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Name: _____ Email Address: _____

Cell phone: _____ D.O.B. _____ TCOLE PID# (if known) _____

Current Address _____

City _____ State _____ Zip Code _____

Waiver of Confidentiality

The Department for which you are applying will be furnished with a copy of your results and, when appropriate, an L3 will also be sent directly to the agency for which you are applying. By your signature, you authorize the release of this information and understand that **this is not a confidential evaluation**. By signing this consent you acknowledge that the department is our client and the report is their property. **You do not have a right to a copy of this evaluation unless furnished to you by the department.** This is an administrative evaluation and is NOT the provision of mental health services to you. **You are NOT a patient of Sage Cognitive Solutions.**

You certify that the information provided on this form is accurate and true to the best of your knowledge. To knowingly provide false information to the evaluator will be grounds to deny you a recommendation and/or an L-3. To be clear: If you lie about your background on this form you will not be recommended for employment. By signing this consent, you also grant permission to the evaluator to utilize data from this for research purposes providing that all identifying data will be removed.

Signature of Applicant: _____ Date: _____

Position for which you are applying: _____

Department and/or Agency: _____

Background Data

Why do you want to work in this profession? _____

Why do you think you would be good at this job?

Work History

List **all** jobs you have had in the past **ten years**, including your current job (*start with most recent first and include the reason you left, use the back of this page or the last sheet of this form if necessary*)

Organization	Job	Dates	Reason You Left

Please list all other public safety positions for which you have applied in the past five years: (*start with most recent first and include the reason not hired, use the back of this page or the last sheet of this form if necessary*)

Position	Department	Year	Why not hired

Have you ever had a problem with your boss/co-workers? Yes No

Explain: _____

Have you ever been disciplined/reprimanded on the job? (verbal or written) Yes/ No

Explain: _____

Have you ever been laid off? Yes No

Describe each: _____

Have you ever been asked to resign or quit? Yes No

Describe each: _____

Have you ever been fired? Yes No

Describe each: _____

What is the longest amount of time you have held a job? _____

Are you eligible for re-hire on all of your jobs? Yes No

If no, explain each: _____

If you are already working in public safety, please respond to the following two questions. Everyone else skip to the next section (military history).

Have you been the subject of any internal affairs investigations? Yes No

If yes, please explain: _____

Have you ever been involved in a deadly force incident? Yes No

If yes, please explain: _____

Could you take someone's life even though they posed no direct threat to you? Yes

No Why/why not? _____

Military History

Have you been in the military? Yes No

Were you deployed into combat? Yes No

What was your last rank? _____ What was your highest Rank? _____

Condition of discharge? _____

Were you ever disciplined? Yes No

If so, why and how many times? _____

Were you ever deployed? Yes No

If where and how many times? _____

Where were you stationed? _____

Are you receiving disability? _____ How much? _____

School

Degrees and when earned _____

Certificates and when earned _____

Have you ever been suspended, expelled, or placed in alternative school? Yes No

Explain: _____

Were you in any special classes or placement? Yes No

Explain: _____

Extracurricular activities _____

Social History

Where were you born and raised? _____

Who raised you? _____

Do you have any siblings? _____

How many times have you been married? _____ Current marital status: _____

How is your relationship with your family? _____

Do you have any hobbies? Yes No

What are they? _____

Have you ever been told you have a problem with your temper? Yes No

Explain: _____

Do you have any past-due credit accounts Yes No

Explain: _____

Have you filed bankruptcy? Yes No

Explain: _____

Legal History

Have you ever had any criminal convictions? (If yes, describe) Yes No

Have you ever *committed* a crime whether you were caught or not? Yes No

Have you ever been arrested and/or detained? (If yes, describe) Yes No

Do you associate with individuals that engage in criminal activity or illegal drug use/activity? Yes No

When was your last fight? _____ Describe the circumstances _____

Have you ever used a weapon in a fight? (not in the line of duty) Yes No

Have you ever been the perpetrator of domestic violence? Yes No

Have you ever been the victim of domestic violence? Yes No

Have you ever abused or had sexual contact with a child? Yes No

Have you been the victim of abuse when you were a child Yes No

Have you been the victim of bullying when you were a child Yes No

Were you ever involved in any of these activities (check those that apply)?

___ Fire setting; ___ Cruelty to Animals; ___ Bully toward others; ___ In a gang

Have you ever viewed child pornography (either animated or real people)? Yes No

Have you viewed pornography while at work? Yes No

As an adult, have you engaged in sexual behaviors with a person under 18?

Yes No

Substance Use History

Do you consume alcohol? Yes No

How many drinks do you have during an average *week*? _____

How often do you drink to the point of having a "buzz"? _____

When was the last time you were intoxicated? _____

Have you ever been in an accident after drinking Yes No

How many times have you driven with a "buzz"? _____

When was the last time you drove when you had a "buzz"? _____

Have you ever been told you have a drinking problem? Yes No

Have you *ever* used illegal drugs? Yes No

If yes, describe what drugs, when and how often (use back of page if necessary):

Have you ever taken *prescription* medication that was not prescribed for you by a physician? Yes No

If yes, explain: _____

Have you ever taken prescription medication prescribed for you in a manner not prescribed by the doctor? (If yes, explain) Yes No

Physical Health History

List any serious physical ailments and the approximate time they occurred (exclude normal childhood diseases unless there were complications we should know about):

Do you have any physical limitations or problems? Yes No

Are you taking any medications other than birth control or vitamins? Yes No

List medications being taken and for what purpose: _____

Mental Health History

Are you, or have you been in counseling or therapy? Yes No

Reason _____ Dates _____

Have you ever tried to take your own life? (if yes, explain) Yes No

Have you ever engaged in self-harm? (if yes, explain) Yes No

Have you ever been diagnosed with a mental health disorder? Yes No

Have you ever taken or recommended to take medication for your nerves/mental condition? Yes No

Current stress in your life _____

How you describe yourself:

What do you see as your bad habits or faults? _____

What have other people told you about your bad habits or faults? _____

What do you see as your good habits and assets? _____

What do other people tell you about your good habits and assets? _____

Other Information

What job conditions motivate you to do your very best job? _____

How do you deal with anger when you get upset? _____

How do you deal with stress? _____

When others are angry with you, what do you do? _____

What is the most important contribution you've made in your current/last job?

Describe a time on any job when you were faced with problems/stresses that tested your coping skills. What did you do? (use the back of page or last sheet if needed)

What would you like on this job (if you are hired) that you didn't get on your current/last job? _____

What are one or two performance areas in which you think you could use more experience or training? _____

- | | | | | | | | |
|-----|------------------------------|-------|-------|-------|-------|-------|-------|
| 21. | Feeling
Overwhelmed | _____ | _____ | _____ | _____ | _____ | _____ |
| 22. | Difficulty
Remaining Calm | _____ | _____ | _____ | _____ | _____ | _____ |
| 23. | Depressed | _____ | _____ | _____ | _____ | _____ | _____ |

Please review your responses to the items on this background questionnaire. Be aware that the psychologist will review other sources of information (polygraph examination results, background investigations by the department, etc.). If significant discrepancies are found between data provided here and other available information, it will be grounds to deny you employment. It is in your best interest to provide complete disclosure

This page intentionally left blank: You may use this to further explain answers in other areas of this background.