

Applicant Personal History Questionnaire

This questionnaire meets requirements found in OAR 259-008-0015.

Instructions to the Applicant

This questionnaire is available for hiring agencies to use to satisfy the Applicant Personal History Questionnaire (APHQ) requirements defined in OAR 259-008-0015.

Any intentional dishonesty, omission, or minimization during any part of the hiring process may result in immediate removal from the process. Being fired from a job, having a criminal record, or having other negative or unfavorable incidents in your past may not disqualify you from the hiring process; however, intentionally omitting, misrepresenting or falsifying information or events may result in your application being rejected.

- DO NOT submit this form to an employing agency unless specifically requested to do so.
- Follow the submission instructions provided by that agency.
- It is recommended that you save a copy of this completed document for your personal records.
- Though agencies must ask all questions contained in this document, they are not required to use this specific document.

Pay close attention to the directions provided. Do not leave any question blank or unanswered. Use N/A if there is no information to include in the space provided. Ensure that this APHQ is complete and accurate. Failure to follow instructions or omitting required information may disqualify you from the hiring process.

You will be required to provide additional, detailed information on a separate supplemental report. There are instructions on what to title each section within this document. Be sure to clearly indicate the section title and the question number as directed. These supplemental reports will be your opportunity to provide an explanation for any question with a "Yes" response.

Applicant Acknowledgement of Instructions:

By initialing here, I acknowledge I have read these instructions and I recognize that answering "Yes" to any of the questions may or may not automatically disqualify me from the hiring process.

Initials: _____

If you have any questions, contact the agency for which you are applying.

DO NOT submit this form to the Department of Public Safety Standards and Training.

Applicant Personal History Questionnaire

This questionnaire meets requirements found in OAR 259-008-0015.

Applicant Information

Last Name:	First Name:	Middle Name:	DPSST Number (if applicable):		
Social Security Number:		Date of Birth:	Place of Birth:		
Gender:	Height:	Weight:	Eye Color:	Hair Color:	Race:
Current Driver's License or Identification Number and the Issuing State:					
Are you a US Citizen or a nonimmigrant legally admitted to the United States under a Compact of Free Association? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a resident noncitizen who is eligible and has applied for US Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Physical Address:					
City, State, Zip:					
Mailing Address:					
City, State, Zip:					
Home Phone:		Cell Phone:		Work Phone:	
Email:					
<p>Former Names, Aliases, or Nicknames <i>List all names, aliases, or nicknames you have used and the timeframes they were used. Indicate N/A if not applicable. If more space is needed, provide the information in your supplemental report. Title this section "Former Names, Aliases, or Nicknames."</i></p>					
<p>Applications to Other Agencies List ALL public or private safety agencies, to which you applied for employment.</p> <p><i>Provide the following information in your supplemental report. Title this section "Applications to Other Agencies":</i></p> <ol style="list-style-type: none"> a. Agency Name and State b. Title of Position Applied c. Background Investigator Name and Contact Information (If no background started, indicate "No Background") d. Status of Application (unknown, passed, submitted) e. Approximate Date Application Submitted <p>I have not applied for any other position with a public safety agency in this or any other state.</p> <p>Initials: _____</p>					

Applicant Personal History Questionnaire

This questionnaire meets requirements found in OAR 259-008-0015.

Personal History

Personal History Reporting

Provide the following information in your supplemental report, indicate N/A if not applicable. Title this section "Personal History Reporting".

1. Current domestic partner, significant other, or spouse:
 - a. Full name
 - b. Other names used
 - c. Date of Birth (DOB)
 - d. Email address
 - e. Phone number
2. Ex-domestic partners, significant others, or spouses:
 - a. Full name
 - b. Other names used
 - c. Date of Birth (DOB)
 - d. Address
 - e. Email address
 - f. Phone number
3. List ALL children (Including adopted, step and/or foster children):
 - a. Full name
 - b. Date of Birth (DOB)
 - c. Child's additional parent/guardian
 - d. Child's relationship to applicant
 - e. Address
 - f. Email address
 - g. Phone number
4. List ALL family members to include father, mother, siblings (including half, step, and in-laws):
 - a. Full name
 - b. Date of Birth (DOB)
 - c. Relationship to applicant
 - d. Address
 - e. Email address
 - f. Phone number
5. List all your current and past social media accounts with your username and/or screen name for each account.

Personal History Questions:

*For each "yes" answer below, provide a detailed explanation in your supplemental report. Title this section "**Personal History Questions**" and include the question number(s).*

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever been denied entry into another country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever accessed or used any part of a computer, computer system, software/web application, or program in a way that was against the law, contrary to policy, or without authorization? | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant Personal History Questionnaire

This questionnaire meets requirements found in OAR 259-008-0015.

Personal History (continued)	Personal History Questions (continued):	Yes	No
	3. Have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted or shows a policy of advocating for discrimination, the commission of force, or violence to deny other persons their rights under the Constitution of the United States of America or the State of Oregon; or which seeks to alter the form of government of the United States of America by unconstitutional means?		
	4. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual orientation, or disability? <i>If you answer yes, describe the tattoo and what it signifies in your supplemental report.</i>		
	5. Have you ever been a member or associate of a criminal enterprise, street gang, or any group that advocates for discrimination or violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual orientation, or disability?		
	6. Have you ever had a complaint of unnecessary force or brutality filed against you?		
	7. Have you ever hit or physically overpowered a current or former domestic partner, romantic partner, significant other, spouse, or family member?		
	8. Have you ever been involved in a physical fight, confrontation, or other violent act?		
	9. Have you ever used your position or authority to benefit yourself or another, or to harm another, contrary to policy or in violation of the law?		
	10. Have you ever caused physical injury to another person?		
	11. Is there any reason you would not be able to use deadly force, if necessary, in the line of duty?		

Applicant Personal History Questionnaire

This questionnaire meets requirements found in OAR 259-008-0015.

Drug/Alcohol Use

In your supplemental report, in a section titled “**Drug/Alcohol Use**”, list all impairing drugs/substances you have used that were not specifically prescribed to you by a medical professional. For each drug/substance, explain:

- a. Date you first used the drug/substance.
- b. Date you last used the drug/substance.
- c. How the drug/substance was ingested, consumed, or topically applied.
- d. How the drug/substance was obtained.
- e. If you ever grew, manufactured, sold, smuggled, or transported the drug/substance.
- f. If you ever purchased, used, possessed, or experimented with the drug/substance.

This includes but is not limited to marijuana*, cocaine, crack, methamphetamine, speed, Adderall, opioids (including but not limited to OxyContin, Vicodin, codeine, morphine, heroin, fentanyl), opium, LSD, acid, Ecstasy, MDMA, Molly, peyote, mescaline, steroids, testosterone/HGH, use of another’s prescription drug, synthetic/designer drugs, etc.

*Marijuana, with or without a prescription regardless of the state grown, purchased, sold or utilized.

Drug/Alcohol Use Questions:

For each “yes” answer below, provide a detailed explanation in your supplemental report.

Title this section “**Drug/Alcohol Questions**” and include the question number(s).

	Yes	No
1. Within the past five (5) years, have you associated with friends, acquaintances, housemates, or family members who have illegally possessed or used drugs or narcotics, as defined in federal law, or who have illegally used prescription medications?		
2. Have you ever misused yours or anyone else’s prescription medication?		
3. Have you ever forged or altered a prescription for drugs?		
4. Have you ever gone to work under the influence of drugs, including marijuana or alcohol?		
5. Have you ever caused a disruption or acted as a nuisance while under the influence of drugs, including marijuana or alcohol?		
6. Have you ever engaged in violent behavior while using or under the influence of drugs, including marijuana or alcohol?		
7. Have you ever furnished alcohol to anyone under the age of 21 years?		
8. Have you ever consumed alcohol within an hour prior to starting work/class?		
9. Have you ever consumed alcohol while working or during a class, including breaks or meal periods?		
10. Have you ever failed an employment related drug test?		

Applicant Personal History Questionnaire

This questionnaire meets requirements found in OAR 259-008-0015.

Employment

Provide a list of at least ten years of employment history in part-time, full-time, temporary, seasonal, self-employment, and volunteer positions held. Title this section **“Employment”**. List your most recent employer first.

Include the following information:

- a. Employer Name
- b. Employment Status: (Current, Previous, Full-time, Part-time, Military, Volunteer, Intern, Self-Employed) List all that apply.
- c. Employer Address, City, State, Zip
(If your work location address is different from your employer address, indicate the work location address.)
- d. Hire Date
- e. Separation Date
- f. Position Held
- g. Supervisor’s name, title, phone number, and email address
- h. HR manager’s name, title, phone number, and email address
- i. Three co-workers’ names, titles, phone numbers, and email addresses
- j. Reason for leaving

Employment Questions:

*For each “yes” answer below, provide a detailed explanation in your supplemental report. Title this section **“Employment Questions”** and include the question number(s).*

	Yes	No
1. Have you ever failed a background investigation?		
2. Have you ever had your probationary period extended for any reason?		
3. Have you ever received an unsatisfactory performance review?		
4. Have you ever been involved in a physical or verbal altercation with a supervisor, co-worker, or customer?		
5. Have you ever had your integrity questioned in an employment setting?		
6. Have you ever refused to follow a lawful direct order from a supervisor?		
7. Have you ever damaged a company vehicle?		
8. Have you ever failed to report damage to a company vehicle or other property?		
9. Have you ever broken any rules, regulations, policies, or laws while driving a company vehicle?		
10. Have you ever removed equipment, components, or software from an employer for personal use?		
11. Have you ever used a company/department computer contrary to any company/department policy?		
12. Have you ever released confidential information that you were not authorized to release?		
13. Have you ever taken or used any money, property, or equipment for personal gain from a place where you worked?		
14. Have you ever taken a co-worker’s property or money without permission?		
15. Have you ever received money from inaccuracies on an expense report?		
16. Have you ever falsified yours or someone else's timecard?		
17. Have you ever left work without permission?		
18. Have you ever slept on the job without permission?		
19. Have you ever called in to work sick when you were neither sick nor caring for a sick family member?		

Applicant Personal History Questionnaire

This questionnaire meets requirements found in OAR 259-008-0015.

Employment (continued)	Employment Questions (continued):	Yes	No
	20. Have you ever been talked to or warned at work about lateness, absences, or sick leave abuse, excluding protected leave?		
	21. Have you ever missed days or been late to work due to drug or alcohol consumption?		
	22. Have you ever been talked to or warned by an employer about your drinking or use of any drugs, including marijuana?		
	23. Has your work performance ever been affected by your use of alcohol or drugs, including marijuana?		
	24. Have you ever viewed or emailed pornographic material while at work?		
	25. Have you ever engaged in sexual intercourse or touched, with or without clothing, the intimate body parts of another person while at work?		
	26. Have you ever been accused of or investigated for discrimination or harassment?		
	27. Have you ever been the subject of a job-related investigation?		
	28. Have you ever been the subject of a complaint at work that resulted in disciplinary action?		
	29. Have you ever received correction or discipline at work, to include verbal or written reprimands?		
	30. Have you ever been fired, released from probation, or asked to resign from any place of employment?		
	31. Have you ever been voluntarily or involuntarily demoted?		
	32. Have you ever had a pay raise or promotion delayed or withheld due to performance or conduct?		
	33. Have you ever quit without giving proper notice?		
	34. Have you ever resigned in lieu of termination, had a negotiated resignation/settlement agreement, or resigned while under suspension or while dismissal proceedings were pending?		
	35. Will any of your past or present employers give you an unfavorable recommendation?		
	36. Have you ever been informed by a previous employer that you were ineligible for rehire?		
37. Have you ever been denied employment by a public safety or criminal justice agency?			
38. Have you ever been accused of or investigated for untruthfulness, dishonesty, or misrepresentation?			

Applicant Personal History Questionnaire

This questionnaire meets requirements found in OAR 259-008-0015.

Education	Do you have a high school diploma or a certificate for passing an approved high school equivalency test (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No Schools Attended: <i>In your supplemental report, list all secondary or high schools, colleges, training academies, trade schools or higher education institutions you have ever attended, regardless of graduation status. Title this section "Schools Attended".</i>								
	Include the following information: <ul style="list-style-type: none"> • School name • Start/end dates • Type of degree, certificate, or diploma earned OR the number of hours completed (quarter, semester, or other) 								
	Education Questions: <i>For each "yes" answer below, provide a detailed explanation in your supplemental report. Title this section "Education Questions" and include the question number(s).</i>		Yes	No					
	1. Have you ever been placed on academic probation or received discipline at any of the schools or institutions you attended??								
	2. Have you ever been suspended or expelled from any of the schools, academies, or institutions you attended?								
	3. Have you ever plagiarized, cheated, or engaged in any other intellectual dishonesty at any academy, training facility, or educational facility or assisted another person to cheat, plagiarize or engage in intellectual dishonesty?								
Residential History	<i>List all current and prior addresses for the last ten years or since age 17 if you were a minor withing the last ten years in your supplemental report. Title this section "Residential History".</i>								
	Include the following information for each location: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">a. Dates residing</td> <td style="width: 50%;">d. Current contact information for the landlord or owner</td> </tr> <tr> <td>b. Rent or own</td> <td>e. Current contact information for others who lived with you</td> </tr> <tr> <td colspan="2">c. Physical address, city, state, zip or country</td> </tr> </table>			a. Dates residing	d. Current contact information for the landlord or owner	b. Rent or own	e. Current contact information for others who lived with you	c. Physical address, city, state, zip or country	
	a. Dates residing	d. Current contact information for the landlord or owner							
	b. Rent or own	e. Current contact information for others who lived with you							
	c. Physical address, city, state, zip or country								
	Additionally, list any cities and states or countries you have lived in since birth that are not already listed.								
Residential History Questions: <i>For each "yes" answer below, provide a detailed explanation in your supplemental report. Title this section "Residential History Questions" and include the question number(s).</i>		Yes	No						
1. Have you ever been asked to leave, been issued an eviction notice, or been evicted?									
2. Have you ever left a residence owing rent, utilities, or other household expenses?									
3. Have you ever had any neighbor disputes?									

Applicant Personal History Questionnaire

This questionnaire meets requirements found in OAR 259-008-0015.

Military History

Provide a list of all branches of the military you have served in your supplemental report. Title this section **"Military History"**.

Include the following Information:

- | | | |
|--------------------|-------------------|----------------------|
| a. Branch | c. Discharge Date | e. Type of Discharge |
| b. Enlistment Date | d. Re-entry Code | f. MOS and Job Title |

Military History Questions:

- a. Did you register with the Selective Service? Yes No
 If yes, provide your Registration Number: _____ (can be found online)
- b. Are you currently a member of the U.S. Reserve or National Guard? Yes No

For each "yes" answer below, provide a detailed explanation in your supplemental report. Title this section **"Military History Questions"** and include the question number(s).

	Yes	No
1. Have you ever held any type of secret clearance issued by a federal agency?		
2. Were you ever questioned, detained, the subject of any report, held on suspicion, cited, taken into custody, or arrested for any offense, or a defendant in any trial by civilian or military authorities?		
3. Have you ever taken military property without permission for personal use, to sell or give away?		
4. Were you ever A.W.O.L. or on any unauthorized leave while in the service?		
5. Have you ever performed duties that required certification under a "Human Reliability" or "Personnel Reliability" (PRP) program?		
6. Have you ever been denied or had your certification removed under a "Human Reliability" or "Personnel Reliability" (PRP) program?		
7. Have you ever had any type of clearance denied, revoked, suspended, or downgraded?		
8. Were you ever reduced in rank or grade while in the service?		
9. Did you ever receive any type of disciplinary action (NJP, Article 15, captain's masts, company punishments)?		

Applicant Personal History Questionnaire

This questionnaire meets requirements found in OAR 259-008-0015.

Finances

Provide the following information in your supplemental report. Title this section **“Financial Reporting”** and include the item number(s).

1. Current household monthly income. *This includes rental property income, investment income, employment income, and any other sources of income, including income from your current domestic partner, significant other, or spouse.*
2. Provide the following information for current debt obligations including utilities, mortgages, rent, car loans, educational loans, and any other miscellaneous expenses:
 - a. Type of expense or debt
 - b. Monthly payment amount
 - c. Current balance
 - d. Original debt amount and date incurred
 - e. Creditor’s name, address, phone number
 - f. Any late payments
3. Total amount of all monthly payments

Financial Questions:

For each “yes” answer below, provide a detailed explanation in your supplemental report. Title this section **“Financial Questions”** and include the question number(s).

	Yes	No
1. If you become employed by this agency, do you anticipate any additional personal income other than your salary?		
2. Are you responsible for any court-ordered payments? (E.g., child support, alimony, judgment, restitution, etc.)		
3. Have you ever been over 30 days late in paying child support or alimony?		
4. Have your wages ever been garnished?		
5. Have you ever filed for or declared bankruptcy (Chapter 7, 11, or 13)?		
6. Have you ever been refused credit?		
7. Have you ever been referred to a collection agency?		
8. Have you ever had anything repossessed?		
9. Have you ever been delinquent on income or other tax payments?		
10. Have you ever failed to file income tax as required by law or falsified information on an income tax form?		
11. Have you ever avoided paying any lawful debt?		
12. Have you ever failed to repay a debt?		
13. Have you ever borrowed money to pay for a gambling debt?		
14. Have you ever spent or received money for illegal purposes? (E.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)		
15. Have you ever written a check when you knew you did not have enough money in your account?		
16. Have you ever been defrauded or been a victim of identity theft?		
17. Have you ever defrauded anyone?		

Applicant Personal History Questionnaire

This questionnaire meets requirements found in OAR 259-008-0015.

Criminal History and Arrests/Legal

In your supplemental report under a section titled “Criminal History and Arrests/Legal Questions”, list all arrests, criminal citations to appear, convictions, juvenile adjudications, any police contacts, and any fish and wildlife offenses, regardless of outcome, from 16 years of age to present. Provide the following information for each reported incident. Report vehicle violations or infractions in the motor vehicle section of this document.

- | | |
|----------------------------|----------------------------|
| a. Incident date | d. Investigating agency |
| b. Type of incident | e. Disposition of incident |
| c. Description of incident | |

Criminal History and Arrests/Legal Questions:	Yes	No
<i>For each “yes” answer below, provide a detailed explanation in your supplemental report. Title this section “Criminal History and Arrests/Legal Questions” and include the question number(s).</i>		
1. Are there any criminal or other types of charges pending against you?		
2. Have you ever committed, been convicted of, been found guilty of, or entered a plea of guilt or no contest to any offense punishable as a crime (includes felonies, misdemeanors, and violations) or received an adjudication in ANY local, state, federal, military, or tribal jurisdiction?		
3. Have you ever entered a diversion or similar type program because of a criminal proceeding?		
4. Have you ever been a suspect in a criminal investigation that resulted in a civil compromise agreement?		
5. Have you ever been incarcerated for any reason in any jurisdiction?		
6. Do you have a court disposition in any jurisdiction for possession of less than one ounce of marijuana that occurred prior to July 1, 2015?		
7. Have you ever filed or been the subject of any restraining order, stay away order, protective order, or stalking order filed against you?		
8. Have you ever had a charge of contempt of court filed against you?		
9. Have you ever taken or refused to take a polygraph?		
10. Have you ever been referred to a juvenile department or required to appear before a juvenile court for unlawful or criminal conduct?		
11. Have you ever had a sanction imposed by any court (including those set aside/or a diversion)?		
12. Are you aware of any court that would not consider you a credible witness?		
13. Have you ever been placed on court ordered probation?		
14. Have you ever had a judgment rendered against you?		
15. Are there any pending civil actions against you?		
16. Have you ever been the subject of any criminal or civil rights investigation?		
17. Have you ever been required to appear before a court or judge?		
18. Have you ever been a defendant in a civil action for collection of a debt?		
19. Have you ever been a party in a civil lawsuit? (E.g., small claims, actions, dissolutions, child custody, paternity, support, etc.)		
20. Have the police ever responded to any of your residences for any reason?		
21. Have you or a current or former domestic partner, significant other, or spouse ever been referred to or the subject of an investigation by a child or adult protective services agency?		

Applicant Personal History Questionnaire

This questionnaire meets requirements found in OAR 259-008-0015.

	Criminal History and Arrests/Legal Questions (continued):	Yes	No
Criminal History and Arrests/Legal(continued)	22. Have you settled any civil lawsuit which required payments from you or on your behalf to another party?		
	23. Have you ever filed a false insurance or worker's compensation claim?		
	24. Have you ever falsified any official report or statement?		
	25. Has any member of your family (including in-laws), your current domestic partner, significant other or spouse, or anyone you are related to or lived with been arrested or convicted for anything other than traffic violations?		
	26. Have you ever deliberately done anything to hurt a child?		
	27. Have any dependent children in your care ever been taken into protective custody?		
	28. Have you ever given or displayed pornographic material to anyone under the age of 18?		
	29. Have you ever inappropriately touched the intimate body parts, with or without clothing, of a person under the age of 18?		
	30. Have you ever engaged in any type of sexual activity with a person under the age of 18?		
	31. Have you ever purposefully exposed or displayed your privates to a person under the age of 18?		
	32. Have you ever taken pictures of a disrobed person under the age of 18?		
	33. Have you ever bought or retained pictures of a disrobed person under the age of 18?		
	34. Have you ever viewed sexual pictures of a person under the age of 18?		
	35. Have you ever communicated with a person under the age of 18 with the intent to perform a sexual act?		
	36. Have you ever had a search warrant executed on your person, property, or residence?		
	37. Have you ever or are you now wanted for any reason by any law enforcement agency?		
	38. Have you ever been involved in or committed any of the acts listed below? a. Arson b. Assault c. Assault with a weapon d. Blackmail or extortion e. Burglary f. Child abuse or neglect g. Contributing to the delinquency of a minor h. Downloading, viewing, or possessing child sexual abuse material i. Driving while intoxicated j. Elder abuse or neglect k. Embezzlement l. Filing a false police report or call to 9-1-1 m. Forgery n. Fraudulent use of credit/debit card, ATM, or bank card o. Hate or bias crime p. Hit and run collision q. Illegal gambling r. Illegal Hunting or fishing s. Impersonating a police officer or government official t. Indecent exposure or obscene conduct u. Insurance fraud		

Applicant Personal History Questionnaire

This questionnaire meets requirements found in OAR 259-008-0015.

Criminal History and Arrests/Legal	<p>Question 39 (continued)</p> <ul style="list-style-type: none"> v. Menacing or threatening with intent to harm w. Murder, homicide, attempted murder, manslaughter, or assault with the intent to kill someone x. Perjury y. Possession of alcohol as a minor z. Possession of an illegal explosive/destructive device aa. Possession of falsified or altered identification, including use of another's ID bb. Prostitution or solicitation of prostitution cc. Public intoxication dd. Rape or sexual assault ee. Reckless driving ff. Resisting arrest or obstructing a law enforcement officer gg. Robbery hh. Stalking ii. Theft jj. Trespassing kk. Using a false identification ll. Vandalism mm. Voyeurism or peeping nn. Any other criminal act whether or not you were caught. 						
Motor Vehicle Records/Operations	<p><i>In your supplemental report, under a section titled "Motor Vehicle Records/Operations", list all the following information:</i></p> <ul style="list-style-type: none"> a. All driver's licenses or state IDs issued to you. Include the number, issuing state and expiration date. b. Current auto insurance companies and policy number(s). c. All motor vehicles registered. Include the make, model, year, license plate, and issuing state. d. Traffic citations/moving violations, or warnings, excluding parking citations. Include the following with each report. <table style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 50%;">i. Citation date</td> <td style="width: 50%;">iii. Contact agency</td> </tr> <tr> <td>ii. Citation type</td> <td>iv. Disposition</td> </tr> </table> 	i. Citation date	iii. Contact agency	ii. Citation type	iv. Disposition		
i. Citation date	iii. Contact agency						
ii. Citation type	iv. Disposition						
	<p>Motor Vehicle Records/Operations Questions</p> <p><i>For each "yes" answer below, provide a detailed explanation in your supplemental report. Title this section "Motor Vehicle Records/Operations Questions" and include the question number(s).</i></p>	Yes	No				
	1. Has your driver's license ever been suspended, revoked, or canceled?						
	2. Has a citation ever resulted in a warrant or caused your license to be suspended or withheld due to failure to appear?						
	3. Have you ever failed to appear in court, complete a diversion, pay a fine or complete traffic school?						
	4. Have you ever been involved as a driver in a motor vehicle accident?						
	5. Have you ever been found to be at fault for a motor vehicle accident?						
	6. Have you ever driven a vehicle without auto insurance?						
	7. Have you ever been refused automobile liability insurance or a bond, or had them terminated or denied?						

Applicant Personal History Questionnaire

This questionnaire meets requirements found in OAR 259-008-0015.

Motor Vehicle Records/Operations Questions (continued)		Yes	No
	8. Have you ever been placed in a "High Risk" automobile insurance category, such as SR 22?		
	9. Have you ever been notified by the motor vehicles division that your driver's license was about to be suspended or revoked for any reason?		
	10. Have you ever been refused a driver's license?		
	11. Have you ever had a vehicle impounded because of a traffic stop?		
References	<p>In your supplemental report, under a section titled "References", list three additional references, not already listed on this form or in your supplemental report, who have known you at least three years. Do not include persons related to you by blood or marriage, current co-workers, or current supervisors. Note: All individuals listed throughout this document may be contacted as part of this investigation.</p> <p>Include the following with each report.</p> <ol style="list-style-type: none"> a. Full name b. Relationship c. Length of time known d. Date of last contact e. Email, mailing address, phone number 		
Declaration	<p>Is there anything else you want us to know that has not already been addressed? If yes, explain in your supplemental report under a section titled "Declaration".</p>	Yes	No
	<p>I attest that I am the applicant listed above, and I have answered the questions listed above truthfully and to the best of my knowledge.</p>		
	Signature: _____	Date: _____	
	Name (print): _____		