

**SOUTH BETHANY POLICE DEPARTMENT  
POLICE OFFICER EMPLOYMENT APPLICATION  
MINIMUM QUALIFICATIONS**

**CITIZENSHIP** – Applicant must be a United States citizen.

**AGE** – Applicants must reach their 21<sup>st</sup> birthday prior to completion of the Academy training.

**EDUCATION** – Applicant must have a high school diploma or GED.

**RESIDENCE** – Applications are accepted from any United States Citizen regardless of residency; however, at the conclusion of the academy training, Delaware residency is required.

**DRIVER'S LICENSE** – Applicants must have a current, valid driver's license and at least one (1) year driving experience. A DUI conviction within two years, or a suspension/revocation within one year, or an accumulation of ten (10) or more points at date of application is an automatic disqualification. A history of traffic violations may result in disqualification.

**CRIMINAL RECORD AND ACTIVITY** - Any felony conviction is an automatic disqualification. Any criminal activity that would be considered a felony under Delaware law, federal law, or the law of the state in which the activity occurred is a disqualification. (Arrest or conviction for all other crimes and offenses are subject to evaluation.)

**DRUG USAGE** - Use of an illegal drug two years prior to application, or any usage of a hallucinogenic drug will be an automatic disqualification. (All other drug usage is subject to review.)

# South Bethany Police



402 EVERGREEN ROAD, SOUTH BETHANY, DE 19930 302-539-3996 F/302-539-7545

## DEAR APPLICANT:

Thank you for expressing interest in joining the elite ranks of South Bethany Police. Our agency prides itself in being the statewide leader in officer retention. Our officers are well-educated and trained personnel who are dedicated to their position as sworn police officers both on and off duty.

Enclosed, is the basic application form for a full-time or part-time position with our agency. You must complete the application packet and submit it to the South Bethany Police Department prior to the due date (if so posted or advertised.) Follow any instructions listed in the packet. Incomplete, inaccurate, false or misleading applications will not be accepted.

As part of the rigorous application process, you will be required to successfully complete an interview, drug test, psychological evaluation, medical exam and other competency evaluations. As with any law enforcement agency, we recognize the need to thoroughly evaluate applicants to ensure the security and integrity of the law enforcement profession. Only the most qualified applicants will be selected for any position with the South Bethany Police Department.

Should you have any questions regarding the application packet or the process, please contact my office at the above number.

Sincerely,

TROY M. CROWSON  
Chief of Police

**South Bethany Police Department  
Personal History Statement**

Please Read Thoroughly: Answer each question on this form. Information must be **HANDWRITTEN AND PRINTED IN BLACK INK (DO NOT TYPE)**. If additional information must be submitted in response to a specific question, please submit this information on additional sheets of 8 ½ x 11 paper (**NO SCRAP SHEETS**) and attach to this form. Precede each answer with the number and letter of the referenced section. **DO NOT MISSTATE OR OMIT ANY FACTS**, as all information is verified. **ACCURACY IS ESSENTIAL. ANY FALSE STATEMENTS OR INFORMATION KNOWINGLY OMITTED IN THIS QUESTIONNAIRE IS JUST CAUSE FOR DENYING OR TERMINATING YOUR APPLICATION.** There are to be no **UNKNOWN** or **UNANSWERED** questions upon completion and submission of this form. If a question or the information requested does not apply, indicate this by using the symbol N/A (not applicable). Should this questionnaire be **UNSATISFACTORILY FILLED OUT**, you will be rejected from further consideration.

When the Personal History Statement is submitted, the following support documents **MUST ALSO BE SUBMITTED**:

1. A copy of your Birth Certificate
2. High School Diploma or GED (Original - accompanied by test scores)
3. Naturalization Certificate or Proof of Citizenship
4. A copy of your Driver's License.
5. Your original Military DD214 Member 2 (including character of discharge Section), and any other discharge document(s), if applicable, for us to witness and a copy for us to retain.
6. Active Reserves who currently attend Military Drills must submit a Military Letter of Good Standing. This letter can be obtained from a staff member upon receipt of your application packet. The applicant must also submit all original DD214 discharge documents as soon as they become available to the applicant.
7. Applicants who have previously served in the Active Reserves **MUST** submit a copy of their discharge papers, showing character of discharge from the Reserve Unit.

**FAILURE TO TURN IN THESE DOCUMENTS WILL RESULT IN YOUR APPLICATION  
BEING REJECTED BY THE POLICE DEPARTMENT**

**I hereby certify that I have read and understand all of the above stated information.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

This packet must be **HANDWRITTEN IN BLACK INK (DO NOT TYPE)**  
This agency does not discriminate based on race, sex, ethnicity or religion in accordance with EOE

**\*\*Please Print\*\* If this application Packet is NOT LEGIBLE, IT WILL NOT BE ACCEPTED**

**1. PERSONAL HISTORY**

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

A. \_\_\_\_\_  
Full Name (Last, First, Middle) Sex/Race Date of Birth

B. \_\_\_\_\_  
Current Street Address Apt. # City State Zip Code

C. \_\_\_\_\_  
Home Phone Work Phone Cell Phone Work Hours Days Off

D. \_\_\_\_\_  
Name and phone number of a neighbor or relative with whom you are in regular contact, where a message can be left for you.

E. Are you a United States Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Social Security Number Birthplace City State County

F. List any maiden name or any other names that you have ever used, including all married names or nicknames, etc.  
\_\_\_\_\_

G. Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed

H. Driver's License \_\_\_\_\_  
State Number

\_\_\_\_\_ Expiration Date Conditions (Corrective Lens, Etc.)

**2. FAMILY HISTORY**

A. \_\_\_\_\_  
Full Name of Present Spouse Maiden Name Age Date of Birth

B. \_\_\_\_\_  
Present Employment of Spouse Address (City/State) Phone Number

C. \_\_\_\_\_  
Full Name of Former Spouse(s) Maiden Name Age Date of Birth

\_\_\_\_\_ Address (City/State) of Former Spouse(s)

D. List ALL Children and Step-Children:

	Full Name	Address	Phone Number	Age	Date of Birth
1.					
2.					
3.					
4.					
5.					

E. List separately, Mother, Father, Step-Mother, and Step-Father:

1.	Full Name of Father		Age	Date of Birth
	Home Address (City/State/Zip)		Phone Number	
2.	Full Name of Mother		Age	Date of Birth
	Home Address (City/State/Zip)		Phone Number	
3.	Full Name of Step-Father		Age	Date of Birth
	Home Address (City/State/Zip)		Phone Number	
4.	Full Name of Step-Mother		Age	Date of Birth
	Home Address (City/State/Zip)		Phone Number	
5.	List all persons who reside at your residence:			
	Full Name		Age	Date of Birth
	Full Name		Age	Date of Birth
	Full Name		Age	Date of Birth
	Full Name		Age	Date of Birth

**3. RESIDENCE**

A. Chronologically list all of your residences since your 18<sup>th</sup> birthday, regardless of the time you resided there, **beginning with your present address and working backward**. If in military service, list dates, branch and duty stations, include off base residences. List addresses while attending school if away from home. Note when living with parents with an asterisk (\*).

From Mo./Year - To Mo./Year	Complete Address	City/State	Zip

**4. EDUCATION**

School Name	Location (City/State)	Attended From-To	Year of Graduation	Credit Hour/Degree
High School				
G.E.D.				
College/University				
Graduate School				
Trade/Business/Other Schools				

**5. EMPLOYMENT**

On the following pages, you will find employment reference sheets. It is very important that employment information be accurate.

**Please list your ENTIRE employment history. Include ALL PART-TIME, TEMPORARY, and SEASONAL EMPLOYMENT regardless of Time employed. IF UNEMPLOYED FOR ANY LENGTH OF TIME, LIST DATES OF UNEMPLOYMENT BEGIN WITH YOUR CURRENT EMPLOYMENT, OR MOST RECENT JOB, AND WORK BACKWARDS. Employment history must cover from HIGH SCHOOL GRADUATION TO PRESENT. LIST ALL AREA CODES AND ZIP CODES MAKE SURE THAT ALL ADDRESSES AND PHONE NUMBERS ARE COMPLETE AND ACCURATE.**

If additional employment reference sheets are needed. Please make photocopies prior to filling out the forms.

**6. EMPLOYMENT TERMINATION**

- A. Have you ever been dismissed, fired, or asked to resign from any employment or position you have held, knowing that you would be fired if you did not resign?  
\_\_\_\_\_ YES \_\_\_\_\_ NO If yes; explain below.

**TERMINATIONS:**

Company Name \_\_\_\_\_

Street address \_\_\_\_\_

Dates of Employment: From To \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Termination #1

**EXPLAIN IN DETAIL CIRCUMSTANCES OF TERMINATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* ANY ADDITIONAL TERMINATIONS PLEASE USE A SEPARATE SHEET AND ATTACH.**

Employment Reference Sheet

MAY WE CONTACT YOUR CURRENT EMPLOYER?

\_\_\_\_\_ YES \_\_\_\_\_ NO

- If the response is "NO" you will be required to provide proof of employment and dates of employment.
- You may also be required to provide proof and dates of any previous employment, including any periods of self-employment and unemployment.

Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_



Employment Reference Sheet

Name of Employer or Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_  
Reason for Leaving (explain in detail): \_\_\_\_\_  
\_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_  
Reason for Leaving (explain in detail): \_\_\_\_\_  
\_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_  
Reason for Leaving (explain in detail): \_\_\_\_\_  
\_\_\_\_\_

**IF ADDITIONAL EMPLOYMENT SHEETS ARE NEEDED, PLEASE  
MAKE PHOTOCOPIES PRIOR TO FILLING OUT ANY FORMS.**

**7. VEHICLE INFORMATION**

A. List all vehicles that you own and/or drive for personal use. (Include vehicles belonging to parents Or *others with whom you reside*)

Year	Make	Model	Color	Auto Tag Number	State	Own/Buying

**8. DRUG HISTORY**

A. Are you currently using any kinds of drugs or controlled substances not prescribed by physicians?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

B. Drug/Narcotic information (Explain any "YES" answer in "Comments" section).

- | YES   | NO    |  |
|-------|-------|--|
| _____ | _____ | 1. Have you ever tried, used, puffed, experimented, taken orally or injected any drug or narcotic?                         |
| _____ | _____ | 2. Have you ever tried or used Marijuana? If yes, how many times have you tried ____, puffed ____, or used marijuana ____? |
| _____ | _____ | 3. Have you ever tried or used hashish?  |
| _____ | _____ | 4. Have you ever tried or used heroin?   |
| _____ | _____ | 5. Have you ever tried or used cocaine?  |
| _____ | _____ | 6. Have you ever tried or used LSD or any other hallucinogen?  |
| _____ | _____ | 7. Have you ever tried or used speed, amphetamine, ecstasy, or methamphetamines?   |
| _____ | _____ | 8. Have you ever tried or used downers, barbiturates, or mandrax?  |
| _____ | _____ | 9. Have you ever used any prescription drugs not intended for you?   |
| _____ | _____ | 10. Have you ever used anabolic steroids?  |
| _____ | _____ | 11. Have you ever tried or used any other illegal drug or narcotic?  |
| _____ | _____ | 12. Have you ever sold marijuana?  |
| _____ | _____ | 13. Have you ever sold any illegal drugs or narcotics?   |
| _____ | _____ | 14. Have you ever been present when others were using marijuana?   |
| _____ | _____ | 15. Have you ever been present when others <i>were using</i> illegal drugs or narcotics?                                   |
| _____ | _____ | 16. Have you ever altered a prescription given to you by a doctor?   |
| _____ | _____ | 17. Have you ever taken a substance not knowing what it was?   |
| _____ | _____ | 18. Have you ever inhaled paint, gases, glues, or other abusable chemicals?  |
| _____ | _____ | 19. Have you ever obtained a drug from an altered prescription?  |

Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. MILITARY RECORD**

A. Have you ever been on active duty in the Armed Forces of the United States?  
 YES  NO

If Yes:

B. Branch of Military Service \_\_\_\_\_

C. Type of Discharge \_\_\_\_\_ If other than HONORABLE, explain: \_\_\_\_\_

D. Dates of Active Duty (Month, Day, and Year) FROM \_\_\_\_\_ TO \_\_\_\_\_

E. Have you ever been, or are you currently a member of a Reserve Unit  YES  NO

If yes, Branch \_\_\_\_\_ Ready \_\_\_\_\_ Standby/RR \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

F. Are you currently active in the military?  YES  NO

If yes, what is your anticipated release date \_\_\_\_\_

G. If you were in the military, were you ever court-martialed?  YES  NO

If yes, explain: \_\_\_\_\_

Did you ever have ANY type of disciplinary action taken against you while in the military (this includes Article 15, Captains Mast, etc.)?  YES  NO

If YES, explain: \_\_\_\_\_

**8. COURT RECORD**

A. Have you ever been arrested as an adult or a juvenile (arrest is defined as being taken into custody and transported to a jail/detention facility) or charged with a crime as an adult or a juvenile (charged with a crime means issued a misdemeanor citation, a juvenile summons, an adult summons, arrested on a warrant, or indicted by a grand jury)?  YES  NO

B. List ALL times you have been arrested or had criminal charges placed against you, including a detailed explanation of the circumstances (use additional sheets if needed). You must list ALL arrests or charges even if they were dropped or did not result in a conviction and even if the public records of the arrest or charges were expunged and erased and even if you have been told that you do not have to admit to arrests or charges which have been expunged or erased. An independent investigation of your criminal history will be conducted and, if arrests or charges are found which you did not report, your application can be rejected due to untruthfulness.

Date	City/State	Charges	Circumstances	Disposition

C. Have you ever, as an adult or a juvenile, been convicted of or entered a guilty plea or a plea of nolo contendere to any criminal charge? This question includes ALL criminal offenses including felonies, misdemeanors, misdemeanor citations, traffic citations, city ordinance summons, and juvenile summons  YES  NO

- D. List below ALL adult and juvenile convictions, guilty pleas and pleas of nolo contendere, with a disposition for each.

You must list ALL convictions and pleas even if the conviction or plea was later expunged or erased and even if you were told that you did not have to admit to the conviction or plea since it had been expunged or erased. Failure to list a conviction or plea, which is later uncovered during the background investigation, can result in your application being rejected for untruthfulness.

**ARRESTS:**

Date	City/State	Charges	Circumstances	Disposition

- E. Has your Driver's License ever been suspended, canceled or revoked? Y \_\_\_ N \_\_\_  
 If yes, please explain: \_\_\_\_\_

Have you ever had a Driver's License in any other state? Y \_\_\_ N \_\_\_  
 If yes, which state(s), list license **number** if known: \_\_\_\_\_

**TRAFFIC TICKETS:**

Date	City/State	Charges	Circumstances	Disposition

**11. MISCELLANEOUS**

- A. Based on your religion, are there any special considerations you might request as to the handling of a firearm or days off? Y \_\_\_ N \_\_\_
- B. List all relatives employed by the Town of South Bethany, including the South Bethany Police Department: \_\_\_\_\_
- C. Are you currently, or have you ever been, an employee of the Town of South Bethany or the South Bethany Police Department? Y \_\_\_ N \_\_\_  
 If yes, list what agency, dates of employment, position and designate whether or not you were a permanent employee, temporary, reserve or volunteer: \_\_\_\_\_

D. Have you previously submitted an application for employment or tested for the **South Bethany Police Department** or any other law enforcement agency? If yes, list below:

\_\_\_\_\_

E. Do you currently possess a Special Officer's (Security Guard) Commission? Y \_\_\_ N \_\_\_  
If yes, list agency issuing commission: \_\_\_\_\_

F. Do you currently possess a valid gun permit? Y \_\_\_ N \_\_\_

G. Have you ever submitted to a polygraph test? Y \_\_\_ N \_\_\_

H. Are you presently involved or have knowledge that you might become involved in any criminal or civil lawsuits? Y \_\_\_ N \_\_\_  
If yes, explain: \_\_\_\_\_

**12. REFERENCES**

A. List three (3) references that are responsible adults or reputable standing in their community, whom you HAVE KNOWN WELL FOR AT LEAST THREE YEARS, AND WHO KNOW YOU. References CANNOT be relatives, former employers, or present employers. You MUST include their full names, COMPLETE home address and business address (include city, state, zip code), and correct home or business telephone number (including area code) were *they may be contacted Monday through Friday during normal business hours*:

1.

Full Name (Last, First, Middle)				Years Known
Current Street Address	Apt. #	City	State	Zip Code
Employment Address		City	State	Zip Code
Home Phone	Work Phone	Cell Phone	Pager Number	

2.

Full Name (Last, First, Middle)				Years Known
Current Street Address	Apt. #	City	State	Zip Code
Employment Address		City	State	Zip Code
Home Phone	Work Phone	Cell Phone	Pager Number	

3.

Full Name (Last, First, Middle)				Years Known
Current Street Address	Apt. #	City	State	Zip Code
Employment Address		City	State	Zip Code
Home Phone	Work Phone	Cell Phone	Pager Number	

I hereby certify that ALL statements made by me on this application are TRUE and COMPLETE to the best of my knowledge. I further certify that this application contains no willful misrepresentation or falsifications. I am aware that should any investigation at any time reveal or disclose any such misrepresentations or falsifications, my application maybe rejected and my name may be removed from the employment list and I may be disqualified from applying in the future for positions with the South Bethany Police Department or my employment with the Town of South Bethany may be terminated. If any information changes on your application, you MUST keep this office updated. This includes jobs, addresses, phone numbers, any contact with law enforcement officers and any other important information.

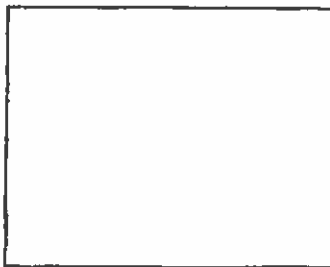
**DO NOT WRITE BELOW THIS LINE**

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR EMPLOYMENT TEAM USE ONLY**

**RIGHT THUMB PRINT**



**SOUTH BETHANY POLICE DEPARTMENT EMPLOYMENT TEAM AUTHORIZATION  
FOR RELEASE OF PERSONAL INFORMATION**

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I, \_\_\_\_\_ do hereby authorize of and full disclosure of all records concerning myself to any duly authorized agent of the South Bethany Police Department, whether the said records are public, private, or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; medical and psychiatric treatment and/or consultation, including hospital, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records; complaints or grievances filed by or against me; the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have, or have had an interest. This waiver also gives authority to release law enforcement or criminal records or information from a law enforcement agency.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment of the South Bethany Police Department. I also certify that any person(s) who may provide such information concerning me shall not be held accountable for providing said information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of providing such information.

A copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

---

Signature (include maiden name)

\_\_\_\_\_

Address                      City                      State                      Zip

Phone Number              Date of Birth              Social Security Number

**\*\*This form MUST BE NOTARIZED by a notary before your application will be accepted. THIS FORM MUST BE SIGNED IN FRONT OF THE NOTARY.**

Sworn to and Subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_

NOTARY



**PERSONAL HISTORY STATEMENT**

1. Do you presently hold active or silent controlling interest in any company?  
\_\_\_\_\_ Y \_\_\_\_\_ N If yes, explain in "Comments" below.
2. Do you now have (or have you ever had) any wage garnishments on your salary?  
\_\_\_\_\_ Y \_\_\_\_\_ N If yes, explain in "Comments" below.
3. Do you now have (or have you ever had) any wage assignments on your salary?  
\_\_\_\_\_ Y \_\_\_\_\_ N If yes, explain in "Comments" below.
4. Have you ever been found delinquent on income or other tax payments? Include only those situations where your delinquency was discovered and brought to your attention BEFORE you actually made payment.  
\_\_\_\_\_ Y \_\_\_\_\_ N If yes, explain in "Comments" below.
5. Have you ever had a court -ordered financial judgment against you?  
\_\_\_\_\_ Y \_\_\_\_\_ N If yes, explain in "Comments" below.
6. Do you presently have a financial judgment pending in court?  
\_\_\_\_\_ Y \_\_\_\_\_ N If yes, explain in "Comments" below.
7. Have you ever had any real or personal property repossessed?  
\_\_\_\_\_ Y \_\_\_\_\_ N If yes, explain in "Comments" below.
8. Have you ever filed or declared bankruptcy or utilized a wage earner's plan?  
\_\_\_\_\_ Y \_\_\_\_\_ N If yes, explain in "Comments" below.
9. What is your monthly net pay? \_\_\_\_\_ 10. Your Spouse's monthly net pay? \_\_\_\_\_
11. Do you or your spouse have any other source of income?  
\_\_\_\_\_ Y \_\_\_\_\_ N If yes, explain in "Comments" below.

Comments: