

FORT WALTON BEACH POLICE DEPARTMENT

7 Hollywood Boulevard NE
Fort Walton Beach, Florida 32548
Phone: (850) 833-9546
Fax: (850) 833-9563

An Equal Opportunity Employer



COMMUNICATIONS PRE-EMPLOYMENT

QUESTIONNAIRE

Name:			Date:
	Last	First	Middle

ARE YOU CERTIFIED BY THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT DIVISION OF CRIMINAL JUSTICE STANDARDS AND TRAINING TO BE A LAW ENFORCEMENT OFFICER IN THE STATE OF FLORIDA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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NOTICE: Please carefully read and follow these instructions exactly. Your ability to complete this questionnaire, as instructed, will be evaluated and used as one basis for employment decisions. Declination or failure to comprehensively provide the information requested throughout this document may result in your rejection or disqualification. This document, when completed, will be used by the Fort Walton Beach Police Department as an investigative aid. Assistance will be provided to those persons who may require a special accommodation.

- INSTRUCTIONS:**
1. Hand print clearly in black ink and in your own handwriting.
 2. Answer every question as comprehensively as possible by placing a check mark (✓) in the appropriate space and/or in essay form if an answer requires an explanation. If a question does not apply to you, so state with "N/A."
 3. If the space available is insufficient to comprehensively answer a question, attach a separate sheet of 8½ x 11 paper. Identify the section, page number and question number to the left of each question answered on a separate and attached page. Annotate in the space provided in this questionnaire that the question is answered and/or continued on an attached page.
 4. Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications for employment
 5. Answer all the questions accurately and completely. Do not make exaggerated, false, or misleading statements as they may cause your disqualification, rejection, or dismissal. Failure or declination to disclose the requested information may cause your disqualification, rejection or dismissal.
 6. Each and every question has a purpose. Do not fail to answer each question completely even if you feel it is "not important."
 7. Before affixing your signature anywhere in this document, check to be sure that a Notary Public certification is not required. If a Notary Public certification is required, you may bring the entire completed document to the Police Department prior to the suspense date to sign in the presence of a notary.
 8. Return the completed document to the **City of Fort Walton Beach Human Resources Department** on or before the below suspense date.

"I have read and I understand all of the above instructions". Any untruthful statement made on this questionnaire will result in disqualification of application or, if hired, immediate dismissal without appeal rights.

Suspense Date: _____

Signature of Applicant

All candidates must produce the below listed original documents prior to this application being processed (no copies please):

FWBPD USE ONLY

- _____ Birth Certificate
- _____ High School Diploma, GED Equivalency Certificate, or Transcript
- _____ College Diploma or Transcripts (if attended)
- _____ Other Schools and/or Courses
- _____ Armed Forces Discharge and DD214
- _____ Naturalization papers
- _____ Valid Driver's License
- _____ Florida Police Standards Minimum Standards Certificate and Test Scores
- _____ Social Security Card

Reviewed by: _____

I.**PERSONAL:**

1. Full Name: Last First Middle

2. Alias(es), Nickname, Maiden Name: _____

3. Have you ever had your name changed legally? Yes No

4. If you responded positively to question #3, indicate as follows:
 A. Previous Name:
 B. Date and Location of Change:
 C. Reason for change (include official document(s) concerning any change in name):

5. Place of Birth: City County State

6. Sex: , Weight: lbs., Height: ft in.,
 Color Hair: _____ Color Eyes: _____

7. EEO Code: White Black Hispanic Asian
 American Indian or Alaskan Native Other (Specify) _____

8. Social Security Number: _____ - _____ - _____

9. Scars, Tattoos and/or distinguishing marks:

10. Are you a citizen of the United States? Yes No
 Natural Born Naturalized

11. If naturalized citizen, check below if you are a citizen by virtue of Naturalization Certificate issued to: Self Parent Spouse

12. Present Home Address:
 City: _____, State: _____ Zip Code: _____

13. How long have you lived at your present address? _____ Years _____ Months

14. With whom do you reside? _____

15. Home Telephone: _____ (area code) _____ - _____ (number)

16. Business Telephone: _____ (area code) _____ - _____ (number)

17. Chronologically list all previous places of residence during the last 10 years:

From:	Month	Year	To:	Month	Year
Street Address:					
City:	County:		State:	Zip Code:	
Landlord's Name:					
Landlord's Address:					
Telephone:			(area code)	-	(number)
City: _____	County: _____		State: _____	Zip Code: _____	

From:	Month	Year	To:	Month	Year
Street Address:					
City:	County:		State:	Zip Code:	
Landlord's Name:					
Landlord's Address:					
Telephone:			(area code)	-	(number)
City: _____	County: _____		State: _____	Zip Code: _____	

From:	Month	Year	To:	Month	Year
Street Address:					
City:	County:		State:	Zip Code:	
Landlord's Name:					
Landlord's Address:					
Telephone:			(area code)	-	(number)
City: _____	County: _____		State: _____	Zip Code: _____	

From:	Month	Year	To:	Month	Year
Street Address:					
City:	County:		State:	Zip Code:	
Landlord's Name:					
Landlord's Address:					
Telephone:			(area code)	-	(number)
City: _____	County: _____		State: _____	Zip Code: _____	

From:	Month	Year	To:	Month	Year
Street Address:					
City:	County:		State:	Zip Code:	
Landlord's Name:					
Landlord's Address:					
Telephone:			(area code)	-	(number)
City: _____	County: _____		State: _____	Zip Code: _____	

From:	Month	Year	To:	Month	Year
Street Address:					
City:	County:		State:	Zip Code:	
Landlord's Name:					
Landlord's Address:					
Telephone:			(area code)	-	(number)
City: _____	County: _____		State: _____	Zip Code: _____	

From:	Month	Year	To:	Month	Year
Street Address:					
City:	County:		State:	Zip Code:	
Landlord's Name:					
Landlord's Address:					
Telephone:			(area code)	-	(number)
City: _____	County: _____		State: _____	Zip Code: _____	

From:	Month	Year	To:	Month	Year
Street Address:					
City:	County:		State:	Zip Code:	
Landlord's Name:					
Landlord's Address:					
Telephone:			(area code)	-	(number)
City: _____	County: _____		State: _____	Zip Code: _____	

From:	Month	Year	To:	Month	Year
Street Address:					
City:	County:		State:	Zip Code:	
Landlord's Name:					
Landlord's Address:					
Telephone:			(area code)	-	(number)
City: _____	County: _____		State: _____	Zip Code: _____	

From:	Month	Year	To:	Month	Year
Street Address:					
City:	County:		State:	Zip Code:	
Landlord's Name:					
Landlord's Address:					
Telephone:			(area code)	-	(number)
City: _____	County: _____		State: _____	Zip Code: _____	

City: _____ County: _____ State: _____ Zip Code: _____

18. Do you drink alcoholic beverages? Yes No
If "Yes", what is your estimated monthly rate of consumption? _____

19. Have you ever used, tried, or experimented with marijuana/hashish? Yes No
If "Yes", how many times and when was the last time? (Explain the circumstances):

20. Have you ever used, tried, or experimented with **ANY OTHER** illegal drugs, cocaine ("crack" or powder), opiates, barbiturates, amphetamines, hallucinogens, designer drugs, etc.? Yes No
If "Yes", how many times and when was the last time? (Explain the circumstances and identify the drug(s):

21. Have you ever taken **ANY** prescription medication(s) that were not specifically prescribed to you? Yes No
If "Yes", provide details inclusive of (1) the name(s) of the medication(s), (2) the individual from whom you obtained the medication(s), (3) the circumstances surrounding the incident(s) and (4) whether or not you purchased the medication(s):

22. Have you ever sold, delivered or otherwise transmitted **ANY** amount of **ANY** illegal drugs (inclusive of but not limited to marijuana, cocaine, hallucinogens, hashish, or heroin, etc.)? Yes No
If "Yes", provide details inclusive of (1) the name(s) of the medication(s), (2) the individual from whom you obtained the medication(s), (3) the circumstances surrounding the incident(s) and (4) whether or not you purchased the medication(s):

23. Have you ever sold, purchased, and/or delivered **ANY** prescription medication(s), which were prescribed to you or to any other individual? Yes No
If "Yes", provide details inclusive of (1) the name(s) of the medication(s), (2) the individual from whom you obtained the medication(s), (3) the circumstances surrounding the incident(s) and (4) whether or not you purchased the medication(s):

24. Have you ever utilized, experimented with, sold, delivered or purchased **ANY** anabolic steroids? Yes No
If "Yes", provide details inclusive of (1) the name(s) of the steroid(s), (2) the individual from whom you obtained the steroid(s), (3) the circumstances surrounding the incident(s) and (4) whether or not you purchased the steroid(s):

II.**EDUCATION**

1. List all elementary, junior high, and high schools attended (include copies of any diplomas):

Name	Location	Dates Attended		Years Completed	Graduate	
		From	To		Yes	No

2. List all colleges or universities attended (include official transcripts):

Name/Location of College/University	Dates Attended		Credit Hours		Degree Received	Year Received
	From	To	Sem.	Quar.		

3. Other schools/training (trade, vocational, business or military):

Name of School and Location	Dates Attended		Courses/Studies	Certificate	
	From	To		Yes	No

III.

LANGUAGES OTHER THAN ENGLISH

1. Enter language and indicate your knowledge of each by placing an "X" or "✓" in the proper column.

Language	Reading			Speaking			Understanding			Writing		
	Ex	Good	Fair	Ex	Good	Fair	Ex	Good	Fair	Ex	Good	Fair

IV.

MILITARY INFORMATION:

1. Have you ever served in a military organization of the United States? Yes No
 If "Yes", give period of active military service and other data requested:
 From: Month Year To: Month Year
 Branch of Service:
 Serial Number: - - Highest Rank Achieved:
 Unit:
 Type of Discharge Received:
 Reason for Discharge: _____

2. Are you now an active member of any branch of the United States Military? Yes No
 If "Yes", indicate whether it is a United States Reserve Force or State National Guard along with other data requested:
 From: Month Year To: Month Year
 Branch of Service:
 Serial Number: - - Rank:
 Unit:
 Separation date: Month _____ Day _____ Year _____

3. Were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations? Yes No
 If "Yes", indicate the (1) dates, (2) charges against you, (3) type of court-martial or other disciplinary proceeding, and (4) the disposition of charges:

4. Has your discharge or separation ever been corrected or changed? Yes No

If "Yes" provide details:
Changed from: _____ To: _____
Authority: _____
Details: _____

V. EMPLOYMENT:

1. What is your current occupation: _____

2. Have you **EVER** been discharged, terminated, fired or asked and/or forced to resign from any place of employment because of misconduct or unsatisfactory service or for any other reason (except military)? Yes No
If "Yes" explain, giving name and address of employer, approximate date and reason in each case:

3. Do you object to wearing a uniform? Yes No

4. Do you object to working shifts? Yes No

5. Have you **EVER** received disciplinary counseling, an oral or written reprimand, suspension, or any other disciplinary action during **ANY** term of employment? Yes No
If "Yes", provide details:

6. List **ALL** jobs you have held since the age of emancipation (generally the age of eighteen). List **ANY** and **ALL** jobs held by you at a law enforcement, correctional or other criminal justice agency (sworn and/or non-sworn), regardless of when it was. Place your present or most recent job **FIRST**. If you need more space, you may include additional sheets. Include military service and all periods of unemployment in proper time sequence. List all part-time, temporary, seasonal, and voluntary jobs. If you were self-employed, provide copies of tax returns. If any of the employers listed are relatives, indicate which ones (include relatives through marriage).

Name of Employer:
 Street Address:
 City: County: State: Zip Code:
 Telephone: (area code) - (number)
 Job Title: Part Time Full Time
 Description of Duties :
 Supervisor's Name:
 One Co-Worker's Name:
 Is (was) this employer a relative of yours? Yes No
 If "Yes", identify relationship:
 Dates of Employment: Month Year To: Month Year
 Salary: Beginning: \$ To: \$
 Why did you leave? _____

Name of Employer:
 Street Address:
 City: County: State: Zip Code:
 Telephone: (area code) - (number)
 Job Title: Part Time Full Time
 Description of Duties :
 Supervisor's Name:
 One Co-Worker's Name:
 Is (was) this employer a relative of yours? Yes No
 If "Yes", identify relationship:
 Dates of Employment: Month Year To: Month Year
 Salary: Beginning: \$ To: \$
 Why did you leave? _____

Name of Employer:
 Street Address:
 City: County: State: Zip Code:
 Telephone: (area code) - (number)
 Job Title: Part Time Full Time
 Description of Duties :
 Supervisor's Name:
 One Co-Worker's Name:
 Is (was) this employer a relative of yours? Yes No
 If "Yes", identify relationship:
 Dates of Employment: Month Year To: Month Year

Salary: _____ Beginning: \$ _____ To: \$ _____
Why did you leave? _____

Name of Employer:
Street Address:
City: _____ County: _____ State: _____ Zip Code: _____
Telephone: _____ (area code) - _____ (number)
Job Title: _____ Part Time Full Time
Description of Duties : _____
Supervisor's Name:
One Co-Worker's Name:
Is (was) this employer a relative of yours? Yes No
If "Yes", identify relationship:
Dates of Employment: _____ Month _____ Year _____ To: _____ Month _____ Year
Salary: _____ Beginning: \$ _____ To: \$ _____
Why did you leave? _____

Name of Employer:
Street Address:
City: _____ County: _____ State: _____ Zip Code: _____
Telephone: _____ (area code) - _____ (number)
Job Title: _____ Part Time Full Time
Description of Duties : _____
Supervisor's Name:
One Co-Worker's Name:
Is (was) this employer a relative of yours? Yes No
If "Yes", identify relationship:
Dates of Employment: _____ Month _____ Year _____ To: _____ Month _____ Year
Salary: _____ Beginning: \$ _____ To: \$ _____
Why did you leave? _____

<p>Name of Employer: Street Address: City: County: State: Zip Code: Telephone: (area code) - (number) Job Title: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Description of Duties :</p> <p>Supervisor's Name: One Co-Worker's Name: Is (was) this employer a relative of yours? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", identify relationship: Dates of Employment: Month Year To: Month Year Salary: Beginning: \$ To: \$ Why did you leave? _____</p>
<p>Name of Employer: Street Address: City: County: State: Zip Code: Telephone: (area code) - (number) Job Title: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Description of Duties :</p> <p>Supervisor's Name: One Co-Worker's Name: Is (was) this employer a relative of yours? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", identify relationship: Dates of Employment: Month Year To: Month Year Salary: Beginning: \$ To: \$ Why did you leave? _____</p>
<p>Name of Employer: Street Address: City: County: State: Zip Code: Telephone: (area code) - (number) Job Title: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Description of Duties :</p> <p>Supervisor's Name: One Co-Worker's Name: Is (was) this employer a relative of yours? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", identify relationship: Dates of Employment: Month Year To: Month Year Salary: Beginning: \$ To: \$ Why did you leave? _____</p>
<p>Name of Employer: Street Address: City: County: State: Zip Code: Telephone: (area code) - (number) Job Title: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Description of Duties :</p>

9. Have you ever given/received any special considerations, promotions or any other benefits in the work place in exchange for sexual favors? Yes No
If "Yes", provide details:

10. Have you ever been the victim of sexual harassment? Yes No

VI FINANCIAL HISTORY

1. a. List any business you or your spouse have a financial interest in:

Business	Amount of Interest	Yearly Income	Name and Address of Partners

b. Of these businesses, do any currently have a contract with the City of Fort Walton Beach? Yes No
If "Yes", provide details:

VII.

CRIMINAL INVOLVEMENT AND JUVENILE RECORD

(Arrest, Detention, and Litigation - show all arrests including juvenile and traffic arrests):

Please be advised that as a criminal justice applicant, you must reveal all arrests and convictions REGARDLESS of sealed, expunged or juvenile status. Per Florida Statute 943.058 you may not lawfully deny arrests or convictions, notwithstanding adjudication being withheld or the sealing or expungement of arrest/conviction records. Misdemeanor arrests and/or convictions may not necessarily disqualify you for criminal justice employment.

1. Have you ever been **arrested or detained** by **ANY** law enforcement agency? Yes No
If "Yes" provide details. Also provide police and court records if available (include any arrest in which the records were expunged):
Crime(s) Charged:
Date of Arrest: _____ Month _____ Day _____ Year
Plea Entered: Guilty Not Guilty Nolo-Contendre Other (specify) _____
Disposition: Guilty Not Guilty Adjudication Withheld Other (specify) _____
Sentence: _____
Arresting Agency: _____
Street Address: _____ City: _____
County: _____ State: _____ Zip Code: _____

Crime(s) Charged:
Date of Arrest: _____ Month _____ Day _____ Year
Plea Entered: Guilty Not Guilty Nolo-Contendre Other (specify) _____
Disposition: Guilty Not Guilty Adjudication Withheld Other (specify) _____
Sentence: _____
Arresting Agency: _____
Street Address: _____ City: _____
County: _____ State: _____ Zip Code: _____

Crime(s) Charged:
Date of Arrest: _____ Month _____ Day _____ Year
Plea Entered: Guilty Not Guilty Nolo-Contendre Other (specify) _____
Disposition: Guilty Not Guilty Adjudication Withheld Other (specify) _____
Sentence: _____
Arresting Agency: _____
Street Address: _____ City: _____
County: _____ State: _____ Zip Code: _____

Crime(s) Charged:
Date of Arrest: _____ Month _____ Day _____ Year
Plea Entered: Guilty Not Guilty Nolo-Contendre Other (specify) _____
Disposition: Guilty Not Guilty Adjudication Withheld Other (specify) _____
Sentence: _____
Arresting Agency: _____
Street Address: _____ City: _____
County: _____ State: _____ Zip Code: _____

2. Have you ever been served with a criminal summons or notice to appear; or has a criminal summons or notice to appear ever been issued in your name? Yes No
 If "Yes", provide details:
 Crime(s) Charged:
 Date of Service: _____ Month _____ Day _____ Year
 Plea Entered: Guilty Not Guilty Nolo-Contendre Other (specify) _____
 Disposition: Guilty Not Guilty Adjudication Withheld Other (specify) _____
 Sentence:
 Serving Agency:
 Street Address: _____ City: _____
 County: _____ State: _____ Zip Code: _____

3. What is the least expensive item you have ever stolen? (Provide details inclusive of (1) the value of the item, (2) from whom was the item stolen, (3) if the item returned, and (4) approximate date and location of the theft):

a. Were you caught and/or punished for the theft? Yes No
 If "Yes" by whom? _____

b. Was the item(s) returned to the owner? Yes No
 If "No", what was (is) the disposition of the item?

4. What is the most expensive item you have ever stolen? (Provide details inclusive of (1) the value of the item, (2) from whom was the item stolen, (3) if the item returned, and (4) approximate date and location of the theft):

a. Were you caught and/or punished for the theft? Yes No
 If "Yes" by whom? _____

b. Was the item(s) returned to the owner? Yes No
 If "No", what was (is) the disposition of the item?

5. Have you ever stolen or embezzled money, merchandise or equipment for an employer? Yes No
 If "Yes", provide details inclusive of (1) from what employer, (2) the approximate date and location of the incident(s), and the value of the money and/or merchandise and/or equipment:

a. Were you caught and/or punished for the theft? Yes No
 If "Yes" by whom? _____

b. Was the item(s) returned to the owner? Yes No

If "No", what was (is) the disposition of the item?

6. When was the last time you stole anything? Provide details inclusive of (1) from what whom, (2) the approximate date and location of the incident(s), and the value of the money and/or merchandise and/or equipment:

- a. Were you caught and/or punished for the theft? Yes No
If "Yes" by whom?
- b. Was the item(s) returned to the owner? Yes No
If "No", what was (is) the disposition of the item?

7. Have you ever committed, been a suspect in, accused of, or investigated by any law enforcement agency or any social service agency for child neglect, child abuse, child sexual abuse, child exploitation, or child sexual exploitation? Yes No
If "Yes", provide details including (1) the agency conducting the investigation, (2) the nature of the investigation, (3) the location and approximate date of the investigate offense, and (4) the disposition of the investigation (Provide copies of law enforcement or social services report(s):

8. Have you ever received, purchased or viewed any printed materials, photographs, video tapes, movies, or any other form of media, containing child pornography or what may be considered child pornography by society in general? Yes No
If "Yes", provide details including (1) the source(s) of the material(s) or media, (2) and the approximate date(s) and location(s) of the incident(s):

9. Have you ever committed, been a suspect in, accused of, or investigated for any offense relating to rape, statutory rape, "date rape", lewd and/or lascivious behavior or sexual battery? Yes No
If "Yes", provide details including (1) the approximate date(s) and location(s) of the incident(s), (2) the investigating law enforcement agency(ies) if applicable (provide copies of any reports):

10. Have you ever committed, been a suspect in, accused of, or investigated for any offense relating to exposure of sexual organs and/or indecent exposure? Yes No

If "Yes", provide details including (1) the approximate date(s) and location(s) of the incident(s), (2) the investigating law enforcement agency(ies) if applicable (provide copies of any reports):

11. Have you ever, as an adult (over the age of eighteen), had or participated in any sexual activity and/or relations with an individual considered to be a minor (under the age of eighteen)? Yes No

If "Yes", provide details inclusive of: (1) the age(s) of the minor(s) and your age at the time of the incident(s) and (2) the date(s) and location(s) of the incident(s):

12. Have you ever been placed on probation? Yes No
If "Yes", provide details:

13. Have you ever been required to pay a fine other than traffic? Yes No
If "Yes" provide details:

14. Have you ever been reported as a missing person or runaway? Yes No
If "Yes" provide complete details, inclusive of jurisdiction, date(s) and outcome(s):

15. Is there anything that you have ever been involved in that is not specifically mentioned or disclosed herein that may be considered criminal activity: Yes No
If "Yes", provide complete details, including jurisdiction, date(s), location(s) and outcome(s):

16. If you have ever been fingerprinted by a law enforcement agency for any reason, give details below. Your answer will be checked with the F.B.I. and other agencies.

Agency: _____
 Date: _____ Month _____ Day _____ Year _____
 Purpose _____

Agency: _____
 Date: _____ Month _____ Day _____ Year _____
 Purpose _____

Agency: _____
 Date: _____ Month _____ Day _____ Year _____
 Purpose _____

17. Have you ever been advised of your Miranda Rights? Yes No
 If "Yes" provide details:

18. Have you ever been the subject of a police criminal investigation? Yes No
 If "Yes" provide details:

19. Have you ever had a polygraph examination? Yes No
 If yes, list:

Date	Examiner's Name	Purpose	Results

VIII. VEHICLE OPERATOR'S LICENSE (Driver's, Chauffeur's, etc.)

1. Can you operate a motor vehicle? Yes No

2. Do you now possess a valid driver's license from the State of Florida? Yes No
If "Yes" provide:
Driver's License Number: _____
Expiration Date: Month _____ Day _____ Year _____
Current status of license: _____

3. Do you now, or have you ever, possessed a driver's license issued by any state other than Florida? Yes No
If "Yes" provide the following:

State: _____ Driver's License Number: _____
Expiration Date: Month _____ Day _____ Year _____
Current status of license: _____

State: _____ Driver's License Number: _____
Expiration Date: Month _____ Day _____ Year _____
Current status of license: _____

State: _____ Driver's License Number: _____
Expiration Date: Month _____ Day _____ Year _____
Current status of license: _____

4. Was your driver's license ever restricted, suspended or revoked? Yes No
If "Yes" provide details (inclusive of reason and length(s)):

5. Was your license ever restored? Yes No
If "Yes" provide date: Month _____ Day _____ Year _____

6. Have you been refused a driver's license from any state? Yes No
If "Yes" provide details:

7. List below all traffic citations you have received:			
Location (Street, City, State)	Approximate Date	Nature of Violation	Penalty or Disposition

IX. CHARACTER REFERENCES				
(Do not include relatives, former employers, or persons living outside the United States or its territories.) List only character references who have a definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors. List 8 character references.				
Name of Character Reference	Years Known	Address (Street, City, State, Zip)	Phone Number	
			Business	Home

<p>X. NEIGHBORS Provide the names, addresses and telephone numbers for a minimum of three (3) current neighbors. If you have resided at your present address for less than one (1) year, provide a listing of an additional three (3) neighbors for your last previous address. In addition, if you reside in an apartment provide the name, address and telephone number for your current landlord</p>			
Name of Neighbor	Address (Street, City, State, Zip)	Phone Number	
		Business	Home

