

MCC CAMPUS POLICE OFFICER APPLICATION ADDENDUM DOCUMENT

RESIDENTIAL HISTORY List ALL places of residence – street address, city, county and state (including military) over the past 10 years.							
Month & Year		Street Address	City	County	State	Military Installation	Were Police Ever Called To Your Residence?
From	To						
							YES <input type="checkbox"/> NO <input type="checkbox"/>
							YES <input type="checkbox"/> NO <input type="checkbox"/>
							YES <input type="checkbox"/> NO <input type="checkbox"/>
							YES <input type="checkbox"/> NO <input type="checkbox"/>
							YES <input type="checkbox"/> NO <input type="checkbox"/>
							YES <input type="checkbox"/> NO <input type="checkbox"/>
							YES <input type="checkbox"/> NO <input type="checkbox"/>
							YES <input type="checkbox"/> NO <input type="checkbox"/>
							YES <input type="checkbox"/> NO <input type="checkbox"/>
							YES <input type="checkbox"/> NO <input type="checkbox"/>
							YES <input type="checkbox"/> NO <input type="checkbox"/>
							YES <input type="checkbox"/> NO <input type="checkbox"/>

SUBSTANCE ABUSE
Keep in mind that you will be taking a pre-employment polygraph. Any deviation this form when compared to the polygraph may result in disqualification. Please complete the following drug usage form. Answer each category. Have you ever tried, used or are presently using:

DRUG	YES	NO	DATE LAST USED	# OF TIMES
1. Morphine	<input type="checkbox"/>	<input type="checkbox"/>		
2. Cocaine (crack, rock, girl)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Heroin (boy, smack)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Methamphetamines (speed)	<input type="checkbox"/>	<input type="checkbox"/>		
5. LSD (acid)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>		
7. PCP (angel dust, sherm, water)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Dilaudid	<input type="checkbox"/>	<input type="checkbox"/>		
9. Hashish	<input type="checkbox"/>	<input type="checkbox"/>		
10. Opium	<input type="checkbox"/>	<input type="checkbox"/>		
11. Prescription Drugs not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>		
12. Anabolic Steroids	<input type="checkbox"/>	<input type="checkbox"/>		
13. Inhaled Solvents	<input type="checkbox"/>	<input type="checkbox"/>		
14. Other Hallucinogens (mushrooms, mescaline)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Designer Drugs (MDMA, Ecstasy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
16. Others	<input type="checkbox"/>	<input type="checkbox"/>		

Please initial verifying that you have read and understood this form _____ Have you ever sold any illegal drugs? YES NO

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Aside from your current license, have you ever held a valid driver's license in any other state? If yes, list below:

FOREIGN LANGUAGES Indicate any foreign languages you can speak, read and or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

CRIMINAL RECORD
Have you been arrested or convicted for any crime (excludes traffic citations)?

YES NO If "Yes", provide the following information:

Date (Approximate)	Police Agency	Circumstances

DRIVING RECORD
List all traffic citations you have received within the last 5 years, regardless of the disposition. This includes citations that are not on your driving record.

Nature of Violation	Location (City and State)	Date (Month and Year)	Penalty

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment with the Metropolitan Community College Police Department. An extensive background investigation will be conducted into your personal history.

Any FALSE, MISLEADING, or INCOMPLETE information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the Metropolitan Community College Police Department.