



Duke University Police Department



Personal Data Form

Instructions: Please print or type all information. This application must be filled out accurately and completely. Do not leave any items blank.

List all former addresses at which you have lived including city or county and state.

If an item does not apply, write N/A (not applicable). Applications should include a list of all former employers, the formal names of companies as it appears in the telephone book, the telephone number (if available), position(s) held (at time of employment) and the name of your direct supervisor(s). Please attach any additional sheets if needed.

1. POSITION APPLYING FOR:			
2. NAME: (Last)		(First)	(Middle)
3. CURRENT ADDRESS: (Street & Apt./Unit/ P.O. Box)			
(City)	(State)	(Zip Code)	(Date From – Date To)
4. FORMER ADDRESSES: (Street & Apt./Unit/ P.O. Box)			
(City)	(State)	(Zip Code)	(Date From – Date To)
FORMER ADDRESSES: (Street & Apt./Unit/ P.O. Box)			
(City)	(State)	(Zip Code)	(Date From – Date To)
FORMER ADDRESSES: (Street & Apt./Unit/ P.O. Box)			
(City)	(State)	(Zip Code)	(Date From – Date To)
FORMER ADDRESSES: (Street & Apt./Unit/ P.O. Box)			
(City)	(State)	(Zip Code)	(Date From – Date To)
FORMER ADDRESSES: (Street & Apt./Unit/ P.O. Box)			
(City)	(State)	(Zip Code)	(Date From – Date To)
5. Home Phone: ()		Cell Phone: ()	Work/Other Phone: ()
6. Email Address:		7. Personal Data: Are you at least 21 years of age? Yes <input type="radio"/> No <input type="radio"/>	
Drivers License Number:	State:	Class or Type:	Expiration Date:
Has your license ever been suspended or revoked? Yes <input type="radio"/> No <input type="radio"/> If yes please provide dates and explain below:			
Birth Date:	Race:	Ethnicity:	Sex:
Social Security Number:			
LIST ALL OTHER NAMES UNDER WHICH YOU HAVE WORKED, ATTENDED SCHOOL, MAIDEN NAMES, OR ALIASES:			
Please list all States you have been licensed in.			

7. Education	Name of School, Address, and Telephone		
High School or GED	Name of School:	(Year Received)	
	Address:	DIPLOMA <input type="radio"/> _____	
	Telephone:	GED <input type="radio"/> _____	
Business, Vocational or Technical	Name of School:	(Year Received)	
	Address:	DIPLOMA <input type="radio"/> _____	
	Telephone:	GED <input type="radio"/> _____	
College or University	Name of School:	(Year Received)	
	Address:	DIPLOMA <input type="radio"/> _____	
	Telephone:	GED <input type="radio"/> _____	
Graduate School	Name of School:	(Year Received)	
	Address:	DIPLOMA <input type="radio"/> _____	
	Telephone:	GED <input type="radio"/> _____	
8. Military			
Have you ever been in the military service? Yes <input type="radio"/> No <input type="radio"/> Military Rank at time of discharge:			
Branch of service:	Dates Served:		
Date of Discharge:	Type of discharge:		
Were you ever subject to disciplinary action or court martial while in active duty? Yes <input type="radio"/> No <input type="radio"/> If yes explain			

9. Other Special Training / Education / Certification		List any other education, training, volunteer work or other relevant experience	
10. Criminal and Traffic Record			
Criminal Record (Have you ever been)			
Arrested, charged with a crime or issued a citation? Yes <input type="radio"/> No <input type="radio"/>			
Detained or interrogated by police? Yes <input type="radio"/> No <input type="radio"/>			
Advised a warrant or criminal summons was issued against you? Yes <input type="radio"/> No <input type="radio"/>			
Fined by a criminal court? Yes <input type="radio"/> No <input type="radio"/>			
IF THE ANSWER WAS YES TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW			
Traffic Record (Have you ever been)			
1. Arrested? Yes <input type="radio"/> No <input type="radio"/>			
2. Issued a citation or ticket? Yes <input type="radio"/> No <input type="radio"/>			
3. Advised a warrant was issued against you? Yes <input type="radio"/> No <input type="radio"/>			
4. Fined by a traffic court or paid off a ticket? Yes <input type="radio"/> No <input type="radio"/>			
IF THE ANSWER WAS YES TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW			
11. Employment History (use additional pages if necessary)			
From: Month: Year:	To: Month: Year:	Employer Name:	Supervisor Name:
Full Time <input type="radio"/>	Part Time <input type="radio"/>	Address:	
Starting Salary:	Ending Salary:	Employer Telephone:	Position Held:
Reason for Leaving:			

From: Month: Year:	To: Month: Year:	Employer Name:	Supervisor Name:
Full Time <input type="radio"/>	Part Time <input type="radio"/>	Address:	
Starting Salary	Ending Salary	Employer Telephone: Position Held:	
Reason For Leaving:			
From: Month: Year:	To: Month: Year:	Employer Name:	Supervisor Name:
Full Time <input type="radio"/>	Part Time <input type="radio"/>	Address:	
Starting Salary	Ending Salary	Employer Telephone: Position Held:	
Reason For Leaving:			
From: Month: Year:	To: Month: Year:	Employer Name:	Supervisor Name:
Full Time <input type="radio"/>	Part Time <input type="radio"/>	Address:	
Starting Salary	Ending Salary	Employer Telephone: Position Held:	
Reason For Leaving:			
From: Month: Year:	To: Month: Year:	Employer Name:	Position Held:
Full Time <input type="radio"/>	Part Time <input type="radio"/>	Address:	
Starting Salary	Ending Salary	Employer Telephone: Position Held:	
Reason For Leaving:			
Explain any prior disciplinary actions or terminations (use additional paper if necessary)			
I certify that all the information contained in this form is correct and true o the best of my knowledge. I understand that any misrepresentation, omission, or falsification can be grounds for termination of employment.			
_____		_____	
SIGNATURE		DATE	