

## TOWN OF GRAND RAPIDS POLICE DEPARTMENT – AUXILIARY OFFICER BACKGROUND INVESTIGATION INVENTORY

Name:		Date:	
<u> •</u>	ring form must be	all applicants must pass a base completed with your applic	_
withdrawal from the ap	plication proces	and honestly will result in t s or if discovery of an omis	ssion or deception
occurs after appointme	nt, officers are s	<u>ubject to immediate dismis</u>	<u>ssal</u> .
		ave ever received:	
Offense 1		Agency That Issued	Disposition
2			
3			
1			
5			
		Agency That Issued	Disposition
2			
3			
4			
5.			
UCMJ violat	ions such as an A	ninal or ordinance violation Article 15:  Agency That Issued	
	Date of Offense	Agency That Issued	Dishosinoii
1			
2			
3			
4			
5			

V.						
٠.	List all negative law enforcement contacts:					
	Reason		Agency Involved	Disposition		
VI.	Are you now or have you esuicide? Explain:	ever receive	d mental health co	unseling for		
VII.		-	ions for mental he	alth issues? List		
	•	ver used ille	gal drugs?Y	YESNO		
IX.	employability as a law enfo	orcement of	ficer such as exces			
	VII.  VIII. Explain	VII. Are you now or have you e suicide? Explain:  VII. Are you currently taking a all medications and diagnostic diagnost	VII. Are you now or have you ever received suicide? Explain:  VII. Are you currently taking any medicate all medications and diagnosis:  VIII. Do you now or have you ever used ille Explain:  IX. Is there anything in your background employability as a law enforcement of	VII. Are you now or have you ever received mental health co suicide? Explain:  VII. Are you currently taking any medications for mental health medications and diagnosis:  VIII. Do you now or have you ever used illegal drugs?		

X.	Have you ever committed a misdemeanor but were not arrested?  Explain:
XI.	Have you ever committed a felony but were not arrested? Explain:
XII.	Have you ever served a sentence in jail, prison, or have you ever been on probation, parole or other form of supervision? Explain.
XIII.	Is there anything else that needs to be explained?
I certi	fy that the information above is accurate and complete.
	Date Signature
	Print Name