

NICOLET COLLEGE LAW ENFORCEMENT ACADEMY BACKGROUND QUESTIONNAIRE



NICOLET COLLEGE

Applicant's Name:	
Academy Applied for:	

Read Carefully

Nicolet College Law Enforcement Academy has established admittance standards that are applied to all applicants in a fair and equitable manner. The information you provide in this Preliminary Background Questionnaire will be used in the investigation into your background to assist in determining your suitability for basic law enforcement training.

It is to your advantage to answer questions openly and honestly. Any negative factor in your background will be evaluated in terms of circumstances and facts surrounding its occurrence, as well as the degree of relevance to the academy you are applying for. While indiscretions or other situations in your life history may or may not be condoned, deception will not be tolerated.

This Investigation depends upon information that you supply. It is mutually beneficial to complete the questionnaire by giving complete addresses, including zip codes, telephone numbers, and area codes, where applicable.

All statements are subject to verification through investigation and research.

Please fill out the following questionnaire completely and accurately.

If you are having problems completing this questionnaire, please contact the academy director at 715-365-4511.

If there is not enough room to complete any section of the Personal History Questionnaire, additional pages may be attached. Intentionally omitting information will result in disqualification.

Please type or print legibly in black ink.

Nicolet College Law Enforcement Academy Applicant Background Questionnaire

Last Name	First Name	Middle Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Alias(es), Nicknames, Maiden name, other changes in name			Telephone Number	
Current Residence Address Street			Zip Code	
City	State	Place of Birth (City, County, State)		

1. Police Contact History

Have you ever been arrested, detained by Police, cited into court, or had any police contact such as being questioned as a suspect or witness?(Do not include traffic citations as they will be listed below)

Yes No If Yes, complete the following (list juvenile and adult occurrences):

Date	Location	Arresting Agency	Original Charge	Charge Reduced to	Disposition
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3. Driver's Information (list ALL driving violations and traffic accidents, excluding parking tickets, since you started driving):

Date	Location & Agency	Cited?	Violation Charged	Collision Related	Court Disposition
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			

Has your driver's license or your privilege to operate a motor vehicle ever been suspended or revoked or have you ever been refused a driver's license? If Yes, explain in detail on separate sheet and attached. Yes No

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4. Drug Use – (Be specific, including lawful prescriptions)

Type of Drug	Prior Use	Total Times Used	Date Last Used	Sold	Total Times Sold
<u>Cannabis Substances</u> (Marijuana, Hashish, Hashish Oil, THC, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Hallucinogens</u> (LSD, PCP, Peyote, Mushrooms, Mescaline, Ecstasy, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Stimulants</u> (Cocaine, Rock, Crank, Crack, Crystal, Angel Dust, Speed, Amphetamines, Methamphetamines, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Depressants</u> (Tranquilizers, Barbiturates, Valium, Methaqualone, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Narcotics</u> (Codeine, Morphine, Heroin, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Inhalants</u> (Glue, Gasoline, Spray Paint, Acetone, Nitrous Oxide, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Anabolic Steroids</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Explanation:

5. Are there any other factors in your background which you feel may be discovered in our investigation that may impact your suitability for consideration?

Yes No If Yes, please explain:

6. Have you ever been involuntarily committed to a mental health facility for mental health issues?

Yes No If Yes, please explain:

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By checking this box, (1) I declare that I am the afore named applicant, and

(2) That I consent to further investigation of my responses on this form.

I swear that all of the information provided is complete and accurate. I further recognize that any intentional deceptions or omissions are grounds for disqualification for consideration to enter the law enforcement academy.

Printed Name: _____

Signature: _____

Date: _____