



Brad Hobbs
Chief of Police

GREENWOOD POLICE DEPARTMENT

250 OLD HACKETT ROAD GREENWOOD, AR 72936 479-996-4119 FAX 479-996-5013

APPLICATION FOR EMPLOYMENT

Dear Applicant,

Enclosed you will find the application for employment with the Greenwood Police Department. Along with the application form is a release of records form, which must be signed, notarized and returned along with the application. Please fill out all sections of the application in complete detail. Type or print your application in blue or black ink only. Incomplete applications will result in an inability to complete your background investigation which may lead to your application being dropped from consideration.

You must provide copies of the following documents (if applicable) with your completed application. These documents will not be returned to you. The application and documents provided will be destroyed after one year on file.

- Completed & Notarized Physicians Consent Form
- Medical History Questionnaire
- Laughtenburg Affidavit
- Birth Certificate
- Social Security Card
- Full Credit History Report
- Driver's License
- High School Diploma/ GED
- High School Transcript(s)
- College Diploma
- College Transcript(s)
- DD214 (Military Only)
- Law Enforcement certifications and training (Prior Law Enforcement Only)

Do not return the Physicians Consent Form unless it has been signed by your doctor. You cannot perform the physical fitness test if this form is not signed.

The application requires your signature in two places and the signature must be notarized. Complete the Medical History Questionnaire (Form F-2) with your personal information and turn in with your application. The form will be kept at the PD until the physical and drug screen appointment.



**Brad Hobbs
Chief of Police**

Waiver of Release of Records

I do hereby give authority to the Greenwood Police Department, Greenwood, Arkansas to conduct a background investigation with my present and past employers, educational institutions, medical institutions, doctors, references, and law enforcement agencies. These agencies include, but are not limited to, local police agencies, county sheriff's agencies, state police agencies, and federal law enforcement agencies.

Furthermore, I voluntarily authorize my former employers, personal references, medical institutions, educational institutions, doctors, financial institutions, and any law enforcement authorities, including, but are not limited to, local police agencies, county sheriff's agencies, state police agencies, and federal law enforcement agencies to release any and all information in their possession to the Greenwood Police Department, Greenwood, Arkansas. I hereby release said organizations and persons from any liability or claim whatsoever for issuing this information. I understand a refusal to release this information will result in my termination from the application process.

I understand that any information obtained by a background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by the Greenwood Police Department. I understand all materials pertaining to this background investigation will become property of the Greenwood Police Department and will not be returned to me.

A photocopy of this form will be valid as an original hereof, even though the said photocopy does not contain an original of my signature.

Signature of Applicant

Date

Printed Name of Applicant

Must be signed in the presence of a notary

Subscribed and sworn before me this
_____ day of _____, 20____.

Notary Public
My Commission Expires _____



**Brad Hobbs
Chief of Police**

LAUTENBERG AMENDMENT AFFIDAVIT

The Lautenberg Amendment states anyone convicted of a misdemeanor crime of domestic violence will not be allowed to possess or carry a firearm.

In the performance of their duties, officers of the Greenwood Police Department carry a firearm.

Please read the question below, check the appropriate answer, and sign and date the form.

Have you ever been convicted of a crime of domestic violence?

YES _____

NO _____

I hereby certify that the information provided by me is true, correct, complete, and made in good faith.

NAME (Print): _____

SIGNATURE: _____

DATE: _____



Brad Hobbs
Chief of Police

POLICE APPLICANT'S RELEASE FORM

_____, an applicant for employment with the City of Greenwood Police Department, hereby acknowledges that he/she is required to undergo the agility tests listed on the attachment hereto. Applicant hereby states that he/she is of good health and has no medical conditions that these tests would aggravate. Applicant specifically releases the City of Greenwood from any and all claims that he/she may have or that may be made on his/her behalf or by other persons claiming by or through applicant by reasons of injuries or harm that may result to the applicant from participating in these agility tests.

Applicant's name (print or type)

Applicant's signature

Date

PHYSICIAN'S CONSENT

I have reviewed a description of the physical fitness demonstration and physical requirements for the position of Police Officer and certify that _____ is of good physical health and has no medical conditions that would be aggravated by the fitness demonstration to be administered by the City of Greenwood.

Physician's Signature

Physician's Name

Physician's Office Address

Physician's Phone Number

(MUST BE PRESENTED AT TIME OF TESTING)



Brad Hobbs
Chief of Police

Contact Information

Applicant Name: _____

Date of Birth: _____

Phone Number: (____) _____ - _____

Mailing Address: _____

Home Address: _____

Email Address: _____

Employer Information:

Current Employer: _____ Supervisor: _____ Phone Number: _____

Previous Employer: _____ Supervisor: _____ Phone Number: _____

Previous Employer: _____ Supervisor: _____ Phone Number: _____

Continue below if needed:

STATE OF ARKANSAS

COMMISSION

ON

LAW ENFORCEMENT STANDARDS

AND TRAINING

PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT

Law Enforcement Agency

Month Day Year

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are Subject to verification. Incorrect statements may bar or remove you from employment. If space provided is Inadequate, add additional pages and identify information by item number. If a question does not apply to you, Indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

PERSONAL

1. NAME _____
First Middle Last Social Security Number

Nicknames or Aliases _____

2. Height _____ inches Weight _____ lbs.

3. Present Mailing Address: _____
Street and Number City State Zip Code

Permanent Mailing Address: _____
Street and Number City State Zip Code

Telephone Number: Home: _____ Business: _____

4. Date of Birth: _____ Place of Birth: _____

5. Citizenship: U.S. Born U.S. Naturalized Other-Specify _____

6. List organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated.

7. List hobbies and/or special skills. _____

MARITAL

8. Marital Status (check one) Single Married Divorced
 Engaged Separated Widowed

9. Names of Spouse or Fiancée _____

10. If married, are you living with your spouse? _____ Yes _____ No

If not, state reasons: _____

11. Have you ever been separated or divorced? _____ Yes _____ No. If Yes, give date and location of court or jurisdiction. _____

12. Give the following information concerning your spouse's parents:

| | NAME | ADDRESS |
|--------|------|---------|
| Father | | |
| Mother | | |

13. List below every child born to you.

| NAME | BIRTHDATE | PLACE OF BIRTH | WITH WHOM RESIDES |
|------|-----------|----------------|-------------------|
| | | | |
| | | | |
| | | | |

14. Are you now supporting all children born to you, adopted by you and stepchildren? _____ Yes _____ No

15. Have you ever been involved as defendant in a paternity proceeding? _____ Yes _____ No
If yes, give date and court or jurisdiction: _____

REFERENCES:

16. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities:

| NAME | ADDRESS | TELEPHONE |
|------|---------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |

FAMILY HISTORY:

17. List your parents, brothers and sisters:

| | NAME | ADDRESS | TELE-PHONE |
|-----------|------|---------|------------|
| Father | | | |
| Mother | | | |
| Bro./Sis. | | | |
| Bro./Sis. | | | |
| Bro./Sis. | | | |

18. Has any member of your immediate family ever been arrested for or convicted of a felony offense?
_____ Yes _____ No. If yes, complete the following:

| <u>DATE</u> | <u>LOCATION</u> | <u>CHARGE</u> | <u>DISPOSITION</u> |
|-------------|-----------------|---------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

FINANCIAL:

19. Do you have life insurance and/or hospitalization insurance? _____ Yes _____ No

20. Have you a savings account? _____ Yes _____ No

Bank _____ City and State _____

Bank _____ City and State _____

21. Have you a checking account? _____ Yes _____ No

Bank _____ City and State _____

Bank _____ City and State _____

22. Do you own or have an interest in any type of business dealing in alcohol?

_____ Yes _____ No. If yes, give name, location and type of business.

23. Do you own or are you buying your own home? _____ Yes _____ No

Is there a mortgage on the property? _____ Yes _____ No

Bank or Company _____ City and State _____

24. Do you own or are you buying other real estate? _____ Yes _____ No

If yes, give name of agency holding mortgage:

Bank or Company _____ City and State _____

25. List motor vehicles that you own or are buying or leasing:

| MAKE | MODEL | YEAR | AMOUNT OWED |
|------|-------|------|-------------|
| | | | |
| | | | |
| | | | |

26. What income other than salary do you have at present? Include spouse's salary.

27. List Credit References:

| | |
|----------------------|----------------------|
| Name of Firm _____ | Amount Owed _____ |
| Street Address _____ | City and State _____ |
| Name of Firm _____ | Amount Owed _____ |
| Street Address _____ | City and State _____ |
| Name of Firm _____ | Amount Owed _____ |
| Street Address _____ | City and State _____ |
| Name of Firm _____ | Amount Owed _____ |
| Street Address _____ | City and State _____ |
| Name of Firm _____ | Amount Owed _____ |
| Street Address _____ | City and State _____ |
| Name of Firm _____ | Amount Owed _____ |
| Street Address _____ | City and State _____ |
| Name of Firm _____ | Amount Owed _____ |
| Street Address _____ | City and State _____ |
| Name of Firm _____ | Amount Owed _____ |
| Street Address _____ | City and State _____ |
| Name of Firm _____ | Amount Owed _____ |
| Street Address _____ | City and State _____ |

28. What is your total indebtedness at present? _____

29. Have your creditors treated you fairly? _____. If not, explain:

30. Have you ever been sued? _____ Yes _____ No. If yes, give details:

RESIDENCES:

31. List Addresses for past 10 years starting with present address at top:

| FROM MO. YR. | TO MO. YR. | ADDRESS/RESIDENCE | CITY & STATE | LANDLORD |
|-----------------|---------------|-------------------|--------------|----------|
| | PRESENT | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

WORK HISTORY:

32. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member?
_____ Yes _____ No. If yes, give details below:

33. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service, give details:

34. Have your employers always treated you fairly? _____ Yes _____ No. If no, explain: _____

35. Do you object to wearing a uniform? _____ Yes _____ No

36. Do you object to working nights? _____ Yes _____ No

37. Do you object to working shifts? _____ Yes _____ No

38. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position _____ Starting Salary _____ Last Salary _____

| | | |
|---|------|------|
| Date Employed: | | |
| Date Separated: | | |
| Full-time | Yrs. | Mos. |
| Part-time | Yrs. | Mos. |
| If Part-time, # of hours worked per week: | | |

Name and title of supervisor
No. employees supervised by you:
Employer
Address
Duties

Reason for leaving:

B. Title of next to last position _____ Starting Salary _____ Last Salary _____

| | | |
|---|------|------|
| Date Employed: | | |
| Date Separated: | | |
| Full-time | Yrs. | Mos. |
| Part-time | Yrs. | Mos. |
| If Part-time, # of hours worked Per week: | | |

Name and title of supervisor
No. employees supervised by you:
Employer
Address
Duties

Reason for leaving:

C. Title of next position _____ Starting Salary _____ Last Salary _____

| | | |
|---|------|------|
| Date Employed: | | |
| Date Separated: | | |
| Full-time | Yrs. | Mos. |
| Part-time | Yrs. | Mos. |
| If Part-time, # of hours worked Per week: | | |

Name and title of supervisor
No. employees supervised by you:
Employer
Address
Duties

Reason for leaving:

D. Title of next position _____ Starting Salary _____ Last Salary _____

| | | |
|--|------|------|
| Date Employed: | | |
| Date Separated: | | |
| Full-time | Yrs. | Mos. |
| Part-time | Yrs. | Mos. |
| If Part-time, # of hours worked Per week: | | |

Name and title of supervisor
 No. employees supervised by you:
 Employer
 Address
 Duties

Reason for leaving: _____

39. Have you previously submitted an application for employment with this agency? _____ Yes _____ No
 Approximate date: _____

MILITARY SERVICE

40. Were you ever in the U.S. Military Service or any other military organization? _____ Yes _____ No
 Branch of Service _____ Unit _____ Date of Enlistment _____
 Date of Discharge _____ Service Number _____ Highest Rank _____

41. List medals and decorations: _____

42. Type of Discharge: _____

43. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation: _____

44. List all schools attended:

| Name of School | Location (City and State) | From Mo. & Yr. | To Mo. & Yr. | Year Completed |
|-----------------------|------------------------------|-------------------|-----------------|-------------------|
| Grade | | | | |
| | | | | |
| High School | | | | |
| | | | | |
| College or University | | | | |
| | | | | |
| | | | | |

45. Did you either graduate from high school or pass the high school equivalency test? _____ Yes _____ No

46. List college degrees received and major field of each. Include incomplete courses: _____

47. Were you ever expelled from any school or were you ever disciplined by any school official?
_____ Yes _____ No. If yes, explain: _____

ARREST AND MILITARY DISCIPLINARY

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be Sufficient to disqualify you. (Exclude minor traffic violations.)

48. Have you ever been arrested or detained by police? _____ Yes _____ No. If yes, give details below:
Crime Charged _____ Police Agency _____
Date _____ Disposition of Case _____

Crime Charged _____ Police Agency _____
Date _____ Disposition of Case _____

49. Have you ever been placed on probation? _____ Yes _____ No. If yes, give details below: _____

50. Have you ever been required to pay a fine in excess of \$25.00? _____ Yes _____ No. If yes, give details below:

51. Have you ever been reported as a missing person or as a runaway? _____ Yes _____ No. If yes, give complete details, including jurisdiction, dates, and outcome: _____

52. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's Mast or company punishment, or any other disciplinary action while a member of the armed forces?

_____ Yes _____ No. If yes, explain below: _____

53. List any disciplinary action taken against you in the National Guard or other reserve unit: _____

54. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answers will be checked with the FBI and other agencies.

Agency _____ Date _____ Purpose _____
 Agency _____ Date _____ Purpose _____
 Agency _____ Date _____ Purpose _____

55. Can you operate a motor vehicle? _____ Yes _____ No
 56. Do you possess a valid operator's license from the State of Arkansas? _____ Yes _____ No
 Operator's License Number _____ Date Issued _____

57. Do you possess an operator's license issued by any state other than Arkansas? _____ Yes _____ No
 If yes, give state and number. _____

58. Was your license ever suspended or revoked? _____ Yes _____ No. If yes, state which and give reasons: _____

59. Was your license ever restored. _____ Yes _____ No. When? _____

60. Have you ever been refused an operator's license by any state? _____ Yes _____ No.

61. Have your driving privileges ever been restricted? _____ Yes _____ No. If yes, give details: _____

62. Has a motor vehicle being driven by you ever been involved in an accident? _____ Yes _____ No.
 If yes, give complete details for each accident whether collision or non-collision: _____

Date: _____ Police Investigation? _____ Yes _____ No
 Location: _____ Cause of Accident _____

Date: _____ Police Investigation? _____ Yes _____ No
 Location: _____ Cause of Accident _____

63. List any convictions for minor traffic violations:

| LOCATION | APPROX. DATE | NATURE OF VIOLATION | PENALTY OR DISPOSITION |
|----------|--------------|---------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ATTITUDES

64. What do you consider to be the current social problems of greatest concern?

65. What are your experiences and beliefs concerning the use of alcoholic beverages?

66. What are your experiences and beliefs concerning the use of marijuana and/or other mind-altering drugs?

67. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

CAREER OBJECTIVES

68. Explain briefly your reasons for applying for this position: _____

I hereby certify that all statements made in this questionnaire are true and complete and understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in Full

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC, THIS _____ DAY
OF _____, 20 _____
MY COMMISSION EXPIRES _____

NOTICE – False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103.

MEDICAL HISTORY QUESTIONNAIRE

This Box To Be Completed By The Employing Agency:

| | |
|--|--|
| Name: _____ Last First Middle | You are to report to: _____ Address: _____ At _____ o'clock _____ Mo. Day Yr. with this questionnaire completed. |
| Address: _____ | |

TO THE APPLICANT:

A Medical Examination is required by the Commission on Law Enforcement Standards & Training. Your cooperation in filling in this questionnaire as completely as possible will expedite the evaluation and avoid delay.

Type of Exam: Baseline Periodic Exam Exit

| | | | |
|--|--|--------------------|--|
| Instructions to Applicants: | Complete this form prior to your physical examination and give the original to the employing agency and a copy to the examining physician and psychological examiner at the time of examination. Answer all questions completely and accurately. | | |
| Applicant's Name (Last, First, Middle) | | Address | |
| Date of Birth | Age | Current Occupation | |
| SECTION A HAVE YOU EVER OR DO YOU NOW HAVE ANY OF THE FOLLOWING? FOR "YES" ANSWERS, SUPPLY FULL DETAILS IN SECTION B ON THE REVERSE SIDE. IF THE CONDITION REQUIRED HOSPITALIZATION, CHECK THE CORRESPONDING BOX. | | | |

| GENERAL: | YES | NO | HOSP | HEART: | YES | NO | HOSP | MUSCULAR / SKELETAL: | YES | NO | HOSP |
|--|-----|----|------|----------------------------------|-----|----|------|--------------------------------|-----|----|------|
| UNEXPLAINED WEIGHT LOSS/GAIN | | | | HEART ATTACK | | | | MUSCLE WEAKNESS | | | |
| EXCESSIVE/UNEXPLAINED FATIGUE | | | | ABNORMAL HEART RHYTHM | | | | AMPUTATION/MISSING DIGITS | | | |
| APPLIED FOR DISABILITY | | | | CARDIAC STENT OR ANGIOPLASTY | | | | MODERATE/SEVERE JOINT PAIN | | | |
| HEAT-RELATED ILLNESS | | | | HEART SURGERY OR ABLATION | | | | LOSS OF USE OF ARM/LEG | | | |
| ALLERGY AFFECTING BREATHING | | | | HIGH BLOOD PRESSURE | | | | SURGERY OF JOINT OR EXTREMITY | | | |
| CANCER | | | | PALPITATIONS | | | | CHRONIC BACK PAIN | | | |
| IMMUNOLOGIC DISORDER | | | | CONGENITAL HEART DISEASE | | | | MODERATE/SEVERE ARTHRITIS | | | |
| BRAIN/ NERVES: | | | | ATRIAL FIBRILLATION OR SVT | | | | HERNIATED DISC OR SCIATICA | | | |
| CONCUSSION OR BRAIN INJURY | | | | PACEMAKER | | | | SCOLIOSIS/OTHER SPINE DISORDER | | | |
| FREQUENT HEADACHES | | | | IMPLANTED DEFIBRILLATOR | | | | ANY OTHER ILLNESS OR CONDITION | | | |
| MIGRAINE HEADACHES | | | | OTHER HEART PROBLEM OR DISEASE | | | | KIDNEYS: | | | |
| HEAD/CRANIAL SURGERY | | | | LUNGS: | | | | PROTEIN/BLOOD/SUGAR IN URINE | | | |
| BRAIN TUMOR | | | | ASTHMA OR WHEEZING | | | | KIDNEY DISEASE | | | |
| STROKE/TIA | | | | EMPHYSEMA OR COPD | | | | KIDNEY STONES | | | |
| MEMORY LOSS | | | | POSITIVE TEST FOR TUBERCULOSIS | | | | SKIN: | | | |
| SEIZURES (CURRENT OR PREVIOUS) | | | | SHORTNESS OF BREATH | | | | CHRONIC SKIN RASH OR DISEASE | | | |
| NUMBNESS OR TINGLING | | | | COUGH LASTING MORE THAN 2 MONTHS | | | | CHANGE IN MOLES | | | |
| TREMORS | | | | USE OF INHALERS | | | | CONDITION AFFECTING SWEATING | | | |
| NARCOLEPSY | | | | ACUTE OR CHRONIC LUNG INFECTION | | | | PSYCHIATRIC: | | | |
| FAINTING OR UNCONSCIOUSNESS | | | | COLLAPSED LUNG | | | | DEPRESSION, ANXIETY, BIPOLAR | | | |
| BALANCE/COORDINATION PROBLEM | | | | PULMONARY EMBOLUS | | | | OTHER MENTAL HEALTH DISORDER | | | |
| HEAD, EYES, EARS, NOSE, THROAT: | | | | HISTORY OF TUBERCULOSIS | | | | INSOMNIA, OTHER SLEEP DISORDER | | | |
| DIZZINESS OR VERTIGO | | | | SLEEP APNEA | | | | ALCOHOL DEPENDENCE | | | |
| COLOR VISION PROBLEMS | | | | OTHER LUNG DISEASE OR SURGERY | | | | SUBSTANCE USE DISORDER | | | |
| EYE DISEASE, INJURY, OR SURGERY | | | | ENDOCRINE: | | | | SURGICAL: | | | |
| CONTACT LENSES/GLASSES | | | | DIABETES | | | | ORGAN TRANSPLANT | | | |
| HEARING AIDS/COCHLEAR IMPLANT | | | | THYROID DISORDER | | | | PROSTHETIC DEVICE | | | |
| EAR DISEASE OR INJURY | | | | OTHER ENDOCRINE DISORDERS | | | | IMPLANTED PUMP (EX: INSULIN) | | | |
| DIFFICULTY HEARING/HEARING LOSS | | | | GASTROINTESTINAL: | | | | IMPLANTED ELECTRICAL DEVICE | | | |
| VASCULAR / BLOOD: | | | | LIVER DISEASE OR HEPATITIS | | | | CONGENITAL ANOMALIESE/DEFECTS | | | |
| HISTORY OF BLOOD CLOTS | | | | HERNIAS | | | | NECK OR SPINE SURGERY | | | |
| ANEMIA/SICKLE CELL/OTHER BLOOD DISORDERS | | | | ABDOMINAL SURGERY | | | | SURGERIES OR HOSPITALIZATIONS | | | |
| VARICOSE VEINS | | | | IRRITABLE BOWEL SYNDROME | | | | OTHER (EXPLAIN) | | | |
| ANEURYSM (BRAIN, AORTA, ETC.) | | | | RECTAL BLEEDING | | | | | | | |
| USE OF BLOOD THINNERS | | | | GASTRITIS OR ULCERS | | | | | | | |
| UNUSUAL BLEEDING/BRUISING | | | | OTHER GASTROINTESTINAL DISORDER | | | | | | | |

| SECTION A CONTINUED | | NO | YES |
|--|--|----|-----|
| HAVE YOU HAD ANY OTHER ILLNESS, INJURY, OR PHYSICAL CONDITION NOT NAMED ABOVE, OTHER THAN CHILDHOOD DISEASES OR MINOR ILLNESSES? IF "YES", EXPLAIN IN SECTION B BELOW. | | | |
| HAVE YOU HAD AN INJURY WITHIN THE LAST 5 YEARS WHICH CAUSED YOU TO LOSE TIME FROM WORK? | | | |
| HAVE YOU EVER BEEN DENIED EMPLOYMENT OR INSURANCE FOR MEDICAL REASONS? | | | |
| HAVE YOU EVER BEEN DEFERRED FROM MILITARY SERVICE FOR MEDICAL, EMOTIONAL, OR HEALTH REASONS? | | | |
| HAVE YOU EVER BEEN DISCHARGED OR RELEASED FROM EMPLOYMENT OR FROM THE ARMED FORCES FOR MEDICAL, EMOTIONAL, OR HEALTH REASONS? | | | |
| HAVE YOU EVER RECEIVED OR APPLIED FOR PENSION OR COMPENSATION FOR DISABILITY OR INJURY? | | | |
| ARE YOU PRESENTLY UNDER THE DOCTOR'S CARE FOR ANY CONDITION? | | | |
| HAVE YOU TAKEN MEDICATION WITHIN THE LAST 12 MONTHS FOR ANY REASON? IF YES, EXPLAIN IN SECTION B BELOW | | | |
| HAVE YOU EVER USED AN ILLEGAL DRUG OR USED ANY CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION? (IF "YES", EXPLAIN WHEN AND DURATION OF USE IN SECTION B BELOW) | | | |
| DO YOU HAVE ANY PHYSICAL OR EMOTIONAL LIMITATIONS THAT INTERFERE WITH YOUR DAILY ACTIVITIES? IF "YES", EXPLAIN IN SECTION B BELOW. | | | |

| PERSONAL HISTORY: | YES | NO | |
|---|-----|----|------------|
| HAVE YOU EVER SMOKED: | | | |
| DO YOU SMOKE NOW: | | | |
| AGE STARTED: | | | |
| TYPE SMOKED: | | | CIGARETTES |
| | | | PIPE |
| | | | CIGAR |
| HAVE YOU STOPPED SMOKING? | | | |
| AGE WHEN STOPPED? | | | |
| HOW MANY PACKS PER DAY DO/DID YOU SMOKE? | | | |
| HOW MANY PACKS PER DAY DO OR DID YOU SMOKE? | | | |

| | YES | NO | |
|---|------|------|--------|
| DO YOU CURRENTLY DRINK ALCOHOLIC BEVERAGES: | | | |
| IF YES, AVERAGE NUMBER OF ALCOHOLIC BEVERAGES PER WEEK: | BEER | WINE | DRINKS |
| | | | |

ALLERGIES:

MEDICATIONS: (INCLUDING PRESCRIPTIONS, OVER THE COUNTER, SUPPLEMENTS)

PHYSICAL ACTIVITY/EXERCISE: (TYPE/DURATION/FREQUENCY)

| | |
|-----------|---|
| SECTION B | WRITE YOUR OWN ACCOUNT AND EXPLAIN ALL ITEMS ANSWERED "YES" IN THIS QUESTIONNAIRE. IDENTIFY ITEM, INCLUDE DIAGNOSIS, DATE OF ONSET, AND YOUR PRESENT CONDITION. CONTINUE ON 8 1/2 X 11 SHEETS OF PAPER AND ATTACH |
|-----------|---|

| PENALTY | |
|---|-------------|
| ANY FALSIFICATION, WITHHOLDING OR FAILURE TO ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY MAY CAUSE FORFEITURE OF ALL RIGHTS TO THIS EMPLOYMENT. | |
| CERTIFICATION | |
| I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS, AND THAT ALL STATEMENTS AND ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. | |
| SIGNATURE OF APPLICANT | DATE SIGNED |
| X | |

MEDICAL EXAMINATION REPORT
To Be Completed by a Licensed Physician

INSTRUCTIONS TO EXAMINING PHYSICIAN: Please review Health Questionnaire before examining the candidate. Do not forward this report until lab results are received. Use Section 24 for explanation of details, if necessary.

| | | | |
|---|---------------------------------|------------------------------|------------------|
| Name (Last, First, Middle) | | Date of Birth (YYYY, MM, DD) | |
| Height (without shoes) | Weight (without shoes and coat) | BMI | |
| BLOOD PRESSURE | | REPEAT BLOOD PRESSURE | |
| PULSE RATE | REGULAR | IRREGULAR | RESPIRATIONS |
| VISUAL ACUITY (IF APPLICANT WEARS CORRECTIVE LENSES, TEST AND RECORD WITH AND WITHOUT CORRECTIVE LENSES) | | | |
| COLOR DISCRIMINATION | | DEPTH PERCEPTION | |
| PERIPHERAL VISION (TEMPORAL) (EACH EYE ON ZERO LINE) | | RIGHT EYE DEGREES | LEFT EYE DEGREES |
| | | RIGHT EYE | LEFT EYE BOTH |
| VISUAL ACUITY | 16 INCHES UNCORRECTED | | |
| VISUAL ACUITY | 16 INCHES CORRECTED | | |
| VISUAL ACUITY | 20 FEET UNCORRECTED | | |
| VISUAL ACUITY | 20 FEET CORRECTED | | |
| EYE FUNDUS - FINDINGS | | | |
| DOES EXAM REVEAL ANY INTERNAL OR EXTERNAL EYE PATHOLOGY? | | | YES NO |
| IF YES, DESCRIBE: | | | |
| IS THERE ANY APPARENT EYE DEVIATION? | | | YES NO |
| NOTE ANY EYE OR VISUAL ABNORMALITY: | | | |
| HEARING (Whispered conversation at 15 ft. considered normal) | | | |
| Right 15/ | HEARING AID USED | DRUM PERFORATION OR DRAINAGE | |
| Left 15/ | NO YES | NO YES | |

Physical Exam

| NL | AB | Check each item in appropriate column if examined: | Remarks: |
|----|----|--|----------|
| | | Head, face | |
| | | Eyes: PERRLA | |
| | | EOMS | |
| | | Funduscopic | |
| | | Ears: External and canal | |
| | | Tympanic membrane | |
| | | Nose | |
| | | Mouth, oral mucosa, palate | |
| | | Throat | |
| | | Skin (document scars) | |
| | | Neck | |
| | | Thyroid | |
| | | Heart: Rhythm | |
| | | Auscultation | |
| | | Vascular (bruits, varicosities, cyanosis) | |
| | | Lungs | |
| | | Abdomen | |
| | | Hernia: Umbilical | |
| | | Inguinal (males only) | |
| | | Musculoskeletal: (strength, ROM, deformities, scars) | |
| | | Shoulders | |
| | | Elbows | |
| | | Wrists/hands | |
| | | Hips/thighs | |
| | | Knees | |
| | | Ankles/feet | |
| | | Cervical spine | |
| | | Thoracic spine | |
| | | Lumbar spine | |
| | | Neuro | |
| | | Romberg | |
| | | BICEPS reflexes: L +/4 R +/4 | |
| | | PATELLAR reflexes: L +/4 R +/4 | |
| | | ACHILLES reflexes: L +/4 R +/4 | |
| | | Special Test: | |

| IMMUNIZATIONS | | | | | | | |
|--------------------|----------------|--|------------|------|------------------------|--|--|
| HEPATITIS B STATUS | NEEDS VACCINE | | VACCINATED | | SEROLOGY DONE (RESULT) | | |
| | | | | | | | |
| TB TESTING | TST | | IGRA | DATE | RESULT | | |
| | | | | | | | |
| TETANUS-DIPHTHERIA | LAST DOSE DATE | | | | | | |
| | | | | | | | |
| OTHER | | | | | | | |
| MEASLES/RUBEOLA | | | | | | | |
| MMPS | | | | | | | |
| RUBELLA | | | | | | | |
| POLIO | | | | | | | |
| VARICELLA | | | | | | | |
| COVID-19 | | | | | | | |

| Law Enforcement Officer Examination Check Off List | | | | | | |
|--|----|--|----|--|-----|--|
| PHYSICAL EXAM | NL | | AB | | | |
| VISION TESTING | NL | | AB | | | |
| AUDIOGRAM | NL | | AB | | N/A | |
| SPRIOMETRY | NL | | AB | | N/A | |
| EKG | NL | | AB | | N/A | |
| LAB TESTS | NL | | AB | | N/A | |
| CHEST X-RAY | NL | | AB | | N/A | |
| URINALYSIS | NL | | AB | | N/A | |
| HEMOCCULT FIT | NL | | AB | | N/A | |
| RESPIRATOR CLEARANCE | NL | | AB | | N/A | |
| SLEEP APNEA QUESTIONNAIRE | NL | | AB | | N/A | |
| EXERCISE TOLERANCE TESTING | NL | | AB | | N/A | |
| SEROLOGY (VDRL) | NL | | AB | | N/A | |
| OTHER | NL | | AB | | N/A | |

| | | | | |
|---|----------|--|--------------|------------------|
| SEROLOGY (VDRL) | POSITIVE | NEGATIVE | NON-REACTIVE | BLOOD TYPE _____ |
| ARE THERE ANY CONDITIONS, PHYSICAL, MENTAL OR EMOTIONAL WHICH IN YOUR OPINION, SUGGESTS FURTHER EXAMINATION? NO YES (Explain below) | | DO YOU HAVE ANY RESERVATIONS ABOUT THIS CANDIDATE'S ABILITY TO PHYSICALLY PERFORM THE DUTIES OF A PEACE OFFICER? SEE EXAMPLES ON PAGE 5 NO YES (Explain below) | | |
| SUMMARY/COMMENTS | | | | |
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| SPECIAL INSTRUCTIONS | | | | |
| PHYSICIAN'S SIGNATURE | | NAME AND ADDRESS OF PHYSICIAN (Print or Type) | | |
| DATE | | | | |
| CHIEF, SHERIFF, DIRECTOR, OR AUTHORIZED DESIGNEE SIGNATURE | | | | DATE |
| | | | | |

Examples of physical duties of a peace officer can include but are not limited to:

- Standing, walking, and/or running on concrete, asphalt, or uneven unpaved surfaces;
- Sitting in a vehicle or in an office chair for an extended period of time;
- Carrying objects of varying sizes, shapes, and weights up to and sometimes in excess of 100 pounds;
- Routine lifting of objects such as a firearm or baton, lifting may include persons in custody and/or unconscious with or without assistance;
- Bending from the waist to pick up or lay down objects, may be down on knees for short periods of time as duties require;
- May be required to climb on or over various building surfaces, fences, walls, and stairs;
- Running may be required for short to long distances to escape from or reach an incident scene or in the process of arresting a suspect;

Examples of physical duties the peace officer may encounter during training include:

- Baton and Handcuffing techniques
- Weapon retention and disarming
- Basic punches and kicks
- Front, side, and lateral take down maneuvers.
- Joint locks
- Physical exercise to include obstacle courses, sit-ups, push-ups, pull-ups, weight training, and running.

*This list is not an exhaustive list of the physical duties that may be required of a peace officer. It is intended to serve as a guide for physicians in determining whether or not to state on the F-2 form that they do or do not have any reservations about a candidate's ability to physically perform the duties of a peace officer.