

**POLICE OFFICER INFORMATION SHEET**

PRINTED NAME: \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DATE OF BIRTH: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ SEX: \_\_\_\_ RACE: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_ EXP: \_\_\_\_\_

The following items are required before your application will be fully processed.

1. Passing a pre-employment background investigation that includes a National Crime Information Center (NCIC) check, Department of Motor Vehicles check, and personal and employment reference checks. All information requested above is required for the NCIC check. Negative information may disqualify you for consideration for employment. Any misdemeanor Domestic Violence conviction, a Felony conviction of any type, or lack of a current valid driver's license with full privileges automatically disqualifies you from consideration for employment.
2. Furnishing the "Health Fitness Certification" from your primary care physician, certifying that you are physically fit to participate in the Health Assessment and Fitness Training Program.
3. Successfully completing the pre-employment Physical Agility Test (PAT). The PAT expires 6 months after being administered.
4. Successfully completing the Police Academy, including any Field Training Program. Failure to successfully complete any phase of the Police Academy will result in termination of employment.
5. Obtaining a passing score during Firearms Training and with all assigned weapons. Failure to do so will result in termination of employment.
6. Passing an Initial Pre-Employment Urinalysis Test. Failure to do so will result in your name being removed from consideration for employment as a Police Officer.
8. After being hired, requirements include: passing the semi-annual Physical Agility Test, qualifying with the required firearms semi-annually/annually, if required, obtaining/maintaining the Security Clearance, passing random urinalysis tests, and doing the job as outlined in the Position Description. Failure to do the above will result in termination of employment.

**I HAVE READ AND UNDERSTAND FULLY THE TERMS WHICH ARE REQUIRED FOR EMPLOYMENT AS A POLICE OFFICER.**

APPLICANT'S SIGNATURE: \_\_\_\_\_

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

**\*\*\*I have no known pre-existing physical conditions that will prevent me from participating in a Physical Fitness Program, Defensive Tactics Training, or Oleoresin Spray Training or other aspects of the job.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a (APPLICANT'S PRINTED NAME) review of and full disclosure of all records concerning myself to any duly authorized agent of the Provost Marshal Office whether the said records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultations, including hospital clinics, private practitioners, and the Department of Veterans Affairs; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

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 considered in determining my suitability for employment by the Provost Marshal Office. 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 valid and original thereof, even though the said photocopy does not contain an original writing of my signature.

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Privacy Act Statement: This form contains identifiable personal data provided by you and is to be safeguarded pursuant to the Privacy Act of 1974. This information is requested for the purpose of identification and information is to be released only to authorized personnel having a need to know and **FOR OFFICIAL USE ONLY**.

## QUALIFICATION TO POSSESS FIREARMS OR AMMUNITION

### PRIVACY ACT STATEMENT

**AUTHORITY:** 18 U.S.C. 922(g)(9); E.O. 9397.

**PRINCIPAL PURPOSE(S):** To obtain information to determine if you have been convicted of a crime of domestic violence which would disqualify you from shipping, transporting, possessing or receiving either Government-issued or private firearms or ammunition and to determine if reassignment, reclassification, detail or other administrative action is warranted. Your Social Security Number is solicited solely for purposes of verifying your identity.

**ROUTINE USE(S):** To the Department of Justice so that such information can be included in the National Instant Criminal Background Check System which may be used by firearm licensees (importers, manufacturers or dealers) to determine whether individuals are qualified to receive or possess firearms and ammunition.

**DISCLOSURE:** Mandatory for all personnel who are required to certify. Failure to provide the information may result in (1) (military only) the imposition of criminal or administrative penalties for failing to obey a lawful order, and (2) (civilian only) the imposition of administrative penalties, to include removal from Federal service. However, neither your answers nor information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9), including (military only) prosecutions under the Uniform Code of Military Justice, based on a violation of Section 922(g)(9), for conduct which occurred prior to the completion of this form. The answers you furnish and any information resulting therefrom, however, may be used against you in a criminal or administrative proceedings if you knowingly and willfully provide false statements or information.

#### SECTION I - INSTRUCTIONS

An amendment to the Gun Control Act of 1968 (18 U.S.C. 922) makes it a felony for anyone who has been convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. It is also a felony for any person to sell or otherwise dispose of a firearm to any person so convicted.

The Department of Defense has, by policy, expanded the prohibitions contained in Title 18 Section 922(g)(9) to those military or civilian personnel who have felony convictions for crimes of domestic violence. Convictions of crimes of domestic violence do not include summary court-martial convictions, the imposition of nonjudicial punishment (Article 15, UCMJ), or deferred prosecutions (or similar alternative dispositions) in civilian courts. Furthermore, a person shall not be considered as having committed a "crime of domestic violence" for purposes of the firearms restriction of the Gun Control Act unless all of the following elements are present:

- (1) the person was convicted of a crime;
- (2) the offense has as its factual basis the use or attempted use of physical force, or threatened use of a deadly weapon;
- (3) the convicted offender was at the time of the offense:
  - (a) a current or former spouse, parent or guardian of the victim,
  - (b) a person with whom the victim shared a child in common,

- (c) a person who was cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or
- (d) a person who was similarly situated to a spouse, parent, or guardian of the victim;

- (4) the convicted offender was represented by counsel, or knowingly and intelligently waived the right to counsel;
- (5) if entitled to have the case tried by jury, the case was actually tried by jury or the person knowingly and intelligently waived the right to have the case tried by jury;
- (6) the conviction has not been expunged or set aside, or the convicted offender has not been pardoned for the offense or had civil rights restored, unless the pardon, expungement, or restoration of civil rights provides that the person may not ship, transport, possess or receive firearms.

If you have ever received a domestic violence conviction: (1) you may not possess any firearm or ammunition; and (2) you must return any Government-issued firearm or ammunition to your commander or immediate supervisor; and (3) you must take steps to relinquish possession of any privately owned firearms or ammunition. Furthermore, any previously issued authorization to possess a firearm or ammunition is revoked.

If you have any questions, or you are uncertain if you have such a conviction, you may wish to contact a legal assistance attorney, if eligible, or a private attorney, at your own expense.

#### SECTION II - QUALIFICATION INQUIRY *(Complete and return to your commander or immediate supervisor within 10 days of receipt)*

**1. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF DOMESTIC VIOLENCE AS DESCRIBED ABOVE: *(Initial and date)***

YES	NO	I DON'T KNOW <i>(Provide explanation on reverse)</i>
-----	----	--

**2. IF YOU ANSWERED "YES" TO THE FIRST QUESTION, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE CONVICTION:**

<b>a. COURT/JURISDICTION</b>	<b>b. DOCKET/CASE NUMBER</b>
<b>c. STATUTE/CHARGE</b>	<b>d. DATE SENTENCED <i>(YYYYMMDD)</i></b>

**3. CERTIFICATION.** I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for criminal and/or administrative proceedings, to include (if civilian) adverse action, up to and including removal, and (if military) disciplinary action under the Uniform Code of Military Justice. I further understand that I have a continuing obligation to inform my Commander or Supervisor should I be convicted of a crime of domestic violence in the future.

<b>a. NAME <i>(Last, First, Middle Initial)</i></b>	<b>b. RANK/GRADE</b>	<b>c. SOCIAL SECURITY NUMBER</b>
<b>d. ORGANIZATION</b>	<b>e. SIGNATURE</b>	<b>f. DATE SIGNED <i>(YYYYMMDD)</i></b>