

New Mexico State University Police Department

Application for Police Officer Position and Background Verification Form

INSTRUCTIONS:

The following information is necessary in order to be able to process your application and conduct a thorough background investigation for Police Officer applicants. You are not required by law to provide this information, however, refusal to do so may result in your application being removed from further consideration due to the inability to complete the background investigation. If you have any questions concerning this form, please contact the NMSU Police Department's Office of Professional Standards and Ethics at (505) 646-3311.

(Attach a separate sheet of paper if more space is needed.)

PERSONAL INFORMATION

Applicant's Name: _____
Last Name,
First Name
Middle Name

Other names you have used or been known by (including nicknames):

Current Street Address (including city, state, zip code):

Current Mailing Address (if different):

Please list phone numbers where you can be contacted:

() _____ Hours of contact: _____ to _____
 () _____ Hours of contact: _____ to _____
 () _____ Hours of contact: _____ to _____

Place of Birth: (City, State) _____ Social Security #: _____

Driver License Number: _____ State Licensed: _____ Expires: _____

Can you provide official documentation that you are a citizen of the United States, or a permanent resident alien who has permission to work in the United States?

YES NO

Have you ever served in the armed forces, national guard, or military reserves?

YES NO

If yes, did you receive an honorable discharge? YES NO PENDING

Branch: _____

Have you ever been arrested for, or convicted of, a crime?

YES NO

If yes, please state where you were arrested/convicted, the date(s) and the charges:

Parents by Marriage (In-Laws)

NAME	ADDRESS	PHONE
_____	_____ City _____ ST ____ ZIP _____	_____
_____	_____ City _____ ST ____ ZIP _____	_____

Former Spouse(s)

NAME	ADDRESS	PHONE
_____	_____ City _____ ST ____ ZIP _____	_____
_____	_____ City _____ ST ____ ZIP _____	_____

Siblings (brothers and sisters)

NAME	ADDRESS	PHONE
_____	_____ City _____ ST ____ ZIP _____	_____
_____	_____ City _____ ST ____ ZIP _____	_____
_____	_____ City _____ ST ____ ZIP _____	_____

Other References that are not relatives (must provide at least 3):

NAME	ADDRESS	PHONE
_____	_____ City _____ ST ____ ZIP _____	_____
_____	_____ City _____ ST ____ ZIP _____	_____
_____	_____ City _____ ST ____ ZIP _____	_____
_____	_____ City _____ ST ____ ZIP _____	_____
_____	_____ City _____ ST ____ ZIP _____	_____

MOTOR VEHICLE OPERATION

Please list all cities and states where you have been issued a driver's license or where you have received a traffic citation:

City, State	FROM	TO	Citations? If yes, describe.

New Mexico law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Please list your current liability insurance carrier and policy number.

Have you been involved in any motor vehicle crashes within the past 5 years?

- Yes
- No

If yes, please list date(s) of crashes/accidents:

AFFIRMATION OF COMPLETENESS AND ACCURACY

I hereby affirm that all information contained in this Application and Background Verification Form is true and complete, and I understand that any misstatements or omissions of material facts will subject me to disqualification or dismissal. I further understand that intentionally false information could result in prosecution for fraud or other applicable statutes.

Signature

Date
