

APPLICANT NAME/PRINTED _____



NEBRASKA STATE PATROL Supplemental Questionnaire for State Patrol Officer Candidate Position

THIS FULLY COMPLETED AND SIGNED QUESTIONNAIRE MUST BE ATTACHED TO YOUR STATE OF NEBRASKA EMPLOYMENT APPLICATION FOR YOU TO BE CONSIDERED FOR THE POSITION OF STATE PATROL OFFICER CANDIDATE (TROOPER). YOUR APPLICATION WILL BE REJECTED IF IT IS NOT ATTACHED.

As an applicant for the Nebraska State Patrol Sworn Officer Selection Process for the State Patrol Officer Candidate, you must answer ALL questions and ALL sections of this questionnaire for consideration of your application. You are required to answer all questions and sections truthfully. Falsification or omission of information will result in rejection of your application. Additional sheets of paper are to be used to document information if there is not adequate room on this questionnaire.

You must report all traffic violations and provide specific details regarding serious traffic violations. Serious traffic violations are those such as reckless driving, willful reckless driving, D.U.I., refusal to submit to implied consent laws, flight to avoid arrest, motor vehicle homicide, traffic violations in which there was personal injury or property damage or similar violations.

You must indicate if you have ever had your driver's license revoked for any reason in any jurisdiction. If your driver's license was revoked on a loss of points, you must list all of the violations that contributed to revocation of your license.

IF YOU HAVE ANY DOUBTS WHETHER SOMETHING OR SOME TYPE OF VIOLATION SHOULD BE INCLUDED, LIST IT. FAILURE TO LIST A VIOLATION MAY RESULT IN REJECTION OF YOUR APPLICATION.

PERSONAL IDENTIFICATION

Clearly Print All Information

Name: _____
 First **Middle** **Last**

Other Names You Have Gone Under:

First **Middle** **Last**

First **Middle** **Last**

Date of Birth: _____
 m / dd / yyyy

Social Security Number: _____

Have you ever used another date of birth or social security number? If so list them and provide an explanation of the circumstances under which you used them.

CHARACTER AFFIDAVIT

ARREST(S), CONVICTION(S)/FINGERPRINTING, DETENTIONS, AND LITIGATION.

THE APPLICANT, AFFIRMING THAT EACH STATEMENT IS TRUE AND CORRECT, MUST INITIAL EACH OF THE FOLLOWING STATEMENTS. If any statement cannot be answered in the affirmative, you must give full details below this chart in the space provide.

STATEMENT	INITIALS
1. I have not used marijuana for any purpose in past the two years.	
2. I have not used illegal drugs or narcotics other than marijuana in the past 5 years.	
3. I have not been convicted of a felony or any crime which carried a possible penalty of one year or more imprisonment or any crime which would have carried such a penalty if committed in Nebraska (Class 1 Misdemeanor).	
4. I have not been convicted for Driving Under the Influence / Driving While Intoxicated in the past two years.	
5. I have not been convicted of either a federal or state misdemeanor which has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed against a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.	
6. I have not received a punitive discharge from the United States Armed Forces. Punitive discharges are discharges classified as Dishonorable or Bad Conduct.	
7. I have not been denied law enforcement certification status, or had my certification revoked or currently suspended in the state or another jurisdiction.	
8. I have not been convicted of any crime involving the threat of or the actual use of physical violence that would constitute a Class I misdemeanor in this state.	
9. I have not been convicted of any crime involving the threat of or the actual sexual assault or abuse.	
10. I have not been convicted of any crime of physical violence or sexual abuse against a child or children.	
11. I have not been adjudicated or convicted of a crime of domestic violence as defined in the United States Code, 18 U.S.C. 922(g)(9), that would disqualify me from possessing a firearm.	
12. I am not subject to an order of protection that would disqualify me from possessing a firearm under the provisions of United States Code, U.S.C. 922(g)(8).	

Have you ever, either as an adult or juvenile, been cited, arrested, charged, or convicted for a violation of any law (except moving traffic violations to be reported under the next question, and except for minor parking violations)?

Yes No

If **yes**, provide complete information regarding the offense and a narrative description regarding the circumstances in the boxes below.

Original Charge/citation: _____
Arresting Agency, city and state: _____
Date of Incident: _____ Were you booked into jail? Yes () No ()
If you were convicted of an offense other than what you were originally charged with upon arrest, report it here: _____
Disposition of Case: _____
Narrative: _____

Original Charge/citation: _____
Arresting Agency, city and state: _____
Date of Incident: _____ Were you booked into jail? Yes () No ()
If you were convicted of an offense other than what you were originally charged with upon arrest, report it here: _____
Disposition of Case: _____
Narrative: _____

Original Charge/citation: _____
Arresting Agency, city and state: _____
Date of Incident: _____ Were you booked into jail? Yes () No ()
If you were convicted of an offense other than what you were originally charged with upon arrest, report it here: _____
Disposition of Case: _____
Narrative: _____

Original Charge/citation: _____

Arresting Agency, city and state: _____

Date of Incident: _____ Were you booked into jail? Yes () No ()

If you were convicted of an offense other than what you were originally charged with upon arrest, report it here: _____

Disposition of Case: _____

Narrative: _____

Use additional sheets of paper if necessary to report any additional criminal offenses using the same format as above.

Have you **ever** been **cited, arrested** or **convicted** of any moving traffic violation with the exception of minor parking violations?

YES NO

If **yes**, give complete information regarding the offense and a narrative description of the circumstances.

Traffic Violation: _____

Citing/arresting agency, city and state: _____

Date of Offense: _____

Disposition of Case: _____

Narrative: _____

Traffic Violation: _____

Citing/arresting agency, city and state: _____

Date of Offense: _____

Disposition of Case: _____

Narrative: _____

Traffic Violation: _____

Citing/arresting agency, city and state: _____

Date of Offense: _____

Disposition of Case: _____

Narrative: _____

Traffic Violation: _____

Citing/arresting agency, city and state: _____

Date of Offense: _____

Disposition of Case: _____

Narrative: _____

Traffic Violation: _____

Citing/arresting agency, city and state: _____

Date of Offense: _____

Disposition of Case: _____

Narrative: _____

Use additional sheets of paper if necessary to report additional traffic offenses in the same format as above.

Have you **ever** been fingerprinted (exclude only present application with Nebraska Law Enforcement Training Center)?

YES **NO**

If **yes**, give details below.

WHEN	WHERE	REASON FOR FINGERPRINTING

Have you **ever** been party in civil litigation?

YES NO

If **yes**, give details below.

WHEN	WHERE	DETAILS

TRAFFIC RECORD

1. Vehicle Operator's License: (Please provide copy of current license)

a. State: _____

b. Number: _____

c. Class and restrictions: _____

d. Expiration date: _____

2. Was your driver's license or other vehicle operator's license **ever** suspended or revoked?

YES NO

If you answered **yes**, give details below

WHICH LICENSE	WHEN	WHERE	WHY

If you answered **yes** to question #2, in this section, was such license ever restored?

YES NO

If **no**, explain why: _____

3. Have you ever been involved in a motor vehicle accident?

YES NO

If **yes**, give details below:

DATE	LOCATION	BRIEF EXPLANATION OF ACCIDENT(S)

If you have possessed a vehicle operator's license issued by a state other than Nebraska within one year of making this application please provide the following:

State of Issue: _____ License #: _____ Type of license: _____

Provide a copy of your driving record abstract if you presently hold an out-of-state driver's license or you have held one within one year prior to making this application.

DRUG USE INFORMATION

1. Have you illegally sold, produced, cultivated or transported marijuana or other controlled substance for sale?

YES NO

If **yes**, describe the circumstances below. Use a separate sheet of paper if necessary.

2. Have you used marijuana for any purpose in the last two (2) years?

YES NO

If **yes**, describe the circumstances below. Use a separate sheet of paper if necessary.

3. Have you used marijuana or other controlled substance, other than one prescribed by a physician, while employed or appointed as a peace officer or law enforcement officer?

YES NO

If **yes**, describe the circumstances below. Use a separate sheet of paper if necessary.

4. Have you used any controlled substance, other than marijuana, for any purpose in the past five (5) years?

YES NO

If **yes**, describe the circumstances below. Use a separate sheet of paper if necessary.

RESIDENCES

In Chronological order, state each and every place in which you have lived since age 18 beginning with your present address. (Include all addresses while you were in school and the military. Add pages as necessary)

RESIDENCE:	FROM: _____	TO: _____
	Mo/Yr	Mo/Yr
ADDRESS:	_____	
	Full Street Address	Apt. # P.O. Box

	City	State Zip Code

	Country if not United States	

RESIDENCE:	FROM: _____	TO: _____
	Mo/Yr	Mo/Yr
ADDRESS:	_____	
	Full Street Address	Apt. # P.O. Box

	City	State Zip Code

	Country if not United States	

RESIDENCE:	FROM: _____	TO: _____
	Mo/Yr	Mo/Yr
ADDRESS:	_____	
	Full Street Address	Apt. # P.O. Box

	City	State Zip Code

	Country if not United States	

RESIDENCE:	FROM: _____ Mo/Yr	TO: _____ Mo/Yr
ADDRESS:	_____	
	Full Street Address	Apt. # P.O. Box

	City	State Zip Code

	Country if not United States	

RESIDENCE:	FROM: _____ Mo/Yr	TO: _____ Mo/Yr
ADDRESS:	_____	
	Full Street Address	Apt. # P.O. Box

	City	State Zip Code

	Country if not United States	

RESIDENCE:	FROM: _____ Mo/Yr	TO: _____ Mo/Yr
ADDRESS:	_____	
	Full Street Address	Apt. # P.O. Box

	City	State Zip Code

	Country if not United States	

EDUCATION

Beginning with the most current, list the names of all the colleges and universities you attended, their location (including name of the campus if the school had more than one), dates attended and degree received. Mark "ND" if you did not receive a degree. You must also provide a copy of your high school diploma or GED, which can be scanned and attached to your application.

NAME OF COLLEGE: _____
ADDRESS: _____
Full Street Address

City State Zip Code

FROM: _____ TO: _____ DEGREE: _____
Mo/Yr Mo/Yr

NAME OF COLLEGE: _____

ADDRESS: _____
Full Street Address

City State Zip Code

FROM: _____ **TO:** _____ **DEGREE:** _____
Mo/Yr Mo/Yr

NAME OF COLLEGE: _____

ADDRESS: _____
Full Street Address

City State Zip Code

FROM: _____ **TO:** _____ **DEGREE:** _____
Mo/Yr Mo/Yr

Have you been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to resign or allowed to resign in lieu of discipline from any school above the elementary school level, or from any college or university. Have you been subjected to discipline by any such school or institution, or requested or advised by any such school or institution to discontinue your studies therein?

YES **NO**

If **yes**, provide a full and complete narrative explanation of the circumstances surrounding each occurrence below:

EMPLOYMENT:

List every job you have held since age 18 beginning with your current job. Include self-employment, temporary or part-time employment and military service. Account for any period of time when you were unemployed. (Add additional pages as needed)

FROM:	TO:	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS: (City, State, Zip)	
SUPERVISOR:			
DUTIES:			
CO-WORKERS NAMES:			
REASON FOR LEAVING:			

FROM:	TO:	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS: (City, State, Zip)	
SUPERVISOR:			
DUTIES:			
CO-WORKERS NAMES:			
REASON FOR LEAVING:			

FROM:	TO:	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS: (City, State, Zip)	
SUPERVISOR:			
DUTIES:			
CO-WORKERS NAMES:			
REASON FOR LEAVING:			

FROM:	TO:	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS: (City, State, Zip)	
SUPERVISOR:			
DUTIES:			
CO-WORKERS NAMES:			
REASON FOR LEAVING:			

FROM:	TO:	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS: (City, State, Zip)	
SUPERVISOR:			
DUTIES:			
CO-WORKERS NAMES:			
REASON FOR LEAVING:			

1. Have you ever been terminated, suspended, disciplined or permitted to resign in lieu of termination from any job?

YES NO

If **yes**, provide a complete narrative explanation of the circumstances surrounding each occurrence below:

2. Have you had a law enforcement certification or any other professional license/certificate revoked or suspended in this state or any other state?

YES NO

If yes, provide name, location and circumstances below:

FAMILY HISTORY

1. Are you a native born or naturalized citizen?

YES NO If **no**, provide proof of naturalization.

2. Give the name of your spouse, father, mother, brothers and sisters.

RELATIONSHIPS	NAME	FULL ADDRESS	PHONE

3. List names of three friends and or associates. Do not include former employers or school teachers.

NAME	FULL ADDRESS	PHONE NUMBER

MILITARY SERVICE INFORMATION

1. Have you ever been a member of the armed forces of the United States, its reserve components or the National Guard?

YES NO (If yes, submit copy of DD214 with this form)

a. I am presently a member of the armed forces.
(Complete b and c)

b. I was a member of the armed forces **(Complete b and d)**

i. Regular armed forces:

Army Coast Guard Air Force

Navy Marine Corps

Dates of Service: **FROM:** _____ **TO:** _____
Mo/Yr Mo/Yr

ii. Reserve components:

Army Coast Guard Air Force

Navy Marine Corps

Dates of Service: **FROM:** _____ **TO:** _____
Mo/Yr Mo/Yr

iii. National Guard:

Army Coast Guard Air Force

Navy Marine Corps

Dates of Service: **FROM:** _____ **TO:** _____
Mo/Yr Mo/Yr

iv. My rank was/is: _____

- c. For applicants **currently** on active duty in the Armed forces, to include reserve component or National Guard:

Active Reserve Component National Guard

Present Duty Station: _____

Address: _____

Telephone Number: _____

Name and telephone number of commanding officer:

- d. While a member of the armed forces:

- i. Did you receive an honorable discharge?

Yes No

- ii. Where you ever court-martialed?

Yes No

(If **yes**, provide circumstances below and attach any military documents relative to the circumstance.)

- iii. Were you ever awarded non-judicial punishment? (Art. 15 UCMJ)

Yes No

(If **yes**, provide circumstances below and attach any applicable military disciplinary records.)

iv. Were you allowed to resign in lieu of a court-martial?

Yes No

(If **yes**, provide circumstances below and provide applicable military disciplinary records.)

v. Were you administratively discharged?

Yes No

(If **yes**, provide circumstances below and provide applicable military records pertaining to the administrative discharge)

CHARACTER DECLARATIONS

1. Have you ever had a complaint filed against you in any civil, criminal or administrative forum, alleging fraud, deceit, misrepresentation, or forgery?

Yes ___ No ___

(If **yes**, provide circumstances below and include name and location of court and copy of court pleadings and final disposition)

2. Have you ever had a civil case dismissed because of a finding of abuse of legal process including the filing of a frivolous lawsuit?

Yes ___ No ___

(If **yes**, provide circumstances below and include name and location of court and copy of judgment.)

3. Have you ever filed a petition for bankruptcy or had a credit or charge account turned over to a collection agency, or a credit card or charge account debt charged off or revoked?

Yes ___ No ___

(If **yes**, provide circumstances for each occurrence below.)

4. Are you currently in violation of a court order to include an order for child support?

Yes ___ No ___

(If **yes**, provide name and location of court and provide circumstances below.)

5. Is a professional license that you hold currently under investigation?

Yes ____ No ____

(If yes, provide circumstances below.)

My signature below certifies that there are no willful misrepresentations, omissions, or falsifications in the forgoing statements and answers to questions and that all statements and answers are true and correct to the best of my knowledge and belief.

I understand that purposely omitting or falsifying information in order to proceed in the selection process may make me ineligible to reapply any future process.

APPLICANT _____

DATE _____