrounding the confrontation, (4) the location of the confrontation(s) and (5) any injuries resulting from the confrontation(s):  |       |        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |       |        |   |
|  |       |        |   |
|  |       |        |   |
| 5. Have you ever been involved in a physical confrontation with your spouse, former spouse, boy/girlfriend, former boy/girlfriend, or a relative (including in-laws and former in-laws) that was reported to a law enforcement agency. If "Yes", provide details including: (1) approximate dates, (2) with whom the confrontation(s) occurred, (3) the circumstances surrounding the confrontation, (4) the location of the confrontation(s), (5) the law enforcement agency(ies) responding (provide written reports inclusive of written statements, offense reports, arrest reports, etc.) and (6) any injuries resulting from the confrontation(s): |       |        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |       |        |   |
|  |       |        |   |
|  |       |        |   |
| 6. Have you ever been involved in any other incident(s) of domestic altercation(s), domestic violence, or stalking not specifically mentioned? If "Yes", provide details:  |       |        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |       |        |   |
|  |       |        |   |
|  |       |        |   |
| 7. Have you ever been served with, or had filed against you, a restraining order, injunction for protection against repeat violence, an injunction against domestic violence or any other injunction? If "Yes", provide details:   |       |        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |       |        |   |
|  |       |        |   |
|  |       |        |   |
| 8. Have you ever participated, voluntarily or involuntarily, in any domestic violence counseling, marriage counseling, or anger management? If "Yes", provide details:   |       |        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |       |        |   |
|  |       |        |   |



|  |      |                  |
|--|------|------------------|
| Relationship                                   | Name | Date of Birth    |
| Address  |      | Telephone Number |
| If child, provide name of other natural parent |      | Occupation       |
| Relationship                                   | Name | Date of Birth    |
| Address  |      | Telephone Number |
| If child, provide name of other natural parent |      | Occupation       |

**IV. EDUCATION**

1. List all elementary, junior high and high schools attended (include copies of any diplomas)

| Name | Location | Dates Attended |    | Years Completed | Graduate |    |
|------|----------|----------------|----|-----------------|----------|----|
|      |          | From           | To |                 | Yes      | No |
|      |          |                |    |                 |          |    |
|      |          |                |    |                 |          |    |
|      |          |                |    |                 |          |    |
|      |          |                |    |                 |          |    |
|      |          |                |    |                 |          |    |

2. List all colleges or universities attended (include official transcripts).

| Name/Location of College/University | Dates Attended |    | Credit Hours |       | Degree Received | Year Received |
|-------------------------------------|----------------|----|--------------|-------|-----------------|---------------|
|                                     | From           | To | Sem.         | Quar. |                 |               |
|                                     |                |    |              |       |                 |               |
|                                     |                |    |              |       |                 |               |
|                                     |                |    |              |       |                 |               |

3. Other schools/training (trade, vocational, business or military):

| Name of School And Location | Dates Attended |    | Courses/Studies | Certificate |    |
|-----------------------------|----------------|----|-----------------|-------------|----|
|                             | From           | To |                 | Yes         | No |
|                             |                |    |                 |             |    |
|                             |                |    |                 |             |    |
|                             |                |    |                 |             |    |
|                             |                |    |                 |             |    |

4. Were you ever expelled or suspended from ANY SCHOOL, or were you ever disciplined by any school official? If "Yes" provide details:

|   |
|---|
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |
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**V. LANGUAGES OTHER THAN ENGLISH:**

1. Enter language and indicate your knowledge of each by placing an "X" or "T" in the proper column.

| Language | Reading |      |      | Speaking |      |      | Understanding |      |      | Writing |      |      |
|----------|---------|------|------|----------|------|------|---------------|------|------|---------|------|------|
|          | Ex      | Good | Fair | Ex       | Good | Fair | Ex            | Good | Fair | Ex      | Good | Fair |
|          |         |      |      |          |      |      |               |      |      |         |      |      |
|          |         |      |      |          |      |      |               |      |      |         |      |      |
|          |         |      |      |          |      |      |               |      |      |         |      |      |
|          |         |      |      |          |      |      |               |      |      |         |      |      |

**VI. SPECIAL QUALIFICATIONS AND SKILLS**

1. Indicate special skills/licenses you possess (pilot, radio operator, machines, equipment, computer, etc). Licenses – Show licensing authority, where first issued, and date the current license expires.

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2. Indicate special qualifications not covered in the application. For example, your most important publications (do not submit unless requested), your patents or inventions, public speaking and publications experience, membership in professional or scientific societies, civic or fraternal organizations, and honors and fellowships received.

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**VII. MILITARY INFORMATION**

1. Have you ever served in a military organization of the United States?  Yes  No

|                   |          |                       |                      |
|-------------------|----------|-----------------------|----------------------|
| Branch of Service |          | Highest Rank Achieved |                      |
| Unit              |          | Serial Number         |                      |
| Date From:        | Date To: | Type of Discharge     | Reason for Discharge |
| Date From:        | Date To: | Type of Discharge     | Reason for Discharge |

2. Are you now an active member of any branch of the United States Military?  Yes  No

|  |  |                   |                      |
|--|--|-------------------|----------------------|
| Branch of Service  |  | Current Rank      |                      |
| Unit   |  | Serial Number     |                      |
| Date From:   | Date To:   | Type of Discharge | Reason for Discharge |
| US Reserve Force<br><input type="checkbox"/> Yes <input type="checkbox"/> No | National Guard<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Separation Date   |                      |

3. Were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations?  Yes  No

| Dates | Charges Against You | Type of Proceeding | Disposition of Charges |
|-------|---------------------|--------------------|------------------------|
|       |                     |                    |                        |
|       |                     |                    |                        |
|       |                     |                    |                        |

4. Has your discharge or separation ever been corrected or changed? If "Yes", provide details below:  Yes  No

|               |             |
|---------------|-------------|
| Changed From: | Changed To: |
| Authority:    | Details     |

**VII. EMPLOYMENT**

1. What is your current occupation?

2. Have you ever been discharged, terminated, fired or asked and/or forced to resign from any place of employment because of misconduct or unsatisfactory service or for any other reason (except military)? If "Yes", provide details and explain giving name and address of employer, approximate date and reason in each case:  Yes  No

|  |  |
|--|--|
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3. Do you object to wearing a uniform?  Yes  No

4. Do you object to working shifts?  Yes  No

5. Have you ever received unemployment insurance/compensation or other Federal, State or Local benefits or assistance?  Yes  No

How many times? (Provide documentation):

Are you currently receiving unemployment benefits? If "Yes" to either question provide details (inclusive of dates):  Yes  No

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

6. Have you ever-received disciplinary counseling, an oral or written reprimand, suspension, or any other disciplinary action during any term of employment? If "Yes", provide details:  Yes  No

|  |  |
|--|--|
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|  |  |
|  |  |
|  |  |

7. List ALL jobs you have held since the age of emancipation (generally the age of eighteen). List ANY and ALL jobs held by you at a law enforcement, correctional or other criminal justice agency (sworn and/or non-sworn), regardless of when it was. Place your present or most recent job FIRST. If you need more space, you may include additional sheets. Include military service and all periods of unemployment in proper time sequence. List all part-time, temporary, seasonal, and voluntary jobs. If you were self-employed, provide copies of tax returns. If any of the employers listed are relatives, indicate which ones (include relatives through marriage).

|                       |                      |  |          |
|-----------------------|----------------------|--|----------|
| Name of Employer      |                      | Telephone Number   |          |
| Street Address        |                      |  |          |
| City                  | County               | State  | Zip Code |
| Job Title             |                      | <input type="checkbox"/> Full time<br><input type="checkbox"/> Part time                           |          |
| Description of duties |                      |  |          |
| Supervisor's Name     | One Co-worker's Name | Is/was this employer a relative of yours? <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Employed From (Date): | Employed To (Date):  | If "Yes", relationship   |          |
| Beginning Salary      | Ending Salary        | Why did you leave?   |          |
| Name of Employer      |                      | Telephone Number   |          |
| Street Address        |                      |  |          |
| City                  | County               | State  | Zip Code |
| Job Title             |                      | <input type="checkbox"/> Full time<br><input type="checkbox"/> Part time                           |          |
| Description of duties |                      |  |          |
| Supervisor's Name     | One Co-worker's Name | Is/was this employer a relative of yours? <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Employed From (Date): | Employed To (Date):  | If "Yes", relationship   |          |
| Beginning Salary      | Ending Salary        | Why did you leave?   |          |
| Name of Employer      |                      | Telephone Number   |          |
| Street Address        |                      |  |          |
| City                  | County               | State  | Zip Code |
| Job Title             |                      | <input type="checkbox"/> Full time<br><input type="checkbox"/> Part time                           |          |
| Description of duties |                      |  |          |
| Supervisor's Name     | One Co-worker's Name | Is/was this employer a relative of yours? <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Employed From (Date): | Employed To (Date):  | If "Yes", relationship   |          |
| Beginning Salary      | Ending Salary        | Why did you leave?   |          |
| Name of Employer      |                      | Telephone Number   |          |
| Street Address        |                      |  |          |
| City                  | County               | State  | Zip Code |
| Job Title             |                      | <input type="checkbox"/> Full time<br><input type="checkbox"/> Part time                           |          |
| Description of duties |                      |  |          |
| Supervisor's Name     | One Co-worker's Name | Is/was this employer a relative of yours? <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Employed From (Date): | Employed To (Date):  | If "Yes", relationship   |          |
| Beginning Salary      | Ending Salary        | Why did you leave?   |          |

|                       |               |  |  |
|-----------------------|---------------|--|--|
| Name of Employer      |               | Telephone Number   |  |
| Street Address        |               |  |  |
| City                  | County        | State  | Zip Code   |
| Job Title             |               | <input type="checkbox"/> Full time<br><input type="checkbox"/> Part time |  |
| Description of duties |               |  |  |
| Supervisor's Name     |               | One Co-worker's Name   | Is/was this employer a relative of yours? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employed From (Date): |               | Employed To (Date):  | If "Yes", relationship   |
| Beginning Salary      | Ending Salary | Why did you leave?   |  |
| Name of Employer      |               | Telephone Number   |  |
| Street Address        |               |  |  |
| City                  | County        | State  | Zip Code   |
| Job Title             |               | <input type="checkbox"/> Full time<br><input type="checkbox"/> Part time |  |
| Description of duties |               |  |  |
| Supervisor's Name     |               | One Co-worker's Name   | Is/was this employer a relative of yours? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employed From (Date): |               | Employed To (Date):  | If "Yes", relationship   |
| Beginning Salary      | Ending Salary | Why did you leave?   |  |
| Name of Employer      |               | Telephone Number   |  |
| Street Address        |               |  |  |
| City                  | County        | State  | Zip Code   |
| Job Title             |               | <input type="checkbox"/> Full time<br><input type="checkbox"/> Part time |  |
| Description of duties |               |  |  |
| Supervisor's Name     |               | One Co-worker's Name   | Is/was this employer a relative of yours? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employed From (Date): |               | Employed To (Date):  | If "Yes", relationship   |
| Beginning Salary      | Ending Salary | Why did you leave?   |  |
| Name of Employer      |               | Telephone Number   |  |
| Street Address        |               |  |  |

|                       |               |                      |  |  |
|-----------------------|---------------|----------------------|--|--|
| City                  |               | County               | State  | Zip Code   |
| Job Title             |               |                      | <input type="checkbox"/> Full time<br><input type="checkbox"/> Part time |  |
| Description of duties |               |                      |  |  |
| Supervisor's Name     |               | One Co-worker's Name |  | Is/was this employer a relative of yours? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes", relationship |
| Employed From (Date): |               | Employed To (Date):  |  |  |
| Beginning Salary      | Ending Salary | Why did you leave?   |  |  |
| Name of Employer      |               |                      | Telephone Number   |  |
| Street Address        |               |                      |  |  |
| City                  |               | County               | State  | Zip Code   |
| Job Title             |               |                      | <input type="checkbox"/> Full time<br><input type="checkbox"/> Part time |  |
| Description of duties |               |                      |  |  |
| Supervisor's Name     |               | One Co-worker's Name |  | Is/was this employer a relative of yours? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes", relationship |
| Employed From (Date): |               | Employed To (Date):  |  |  |
| Beginning Salary      | Ending Salary | Why did you leave?   |  |  |

8. Do you object to your present employer being contacted?  Yes  No

9. Have you ever applied for a position with any law enforcement agency? If "Yes", provide the following information:  Yes  No

| Agency Name | Date Applied | Accepted or Rejected | Reason for rejection or why refused position | On Eligibility List (What Position) |
|-------------|--------------|----------------------|--|-------------------------------------|
|             |              |                      |  |                                     |
|             |              |                      |  |                                     |
|             |              |                      |  |                                     |
|             |              |                      |  |                                     |
|             |              |                      |  |                                     |
|             |              |                      |  |                                     |
|             |              |                      |  |                                     |
|             |              |                      |  |                                     |

10. Have you ever worked in any capacity as a law enforcement officer, reserve police officer, auxiliary police officer, or civilian employee for any law enforcement agency? If "Yes", provide the following information:  Yes  No

| Agency Name | Dates Employed |    | Position Held | Reason for Leaving |
|-------------|----------------|----|---------------|--------------------|
|             | From           | To |               |                    |
|             |                |    |               |                    |
|             |                |    |               |                    |

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|--|---|
| <p>11. If you worked in any capacity described in question #10, have you ever been involved in, or present during any incidents in which you or any other law enforcement officer or civilian employee inflicted ANY bodily harm or otherwise used any force, on an individual? If "Yes", provide details (inclusive of (1) the date(s) of the Incident(s), (2) the department(s) or agency(ies) you were working for, (3) the type(s) of force used and any resulting injuries, (4) a complete description of the incident(s), and (5) if the incident was investigated by a law enforcement or prosecutorial agency and the final determination of the investigation(s).</p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |   |
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|---|---|
| <p>12. Has any license or permit (excluding driver license or learner permit) issued by any city, county, state or federal agency ever been denied you or any corporation or partnership of which you were an officer, director, or partner? If "Yes", provide details:</p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |   |
|   |   |
|   |   |
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|---|---|
| <p>13. Has any such license or permit been revoked, canceled or suspended? If "Yes", provide details:</p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |   |
|   |   |
|   |   |

|   |   |
|---|---|
| <p>14. Have you EVER had a sexual harassment complaint, FORMAL OR INFORMAL, filed against you, or have you ever participated in any form of activity that may be considered sexual harassment, or have you ever been informally accused of sexual harassment? If "Yes", provide details including (1) the name(s) of the complainant(s), (2) the nature of the complaint(s), (3) the date(s), time(s) and location(s) of the complaint(s), and (4) the result(s) of the complaint(s):</p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |   |
|   |   |
|   |   |
|   |   |

|   |   |
|---|---|
| 15. Have you ever given/received any special considerations, promotions or any other benefits in the work place in exchange for sexual favors? If "Yes", provide details: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |   |
|   |   |
|   |   |

|  |
|--|
| 16. Have you ever been the victim of sexual harassment? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

|   |   |
|---|---|
| 17. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform duties which may be required of you in a law enforcement capacity or which might require further explanation? If "Yes", provide details: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |   |
|   |   |
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|                              |
|------------------------------|
| <b>IX. FINANCIAL HISTORY</b> |
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|   |
|---|
| 1. List firms, which you have, have had, charged accounts. List firms from which you have borrowed money for any purpose. (To establish your credit worthiness, credit checks may be made.) |
|---|

|                  |                          |
|------------------|--------------------------|
| Name of Firm     | Original Amount Borrowed |
| Type of Business | Current Amount Owed      |
| Business Address | Monthly Payment          |
| Purpose of Loan  | Date Closed              |
| Name of Firm     | Original Amount Borrowed |
| Type of Business | Current Amount Owed      |
| Business Address | Monthly Payment          |
| Purpose of Loan  | Date Closed              |
| Name of Firm     | Original Amount Borrowed |
| Type of Business | Current Amount Owed      |
| Business Address | Monthly Payment          |
| Purpose of Loan  | Date Closed              |

|                  |                          |
|------------------|--------------------------|
| Name of Firm     | Original Amount Borrowed |
| Type of Business | Current Amount Owed      |
| Business Address | Monthly Payment          |
| Purpose of Loan  | Date Closed              |
| Name of Firm     | Original Amount Borrowed |
| Type of Business | Current Amount Owed      |
| Business Address | Monthly Payment          |
| Purpose of Loan  | Date Closed              |
| Name of Firm     | Original Amount Borrowed |
| Type of Business | Current Amount Owed      |
| Business Address | Monthly Payment          |
| Purpose of Loan  | Date Closed              |
| Name of Firm     | Original Amount Borrowed |
| Type of Business | Current Amount Owed      |
| Business Address | Monthly Payment          |
| Purpose of Loan  | Date Closed              |

|   |    |
|---|----|
| 2. What is your total indebtedness at the present time? | \$ |
|---|----|

|   |  |
|---|--|
| 3. Have you ever filed bankruptcy? If "Yes", provide details: | Personal: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Business: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  |
|   |  |
|   |  |

|  |   |
|--|---|
| 4. Have you ever had accounts placed in the hands of a collection agency? If "Yes", provide details: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |   |
|  |   |



|  |   |
|--|---|
| 5. Have you ever had a levy filed against your wages, or had your wages attached or garnished by ANYONE or ANY organization for any reason? If "Yes", provide details: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |   |
|  |   |
|  |   |

|  |   |
|--|---|
| 6. Have you ever been a party (plaintiff or respondent) to small claims or other civil court actions? If "Yes", provide details: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |   |
|  |   |
|  |   |

|   |   |
|---|---|
| 7. Do you have any immediate civil action pending against you? If "Yes", provide details: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |   |
|   |   |
|   |   |

|  |  |
|--|--|
| 8. Have you ever had a judgment rendered against you? If "Yes", provide details: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |  |
|  |  |
|  |  |

|  |  |
|--|--|
| 9. Have you ever been bonded? If "Yes", provide details: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |  |
|  |  |

|   |  |
|---|--|
| 10. Have you ever been refused a bond? If "Yes", provide details: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  |
|   |  |

|  |  |
|--|--|
| 11. Are you responsible for child support payments?            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes", how much monthly?                                    | \$   |
| If "Yes", are your payments current? If "No", provide details: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |  |
|  |  |

|   |   |
|---|---|
| 12. If you have EVER BEEN responsible for paying child support, have you ever been in arrears? If "Yes", provide details: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |   |
|   |   |

|   |   |
|---|---|
| 13. If you are responsible for making child support payments, has legal action ever been taken against you for either failing to make payments or delaying payments? If "Yes", provide details: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |   |
|   |   |
|   |   |
|   |   |

|  |   |
|--|---|
| 14. Have you ever intentionally and/or inadvertently written a worthless check? If "Yes", provide details: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |   |
|  |   |
|  |   |
|  |   |

| 15. List any business you or your spouse have a financial interest in:                                       |             |        |   |
|--|-------------|--------|---|
| Business   | Amount      | Yearly | Name and Address  |
|  | Of Interest | Income |   |
|  | %           | \$     |   |
|  | %           | \$     |   |
|  | %           | \$     |   |
| Of these businesses, do any currently have a contract with the City of Crestview? If "Yes", provide details: |             |        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |             |        |   |
|  |             |        |   |
|  |             |        |   |

| 16. List all motor vehicles owned and/or operated by you and/or your spouse: |      |                     |      |                  |
|--|------|---------------------|------|------------------|
| Make   | Year | Registration Number | Cost | Date of Purchase |
|  |      |                     |      |                  |
|  |      |                     |      |                  |
|  |      |                     |      |                  |
|  |      |                     |      |                  |
|  |      |                     |      |                  |
|  |      |                     |      |                  |

**X. CRIMINAL INVOLVEMENT AND JUVENILE RECORD**  
 (Arrest, Detention, and Litigation – show all arrests including juvenile and traffic arrests):  
**Please be advised that as a criminal justice applicant, you must reveal all arrests and convictions REGARDLESS of sealed, expunged, or juvenile status. Per Florida Statute 943.058 you may not lawfully deny arrests or convictions, notwithstanding adjudication being withheld or the sealing or expungement of arrest/conviction records. Misdemeanor arrests and/or convictions may not necessarily disqualify you for criminal justice employment.**

|  |   |
|--|---|
| 1. Have you ever been arrested or detained by ANY law enforcement agency? If "Yes", provide details. Also provide police and court records if available (include any arrest in which the records were expunged): | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|--|---|

|  |        |                       |          |
|--|--------|-----------------------|----------|
| Crime(s) Charged   |        | Date of Arrest:       |          |
| Plea Entered: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Nolo-Contendre <input type="checkbox"/> Other (specify)         |        |                       |          |
| Adjudication : <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Adjudication Withheld <input type="checkbox"/> Other (specify) |        |                       |          |
| Sentence   |        |                       |          |
| Arresting Agency   |        | Agency Street Address |          |
| City   | County | State                 | Zip Code |

|  |        |                       |          |
|--|--------|-----------------------|----------|
| Crime(s) Charged   |        | Date of Arrest:       |          |
| Plea Entered: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Nolo-Contendre <input type="checkbox"/> Other (specify)         |        |                       |          |
| Adjudication : <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Adjudication Withheld <input type="checkbox"/> Other (specify) |        |                       |          |
| Sentence   |        |                       |          |
| Arresting Agency   |        | Agency Street Address |          |
| City   | County | State                 | Zip Code |

|  |        |                       |          |
|--|--------|-----------------------|----------|
| Crime(s) Charged   |        | Date of Arrest:       |          |
| Plea Entered: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Nolo-Contendre <input type="checkbox"/> Other (specify)         |        |                       |          |
| Adjudication : <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Adjudication Withheld <input type="checkbox"/> Other (specify) |        |                       |          |
| Sentence   |        |                       |          |
| Arresting Agency   |        | Agency Street Address |          |
| City   | County | State                 | Zip Code |

|  |        |                       |          |
|--|--------|-----------------------|----------|
| Crime(s) Charged   |        | Date of Arrest:       |          |
| Plea Entered: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Nolo-Contendre <input type="checkbox"/> Other (specify)         |        |                       |          |
| Adjudication : <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Adjudication Withheld <input type="checkbox"/> Other (specify) |        |                       |          |
| Sentence   |        |                       |          |
| Arresting Agency   |        | Agency Street Address |          |
| City   | County | State                 | Zip Code |

|  |   |
|--|---|
| 2. Have you ever been served with a criminal summons or notice to appear or has a criminal summons or notice to appear ever been issued in your name? If "Yes", provide details. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|--|---|

|  |  |                  |  |
|--|--|------------------|--|
| Crime(s) Charged   |  | Date of Service: |  |
| Plea Entered: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Nolo-Contendre <input type="checkbox"/> Other (specify)         |  |                  |  |
| Adjudication : <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Adjudication Withheld <input type="checkbox"/> Other (specify) |  |                  |  |
| Sentence   |  |                  |  |

|                |        |                       |          |
|----------------|--------|-----------------------|----------|
| Serving Agency |        | Agency Street Address |          |
| City           | County | State                 | Zip Code |

|   |   |
|---|---|
| 3. Have you ever been served with a trespass warning notice? If "Yes", provide details: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |   |
|   |   |
|   |   |

|   |  |
|---|--|
| 4. What is the <u>least</u> expensive item you have ever stolen? Provide details inclusive of (1) the value of the item, (2) from whom was the item stolen, (3) if the item was returned, and (4) approximate date and location of the theft: |  |
| a. Were you caught and/or punished for the theft?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes" by whom:   |  |
| b. Was the item returned to the owner?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "No" what was (is) the disposition of the item?  |  |

|  |  |
|--|--|
| 5. What is the <u>most</u> expensive item you have ever stolen? Provide details inclusive of (1) the value of the item, (2) from whom was the item stolen, (3) if the item was returned, and (4) approximate date and location of the theft: |  |
| a. Were you caught and/or punished for the theft?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes" by whom:  |  |
| b. Was the item returned to the owner?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "No" what was (is) the disposition of the item?   |  |

|  |  |   |
|--|--|---|
| 6. Have you ever stolen or embezzled money, merchandise or equipment from an employer? Provide details inclusive of (1) the value of the money or merchandise, (2) from what employer, and (3) approximate date and location of the theft: |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| a. Were you caught and/or punished for the theft?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| If "Yes" by whom:  |  |   |
| b. Was the item(s) returned to the owner?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| If "No" what was (is) the disposition of the item?   |  |   |

|  |  |   |
|--|--|---|
| 7. Have you ever committed, been a suspect in, accused of, or investigated by any law enforcement agency or social service agency for child neglect, child abuse, child sexual abuse, child exploitation, or child sexual exploitation? If "Yes", provide details including (1) the agency conducting the investigation, (2) the nature of the investigation, (3) the location and approximate date of the investigated offense, and (4) the disposition of the investigation (Provide copies of law enforcement or social services report(s): |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |  |   |
|  |  |   |
|  |  |   |

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|---|--|---|
| 8. Have you ever received, purchased or viewed any printed materials, photographs, video tapes, movies, or any other form of media, containing child pornography or what may be considered child pornography by society in general? If "Yes", provide details including the |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|---|--|---|

|  |  |
|--|--|
| source(s) of the material(s) or media, and (2) the approximate date(s) and location(s) of the incident(s): |  |
|  |  |
|  |  |
|  |  |

|   |   |
|---|---|
| 9. Have you ever committed, been a suspect in, accused of, or investigated for any offense relating to rape, statutory rape, "date rape", lewd and/or lascivious behavior or sexual battery? If "Yes", provide details including (1) the approximate date(s) and location(s) of the incident(s), and (2) the investigating law enforcement agency(ies) if applicable (provide copies of any reports). | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |   |
|   |   |
|   |   |

|  |   |
|--|---|
| 10. Have you ever committed, been a suspect in, accused of, or investigated for any offense relating to exposure of sexual organs and/or indecent exposure? If "Yes", provide details including (1) the approximate date(s) and location(s) of the incident(s), and (2) the investigating law enforcement agency(ies) if applicable (provide copies of any reports). | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |   |
|  |   |
|  |   |

|   |   |
|---|---|
| 11. Have you ever, as an adult (over the age of eighteen) had or participated in any sexual activity and/or relations with an individual considered to be a minor (under the age of eighteen)? If "Yes", provide details including (1) the age(s) of the minor(s) and your age at the time of the incident(s) and (2) the date(s) and location(s) of the incident(s). | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |   |
|   |   |
|   |   |

|  |   |
|--|---|
| 12. Have you ever been placed on probation? If "Yes", provide details: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |   |
|  |   |
|  |   |

|  |   |
|--|---|
| 13. Have you ever been required to pay a fine other than traffic? If "Yes", provide details: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |   |
|  |   |

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|  |
|  |

|   |   |
|---|---|
| 14. Have you ever been reported as a missing person or runaway? If "Yes", provide details including jurisdiction, date(s) and outcome(s): | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |   |
|   |   |
|   |   |

|  |   |
|--|---|
| 15. Is there anything that you have been involved in that is not specifically mentioned or disclosed herein that may be considered criminal activity? If "Yes", provide details including jurisdiction, date(s), location(s) and outcome(s): | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |   |
|  |   |
|  |   |

| 16. If you have ever been fingerprinted by a law enforcement agency for any reason, give details below. Your answer will be checked with the F.B.I. and other agencies. |      |         |
|---|------|---------|
| Agency  | Date | Purpose |
|   |      |         |
|   |      |         |
|   |      |         |

|   |  |
|---|--|
| 17. Have you ever been advised of your Miranda Rights? If "Yes", provide details: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  |
|   |  |
|   |  |

|   |   |
|---|---|
| 18. Have you ever been the subject of a police criminal investigation? If "Yes", provide details: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |   |
|   |   |
|   |   |

| 19. Have you ever had a truth verification examination (polygraph, VSA, CVSA, etc.)? If Yes, list: |                 |         |         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|--|-----------------|---------|---------|---|
| Date   | Examiner's Name | Purpose | Results |   |
|  |                 |         |         |   |
|  |                 |         |         |   |
|  |                 |         |         |   |

| 20. Has any member of your immediate family ever been arrested or convicted of a criminal offense? If yes, provide the following information: |              |         |                | <input type="checkbox"/> Yes |
|---|--------------|---------|----------------|------------------------------|
|   |              |         |                | <input type="checkbox"/> No  |
| Name  | Relationship | Offense | Where Arrested | Date                         |
|   |              |         |                |                              |
|   |              |         |                |                              |
|   |              |         |                |                              |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 21. Have you ever sued anyone (civil court plaintiff)? If "Yes", provide details: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   |                              |                             |
|   |                              |                             |
|   |                              |                             |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 22. Have you ever been sued by anyone (civil court defendant)? If "Yes", provide details: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   |                              |                             |
|   |                              |                             |
|   |                              |                             |

**XI. VEHICLE OPERATOR'S LICENSE (Driver, Chauffeur's, Etc.)**

|                                     |                              |                             |
|-------------------------------------|------------------------------|-----------------------------|
| 1. Can you operate a motor vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------------------------|------------------------------|-----------------------------|

|  |                  |                              |                             |
|--|------------------|------------------------------|-----------------------------|
| 2. Do you now possess a valid Driver's License from the State of Florida? If "Yes", provide: |                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Driver's License Number  | Expiration Date: | Current Status of License    |                             |
|  |                  |                              |                             |

| 3. Do you now, or have you ever, possessed a driver's license issued by any state other than Florida? If "Yes", provide the following: |                         |                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|-------------------------|-----------------|------------------------------|-----------------------------|
| State  | Driver's License Number | Expiration Date | Current Status of License    |                             |
|  |                         |                 |                              |                             |
|  |                         |                 |                              |                             |
|  |                         |                 |                              |                             |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 4. Was your driver's license ever restricted, suspended or revoked? If "Yes", provide details inclusive of reason(s) and length(s): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   |                              |                             |
|   |                              |                             |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 5. Was your license ever restored? If "Yes", provide date: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  |                              |                             |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 6. Have you ever been refused a driver's license from any state? If "Yes", provide details: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   |                              |                             |

|  |
|--|
|  |
|  |
|  |

7. List below all traffic citations you have received:

| Location<br>(Street, City, State) | Approximate<br>Date | Nature of Violation | Penalty or<br>Disposition |
|-----------------------------------|---------------------|---------------------|---------------------------|
|                                   |                     |                     |                           |
|                                   |                     |                     |                           |
|                                   |                     |                     |                           |
|                                   |                     |                     |                           |

8. Have you ever been involved in a motor vehicle accident? If "Yes", provide details:

|      |        |    |             |    |          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------|--------|----|-------------|----|----------|------------------------------|-----------------------------|
| Date | Injury |    | Police Inv. |    | Location | Cause                        | Who was<br>"At Fault"       |
|      | Yes    | No | Yes         | No |          |                              |                             |
|      |        |    |             |    |          |                              |                             |
|      |        |    |             |    |          |                              |                             |
|      |        |    |             |    |          |                              |                             |
|      |        |    |             |    |          |                              |                             |

**XII. CHARACTER REFERENCES**

Do not include relative, former employers, or persons living outside the United States or its territories. List only character references who have a definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors. List eight (8) character references.

| Name of Character<br>Reference | Years<br>Known | Address<br>(Street, City, State, Zip) | Phone |  |
|--------------------------------|----------------|---------------------------------------|-------|--|
|                                |                |                                       |       |  |
|                                |                |                                       |       |  |
|                                |                |                                       |       |  |
|                                |                |                                       |       |  |
|                                |                |                                       |       |  |
|                                |                |                                       |       |  |
|                                |                |                                       |       |  |
|                                |                |                                       |       |  |
|                                |                |                                       |       |  |

**XIII. NEIGHBORS**

Provide names, addresses and telephone numbers for a minimum of three (3) current neighbors. If you have resided at your present address for less than one (1) year, provide a listing of an additional three (3) neighbors for your last previous address. In addition, if you reside in an apartment provide the name, address and telephone number for your current landlord.

| Name of Neighbor | Address<br>(Street, City, State, Zip) | Phone |  |
|------------------|---------------------------------------|-------|--|
|                  |                                       |       |  |
|                  |                                       |       |  |
|                  |                                       |       |  |
|                  |                                       |       |  |



|  |  |  |  |
|--|--|--|--|
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|  |  |  |  |

1. List any current or former members of the Crestview Police Department with whom you are acquainted:

|  |
|--|
|  |
|  |

2. List any members of other law enforcement agencies with whom you are acquainted and the agency:

|  |
|--|
|  |
|  |

**XV. ESSAY**

In your own handwriting, complete a one hundred word statement as to why you desire to enter into, or continue in, the law enforcement profession:

|  |
|--|
|  |
|--|



All candidates must produce certified copies of the below listed documents prior to this application being processed.

**CRESTVIEW POLICE DEPARTMENT USE ONLY**

- Birth Certificate
- High School Diploma or GED Equivalency
- College Diploma or Transcripts (if attended)
- Other Schools and/or Courses
- Armed Forces Discharge and DD214
- Naturalization Papers
- Valid Driver's License
- Social Security Card

Reviewed By: \_\_\_\_\_

| Testing                        |       |  |
|--------------------------------|-------|--|
| Oral Interviews                | Date: | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory |
| Truth Verification Examination | Date: | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory |
| Medical Examination            | Date: | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory |
| 8 Panel Drug Screen            | Date: | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory |
|                                | Date: | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory |
|                                | Date: | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory |
|                                | Date: | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory |
|                                | Date: | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory |