

## Sworn Personal History Statement



Applicant's Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Thank you for applying with the Metropolitan Nashville Police Department, an Internationally Accredited Agency and an Equal Opportunity Employer. We want to make each applicant aware that this process traditionally takes four (4) to six (6) months to complete, and we ask that you be very patient with our process and us. Attached is your Personal History Statement and the related forms. Please note on the Applicant Agreement Form that your Personal History Statement, including all attachments, is due to the Recruitment Section on the day of the written exam.

You must provide complete and current information **including zip codes, email addresses and telephone numbers** with area codes. Also, it is your responsibility to update the investigator, within forty-eight (48) hours, of any change of information you provided on the Personal History Statement. Such changes of information would include, but are not limited to the following: changes of name, telephone numbers, addresses, work history, information regarding arrests or any interaction with a Law Enforcement Officer, etc. You should also notify this office of any extended absence from home, such as military leave or vacation, and any interaction with law enforcement or legal issues civil or criminal.

Failure to comply with any instructions given to you may result in immediate disqualification from the hiring process. It is to your advantage to **BE ABSOLUTELY TRUTHFUL** in answering all questions on your PHS and during all interviews.

If you have any questions, or need to make notification of changes, please contact:

Recruitment Section	(615) 862-7341
Out of area applicants call toll free	1-888-638-7633

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**APPLICANT AGREEMENT FORM**

I, the undersigned applicant for a Police Officer position with the Metropolitan Nashville Police Department, hereby agree to the following:

- ✓ I understand the Metropolitan Nashville Police Department, Recruitment Section must receive my completed Personal History Statement, on the date of my written test. Failure to meet this deadline will subject me to disqualification, and I may not reapply for six months.
- ✓ I further understand that all of the requested information on the Personal History Statement must and will be provided by me. Further, I understand that marking N/A to indicate it is non-applicable will complete any requested information, which does not apply to me. I acknowledge and understand that the entire form must be completed and that it is unacceptable to submit a Personal History Statement with unanswered (blank or incomplete responses). I understand that incomplete forms will not be processed any further, and I may not reapply for six months.
- ✓ I understand that I will be required to comply with any written or oral request, order, or directive communicated to me by any individual recognized as a representative of the Metropolitan Nashville Police Department, Recruitment Section, as it applies to my application for employment with said Department. I hereby acknowledge that I will be required to provide requested information or documentation within a specified time period, and that the failure to do so may result in my immediate disqualification as an applicant, and that I may not reapply for six months.

I hereby acknowledge that I have read and fully understand each of the statements contained herein above, and further, that I had the opportunity to ask for clarification of each of the statements and that my signature was not placed hereon until I fully understood each statement.

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Applicant Name

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Applicant Signature

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Date

**APPLICANT CERTIFICATION AND RELEASE**

Read each of the following statements carefully. If you do not understand one of the statements, ask for an explanation prior to signing. Failure to abide by the following statements may subject you to immediate disqualification.

- ✓ I agree to immediately notify the Recruitment Section if I have any interaction or contact with any Law Enforcement Official. This includes but is not limited to: reports that are matter of record, citations, traffic stops, tickets, arrests, interviews, requests for information etc.
- ✓ I agree to have the U. S. Internal Revenue Service furnish the Chief of Police copies of my income tax returns at any time during my processing as an applicant, and my probation period.
- ✓ I agree to submit to a polygraph/ CVSA, should it become necessary, at the direction of the Chief of Police or Director of Police Personnel, at any time during my processing as a police applicant and during my probationary period.
- ✓ I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made or attached by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.
- ✓ I further agree and consent in advance to being immediately disqualified and/or discharged if any of the above information contains any misrepresentations or falsifications or if any material information has been omitted.
- ✓ I further agree that should I change my address or place of employment, I will notify the Recruitment Section of the Metropolitan Nashville Police Department within 48 hours. Should I fail to do this, it may subject me to disqualification as an applicant. Also, I shall report any interaction with law enforcement or legal issues criminal or civil by applicant or immediate family during application period or during the training process.

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Applicant Name

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Applicant Signature

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Date

**\*\*THIS PAGE MUST BE NOTARIZED\*\***

- I hereby certify that all statements made in this application or attached to it are true and correct to the best of my knowledge. I am aware that withholding pertinent information or information found to be materially (grossly) inaccurate may be cause for refusing further consideration of my application, or will constitute grounds for my termination if I am employed. I understand this is not to be considered as an indication of probable obligation upon the department to make an appointment, but a part of the selection process only. I understand that failure on my part to comply with any instructions given or to notify the Metropolitan Nashville Police Department of a change of address within 48 hours may subject my file to being closed.

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 Name of Applicant

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 Signature of Applicant
**NOTARY ACKNOWLEDGEMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_

Personally appeared before me, the undersigned, Notary Public for said County and State,

\_\_\_\_\_ To me known (or proved to me on the basis of satisfactory evidence) to be the person who executed the within instrument for the purposes therein contained.

Witness my hand, at Office this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

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 Notary Public

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 My Commission Expires

**\*\*THIS PAGE MUST BE NOTARIZED\*\***

## ➤ Release From Liability:

I respectfully request and authorize you to furnish the Metropolitan Nashville Police Department any and all information that you have concerning me, my employment record, school and academic record (to include any disciplinary action), reputation, financial and credit status, criminal record, and my traffic record. Such information will include but will not be limited to: hospital, medical, physical, mental, military, police and court records, police reports including juvenile records, polygraph/CVSA examination reports, background investigative material and reports. This information is to be used to assist the Metropolitan Nashville Police Department in determining my qualifications and fitness for the position I am seeking. I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

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 Name of Applicant

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 Signature of Applicant
**NOTARY ACKNOWLEDGEMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_

Personally appeared before me, the undersigned, Notary Public for said County and State,

\_\_\_\_\_ To me known (or proved to me on the basis of satisfactory evidence) to be the person who executed the within instrument for the purposes therein contained.

Witness my hand, at Office this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

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 Notary Public

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 My Commission Expires

### **AUDIO/VIDEO RECORDING RELEASE**

I understand that I may be audio and/or video recorded during the background investigation and/or civil service testing process. I agree and consent, without compensation, to being audio and/or video recorded and to the use of any audio and/or video recordings containing my image, likeness, and/or voice, for the purpose of determining my suitability and/or eligibility for employment.

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

WITNESS' SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **DOMESTIC ABUSE ACKNOWLEDGEMENT**

#### WHAT QUALIFIES AS DOMESTIC ABUSE?

(1) "Abuse" means inflicting, or attempting to inflict, physical injury on an adult or minor by other than accidental means, placing an adult or minor in fear of physical harm, physical restraint, malicious damage to the personal property of the abused party, including inflicting, or attempting to inflict, physical injury on any animal owned, possessed, leased, kept, or held by an adult or minor, or placing an adult or minor in fear of physical harm to any animal owned, possessed, leased, kept, or held by the adult or minor.

#### WHO IS A DOMESTIC ABUSE VICTIM?

- (5) "Domestic abuse victim" means any person who falls within the following categories:
- (A) Adults or minors who are current or former spouses;
  - (B) Adults or minors who live together or who have lived together;
  - (C) Adults or minors who are dating or who have dated or who have or had a sexual relationship, [as used herein "dating" and "dated" do not include fraternization between two (2) individuals in a business or social context];
  - (D) Adults or minors related by blood or adoption;
  - (E) Adults or minors who are related or were formerly related by marriage; or
  - (F) Adult or minor children of a person in a relationship that is described in subdivisions (5) (A)-(E); (TCA 36-3-601)

*You must immediately report to your Recruitment Background Investigator within 48 hours any Domestic Violence incident that you or your immediate family member is involved in as a suspect, victim or witness.*

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

### **IMPORTANT INSTRUCTIONS**

- ✓ Type an answer to every question. If a question does not apply to you, indicate so with N/A. If you are not sure if a question applies to you, contact the Recruitment Section.
- ✓ If you answered 'yes' to a question that requires a detailed explanation, use the continuation sheet located at the end of each section.
- ✓ List **complete** addresses, and telephone numbers (to include numerical, street, city, state, zip code and area codes).
- ✓ Prior to submitting this form, signature pages 4 and 5 must be signed and notarized.  
**All signatures must be affixed in the presence of a Notary Public.**
- ✓ Do not misstate or omit any material facts since the statements made herein are **subject to verification**. Failure to follow any instructions may subject you to disqualification.

#### **If you have military experience:**

- ✓ Page 27 is to be completed and notarized by all those who have enlisted in any of the Armed Forces of the United States (whether currently serving or have prior experience) or were a dependent of military personnel.
- ✓ Page 29 – Military Records Request Form 180  
Complete Section I  
Section II - the years the undeleted Report of Separation is requested for, and  
Section III - signature of requestor, date of request, daytime phone number, and email address.

The information furnished on this form is to be utilized for the purpose of enabling the Metropolitan Nashville Police Department to determine the applicant's qualifications.



## **Section 1: Personal Data**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

4. Is this a valid "Class D" driver license? ☐ Yes ☐ No

5. Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

6. Mailing Address: *(if different than home address)* \_\_\_\_\_

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

Zip: \_\_\_\_\_ County: \_\_\_\_\_

7. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

8. Email: \_\_\_\_\_

9. Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

10. Sex: ☐ Male ☐ Female Age: \_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

\*If Male, enter your Selective Service Number (if born after January 15, 1960): \_\_\_\_\_

If unknown, call 1-847-688-3117 to obtain or visit <https://www.sss.gov/RegVer/wfVerification.aspx>

11. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: (as listed on birth certificate) \_\_\_\_\_.

12. Scars, tattoos, and/or distinguishing marks or features: \_\_\_\_\_.

13. U.S. Citizen? ☐ Yes ☐ No If yes, Native Born ☐ or Naturalized ☐ ?

14. If naturalized, give date, place and court of naturalization. Attach copy of naturalization documentation.

\_\_\_\_\_

15. List any other names, aliases, nicknames, or maiden names that you have been known by

\_\_\_\_\_.

16. ☐ Yes ☐ No Have you ever used a different Social Security number?

If yes, explain: \_\_\_\_\_

17. ☐ Yes ☐ No Have you ever used a date of birth or a name different from your birth certificate?

If yes, explain: \_\_\_\_\_

18. ☐ Yes ☐ No Have you ever intentionally altered your name, address, or date of birth on any official document, certificate or license?

If yes, explain: \_\_\_\_\_

19. List all residences (complete addresses) since the age of 17. If apartment, include name and address of apartment complex or landlord below your address. *Note: include all military residences.*

From Mo/Yr	To Mo/Yr	Full Address (include city, state, zip code)

20. Marital Status: ☐ Married ☐ Separated ☐ Widowed ☐ Single ☐ Divorced

How many times have you been married? \_\_\_\_\_ If divorced, provide copies of all divorce decrees.

21. Current Spouse:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

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

Date Married: \_\_\_\_\_ City/State where performed: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

22. Ex-Spouse or Separated Spouse: (If more than one, use continuation of answer table at the end of this section)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email (if known): \_\_\_\_\_

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

Date Married: \_\_\_\_\_ City/State where performed: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

23. List all children below, including step, foster and adopted children.

Name	Sex	Date of Birth	Have Custody?	Current Address/Email for children 18 and over

24. ☐ Yes ☐ No Are you required to pay child support? If yes, explain in detail and include monthly payment amount.

\_\_\_\_\_

25. ☐ Yes ☐ No Have you ever had wages garnished or attached for non-payment of child support? If yes, explain in detail. \_\_\_\_\_

26. List all parents below.

Father: If deceased, Date of Death \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_




29. List all current and former domestic partners, girlfriends or boyfriends within the last 10 years:

Full Name	Date of Birth	Phone	Current Address and Email	Line of work

Page Number	Question Number	Section 1 Continuation of Answer

## **Section 2: Arrests**

**IMPORTANT!** If you answer yes to any of the questions below, provide a full explanation in the continuation of answer table at the end of this section.

30. ☐ Yes ☐ No Have you ever been arrested for a criminal offense, felony, misdemeanor, misdemeanor

arrest citation, or had any charges expunged? Even if the charge was expunged, you must tell us in order to avoid disqualification for failing to disclose, including offenses that occurred as a juvenile. If expunged, attach a copy of the expungement order.

31. ☐ Yes ☐ No Have you ever been convicted, pled guilty, or entered a plea of nolo contendere for a criminal offense, felony, misdemeanor, or misdemeanor arrest citation? Include offenses that occurred as a juvenile.
32. ☐ Yes ☐ No Have you ever been placed on or received pretrial diversion, or community corrections for any charge?
33. ☐ Yes ☐ No Are there any criminal or civil case pending against you or your immediate family at this time?
34. ☐ Yes ☐ No Have you ever received and/or been convicted of a traffic offense, including parking violations? Conviction also means the payment of fines.
35. ☐ Yes ☐ No Have you ever been involved in any civil court action?
36. ☐ Yes ☐ No Have you ever been served with a criminal summons?
37. ☐ Yes ☐ No Have you ever had a civil order placed against you? To include an order of protection, restraining order, injunction against harassment.
38. ☐ Yes ☐ No Have you ever been fingerprinted for any reason other than this hiring process?
39. ☐ Yes ☐ No Have you ever taken a polygraph or CVSA examination other than for this hiring process?
40. ☐ Yes ☐ No Have the police ever been called to your residence for any reason? If yes, explain and include who called the police.
41. ☐ Yes ☐ No Have the police ever been called to or summoned to an incident where you were present or had participated? If yes, explain and include who called the police.
42. ☐ Yes ☐ No Are there any incidents in which you have been contacted or interviewed by a police officer? If yes, list all such matters, even if not formally charged, no court appearance was required, found not guilty, or matter settled by payment or fine. Do not include traffic tickets.
43. ☐ Yes ☐ No Have you ever been in a physical confrontation or altercation with anyone, including your spouse, ex-spouse, children, relatives, girl/boyfriend, or parents? To include pushing, shoving, etc.
44. ☐ Yes ☐ No Has your spouse, ex-spouse, children, relatives, girl/boyfriend or parents ever called the police on you for any reason?
45. ☐ Yes ☐ No Has your spouse, ex-spouse, children, relatives, girl/boyfriend or parents ever accused

you of battery in a report or discussion with anyone else?

46. ☐ Yes ☐ No Has anyone ever claimed that you have beaten, abused, mistreated, or sexually assaulted a child, no matter the relationship or non-relationship of the child to you?
47. ☐ Yes ☐ No Have you ever abused or mistreated an animal or has anyone ever claimed that you have abused or mistreated an animal?
48. ☐ Yes ☐ No Have you ever been the victim of a crime?

Page Number	Question Number	Section 2 Continuation of Answer

### **Section 3: Personal Questionnaire**

**IMPORTANT!** If you answer yes to any of the questions below, provide a full explanation in the continuation of answer table at the end of this section. Particularly describe the dates, circumstances, and frequency. If associated with any organization, also include nature and extent of the association, including office or position held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

49. ☐ Yes ☐ No Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the law or the Constitution of the United States by unlawful or unconstitutional means?
50. ☐ Yes ☐ No Are you now or have you ever been affiliated or associated with any organization of the type described in question 49, as an agent, official or employee?
51. ☐ Yes ☐ No Have you ever associated with any individuals, including relatives, who you know or

have reason to believe are or have been members of any organizations described in question 49?

52. ☐ Yes ☐ No Have you ever been engaged in any of the following activities of any organization of the type described previously in question 49: contribution(s) to, attendance of or participation in any organization, social, or other activities of said organizations or any projects sponsored by them: the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities?
53. ☐ Yes ☐ No Have you ever done anything to harm, insult, or frighten another person because of that person's race, color, national origin, gender, gender identity, sexual orientation, age, religion, creed or disability?
54. ☐ Yes ☐ No Have you ever been delinquent in paying any of your debts or taxes?
55. ☐ Yes ☐ No Have you ever been bonded?
56. ☐ Yes ☐ No Have you ever been refused by a bonding company?
57. ☐ Yes ☐ No Have you ever had any licenses or permits issued to you? Include security guard and private investigator license, but exclude driver license.
58. ☐ Yes ☐ No Have you ever been refused a license or permit?
59. ☐ Yes ☐ No Have you ever applied for a permit to carry a concealed weapon?  
If yes, what state? \_\_\_\_\_ Was permit granted? ☐ Yes ☐ No  
Reason for Permit: \_\_\_\_\_
60. ☐ Yes ☐ No Have you ever been denied a permit to carry a concealed weapon?
61. ☐ Yes ☐ No To your knowledge, have you ever been the subject of any criminal or civil rights investigation?
62. ☐ Yes ☐ No Have you ever driven a motor vehicle when you thought you had drank too much of any alcoholic beverage or used drugs?
63. ☐ Yes ☐ No Have you ever been stopped, questioned, or arrested for driving while intoxicated, driving while impaired, or driving under the influence of alcohol or any controlled substance, whether you were arrested or not?
64. ☐ Yes ☐ No Do you routinely consume alcoholic beverages or use drugs? If so, explain the circumstances, and the setting – include the type of drink or drugs used, and how much used in an average week.
65. ☐ Yes ☐ No Have you been intoxicated within the last year? If yes, indicate how many times. When was the last time you drank any alcoholic beverage or used any type of drug (other than a drug prescribed by a physician)? List type of alcoholic beverage and/or drug used and date.



66. ☐ Yes ☐ No Does your personality change when you have been drinking or using drugs?
67. ☐ Yes ☐ No Has there been a period in your life when you thought you abused alcoholic beverages or drugs?
68. ☐ Yes ☐ No Have you ever had any contact with any law enforcement officer because you had been drinking?
69. ☐ Yes ☐ No Have you ever been in a fight or argument with anyone while you had been drinking?
70. ☐ Yes ☐ No Have you ever used drugs or drank alcoholic beverages while on the job anywhere?
71. ☐ Yes ☐ No Have you ever called in sick because you were too hung over or drunk to go to work?
72. ☐ Yes ☐ No Have you ever done anything while under the influence of alcohol or drugs that you would not have done if you had been sober?
73. ☐ Yes ☐ No Have you ever used a prescription medication that was prescribed for someone else?
74. ☐ Yes ☐ No Have you ever used illegal drugs? If yes, use the continuation sheet to list what types you have used; how many times you have used them, and when was the last time that you used them.
75. ☐ Yes ☐ No Have you ever sold or participated in the sale of any kind of narcotic, dangerous drug, or marijuana? This includes but is not limited to: marijuana, cocaine, crack cocaine, anabolic steroids, ecstasy, LSD. If yes, use the continuation sheet to explain in detail to include the last time you sold, kind of drug, and how many times.
76. ☐ Yes ☐ No Have you ever bought any kind of narcotic, dangerous drug, or marijuana? This includes but is not limited to: marijuana, cocaine, crack cocaine, anabolic steroids, ecstasy, LSD.
77. ☐ Yes ☐ No Did you ever deliver, pick up, send, hide, keep or in any other way handle any narcotic, dangerous drug, or marijuana that belonged to you or someone else? This includes but is not limited to: marijuana, cocaine, crack cocaine, anabolic steroids, ecstasy, LSD.
78. ☐ Yes ☐ No Have you ever been involved in an argument or fight because of a narcotic, dangerous drug, or marijuana? This includes but is not limited to: marijuana, cocaine, crack cocaine, anabolic steroids, ecstasy, LSD.
79. ☐ Yes ☐ No Have you ever been present when someone else was selling, or buying a narcotic, dangerous drug, or marijuana? This includes but is not limited to: marijuana, cocaine, crack cocaine, anabolic steroids, ecstasy, LSD.
80. ☐ Yes ☐ No Have you ever used, bought, sold or given away any prescription drugs not lawfully prescribed to you.
81. ☐ Yes ☐ No Have you ever purchased alcoholic beverages for a minor?

82. ☐ Yes ☐ No As an adult, have you ever stolen money? If yes, use continuation sheet to explain. Include the amount of money and the circumstances.
83. ☐ Yes ☐ No As an adult, have you ever shoplifted anything at any time in your life?
84. ☐ Yes ☐ No As an adult, have you ever switched price tags or labels on any merchandise at any time in your life?
85. ☐ Yes ☐ No Did you ever buy anything that you suspected or knew was stolen?
86. ☐ Yes ☐ No Have you ever stolen a gun or weapon of any kind?
87. ☐ Yes ☐ No Did you ever steal or help someone else steal any kind of vehicle?
88. ☐ Yes ☐ No Did you ever ride in a vehicle you suspected or knew to be stolen?
89. ☐ Yes ☐ No Have you ever unlawfully forced entry into any room, building, or residence of any kind in your life?
90. ☐ Yes ☐ No Were you ever with someone else who unlawfully forced entry into any room, building, or residence of any kind in your life?
91. ☐ Yes ☐ No Have you ever robbed anyone or were you ever with someone else who robbed someone?
92. ☐ Yes ☐ No Have you ever snatched a purse or were you ever with someone who snatched a purse?
93. ☐ Yes ☐ No Have you ever been involved in a fight?
94. ☐ Yes ☐ No Have you ever been involved in or witnessed any kind of murder or any other type of killing?
95. ☐ Yes ☐ No Have you ever been involved in or been accused of any type of forced sexual act?
96. ☐ Yes ☐ No Have you ever forced anyone to have sexual intercourse with you?
97. ☐ Yes ☐ No Have you ever forced anyone to kiss, touch, or to have any other type of sexual contact with you?
98. ☐ Yes ☐ No Have you intentionally ever viewed, downloaded or possessed materials containing sexually explicit pictures of minors?
99. ☐ Yes ☐ No Have you any racial, ethnic, religious, sexual or other prejudices that will affect your job performance?
100. ☐ Yes ☐ No Have you ever committed or been involved in any illegal activity involving animals?



### **Section 4: Education & Training**

108. High School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Year graduated: \_\_\_\_\_

109. List all postsecondary education. List the most current first. You must submit an official college transcript at this time (not a copy). Must be in a sealed envelope from the institution.

Name of School and Location	Dates Attended (From – To)	Credit Hours Earned & GPA	Degree/Major

110. List other schools or training (military, specialized schools, trade, technical, vocational, business)

Name of School and Location	Dates Attended (From – To)	Degree/Certificate Received	Course of Study

### **Section 5: Employment**

111. List every period of employment, or period of unemployment for the **last 10 years**. Begin with present employment. Account for all time periods. Include all part-time, temporary, and/or seasonal employment, periods of unemployment, and school attendance. Please list complete addresses and telephone numbers with area code.

Employer: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Supervisor's Email: \_\_\_\_\_

Co-Worker's Name: \_\_\_\_\_ Co-Worker's Phone: \_\_\_\_\_

Co-Worker's Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason Left: \_\_\_\_\_ Was Notice Given? ☐ Yes ☐ No  
Did You Ever Receive Any Disciplinary Action? ☐ Yes ☐ No

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
Supervisor's Email: \_\_\_\_\_  
Co-Worker's Name: \_\_\_\_\_ Co-Worker's Phone: \_\_\_\_\_  
Co-Worker's Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason Left: \_\_\_\_\_ Was Notice Given? ☐ Yes ☐ No  
Did You Ever Receive Any Disciplinary Action? ☐ Yes ☐ No

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
Supervisor's Email: \_\_\_\_\_  
Co-Worker's Name: \_\_\_\_\_ Co-Worker's Phone: \_\_\_\_\_  
Co-Worker's Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason Left: \_\_\_\_\_ Was Notice Given? ☐ Yes ☐ No  
Did You Ever Receive Any Disciplinary Action? ☐ Yes ☐ No

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
Supervisor's Email: \_\_\_\_\_  
Co-Worker's Name: \_\_\_\_\_ Co-Worker's Phone: \_\_\_\_\_  
Co-Worker's Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason Left: \_\_\_\_\_ Was Notice Given? ☐ Yes ☐ No  
Did You Ever Receive Any Disciplinary Action? ☐ Yes ☐ No

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
Supervisor's Email: \_\_\_\_\_  
Co-Worker's Name: \_\_\_\_\_ Co-Worker's Phone: \_\_\_\_\_  
Co-Worker's Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason Left: \_\_\_\_\_ Was Notice Given? ☐ Yes ☐ No  
Did You Ever Receive Any Disciplinary Action? ☐ Yes ☐ No

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
Supervisor's Email: \_\_\_\_\_  
Co-Worker's Name: \_\_\_\_\_ Co-Worker's Phone: \_\_\_\_\_  
Co-Worker's Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason Left: \_\_\_\_\_ Was Notice Given? ☐ Yes ☐ No  
Did You Ever Receive Any Disciplinary Action? ☐ Yes ☐ No

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
Supervisor's Email: \_\_\_\_\_  
Co-Worker's Name: \_\_\_\_\_ Co-Worker's Phone: \_\_\_\_\_  
Co-Worker's Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason Left: \_\_\_\_\_ Was Notice Given? ☐ Yes ☐ No  
Did You Ever Receive Any Disciplinary Action? ☐ Yes ☐ No

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
Supervisor's Email: \_\_\_\_\_  
Co-Worker's Name: \_\_\_\_\_ Co-Worker's Phone: \_\_\_\_\_  
Co-Worker's Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason Left: \_\_\_\_\_ Was Notice Given? ☐ Yes ☐ No  
Did You Ever Receive Any Disciplinary Action? ☐ Yes ☐ No

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
Supervisor's Email: \_\_\_\_\_  
Co-Worker's Name: \_\_\_\_\_ Co-Worker's Phone: \_\_\_\_\_  
Co-Worker's Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Reason Left: \_\_\_\_\_ Was Notice Given? ☐ Yes ☐ No  
 Did You Ever Receive Any Disciplinary Action? ☐ Yes ☐ No

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
 Supervisor's Email: \_\_\_\_\_  
 Co-Worker's Name: \_\_\_\_\_ Co-Worker's Phone: \_\_\_\_\_  
 Co-Worker's Email: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Reason Left: \_\_\_\_\_ Was Notice Given? ☐ Yes ☐ No  
 Did You Ever Receive Any Disciplinary Action? ☐ Yes ☐ No

**IMPORTANT!** If you answer yes to any of the questions below, please fully explain on the continuation of answer table at the end of this section.

112. ☐ Yes ☐ No Have you ever applied for employment with any law enforcement, criminal justice, or governmental agency to include the Metropolitan Nashville Police Department? If yes, use the continuation table at the end of this section to provide the name of the agency, complete address, position applied for and approximate date applied.
113. ☐ Yes ☐ No Have you ever been disqualified by any law enforcement, criminal justice, or governmental agency including MNPD? If yes, use the continuation table at the end of this section to provide the name of the agency, complete address, position applied for, approximate date applied and reason for disqualification.
114. ☐ Yes ☐ No Have you ever been discharged, asked to resign, laid-off, or subjected to disciplinary action while in any position (except military)?
115. ☐ Yes ☐ No Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason?
116. ☐ Yes ☐ No Have you ever been discharged from any position for failing a probationary period?
117. ☐ Yes ☐ No Have you ever resigned while under investigation or resigned in lieu of being terminated for any reason?
118. ☐ Yes ☐ No Have you ever received unemployment compensation?
119. ☐ Yes ☐ No Have you ever quit any job without giving notice?
120. ☐ Yes ☐ No Have you ever been refused a job?
121. ☐ Yes ☐ No Are there any places where you once worked that would refuse to rehire you?

122. ☐ Yes ☐ No Have you ever been disciplined, reprimanded, or counseled at any job for any reason?
123. ☐ Yes ☐ No Have you ever been interviewed by an employer's internal affairs, quality control, loss prevention, or other disciplinary unit?
124. ☐ Yes ☐ No Have you ever been warned, counseled, disciplined, or otherwise spoken to about comments you made regarding someone's race, gender, religion, nationality, or sexual orientation?
125. ☐ Yes ☐ No Have you ever sexually harassed another employee?
126. ☐ Yes ☐ No Have you ever called in sick to work when you were not sick?
127. ☐ Yes ☐ No Have you ever clocked someone else in or had someone else clock you in in violation of the employer's rules?
128. ☐ Yes ☐ No Have you ever used a company vehicle for personal use in violation of the employer's rules?
129. ☐ Yes ☐ No Have you ever intentionally violated any employer's rules but not been caught?
130. ☐ Yes ☐ No Have you ever used your position for personal gain in any way?
131. ☐ Yes ☐ No Have you ever stolen money or anything else from any employer?
132. ☐ Yes ☐ No Have you ever been accused of stealing any money or anything else from any employer, whether you did it or not?
133. ☐ Yes ☐ No Have you ever had any system or plan for stealing from an employer?
134. ☐ Yes ☐ No Will your current position be in jeopardy if contacted by the Metropolitan Nashville Police Department?
135. ☐ Yes ☐ No At this time do you agree to allow the Metropolitan Nashville Police Department to contact any and/all present employers? If no, explain in detail on continuation of answer table at the end of this section.

Page Number	Question Number	Section 5 Continuation of Answer




### **Section 6: Military Service**

**If you have never served in any branch of the US Armed Forces, skip to Section 7.**

136. In which branch of the US Armed Forces have you served? \_\_\_\_\_

**You must provide a DD Form 214 (Discharge) for each period of non-continuous service.**

137. ☐ Yes ☐ No Are you currently on active duty? If yes, provide the information below.

Branch	
Date Entered	
Length of Commitment	
Date of Actual or Estimated Separation	
Grade/Rank	
Current M.O.S.	
Supervisor Unit Mailing Address	

138. ☐ Yes ☐ No Are you currently in the Reserves, National Guard, ROTC or Coast Guard? If yes, provide the information below.

Branch	
Date Entered	
Length of Commitment	
Date of Actual or Estimated Separation	
Grade/Rank	
Current M.O.S.	
Supervisor Unit Mailing Address	

139. List all military service. Use continuation table at the end of this section if necessary.

Dates of Service	
Branch of Service	

Complete Unit Address	
M.O.S.	
Highest Rank	
Type of Discharge	
Reason for Discharge	
Disciplinary Action	

Dates of Service	
Branch of Service	
Complete Unit Address	
M.O.S.	
Highest Rank	
Type of Discharge	
Reason for Discharge	
Disciplinary Action	

**IMPORTANT!** If you answer yes to any of the questions below, provide a full explanation in the continuation of answer table at the end of this section.

140. ☐ Yes ☐ No Have you ever served in the armed forces of another nation?
141. ☐ Yes ☐ No Have you ever been denied entrance or re-entrance to any of the US Armed Forces for any reason?
142. ☐ Yes ☐ No Have you been charged, detained, or arrested on a military installation for any reason? If yes, use continuation sheet to explain in detail (include dates, places, law enforcing authority or type, type of court or court martial, unit where action occurred, charge and action taken in each incident) and attach a copy of all reports.
143. ☐ Yes ☐ No While in military service, were you ever arrested and/or convicted for any offense, a defendant in a trial, or have you been subject to any disciplinary or corrective action? If yes, use the continuation table at the end of this section to explain in detail (include dates, places, law enforcing authority or type, type of court or court martial, unit where action occurred, charge and action taken in each incident) and attach a copy of all reports.

Page Number	Question Number	Section 6 Continuation of Answer

## MILITARY RECORDS

To: The National Personnel Records Center

- I respectfully request and authorize the National Personnel Records Center, and other custodian of my military record to release to the Metropolitan Nashville Police Department any and all information or photocopies that you have concerning my military personnel records to include medical records and any record of disciplinary action and/or court martial. This should also include an undeleted photocopy of my Report of Separation, DD214.

### SIGNATURE MUST BE NOTARIZED

---

Name of Applicant

---

Signature of Applicant

---

Address (Numerical, Street, City, State, Zip Code)

### NOTARY ACKNOWLEDGEMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me, the undersigned, Notary Public for said County and State, \_\_\_\_\_, to me known (or proved to me on the basis of satisfactory evidence) to be the person who executed the within instrument for the purposes therein contained.

Witness my hand, at Office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

---

Notary Public

---

My Commission Expires

## INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

**1. General Information.** The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

**2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR).** Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180. (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago.)

a. **Release of information:** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's legal guardian is needed in Section III of the SF180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, the surviving next-of-kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next-of-kin may be any of the following: unmarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**

b. **Fees for records:** There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

**3. Archival Records.** Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. **Release of Information:** Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.

b. **Fees for Archival Records:** Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the photocopies of documents in the requested record, you will receive an invoice. Photocopies will be sent after payment is made. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

**4. Where reply may be sent.** The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number.

**5. Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

**6. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from [inquire@nara.gov](mailto:inquire@nara.gov) or write to the Code 6 address on page 2 of the SF 180.

### PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

### PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (ISSD), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**

**REQUEST PERTAINING TO MILITARY RECORDS**

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>. To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

**SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)**

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)			
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED
a. ACTIVE	-		
b. RESERVE	-		
c. STATE NATIONAL GUARD	-		
		OFFICER	ENLISTED
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
6. IS THIS PERSON DECEASED? <input type="checkbox"/> NO <input type="checkbox"/> YES - MUST provide Date of Death if veteran is deceased: _____			
7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES			

**SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED****1. CHECK THE ITEM(S) YOU ARE REQUESTING:**

☒ **DD Form 214 or equivalent.** Year(s) in which form(s) issued to veteran: \_\_\_\_\_

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.

An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: ☐ I want a DELETED copy.

☐ **Medical Records** Includes Service Treatment Records, Health (outpatient) and Dental Records. IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided: \_\_\_\_\_

☒ **Other (Specify) MEDICAL RECORDS**

2. PURPOSE: (Providing information about the purpose of the request is strictly voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☒ Other (explain)

Explain here: **PRE-EMPLOYMENT BACKGROUND INVESTIGATIONS**

**SECTION III - RETURN ADDRESS AND SIGNATURE****1. REQUESTER NAME:**

2. ☒ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.
- ☐ I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)

- ☐ I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)
- ☐ OTHER

(Relationship to deceased veteran)

(Specify type of Other)

**3. SEND INFORMATION/DOCUMENTS TO:**

(Please print or type. See item 4 on accompanying instructions.)

**MNPD Recruitment Unit**

Name

**811 Anderson Lane Suite 100**

Street

Apt.

**Madison**

**TN**

**37115**

City

State

Zip Code

4. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

\* This form is available at <http://www.archives.gov/veterans/military-service-records/standard-form-180.html> on the National Archives and Records Administration (NARA) web site. \*

Signature Required - Do not print

Date

Daytime phone

Fax Number

Email address

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER		
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
	Active, Reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Research Services (RDTIR) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center ATTN: Release of Information P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTSC) 18420 E. Silver Creek Avenue Building 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command's web page: <a href="https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents">https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents</a> or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 <a href="mailto:MR_CustomerService@uscg.mil">MR_CustomerService@uscg.mil</a>	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030	9	AMEDD Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002  eVetRecs: <a href="http://www.archives.gov/veterans/military-service-records/">http://www.archives.gov/veterans/military-service-records/</a>
5	Marine Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3120		

## **Section 7: Traffic Records**

**IMPORTANT!** If you answer yes to any of the questions below, provide a full explanation in the continuation of answer table at the end of this section.

144. In what state do you currently have a driver license? \_\_\_\_\_

145. ☐ Yes ☐ No Are there any other states where you have been or are currently licensed to operate a motor vehicle? If yes, use continuation sheet to list each state and driver license number.

146. ☐ Yes ☐ No Has your driver license ever been suspended, revoked, or cancelled in any state?

147. ☐ Yes ☐ No Has any registration for any vehicle owned by you ever been cancelled, refused, suspended, or revoked for any reason?

148. ☐ Yes ☐ No Are there any traffic charges pending against you at this time?

149. ☐ Yes ☐ No Have you ever used registration plates on your vehicle when those plates were registered to another vehicle?

150. ☐ Yes ☐ No Have you ever used another person's driver license or allowed another person to use your driver license for any reason?

151. ☐ Yes ☐ No Have you ever been involved in a hit and run accident?

152. ☐ Yes ☐ No Have you ever been involved in a motor vehicle accident? If yes, list all traffic accidents in which you were a driver below.

Date	Location	Did Police Investigate?	If Yes, Which Police Agency?	Was Anyone Injured?	Were you at Fault?

153. ☐ Yes ☐ No Have you ever lied to any insurance company about any traffic incident?

154. ☐ Yes ☐ No Have you ever had automobile insurance withdrawn, revoked, cancelled, or have you been refused automobile insurance? If yes, use continuation table at the end of this section to explain in detail. Include name and address of insurance carrier, dates of occurrences and reason.

155. List the name and address of the insurance company with whom you previously and/or currently have automobile insurance. Tennessee law requires that you have at least liability insurance on all motor vehicles.





### **Section 8: Financial**

157. The management of personal finances is relevant to an individual's qualifications for the position of Police Officer. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations. Give the name and address of the individuals, companies, or others, to whom you are indebted and the extent of the debt, include housing, vehicles, student loans, credit cards, etc. Additionally, include any loans on which you are a co-signer. List any and all garnishments and indicate their status. Be complete and accurate in completing this information.

Name/Address	Type of Debt (Loan, credit card, mortgage, etc.)	Amount Outstanding	Late Payments Yes/No

158. What is the estimated balance of your financial indebtedness as of this date? \_\_\_\_\_

**IMPORTANT!** If you answer yes to any of the questions below, provide a full explanation in the continuation of answer table at the end of this section.

159. ☐ Yes ☐ No Have you ever filed for or declared bankruptcy?
160. ☐ Yes ☐ No Have any judgements ever been filed against you?
161. ☐ Yes ☐ No Are you currently more than 30 days behind payment to any creditor?
162. ☐ Yes ☐ No Have you ever had any delinquent federal or state income tax?
163. ☐ Yes ☐ No Do you have any outstanding student loans?
164. ☐ Yes ☐ No Have you had any liens placed against you?
165. ☐ Yes ☐ No Have you ever had your wages attached or garnished?
166. ☐ Yes ☐ No Have any of your debts been turned over for collection?

167. ☐ Yes ☐ No Have you ever had anything repossessed?

168. ☐ Yes ☐ No Have you ever been named as a party in a civil matter?

169. ☐ Yes ☐ No Have you ever been evicted?

170. ☐ Yes ☐ No Have you ever broken a lease agreement?

Page Number	Question Number	Section 8 Continuation of Answer

### **Section 9: Personal References**

171. List at least 5 persons NOT related by blood or marriage. Do not list employers or supervisors (current or former). List individuals who have known you for at least 3 or more years.

Name	Complete Address	Email Address	Phone Number

172. List at least 3 next door neighbors of your current address. If you have lived there less than 6 months, list the neighbors from your previous address. If you do not know your neighbor's name, indicate so and provide address.

Name	Complete Address	E-Mail Address	Phone Number

## Section 10: Experience Summary

Summarize your experience, training, knowledge, skills and abilities, which, in your opinion, establishes your fitness for service with the Metropolitan Nashville Police Department. Include experience in criminal justice agencies. Include special awards. Attach additional pages if needed.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**IMPORTANT!** If you answered yes to any question on this PHS, did you explain your answer in the appropriate area?

Reminder that the following documents **MUST** be submitted at the time of application:

# Birth Certificate

High School Diploma or GED

Official College Transcripts (if applicable)

Military Discharge, long form DD214 (if you served in the military)

P.O.S.T. Certification (if you are an existing police officer)