



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



Dear Applicant,

Congratulations on your decision to apply with the Washington DC Metropolitan Police Department. Thank you for signing up for MPD Prospect Day. We look forward to reviewing your qualifications and background in consideration for a police officer position with our Department.

It is necessary to complete this packet and follow the directions carefully in preparation for MPD Prospect Day. Please bring all of the required documents, listed below, with you to this event. If you need any assistance completing the attached paperwork, please call a member of the Recruitment Division at (202) 645-0445, or via email at helpdesk.oap@dc.gov. In addition, members of the Recruitment Division will be available to assist you during MPD Prospect Day.

REQUIRED DOCUMENTS

- Proof of Citizenship
 - Birth Certificate; and
 - Naturalization Paperwork (if applicable)
- Proof of Qualification
 - College Degree and Transcripts (Proof of 60 college credits) [Unofficial transcripts are ok]; or
 - DD214 (if applicable); or
 - Employment records for prior full-service law enforcement employment
- Driver's License

On the date of your scheduled MPD Prospect Day, the following forms and agreements will need to be completed:

- Computer Check Request Form
- Authorization For Release of Information and Statement of Consent
- Medical Form (Self-Reported Information)
- Preliminary Suitability Survey For Police Applicants

Should you successfully complete MPD Prospect Day, you will be contacted by the Recruiting Division.

Sincerely,

Marvin (Ben) Haiman
Executive Director
Professional Development Bureau

_____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



**METROPOLITAN POLICE DEPARTMENT
RECRUITING DIVISION
COMPUTER CHECKS REQUEST FORM**

Date: _____

Applicant's Full Legal Name: _____
(Last, First Middle)

Applicant's Current Home Address: _____
Street, City, State, Zip

Sex: _____ Race: _____ DOB: _____ SSN: _____

List individually all states and countries that you have lived, visited, or resided in for over a 30 day period.

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If YOU HAVE EVER BEEN ARRESTED PLEASE LIST CITY, STATE AND CHARGE. (use reverse side if necessary)

- 1.
- 2.
- 3.
- 4.
- 5.

_____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



**AUTHORIZATION TO RELEASE OF INFORMATION
AND STATEMENT OF CONSENT**

I, _____ do hereby authorize a review by, and a full disclosure to a duly authorized agent of the Washington, D.C., Metropolitan Police Department of all records, or any part thereof, concerning myself, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial and credit institutions, including records and any other information including statements of deposits, withdrawals and balances of checking, savings and loan accounts, and also the record of commercial or retail mercantile establishments and retail credit agencies (including credit reports and/or ratings,) medical and psychiatric consultation and/or treatment including those of hospitals, clinics, private practitioners, the U.S. Department of Veterans Affairs, Social Security Administration, and military medical and psychiatric facilities, public utility companies, employment and pre-employment records, including background investigation reports, medical reports, the results of polygraph examinations, efficiency and performance ratings, complaints or grievances filed by or against me, and salary records, and other financial statements and records of any nature whatever, and wherever filed, records of complaints, arrests, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records, and further to include all such records whether "adult" or "juvenile."

I fully consent, after a conditional offer of employment is made, to any physical, psychological, or other testing, ***including urine, hair, and/or blood*** for controlled dangerous substances, to determine my suitability to be employed by the Washington D.C., Metropolitan Police Department prior to beginning employment and also during the entire course of my employment with the Washington, D.C., Metropolitan Police Department.

I also fully consent to submit to a polygraph examination and/or computer voice stress analyzer for the purpose of verification of information given by me or contained in my records, application and/or interview in connection with my application for employment with the Washington, D.C., Metropolitan Police Department. I hereby release and waive any and all rights, which may be given to me by any Federal, State, County, or municipality law to refuse or decline to undertake a polygraph examination and/or computer voice stress analyzer.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to those records and any other information including statements that will permit the development of a background and history of my personal and professional life. I further reiterate my authorization to submit, after a conditional offer of employment is made, to any medical, physical, psychiatric, psychological, or other testing, including urine and/or blood for controlled dangerous substances for the specific purpose of developing pertinent information for the Washington, D.C., Metropolitan Police Department to be considered in determining my suitability for employment by the Department.

_____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



It is my specific intent to provide access to information, however personal, privileged, or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny or prevent access to any other records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed, directly or indirectly, in whole or in part, upon release will be considered in determining my suitability for employment, as stated above. Any medical information obtained before a conditional offer of employment is made will not be considered unless a conditional offer of employment is extended. All medical information received will be kept in a separate file and will not be reviewed or used in determining whether a conditional offer of employment will be made.

I agree to indemnify and hold harmless the person(s) to whom this Authorization for Release of Information is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of, or by reason for complying with requests for information that this Authorization provides.

I further understand that in the event my employment application and/or resume is disapproved, not considered, or otherwise does not result in my appointment to the Metropolitan Police Department, the source(s) of confidential information cannot and will not be released and/or revealed to me. However, I may request original documentation submitted to the Recruiting Division as a part of the hiring process. Additionally, all confidential information and documentation obtained by investigative means, to include testing results, will be the sole property of the Metropolitan Police Department.

It is further understood by me that a photocopy, including a facsimile (or fax) copy of the actual original of this Authorization for Release of information will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

Applicant's Printed Name

Signature (Must be signed in front of Notary)

DATE

DATE OF BIRTH

XXX-XX-

Last 4 Digits of Social Security Number

PLEASE HAVE THIS FORM NOTARIZED:

Notary and Seal

My Commission Expires

_____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



Name: _____ PFC Associates
SSN: _____ 920 Varnum Street, N.E.
DOB: _____ Washington, DC 20017

PAST MEDICAL HISTORY: Check the following conditions that you have now or have ever had.

To be completed by the applicant as **self-reported** information.

HEAD Injury Loss of Consciousness Seizure Dizziness Fainting Chronic Headache Migraines	YES _____ _____ _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____ _____ _____	CARDIOVASCULAR Chest pain Heart Attack Palpitations Irregular Heart Beat High Blood Pressure Stroke Heart murmur	YES _____ _____ _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____ _____ _____
EARS Injury Ringing Decreased Hearing Hearing Loss Ruptured Ear Drum	YES _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____	DIABETES THYROID DISORDER CANCER BLEEDING DISORDER ANEMIA	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
EYES Injury Double Vision Blurred Vision Glasses Contacts Decreased Far Vision Decreased Near Vision Vision in One Eye Color Vision Disorder	YES _____ _____ _____ _____ _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____ _____ _____ _____ _____	PULMONARY DISORDERS Asthma Shortness of Breath Lung disease/problems NOSE DISORDERS Injury Chronic Nose Bleeds SINUS DISORDERS Allergies	YES _____ _____ _____ _____ _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____ _____ _____ _____ _____
THROAT Injury Chronic Sore Throats NECK Injury Masses	YES _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____	ABDOMEN Chronic Abdominal Pain Bowel Problems Hepatitis Hernia	YES _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____
MUSCULOSKELETAL Joint Pain Muscle Weakness Arthritis Back Injury or Pain Back Surgery Herniated Disk	YES _____ _____ _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____ _____ _____	KIDNEY Injury Bladder Disorders Kidney Disorders	YES _____ _____ _____ _____	NO _____ _____ _____ _____
FRACTURES OR INJURY Shoulder Elbow Wrist Hand Fingers Hip Knee Ankle	YES _____ _____ _____ _____ _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____ _____ _____ _____ _____	MENTAL Memory Loss Depression Phobias Suicidal Homicidal Anxiety Posttraumatic Stress Disorder	YES _____ _____ _____ _____ _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____ _____ _____ _____ _____

_____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



Foot Other Joint	_____ _____	_____ _____	NEUROLOGICAL Tremors Numbness Confusion	_____ _____ _____	_____ _____ _____
---------------------	----------------	----------------	--	-------------------------	-------------------------

Please Turn Page Over and Answer Questions

ANSWERS TO YES: EXPLAIN (including dates and treatments)

PLEASE LIST ANY

Hospitalizations, Operations, Injuries or Illness	Year

PLEASE LIST THE LAST TIME YOU HAD

Hepatitis Vaccine _____
T.B. Test _____
Tetanus Shot _____
History of Positive T.B. Test, YES _____ NO _____ Treatment Dates _____

HAVE YOU HAD

Chicken Pox	YES _____ NO _____	DATE _____
Mumps	YES _____ NO _____	DATE _____
Measles	YES _____ NO _____	DATE _____

SOCIAL HISTORY

Have You Ever Smoked	YES _____ NO _____	Packs per Day _____	Years _____
Do You Drink Alcohol	YES _____ NO _____	How Much? _____	_____

LIST ALL MEDICATIONS

Medication	Dose	# Times Per Day

DRUG ALLERGIES

--

I certify to the best of my knowledge that the above answers are correct and complete.

Applicant Signature and Date

____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



PRELIMINARY SUITABILITY SURVEY FOR POLICE/RESERVE APPLICANTS

Full Name (Last, First, Middle): _____

Address (Street, City, State, Zip): _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Race: _____ Gender: _____ Place of Birth: _____

Excluding nicknames, list any other names you have ever used and the periods of time during which you used them: _____

Instructions to Applicant:

Use black ink only and print legibly and clearly

This booklet must be completed by the applicant in the applicant's handwriting.

You are being considered for employment with the Washington, D.C. Metropolitan Police Department. As a prerequisite for employment, you are required to submit to a pre-employment polygraph examination. As part of that process, it will be necessary for you to complete this pre-screening booklet. The contents of this booklet and polygraph examination process are considered "CONFIDENTIAL" by both the Reviewer and Examinee, except when information relative to national security or to the conduct of official police business is divulged. It is important that you understand that the intentional misrepresentation, omission, or falsification of any material fact may be just cause for disqualification or dismissal from the applicant process.

Members and employees of the Metropolitan Police Department, regardless of their position, are placed in a position of trust and responsibility. Because of this trust, the Metropolitan Police Department expects candor and honesty from all employees. You will undergo a polygraph examination to determine the truthfulness of the information provided to the Department. The areas of inquiry will deal with your background and experience.

During the interview with the polygraph examiner, you will discuss many aspects of your background. Many applicants are hesitant to reveal information that they fear may disqualify them from employment. Keep in mind that many minor violations are not automatic disqualifiers to appointment. However, your failure to provide truthful, accurate, and complete information will disqualify you from employment.

Applicant Signature: _____

Date: _____

Signature of MPD Witness: _____

CAD: _____

_____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



IDENTITY

YES **NO**

- _____ Have you ever used a false name, date of birth, SSN number, or place of birth for any reason?
- _____ Have you ever obtained, possessed, or used any form of false identification?
- _____ Have you ever misrepresented your identity to any law enforcement agency?
- _____ Have you ever falsified your identity on any job application or official document?
- _____ Have you ever knowingly made any false statement under oath, or falsified any document concerning any matter?

RESIDENCY

YES **NO**

- _____ Has anyone ever called the police on you?
- _____ Have you been involved in any arguments or fights with any of your neighbors?
- _____ Will any of your current or former neighbors say anything derogatory about you?
- _____ Have you ever moved out of any place you have lived due to arguments or disputes with your spouse, family members, roommates, neighbors, or landlords?

EMPLOYMENT

YES **NO**

- _____ Have you ever been fired from any job?
- _____ Have you ever quit or resigned from a job in lieu of being fired.
- _____ Are you currently ineligible to be rehired at any place of past employment?
- _____ Have you ever received a below average, unsatisfactory, or poor performance rating from an employer?
- _____ Within the past three (3) years, have you been subjected to disciplinary action from an employer based upon allegations of insubordination or inability to follow orders?
- _____ Have you ever been rejected for employment by any police department or law enforcement agency?
- _____ Have you ever been terminated or forced to resign from any commissioned or recruit/probationary position with a law enforcement agency for disciplinary reasons?
- _____ Have you ever resigned or been terminated from any law enforcement academy due to a lack of proficiency in an academic or skill area?
- _____ Have you ever previously applied for employment with the Metropolitan Police Department?

Within the past twelve (12) months, how many unexcused absences have you had at your current place of employment? _____

_____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



Within the past twelve (12) months, how many unexcused late occurrences have you had at your current place of employment? _____

Within the past five (5) years, how many times have you been subjected to disciplinary action from an employer for any reason? _____

Within the past five (5) years, how many times have you been discharged from civilian employment due to disciplinary action? _____

MILITARY

YES **NO**

- _____ _____ Have you ever been rejected by any branch of the United States Military?
- _____ _____ Have you ever received a "less than an honorable" (i.e., Dishonorable, General, etc.) discharge from the United States Military?
- _____ _____ While in the military, did you ever engage in any conduct that would constitute a criminal offense?
- _____ _____ Have you ever received any form of discipline while serving in the Military?
- _____ _____ Were you ever denied eligibility for re-enlistment?

TRAVEL

List all foreign countries you have traveled to since the age of sixteen. If you require additional space, please use the additional pages at the end of this document.

Country Visited	Your Age	From (mm/yyyy)	To (mm/yyyy)	Your Citizenship at Time of Travel

DRIVING HISTORY

YES **NO**

- _____ _____ Have you ever operated a vehicle after consuming any intoxicating substance to the point of intoxication?
- _____ _____ Have you ever fled from, or attempted to elude, police while on foot or in a vehicle?
- _____ _____ Have you ever failed to appear in court as a result of any traffic ticket?
- _____ _____ Within the past five (5) years, has your driver's license been suspended or revoked for moving violations?

_____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



- ____ Within the past five (5) years, have you operated a motor vehicle while your driver's license was suspended or revoked?
- ____ Have you ever been convicted of, pled guilty or nolo contendere to, or been given probation before judgment for driving under the influence (DUI) of any controlled substance?
- ____ Have you ever been convicted of, pled guilty or nolo contendere to, or been given probation before judgment for driving while intoxicated from alcohol on any occasion?
- ____ Have you ever been convicted of, pled guilty or nolo contendere to, or been placed on probation before judgment for manslaughter (negligent homicide), hit and run with injury, or fleeing and eluding police?
- ____ Have you ever refused to submit to a truth verification test as part of a pre-employment process?

Within the past five (5) years, how many collisions have you been involved in that were considered to be your fault? _____

Within the past twelve (12) months, how many tickets/ infractions have you received for moving violations? _____

CRIMINAL HISTORY

YES **NO**

- ____ Have you ever been investigated or interviewed by any law enforcement or security personnel as a suspect or defendant in any crime?
- ____ Have you ever engaged in any conduct which would constitute a felony offense, whether or not the conduct resulted in your arrest or the filing of criminal charges?
- ____ As an adult or juvenile, have you ever been arrested?
- ____ As an adult or juvenile, have you ever received any criminal summonses or criminal citations?
- ____ Have any criminal charges against you ever been dropped or dismissed?
- ____ Have any criminal charges ever been expunged from your record?
- ____ Have you ever been convicted of, pled guilty or nolo contendere to, or been given probation before judgment for any misdemeanor, or any offense in any state, territory, or country?
- ____ Have you ever been concerned (or suspected) that you were under investigation for commission of any crimes, even though you were not directly contacted by any law enforcement authorities?
- ____ Have you ever been placed in a jail, prison, or detention center as a result of criminal charges?
- ____ Are you currently wanted in any jurisdiction for any reason?
- ____ Are you currently on probation or parole for any reason?
- ____ Have you ever been involved in any bias-related crime?
- ____ Have you ever been involved in any form of hazing?

____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



CIVIL ACTIONS

YES **NO**

- _____ Have you ever been a plaintiff or a defendant in a civil law suit?
- _____ Have any court-ordered financial judgment ever been taken against you?
- _____ Have you ever failed to obey or honor any judgment entered by a court of record, including, but not limited to, failure to make alimony or child support payments, and failure to pay any fine imposed by any court of record?
- _____ Have you ever received any of the following court orders against you: ex parte, restraining order, protective order, peace order, or any other court order naming you as a defendant or respondent?

THEFT ISSUES

YES **NO**

- _____ Have you ever shoplifted any merchandise from a store or business?
- _____ Have you ever helped anyone shoplift (lookout, divert store employees, hide merchandise, etc.) merchandise?
- _____ Have you ever stolen any money, merchandise, or property from any place you have worked?
- _____ Have you ever stolen anything?
- _____ Have you ever deliberately falsified a time card, work schedule, expense account, payroll document, purchase order, bill, invoice, or any other financial document to commit a theft?
- _____ Have you ever knowingly received, purchased, or sold any stolen property?
- _____ Have you ever stolen from any governmental agency, to include intentionally falsifying any income tax return?
- _____ Have you ever taken something without permission?

DOMESTIC AND SEXUAL-CRIME ISSUES

YES **NO**

- _____ Have the police ever responded to any domestic violence incident in which you were involved?
- _____ Have you ever been involved in any domestic violence incident when the police did not respond?
- _____ Have you ever inflicted any physical injury to any child who was in your care and custody?
- _____ Have you ever had sexual contact with any child under the age of 18 when you were four or more years older than that child? (include whether or not you paid the child in any form to participate in the sexual contact.)

_____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



- _____ Have you ever intentionally viewed, possessed, distributed, or manufactured any form of child pornography?
- _____ Have you ever had, or attempted to have, sexually explicit conversations with a child via a computer or any other media outlet?
- _____ Have you ever engaged in any sexual acts involving prostitution, to include committing the act of prostitution, arranging the services of a prostitute, or profiting from those services?
- _____ Have you ever committed, participated in, or facilitated an act of rape, or committed any sexual act with another person against their will or when the other person was unable to consent or resist due to a disabling condition such as intoxication, physical incapacitation, mental incapacitation, or disability?
- _____ Since the age of 13, have you ever engaged in sexual contact with any animal? If you are unsure of your age at the time of the incident, document the incident in the additional comments section.
- _____ Have you ever exposed your sexual organs to harass, frighten, or shock another person?
- _____ Since the age of 13, have you ever had inappropriate sexual contact with any family member?

ILLEGAL DRUG USAGE

DISCLAIMER: Below you will provide information about your history with illegal drugs. Review these questions carefully and provide complete, accurate responses. For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of a substance for the purpose of getting "high", and all synthetic drugs.

Examples of drugs include, but are not limited to the following: Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc), Barbiturates (Downers), Cocaine / Crack Cocaine, Designer Drugs (Ecstasy, Synthetic Heroin, etc.), GHB (Date Rape Drug), Hallucinogens (Peyote, LSD, Mushrooms), Hashish / Hashish Oil, Heroin / Opium, Marijuana (with or without a prescription, and even in states where marijuana is legal, must be fully disclosed), synthetic marijuana, bath salts, Mescaline, Morphine, PCP / Angel Dust, Quaaludes, Steroids, Synthetic Marijuana (Spice, K-2, Zombie, Scooby Snacks, etc), Tetrahydrocannabinol (THC), Glue, paint, or any substance containing toluene. Even if you claim the use of such substance was an accident, or you were not aware at the time, you must disclose it. Ensure you have answered all questions, or your Applicant Profile will be returned to you for correction which will delay the process.

**Disclosure of drug usage does NOT preclude
an applicant from proceeding in the application process.**

YES NO

- _____ Have you used any form of non-prescribed drug and/or narcotic (to include marijuana, narcotics of any form, dangerous drugs of any kind, and/or any other non-prescribed substance)?

_____ Applicant Initials (Read, Completed and Understood)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



Details: _____

Detail the extent of your illegal drug use within the last 5 years:

- _____ Have you ever experienced any adverse contact with law enforcement due to illegal drug use, possession, or distribution?
- _____ Have you ever forged any documents for financial gain or criminal intent?
- _____ Have you ever performed any services for anyone to receive illegal drugs?
- _____ Have you ever directly sold any illegal drugs?
- _____ Have you ever set up, arranged, or facilitated any illegal drug transactions?
- _____ Have you ever hidden any illegal drugs for yourself or anyone else?
- _____ Have you ever grown or attempted to grow Marijuana or any other illegal drugs?
- _____ Have you ever taken part in manufacturing or producing any illegal drugs?
- _____ Have you ever ingested any prescription medicine for non-medical reasons?
(to get high, out of curiosity, for social or recreational reasons, etc.)
- _____ Have you ever illegally bought or sold prescription medicine to include, but not limited to,
Percocet, Oxycontin, Oxycodone, etc?
- _____ Have you ever traded anything for prescription medicine?
- _____ Has anyone ever given you any prescription medicine for non-medical reasons?
- _____ Have you ever given anyone any prescription medicine for non-medical reasons?
- _____ Have you ever secretly given anyone any prescription medicine without that person's
knowledge or consent?
- _____ Have you ever taken part in any prescription forgeries?
- _____ Have you ever taken more than the prescribed amount of any over the counter or
prescribed medicine?
- _____ Have you ever directed anyone or taken anyone to any place to purchase illegal drugs?

_____ Applicant Initials (Read, Completed and Understood)

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.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



Required Document Checklist

The following documents are required. You **must** bring a physical copy of these documents **with you** to MPD Prospect Day. Failure to bring these documents will prohibit you from continuing in the process. Please initial once the document is attached.

Initial	Required Documents
	<ul style="list-style-type: none">• Birth Certificate
	<ul style="list-style-type: none">• College Degree & Transcript
	<ul style="list-style-type: none">• Driver's License
	<ul style="list-style-type: none">• Driving Record

Initial	Required Completed Forms
	<ul style="list-style-type: none">• Authorization to Release of Information and statement of Consent
	<ul style="list-style-type: none">• Computer Checks Request Form
	Required Pre-polygraph Questionnaires
	<ul style="list-style-type: none">• Identity
	<ul style="list-style-type: none">• Residency
	<ul style="list-style-type: none">• Employment
	<ul style="list-style-type: none">• Military
	<ul style="list-style-type: none">• Travel
	<ul style="list-style-type: none">• Driving History
	<ul style="list-style-type: none">• Criminal History
	<ul style="list-style-type: none">• Civil Actions
	<ul style="list-style-type: none">• Domestic & Sexual Crime
	<ul style="list-style-type: none">• Illegal Drugs

_____ Applicant Initials (Read, Completed and Understood)