



Return applications to:

**City of McMinnville
230 NE Second Street
McMinnville, Oregon 97128
Phone: (503) 434-7405**

The City of McMinnville does not accept faxed or e-mailed applications.

**CITY OF McMINNVILLE – POLICE DEPARTMENT
RESERVE OFFICER EMPLOYMENT APPLICATION
An Equal Opportunity Employer**

Social Security Number	Job applied for	Drivers License No.	State	Expiration Date
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CONTACT INFORMATION

Name (Last, First, MI):
Mailing Address:
City, State, And Zip Code:
Home Telephone:
Work Telephone:
Message (If Different):
E-mail Address:

CERTIFICATION AND SIGNATURE

I hereby certify that all statements made in this application are true, and I agree and understand that any written statement that is false, fraudulent, or misleading in this application or attached materials, or made in the course of any related employment process may cause forfeiture of employment.

- I certify that all statements contained herein are true and complete.
- I certify that I am at least 21 years of age.
- I certify that I am a citizen of the United States of America.
- I understand that I must prove that I am authorized to work in the United States if I am hired.
- I authorize the employing agency to verify the employment and education information provided on this employment application.
- I certify that I have a valid driver's license and I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and a criminal history background check, if applicable.

Signature (must be in ink):	Date:
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WORK HISTORY

The information provided in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. Please list your previous ten years of employment beginning with your most recent experience. You may include all applicable military, non-paid, or volunteer work. Clearly describe all of your duties. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet and duplicate the same format used on this application.

JOB NUMBER 1	Job Title		
Name of Employer		Supervisor's Name	Supervisor's Title
Employer's Address		City	ST Phone
Employment Dates:	From	To	Avg Hrs Worked/ Wk

DUTIES:

SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):

Assigning and Reviewing Work
 Handling Disciplinary Problems
 Hiring or Recommending Hiring
 Rating Work Performance
 Responding to Grievances
 Not Responsible for Any of These

LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES:

	# Employees:

JOB NUMBER 2	Job Title		
Name of Employer		Supervisor's Name	Supervisor's Title
Employer's Address		City	ST Phone
Employment Dates:	From	To	Avg Hrs Worked/ Wk

DUTIES:

SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):

Assigning and Reviewing Work
 Handling Disciplinary Problems
 Hiring or Recommending Hiring
 Rating Work Performance
 Responding to Grievances
 Not Responsible for Any of these

LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES:

	# Employees:

JOB NUMBER 3	Job Title		
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Name of Employer	Supervisor's Name	Supervisor's Title
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Employer's Address	City	ST	Phone
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Employment Dates:	From	To	Avg Hrs Worked/ Wk
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DUTIES:

SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):

<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems	<input type="checkbox"/> Hiring or Recommending Hiring
<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances	<input type="checkbox"/> Not Responsible for Any of These

LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES:	# Employees:
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JOB NUMBER 4	Job Title		
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Name of Employer	Supervisor's Name	Supervisor's Title
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Employer's Address	City	ST	Phone
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Employment Dates:	From	To	Avg Hrs Worked/ Wk
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DUTIES:

SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):

<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems	<input type="checkbox"/> Hiring or Recommending Hiring
<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances	<input type="checkbox"/> Not Responsible for Any of these

LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES:	# Employees:
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CITY OF McMinnville
CONFIDENTIAL APPLICANT INFORMATION

The City of McMinnville is dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, sex, national origin, age disability, marital status, or any other non-merit factor. Reasonable accommodation will be made to enable any disabled employee or applicant for employment to safely and properly perform the job for which they have applied.

The following information is necessary for the City of McMinnville to evaluate its hiring practices and to prepare reports required by law for the federal government. This information is voluntary and will be kept separate and confidential. Refusal to provide any information on this page will not subject the applicant to adverse treatment in any aspect of employment with the City of McMinnville.

Please check the appropriate boxes and complete the required entries.

Name	
Job Applied For	Social Security Number
Sex: ρ Female ρ Male	Date of Birth:
Disabled: ρYes ρNo	
Ethnic Background (Check One):	
π Caucasian (not of Hispanic origin): Persons having origin in any of the original peoples of Europe, North Africa, or the Middle East.	
π African American (not of Hispanic origin): Persons having origins in any of the black ethnic groups.	
π Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures, regardless of ethnicity.	
π Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the India subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.	
π Native American or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.	

To help us identify the best meanings of advertising for our positions, please tell us where and/or how you heard about this position.

City of McMinnville's Website _____

Newspaper (identify which paper, please) _____

Word of Mouth _____

Other Website (please identify which site) _____

Publication (please identify which publication) _____

Thank you for your assistance.

*City of McMinnville
Veterans' Preference Form*

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate. If you need further explanation or have special circumstances, please call Human Resources at (503) 434-7405.

This completed form and the required documentation must be submitted to The City of McMinnville Human Resources Department at the time you submit your application.

- A. QUALIFIED VETERAN QUESTIONS: You may claim veterans' preference if you check at least one of the boxes in the four sections below and provide proof of eligibility by submitting a copy of your DD-214 (or DD 215).**

ORS 408.225(d)

- I served on active duty with the Armed Forces of the United States for a period of more than 178 consecutive days and was discharged or released under honorable conditions; or*
- I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; or*
- I served on active duty with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or*
- I received a combat or campaign ribbon for service in the Armed Forces of the United States.*

"Active duty" does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit.

- B. QUALIFIED DISABLED VETERAN QUESTIONS: You may claim additional employment preference if you can check at least one box in each of the three sections below and provide proof of eligibility by submitting both of the documents listed below:**

- 1. A copy of your DD-214 (or 215), Certificate of Release and Discharge, Copy 4, and**
- 2. A public employment preference letter from the United States Department of Veterans' Affairs. To order the letter, call 1-800-827-1000 and request a public employment preference letter.**

ORS 408.225(b)

- I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or*
- I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or*
- I was awarded the Purple Heart for wounds received in combat.*

I hereby claim veterans' preference points and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification or dismissal, regardless of when discovered.

Print Name

_____-_____-_____
Social Security Number

Signature of Applicant

Date

Position Applied for _____

ORS 408.225-230

Preference will not be awarded without the appropriate documentation. You must submit your DD-214 (or 215) in all cases. If you are claiming disabled veteran points, you must also submit the public employment preference letter from the Department of Veteran's Affairs. You will not receive preference without these accompanying documents.

CRITERIA FOR VETERANS' PREFERENCE POINTS

An applicant or an employee seeking a promotion (or other City employment opportunity) **must meet the following eligibility requirements to be awarded Veterans' Preference Points as provided in ORS 408.230 and 408.235. These criteria must be identifiable in a copy of DD Form 214 or DD for 215 (Correction to DD Form 214) and VA Form 802 (if disabled). These forms must be submitted by the closing date for applications. If the information on the applicant's DD Form 214 (or 215) and/or VA form does not support the criteria outlined on this form, preference points will be denied.**

**Veteran Status (Must meet all of the following criteria):
[5 points for veteran, 10 points if disabled]**

A. **Time in Service:**

- ☛ **Active Duty Service in armed forces (Army, Navy, Air Force, Marines, or Coast Guard including the reserve components thereof, including Army Reserve, Navy Reserve, Marine Corps Reserve, Air Force Reserve, Coast Guard Reserve, Army National Guard of the United States and the Air National Guard of the United States) was more than 178 consecutive days and discharge was under honorable conditions; OR**
- ☛ **Service was for 178 days or less and discharge was under honorable conditions because of a service-connected disability; OR**
- ☛ **Served at least one day in a combat zone and discharge was under honorable conditions; OR**
- ☛ **Received a combat or campaign ribbon for service in the Armed Forces of the US.**

B. **Dates of Service:**

- ☛ **Applicant is eligible to use the preference provided in ORS 408.230 for a position for which application is made at any time after discharge or release from service in the Armed Forces. Date of discharge on Form DD 214 (or 215) is _____.**
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Disabled Veteran (Proof of Disability must be submitted).

- ☛ **Applicant is entitled to disability compensation from the USVA, or was discharged or released from active duty for a disability incurred or aggravated in the line of duty or was awarded the Purple Heart for wounds received in combat. [10 points for Disabled Veteran.]**
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Promotional Veteran Points: Veterans' points are provided to employees seeking other City positions based on the criteria set forth above for veteran or disabled veteran.

Use of Veterans' Points: There are currently no restrictions on amount of times Veterans' Preference may be used by an applicant or employee.

McMinnville Police Department
PRE-EMPLOYMENT INVESTIGATION
PERSONAL PROFILE



Date _____

Name _____

The following questions are an addendum to the City of McMinnville Police Employment Application Personal History Statement for the position of police officer with McMinnville Police Department. Please answer each of the questions by checking "Yes" or "No".

Any questions answered with "Yes" must be thoroughly explained on a supplemental page.

If there are any willful misrepresentations, omissions or falsifications of the following questions or explanations, your application will be rejected and you will be disqualified from applying for any future position with the McMinnville Police Department. If after your acceptance for employment, subsequent investigation should disclose misrepresentation, falsification or omission, it will be just cause for immediate dismissal.

A. GENERAL

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Have you ever had any non-Oregon driver's license or identification card issued to you?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Have you ever been refused a non-Oregon driver's license?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Have you ever applied for a permit to carry a concealed weapon?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Have you ever been suspended, expelled or put on probation from any junior high, high school, or college?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Have you ever had automobile insurance canceled or denied?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Have you ever been placed in a "high risk" automobile insurance category?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Have you ever been notified by the motor vehicles division that your driver's license was about to be suspended or revoked for any reason?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Have you ever been a habitual gambler?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Have you ever been publicly intoxicated?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. Have you ever driven while under the influence of intoxicants?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. Are you now or have you ever participated with an organization that advocates or supports the use of force or other unlawful means to deny anyone their rights under the Constitution of the United States?

B. EMPLOYMENT

<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Have you previously applied with the McMinnville Police Department?
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<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. <i>Are you unwilling or unable to work rotating shifts, hours, or days off?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. <i>Would you be incapable of using deadly force if necessary, in the line of duty?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. <i>Should this department employ you, do you anticipate any income other than your salary?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. <i>Do you presently have any income other than your regular salary?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. <i>Have you ever applied for employment with any criminal justice agency? (List agencies)</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	18. <i>Have you ever had another criminal justice agency begin or complete a background investigation on you? (List agencies)</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	19. <i>Have you ever been denied employment from another criminal justice agency? (List agencies)</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	20. <i>Have you ever failed, dropped out, or resigned from a law enforcement academy?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	21. <i>Have you ever completed a law enforcement academy?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	22. <i>Have you ever been discharged from any position?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	23. <i>Have you ever been asked to resign from a job?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	24. <i>Have you ever resigned to avoid discharge, had a negotiated resignation, or resigned while under suspension or while dismissal proceedings were pending?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	25. <i>Have you ever had a probationary period extended for any reason?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	26. <i>Have you ever been the subject of a job-related investigation?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	27. <i>Have you ever been the subject of a sex or racial harassment complaint?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	28. <i>Have you ever had any complaint of unnecessary force or brutality filed against you?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	29. <i>Have you ever been demoted in a job?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	30. <i>Have you ever received penalty days off?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	31. <i>Have you ever had a pay raise delayed or withheld?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	32. <i>Have you ever left a job without giving proper notice?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	33. <i>Has an employer ever disciplined you?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	34. <i>Will any of your past or present employers give you an unfavorable recommendation?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	35. <i>Has a previous employer ever informed you that you were ineligible for rehire?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	36. <i>Have you ever been counseled or disciplined for sick leave abuse or tardiness?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	37. <i>Have you ever had your integrity questioned in an employment setting?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	38. <i>Have you ever raised your voice in anger to a co-worker or supervisor?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	39. <i>Have you ever been late for work more than four times a year?</i>

<input type="checkbox"/> Yes	<input type="checkbox"/> No	40. Have you ever called in sick to work when you were not really sick?
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C. FINANCIAL

<input type="checkbox"/> Yes	<input type="checkbox"/> No	41. Have you ever received unemployment compensation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	42. Have you ever sued anyone or been sued by anyone?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	43. Have you ever had a judgment rendered against you?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	44. Have you ever filed for bankruptcy or been declared bankrupt?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	45. Have you ever had any of your property repossessed?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	46. Have you ever had a debt turned over to a collection agency?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	47. Have you ever had your wages garnished?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	48. Have you ever been delinquent in paying any of your taxes?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	49. Have you ever failed to file a federal income tax return?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	50. Have you ever avoided paying any lawful debt by moving?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	51. Have you ever failed to support any child of yours?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	52. Have you ever failed to fully repay a student loan?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	53. Are there any pending civil actions against you?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	54. Have you ever filed a false insurance claim?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	55. Have you ever settled a lawsuit out of court in which you received a cash payment?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	56. Have you ever settled any civil suit out of court in which you, your insurance company or anyone else was required to make a cash payment to another party?

D. CRIMINAL

<input type="checkbox"/> Yes	<input type="checkbox"/> No	57. Have you ever been convicted of a crime or an offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	58. Have you ever been given a trespass warning?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	59. Have you ever been given an eviction notice?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	60. Have you ever been asked to take a polygraph examination?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	61. Have you ever failed a polygraph examination?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	62. Have you ever filed a false police report?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	63. Have you ever pointed a firearm at another person outside of work in law enforcement or in the military?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	64. Have you ever discharged a firearm at another person?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	65. Have you ever been arrested or detained for shoplifting?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	66. Have you ever been in the presence of anyone using illegal drugs?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	67. Have you ever knowingly allowed anyone to possess or use illegal drugs in your home or vehicle?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	68. Have you ever struck or injured a person since you were 18 years old?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	69. Have you ever disciplined a child and caused bruises or injury?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	70. Have you ever furnished alcohol to a minor not in your custodial control?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	71. Have you ever been the plaintiff or the defendant of a civil restraining order or stalking order?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	72. Have you ever furnished illegal drugs to anyone?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	73. Have you ever given or displayed pornographic material to anyone under the age of 18 years?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	74. Have you ever been the suspect in any police investigation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	75. Have you ever been charged with a crime?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	76. Have you ever had a warrant issued for your arrest?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	77. Have you ever been detained, questioned, held on suspicion, fingerprinted or taken into custody by law enforcement officers for any reason other than minor traffic tickets?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	78. Have you ever been placed into a diversion program as the result of an arrest?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	79. Have you ever been or are you currently under investigation by any law enforcement agency concerning any alleged violation of the law?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	80. Have you ever stolen anything worth more than \$50?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	81. Have you ever stolen a motor vehicle?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	82. Have you ever been the driver or passenger in a vehicle you were not authorized to use? (joyride)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	83. Have you ever been the subject of a federal or state civil rights violation investigation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	84. Have you ever committed any sexual crime?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	85. Have you ever or are you now wanted for any reason by any law enforcement agency?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	86. Have you ever sold, cultivated, manufactured or transported any illegal drug?

Answer the following questions if you have ever been in the military or in government defense service.

E. MILITARY

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Do you currently hold a secret clearance issued by a federal agency?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Have you ever had any type of secret clearance denied or revoked?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Have you ever performed duties which required certification under a "Human Reliability" or "Personnel Reliability" (PRP) program?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Are you registered with the selective service?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Have you ever served in any branch of the armed services?

If you answered "No" to Question 5, you do not need to answer Questions 6-11.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. While in the service were you ever court-martialed?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. While in the service were you ever placed under military arrest?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. While in the service did you ever receive any type of disciplinary action?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. While in the service were you ever reduced in rank or grade?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. While in the service were you ever AWOL or on unauthorized leave?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. When you left the service, could you have re-enlisted if you wanted?

Answer the following without any written explanation.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever used illegal drugs to include marijuana? If "Yes," list what drugs you have used.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you used illegal drugs in the last six months?

Signature

Date