

CAPITOLA POLICE DEPARTMENT'S EXPLORER APPLICATION AND PERSONAL HISTORY QUESTIONNAIRE



Instructions: This record will be strictly confidential, and the exclusive property of the Capitola Police Department. All information will be used as a basis for a detailed investigation of your background and must be accurately and completely recorded. There must be NO blanks. If the question does not apply to you, write "DNA". If additional space is needed, attach additional sheets, prefacing the information with the section and number of the question to which it pertains.

This Questionnaire Must be Legibly Printed In Your Own Handwriting Using Black Ink.

Personal Information

1) Your legal name: _____

Last

First

Middle

2) List all other names you have used or been known by (aliases, maiden, nicknames, etc.) If change was made by court order, attach copy

3) Date of birth: _____ Place of birth: _____

City

State

Country

4) Physical description: Sex _____ Age _____ Height _____ Weight _____ Hair _____

5) Citizenship: _____ Place of birth: _____

6) Driver license number: _____ State: _____

7) Residence address: _____

Number

Street Name

City

State

Zip

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Date of Application: _____

Signature: _____

Employment And Experience

Beginning with your most current employment, list all jobs including part-time, temporary, and volunteer positions you have held in the past five years. If you have had intervening periods of military service or unemployment, list those periods in sequence in the spaces provided.

Dates: _____ To: _____ Employer: _____ Phone: (____) _____

Employer's address: _____
Number Street City State Zip

Title or Duties: _____ Supervisor: _____

Monthly Salary: _____ Work hours & days: _____
 Full time Part time Volunteer

Names of two Co-workers: _____

Reason for leaving: _____

Military Service Unemployed From: _____ To: _____

Dates: _____ To: _____ Employer: _____ Phone: (____) _____

Employer's address: _____
Number Street City State Zip

Title or Duties: _____ Supervisor: _____

Monthly Salary: _____ Work hours & days: _____
 Full time Part time Volunteer

Names of two Co-workers: _____

Reason for leaving: _____

Military Service Unemployed From: _____ To: _____

Dates: _____ To: _____ Employer: _____ Phone: (____) _____

Employer's address: _____
Number Street City State Zip

Title or Duties: _____ Supervisor: _____

Monthly Salary: _____ Work hours & days: _____
 Full time Part time Volunteer

Names of two Co-workers: _____

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