



Louisville Metro Police Department  
Recruitment & Selection Unit  
Recruit Applicant  
Background Booklet & Pre-Polygraph Information

## Instructions to the applicant:

- The information you provide in this Background Investigation & Pre-Polygraph Booklet will be used in the background investigation and polygraph exam to assist in determining your suitability for the position of Louisville Metro Police Officer.
- Type in your responses to all the items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form and indentify the additional information by the question number.
- You must bring a copy of this pre-screen booklet with you on the day of your scheduled polygraph exam. If you do not have it, you will not be able to test and may be eliminated from the hiring process.
- Please park in a garage or lot near 7<sup>th</sup> and Jefferson Streets. Do not park on a parking meter on the street.
- Take the elevators in the lobby of LMPD Headquarters to the 2<sup>nd</sup> Floor and have a seat in the waiting area.

**Be as complete, honest and specific in your responses!**

<b>Contact Information</b>				
Name of Applicant (Last, First, Middle Initial):				
Nicknames or Aliases:				
Address:				Apt #:
City:		State:		Zip:
Home Phone #:		Cell #:	Alternate #:	
Primary Email:			Secondary Email:	
<b>Personal Data</b>				
Date of Birth (mm/dd/yyyy):		Age:	SS#:	
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you are not a United States Citizen, have you applied for citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Race:		Explain:		
Marital Status:		Explain:		
Gender:	Height:	Weight:	Hair Color:	Eye Color:
Driver's License State:		Driver's License #:	Exp Date:	
<b>Education</b>				
High School:		Location:		Year of Graduation:
Current/Most Recent College:			City/State:	
Degree:			GPA:	
Second Most Recent College:			City/State:	
Degree:			GPA:	
<b>Military Service</b>				
Current Military Branch		Branch:		
Highest Rank Held:		Last M.O.S.:		
Type of Discharge:	Dates of Service (by year) From		to	
Past Military Branch		Branch :		
Highest Rank Held:		Last M.O.S.:		
Type of Discharge:	Dates of Service (by year) From		to	

**Relatives**

**If the relative is deceased, just type in DECEASED in the name section. If you do not have the listed relative, type in "N/A" (not applicable).**

Father's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Work Telephone #:

Email Address:

---

Mother's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Work Telephone #:

Email Address:

---

Step-Mother's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Work Telephone #:

Email Address:

---

Step-Father's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Work Telephone #:

Email Address:

---

---

Father-in-Law's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Work Telephone #:

Email Address:

---

Mother-in-Law's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Work Telephone #:

Email Address:

---

Brother's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Work Telephone #:

Email Address:

---

Brother's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Work Telephone #:

Email Address:

---

---

Brother's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Work Telephone #:

Email Address:

---

Sister's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Work Telephone #:

Email Address:

---

Sister's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Work Telephone #:

Email Address:

---

Sister's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Work Telephone #:

Email Address:

---

**Spouse/Significant Other**

Spouse's/Domestic Partner's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Cell Phone #:

Personal Email Address:

Place of Employment:

Position Held:

Place of Employment Address:

City:

State:

Zip:

Work Telephone #:

Work Email Address:

Date of Birth:

Age:

Gender:

Race:

Hair Color:

Eye Color:

How long have you known your spouse/domestic partner?

Is there, or has there ever been, a domestic violence order or restraining order in effect for this individual?  Yes  No

If yes, please explain.

**Former Spouse/Significant Other**

Former Spouse's/Domestic Partner's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Cell Phone #:

Personal Email Address:

Place of Employment:

Position Held:

Place of Employment Address:

City:

State:

Zip:

Work Telephone #:

Work Email Address:

Date of Birth:

Age:

Gender:

Race:

Hair Color:

Eye Color:

Provide the dates in which you were with your spouse/domestic partner?

Dissolution of Marriage Date?

Is there, or has there ever been, a domestic violence order or restraining order in effect for this individual?  Yes  No

If yes, please explain.

## Children

**List all of your living children, including natural, adopted, step and/or foster care. Include any other children who reside with you. Provide the name and contact information of the other parent in which you have the child.**

Child's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Cell Phone #:

Other Parent:

Race:

Age:

Gender:

Natural

Adopted

Step

Foster

Employer/School Attending:

---

Child's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Cell Phone #:

Other Parent:

Race :

Age:

Gender:

Natural

Adopted

Step

Foster

Employer/School Attending:

---

---

Child's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Cell Phone #:

Other Parent:

Race:

Age:

Gender:

Natural

Adopted

Step

Foster

Employer/School Attending:

---

Child's Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Cell Phone #:

Other Parent:

Race:

Age:

Gender:

Natural

Adopted

Step

Foster

Employer/School Attending:

---

## Social References

**Please provide the following references. Understand that these individuals will be required to provide a letter of recommendation for you during the background investigation phase of the process. Do not put down anyone that won't be willing to write such a recommendation.**

A social reference is defined as a person who is a friend. Current LMPD officers cannot be used as a social reference!

### Social Reference # 1

Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Cell Phone #:

Personal Email Address:

Place of Employment:

Position Held:

Place of Employment Address:

City:

State:

Zip:

Work Telephone #:

Work Email Address:

Gender:

How long have you known this person?

How did you meet this person?

Social Reference # 2

Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Cell Phone #:

Personal Email Address:

Place of Employment:

Position Held:

Place of Employment Address:

City:

State:

Zip:

Work Telephone #:

Work Email Address:

Gender:

How long have you known this person?

How did you meet this person?

## Professional References

Please provide the following references. Understand that these individuals will be required to provide a letter of recommendation for you during the background investigation phase of the process. Do not put down anyone that won't be willing to write such a recommendation.

A professional reference is defined as a person who is or was your boss, a teacher/professor or someone of higher authority over you. Current LMPD officers cannot be used as a professional reference!

### Professional Reference # 1

Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Cell Phone #:

Personal Email Address:

Place of Employment:

Position Held:

Place of Employment Address:

City:

State:

Zip:

Work Telephone #:

Work Email Address:

Gender:

How long have you known this person?

How did you meet this person?

Professional Reference # 2

Full Name:

Address:

City:

State:

Zip:

Home Telephone #:

Cell Phone #:

Personal Email Address:

Place of Employment:

Position Held:

Place of Employment Address:

City:

State:

Zip:

Work Telephone #:

Work Email Address:

Gender:

How long have you known this person?

How did you meet this person?

**Selective Service**

If you are male, born after 1960, Federal Law requires you to have registered with the Selective Service. If you do NOT have a Selective Service number, you are in violation and your application cannot be processed. To locate your Selective Service Registration Number, go to <http://www.sss.gov/>.

Provide your Selective Service Number:  
Provide the Date of Registration:

**Military Service**

Have you ever served in a military organization?  Yes  No

**Current Military Branch**

Branch: Highest Rank Held:

M.O.S.:

Type of Discharge: Dates of Service (by year) From to

Supervisor's Name: Last Supervisor's Telephone #:

**Past Military Branch**

Branch: Highest Rank Held:

M.O.S.:

Type of Discharge: Dates of Service (by year) From to

Supervisor's Name: Last Supervisor's Telephone #:

**Past Military Branch**

Branch: Highest Rank Held:

M.O.S.:

Type of Discharge: Dates of Service (by year) From to

Supervisor's Name: Last Supervisor's Telephone #:

## Military Service

List all military awards you have received.

List any certifications received in the military.

List any discipline you received and the outcome of that discipline.

List any reasons for leaving one military organization to join another.

## Employment

Company Name:  
*(Most recent job first!)*

Address:

City:

State:

Zip:

Supervisor:

Title:

Supervisor's Telephone #:

Last Position Held:

Dates of Employment (month/year) From \_\_\_\_\_ to \_\_\_\_\_

Reason for separation, if no longer employed at this employer:

Laid Off

Resigned

Fired

Other (Explain in 100 words or less):

Please explain your position at this employer and what you did on a daily basis.

Please explain any issues at this employer regarding your involvement in sexual harassment, inappropriate actions, any disciplinary actions, theft, poor attendance or reasons for being fired or laid off.

Company Name:

Address:

City:

State:

Zip:

Supervisor:

Title:

Supervisor's Telephone #:

Last Position Held:

Dates of Employment (month/year) From \_\_\_\_\_ to \_\_\_\_\_

Reason for separation, if no longer employed at this employer:

Laid Off

Resigned

Fired

Other (Explain in 100 words or less):

Please explain your position at this employer and what you did on a daily basis.

Please explain any issues at this employer regarding your involvement in sexual harassment, inappropriate actions, any disciplinary actions, theft, poor attendance or reasons for being fired or laid off.

Company Name:

Address:

City:

State:

Zip:

Supervisor:

Title:

Supervisor's Telephone #:

Last Position Held:

Dates of Employment (month/year) From \_\_\_\_\_ to \_\_\_\_\_

Reason for separation, if no longer employed at this employer:

Laid Off

Resigned

Fired

Other (Explain in 100 words or less):

Please explain your position at this employer and what you did on a daily basis.

Please explain any issues at this employer regarding your involvement in sexual harassment, inappropriate actions, any disciplinary actions, theft, poor attendance or reasons for being fired or laid off.

Please list any other jobs you may have had prior to the last job listed. Please include the business name, address, telephone number and supervisor's name.

Have you ever quit a job without proper notice?  Yes  No

If yes, please explain.

Have you ever resigned in lieu of termination?  Yes  No

If yes, please explain.

Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?  Yes  No

If yes, please explain.

Were you ever the subject of a written complaint at work?  Yes  No

If yes, please explain.

Have you ever been counseled at work due to lateness or absences?  Yes  No

If yes, please explain.

Have you ever received an unsatisfactory performance review?  Yes  No

If yes, please explain.

Have you ever sold, released or given away legally confidential information?  Yes  No

If yes, please explain.

Have you ever called in sick to work when you were neither sick nor caring for a sick family member?  Yes  No

If yes, how many sick days have you used in the past five years which were not due to illness? Please explain.

In the past three years, have you missed work or been late to work due to drug or alcohol consumption?  Yes  No

If yes, please explain.

Has your work performance ever been affected by your use of alcohol or drugs?

Yes       No

If yes, please explain.

In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?  Yes       No

If yes, please explain.

Have you ever applied to any other law enforcement agency?  Yes       No

If yes, list EVERY agency you have applied to, starting with the most recent. If more space is needed, continue on the last page of this booklet.

Name of Agency:

Address:

City:

State:

Zip:

Telephone #:

Date Applied:

Background Investigator's Name (if known):

Check each step in the process you completed and your current status:

**Steps**

Application       Written       Physical Agility       Oral Interview

Polygraph       Background       Chief's Oral Interview       Medical

**Status**

Hired       On List       Withdrawn       Disqualified

Please explain if you did not get selected or withdrew from the process.

Name of Agency:

Address:

City:

State:

Zip:

Telephone #:

Date Applied:

Background Investigator's Name (if known):

Check each step in the process you completed and your current status:

**Steps**

Application       Written       Physical Agility       Oral Interview

Polygraph       Background       Chief's Oral Interview       Medical

**Status**

Hired       On List       Withdrawn       Disqualified

Please explain if you did not get selected or withdrew from the process.

Name of Agency:

Address:

City:

State:

Zip:

Telephone #:

Date Applied

Background Investigator's Name (if known):

Check each step in the process you completed and your current status:

**Steps**

Application       Written       Physical Agility       Oral Interview

Polygraph       Background       Chief's Oral Interview       Medical

**Status**

Hired       On List       Withdrawn       Disqualified

Please explain if you did not get selected or withdrew from the process.

Name of Agency:

Address:

City:

State:

Zip:

Telephone #:

Date Applied:

Background Investigator's Name (if known):

Check each step in the process you completed and your current status:

**Steps**

Application       Written       Physical Agility       Oral Interview

Polygraph       Background       Chief's Oral Interview       Medical

**Status**

Hired       On List       Withdrawn       Disqualified

Please explain if you did not get selected or withdrew from the process.

Name of Agency:

Address:

City:

State:

Zip:

Telephone #:

Date Applied:

Background Investigator's Name (if known):

Check each step in the process you completed and your current status:

**Steps**

Application       Written       Physical Agility       Oral Interview

Polygraph       Background       Chief's Oral Interview       Medical

**Status**

Hired       On List       Withdrawn       Disqualified

Please explain if you did not get selected or withdrew from the process.

## Residential Information

List your current address and then list previous addresses for the past five years as well as the length of time you resided at each location.

Current Home Address:

City:

State:

Zip:

Home Telephone #:

Years at this Address:

From (month/year)

to

Rent

Own

List the names and associations of all persons residing within this address and contact telephone numbers for each:

1.

Telephone #:

Parent

Spouse

Child

Sibling

Other

2.

Telephone #:

Parent

Spouse

Child

Sibling

Other

3.

Telephone #:

Parent

Spouse

Child

Sibling

Other

4.

Telephone #:

Parent

Spouse

Child

Sibling

Other

---

1<sup>st</sup> Former Home Address:

City:

State:

Zip:

Home Telephone #:

Years at this Address:

From (month/year)

to

Rent

Own

---

2<sup>nd</sup> Former Home Address:

City:

State:

Zip:

Home Telephone #:

Years at this Address:

From (month/year)

to

Rent

Own

---

3<sup>rd</sup> Former Home Address:

City:

State:

Zip:

Home Telephone #:

Years at this Address:

From (month/year)

to

Rent

Own

---

Have you ever been evicted or asked to leave a residence?  Yes  No

Have you ever left a residence owing rent?  Yes  No

If yes, please explain.

**Traffic Violations**

List all citation traffic violations. This includes out-of-state violations as well!

<b>Violation</b>	<b>Date (mm/dd/yyyy)</b>	<b>State</b>	<b>Disposition</b>

List all states in which you have been issued a driver's license.

<b>State</b>	<b>Driver's License Number</b>

Has your driver's license ever been suspended in any state for any reason?  Yes  No

If yes, please explain.

List any vehicle accidents in which you were at fault.

<b>Date (mm/dd/yyyy)</b>	<b>Location</b>	<b>Brief Description</b>

Please be prepared to provide a copy of the accident report to your background investigator if you continue to that point.

## Alcohol Use/History

Have you operated a motor vehicle while intoxicated in the past 24 months (2 years)?

Yes       No

If yes, how many time?

Please explain.

Have you been intoxicated in public in the last 24 months (2 years)?  Yes       No

If yes, how many times?

Please explain.

When was the last time you were intoxicated and why?

Have you ever been arrested or received a citation for an alcohol related offense?

Yes       No

If yes, explain the nature of the arrest/citation, including the date, circumstances of the offense and the final outcome.

### Arrest History

Have you ever been arrested?  Yes  No

If yes, please provide the following information:

Date (mm/dd/yyyy)	Location (including state)	Offense	Disposition

Have you ever been arrested for a domestic violence related offense or felony?

Yes  No

If yes, please explain and include the circumstances of the arrest or charge, the dates in which the actions took place and the outcome of the case(s).

Have you ever had an emergency protective order or other domestic violence related protection order ever against you?  Yes  No

If yes, please explain and include the circumstances in which the order was taken out, the dates in which the actions took place and the outcome of the case(s).

## Illegal Drug History

Please complete the following table.

<b>Drug Used</b>	<b>Date of First Use (mm/dd/yyyy)</b>	<b>Date of Last Use (mm/dd/yyyy)</b>	<b>Maximum Times Used</b>	<b>How Drugs Were Used</b>	<b>Number of Times Purchased</b>
Marijuana					
Hashish					
PCP					
Angel Dust					
Amphetamines					
LSD					
Peyote					
Mescaline					
Heroin					
Cocaine					
Quaaludes					
Downers					
Tranquilizers					
Percocet					
Hydrocodone					
Ecstasy/XTC					
Darvocet					
Dilaudid					
Ketamine					
Speed					
Inhalents					
Meth.					
Mushrooms					
Xanax					
Adderall					
Oxycodone					
Ambien/Lunesta					
Anabolic Steroids					

Please complete the following table.

<b>Type of Drug</b>	<b>Amount Sold</b>	<b>Date (mm/dd/yyyy)</b>	<b>Number of Times</b>	<b>Dollar Value</b>

Have you ever taken someone else's pain medication or under the counter medication? If so, what were the circumstances to taking that medication? Please explain.

Please provide any additional information regarding your previous or current drug use that you believe would be important for us to know during this selection process.

## Prior Polygraph Examinations

**Prior Polygraph Examination #1:**

When:

Where (location test was given):

Why:

Who (name of examiner or agency):

**Prior Polygraph Examination #2:**

When:

Where (location test was given):

Why:

Who (name of examiner or agency):

**Prior Polygraph Examination #3:**

When:

Where (location test was given):

Why:

Who (name of examiner or agency):

If more than three polygraph examinations, check here.

## Criminal History Questions

Please complete the following questions.

1. Have you ever taken the life of another person: intentionally or accidentally, and if so, why did this occur?  Yes  No

If yes, please explain.

2. Have you ever taken part in the act of rape, either by force or threats of injury?  Yes  No

If yes, please explain.

3. Have you ever taken part in any act involving hurting, harming, abusing, striking or injuring any person under the age of 15?  Yes  No

If yes, please explain.

4. Have you ever taken part in any act involving the intentional damage or destruction of any property belonging to another person?  Yes  No

If yes, please explain.

5. Have you ever taken part in any act of abducting another person?  Yes  No

If yes, please explain.

6. Have you ever been married to two or more people at the same time?  Yes  No

If yes, please explain.

7. Have you ever taken part in any act of entering or remaining on the property of another, knowing that you did not have permission of the owner?  Yes  No

If yes, please explain.

8. Have you ever taken part in any act involving the use of a firearm, knife, club or other deadly weapon; physical force, threats or intimidation in order to steal cash or property; or with the intent of committing another criminal act?  Yes  No

If yes, please explain.

9. Have you ever taken part in any act involving hurting, harming or attempting to injure another person using a firearm, knife, club or any other deadly weapon?  
 Yes  No

If yes, please explain.

10. Have you ever had any sex act after you turned 18 years of age with another person who was less than 14 years of age at the time of the act (examples: intercourse, oral sex or the touching of the breasts, genitals or anus of another person)?  Yes  No

If yes, please explain.

11. Have you ever exposed your anus or genitals in public to sexually arouse or to gratify another person?  Yes  No

If yes, please explain.

12. Have you ever filed a false police report?  Yes  No

If yes, please explain.

13. Have you ever taken part in the theft of any vehicle, the use of any vehicle, or joy-riding in/on a vehicle without the owner's permission?  Yes  No

If yes, please explain.

14. Have you ever unlawfully possessed an explosive device, sawed off shotgun or rifle, machine gun, armor piercing ammunition or silencer?  Yes  No

If yes, please explain.

15. Have you ever carried a pistol, switchblade knife or any other illegal weapon?  
 Yes  No

If yes, please explain.

16. Do you have any debts to friends, family, employers or any other person as a result of any act of gambling?  Yes  No

If yes, please explain.

17. Have you ever been involved in or participated in any activity, which resulted in a police investigation, arrest and/or incarceration (this does not include traffic offenses, but does include any instance where charges were filed, warrants issued and/or bond posted)?

Yes       No

If yes, please explain.

18. Have you ever taken part in any act involving gambling (this includes, but is not limited to, placing a wager or bet to a bookmaker by phone or by hand on the results of any sport or by being "paid off" while playing an illegal slot or video poker machine)?

Yes       No

If yes, please explain.

19. Have you ever taken or kept a child under the age of 18 out of the state in which the child resides, to violate a court order or judgment disposing of the child's custody?

Yes       No

If yes, please explain.

20. Have you ever caused, planned or started a fire or an explosion to damage or destroy a building, habitation or vehicle belonging to you or another person which was insured?

Yes       No

If yes, please explain.

21. Have you ever committed acts of cruelty to any creature or animal, which resulted in harm, injury or death (excludes legally licensed hunting or fishing)?  
 Yes       No

If yes, please explain.

22. Have you ever been involved in the telling of a lie, falsehood or any misrepresentation while under oath or on a sworn notarized statement?  Yes       No

If yes, please explain.

23. Have you ever been involved in resisting arrest or interfering with any police officer in making an arrest or detention?  Yes       No

If yes, please explain.

24. Have you ever been a part of any sexual act, including, but not limited to, intercourse, oral or anal sodomy or any sexual contact with another person in exchange for cash or property of any value (include Nevada or other countries where prostitution is legal)?  
 Yes       No

If yes, please explain.

25. Have you ever fled from police by foot, vehicle or any means to avoid arrest, detention or questioning?  Yes       No

If yes, please explain.

26. Have you ever been a part of any act involving forgery or counterfeiting or any writing, document, signature, money, license, contract, credit card receipt, security agreement, will, deed or any deed of trust with the intention to defraud or harm the person or business?

Yes       No

If yes, please explain.

27. Have you ever bribed or attempted to bribe any governmental officer or employee?

Yes       No

If yes, please explain.

28. Have you ever been a part of impersonating a police officer, peace officer or any member of a law enforcement agency or other governmental agency?  Yes       No

If yes, please explain.

29. Have you ever taken part in any action in which you were compensated money or anything of value for any act or prostitution committed by another by force or by threat of force to that person?  Yes       No

If yes, please explain.

30. Have you ever been a part of stealing of a credit card, presenting a credit card to obtain goods or services fraudulently or using a credit card without the permission of the person to whom the card was issued, using a fictitious card or number, any involvement in the manufacture of counterfeit credit card(s), buying credit card(s), or selling credit card(s) or in any way using a credit card to commit theft or any other crime?  Yes  No

If yes, please explain.

31. Have you ever broken into a coin operated device with the intent to steal cash, property and merchandise or to obtain services?  Yes  No

If yes, please explain.

32. Have you ever broken into or entered a vehicle of any kind with the intent to steal cash, property or merchandise (this includes, but is not limited to, car, trucks, trailers, boxcars, vans or motor homes)?  Yes  No

If yes, please explain.

33. Have you ever been involved in any type of the breaching of peace (this includes, but is not limited to, profane, vulgar or abusive language to incite a crowd, fighting or threatening another in a public place or looking into a window or opening in a building for lewd purposes)?  Yes  No

If yes, please explain.

34. Have you ever been involved in, whether alone or as a participant in a group/organization which seeks to further murder, arson, robbery, burglary, theft, kidnapping, assault, forgery, gambling, prostitution, promotion or the distribution of drugs, promotion or distribution of obscene material or any other criminal act?  Yes  No

If yes, please explain.

35. Have you been involved in any act of breaking into a building, habitation or any portion of a habitation or building with the intent to steal cash, property or merchandise or with the intent of committing another criminal act?  Yes  No

If yes, please explain.

36. Have you unlawfully deprived an individual of property, cash or merchandise through appropriation, theft, theft by false pretense, theft from a person, swindling, passing a worthless check, embezzlement or extortion (this includes making false insurance claims)?  Yes  No

If yes, please explain.

37. Have you been involved in the production, sale, distribution, promotion or possession with the intent to sell any picture, magazine, film, video or any item that patently depicts any sexual act (this includes any form of copulation, masturbation, excretory functions, sadism, masochism or bestiality)?  Yes  No

If yes, please explain.

38. Have you taken part in any sexual acts, after you were 21 years of age, with a person who was less than 16 years of age at the time of the act?  Yes  No

If yes, please explain.

39. At any time did you lie during this hiring process?  Yes  No

If yes, please explain.

40. Have you ever assaulted another person by striking them with the intent to hurt that person (this included any act of domestic violence, being served with an Emergency Protective Order (EPO), Domestic Violence Order (DVO) or any other court order)?  
 Yes  No

If yes, please explain.

41. Have you ever been involved in any incestuous act of knowingly inflicting sexual contact or sexual penetration (this includes, but is not limited to, sexual intercourse, oral and anal intercourse with a natural child, stepchild or child by adoption; natural grandmother, step-grandchild or grandchild by adoption; sister or half-sister, brother or half-brother, niece or nephew)?  Yes  No

If yes, please explain.

42. Have you ever made annoying or obscene telephone calls?  Yes  No

If yes, please explain.

43. Have you committed any act that you believed, if it came out, would bring dishonor to you or the Louisville Metro Police Department?  Yes  No

If yes, please explain.

44. Have you ever been refused a permit to carry a concealed weapon?  Yes  No

If yes, please explain.

45. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability?  Yes  No

If yes, please explain.

46. Have you used any form of political leverage or personal contact to receive special privilege during the LMPD Selection Process?  Yes  No

If yes, please explain.

Please explain any other type of criminal activity or questionable activity that you have engaged in below OR use this section to continue explaining one of the previously asked questions from this section.



8. How are your abilities at communicating with people? Please explain.

9. Explain your personal work ethic.

10. Describe your ability to work under pressure.

11. Describe any past experience you may have had as a member of a team.

12. What accomplishments in your life are you most proud of?

13. What does the Louisville Metro Police Department have to offer you?

14. Why do you feel you are the most qualified person for this position?

15. Do you personally, socially or otherwise, know any members of the Louisville Metro Police Department? If yes, who are they and how do you know them?

16. Please list any organizations or activities that you engage in (professionally or socially)?

17. Do you have any tattoos? If so, where are they located and what are they/what do they say? (Be prepared to submit photographs of your tattoos.) Per LMPD policy, tattoos may not be visible while on duty, therefore if you have visible tattoos, you will be covering them with your uniform or some other type of garment (bandages,etc.).

18. Please list and explain what you believe are the top three most challenging issues facing law enforcement today.

19. Please explain what you believe is the largest issue facing the Louisville Metro Police Department.

## High School Education

You will be required to furnish transcripts, diploma or other proof to support all your educational claims.

High School Diploma                       GED                      Year Earned:

Last Attended High School #1:

Date Attended:                      to

Address:

City:    State:    Zip:

Telephone #:

---

Last Attended High School #2:

Date Attended:                      to

Address:

City:    State:    Zip:

Telephone #:

---

Last Attended High School #3:

Date Attended:                      to

Address:

City:    State:    Zip:

Telephone #:

---

## College Education

You will be required to furnish transcripts, diploma or other proof to support all your educational claims.

Last Attended College:

Date Attended: \_\_\_\_\_ to \_\_\_\_\_

Address:

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

Telephone #:

Degree earned. If not, the number of credit hours:

Degree earned, type of degree:

---

College:

Date Attended: \_\_\_\_\_ to \_\_\_\_\_

Address:

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

Telephone #:

Degree earned. If not, the number of credit hours:

Degree earned, type of degree:

---

College:

Date Attended: \_\_\_\_\_ to \_\_\_\_\_

Address:

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

Telephone #:

Degree earned. If not, the number of credit hours:

Degree earned, type of degree:

**Trade, Vocational or Technical School Education**

Last Attended College:

Date Attended: \_\_\_\_\_ to \_\_\_\_\_

Address:

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

Telephone #:

Degree earned. If not, the number of credit hours:  
Degree earned, type of degree:

---

College:

Date Attended: \_\_\_\_\_ to \_\_\_\_\_

Address:

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

Telephone #:

Degree earned. If not, the number of credit hours:  
Degree earned, type of degree:

---

College:

Date Attended: \_\_\_\_\_ to \_\_\_\_\_

Address:

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

Telephone #:

Degree earned. If not, the number of credit hours:  
Degree earned, type of degree:

**Police Academy**

Last Attended Police Academy:

Date Attended: \_\_\_\_\_ to \_\_\_\_\_

Address:

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

Telephone #:

Department/Agency, if applicable:

---

Last Attended Police Academy:

Date Attended: \_\_\_\_\_ to \_\_\_\_\_

Address:

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

Telephone #:

Department/Agency, if applicable:

---

Last Attended Police Academy:

Date Attended: \_\_\_\_\_ to \_\_\_\_\_

Address:

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

Telephone #:

Department/Agency, if applicable:

## Academic Information

Have you ever had academic discipline, been suspended or expelled from any high school, college/university, business or trade school or police academy?  Yes  No

If yes, please explain.

Please list any organizations, social or education, that you have taken part in while in school (include high school as well).

Please list any sport you have played for any school, high school or college and the years you took part in this or these sports. Please include the name of the school as well.

## Financial Information

For each of the following questions, please fill in the amounts to the nearest dollar.

From your employer, what is your take-home monthly income? \_\_\_\_\_ /month

Do you have income other than from your salary or wages?  Yes  No

If yes, please explain including providing the amount.

Funding Source \_\_\_\_\_ /month

Funding Source \_\_\_\_\_ /month

Have you ever filed for, or declared, bankruptcy (Chapter 7, 11 or 13)?  Yes  No

Have any of your bills ever been turned over to a collection agency?  Yes  No

Have you ever had purchased goods repossessed?  Yes  No

Have your wages ever been garnished?  Yes  No

Have you ever been delinquent on income or other tax payments?  Yes  No

Have you ever failed to file or cheated/lie on an income tax form?  Yes  No

Have you ever had an employment bond refused?  Yes  No

Have you ever avoided paying any lawful debt by moving away?  Yes  No

Have you ever defaulted on, failed to pay, a loan?  Yes  No

Have you ever borrowed money to pay for a gambling debt?  Yes  No

Have you ever spent money for illegal purposes (drugs, etc.)?  Yes  No

Have you ever failed to make or been late on court-ordered payments (child support, restitution, alimony)?  Yes  No

Have you ever written three or more bad checks in a one-year period?  Yes  No

If you answered yes to any of the financial questions, please explain.

**Honesty & Countermeasures Certification**

I do hereby certify that all statements made in this questionnaire/booklet are true, complete and correct to the best of my knowledge, belief and are made in good faith. I understand that any false information, misstatement or omission of material fact may disqualify me or result in my dismissal from the Louisville Metro Police Department's Selection Process. I also understand that any use of countermeasures while the polygraph examination is being conducted immediately will result in my dismissal from the Louisville Metro Police Department's Selection Process.

---

Signature

---

Date