

# CITY OF HENDERSONVILLE

## POLICE DEPARTMENT – SUPPLEMENTAL APPLICATION BACKGROUND INFORMATION

Completing this form is part of the examination process. Print legibly in ink. Complete all requested information. Do not leave any blanks or omit any requested information. Doing so may result in disqualification of your application. If a section does not apply, print N/A. If requested to attach additional sheets, firmly attach by staple to this section of the application. This information is used for completing a criminal history background check.

LEGAL NAME

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

LAST                      FIRST                      COMPLETE MIDDLE NAME (NO INITIALS)                      MONTH    DAY    YEAR

**DRIVERS LICENSE NUMBER:** \_\_\_\_\_ **DRIVERS LICENSE STATE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **RACE:** \_\_\_\_\_

OTHER NAMES YOU HAVE BEEN KNOWN BY, USED, OR ALIASES

**NAME:** \_\_\_\_\_

LAST                      FIRST                      COMPLETE MIDDLE NAME (NO INITIALS)

**NAME:** \_\_\_\_\_

LAST                      FIRST                      COMPLETE MIDDLE NAME (NO INITIALS)

**NAME:** \_\_\_\_\_

LAST                      FIRST                      COMPLETE MIDDLE NAME (NO INITIALS)

Have you ever used, been identified by, or are there any other names, dates of birth, or social security numbers that you have been known by not listed on this form?

YES                       NO

If yes, attach a separate sheet of paper listing that information and fully explain.

AGENCY (COMPLETE ALL)	RECORD	NO RECORD	CO INITIALS	DATE COMPLETE
NCIC RECORD				
NCIC WANTED				
METRO RECORD				
METRO WANTED				
T.B.I.				
TRAP				
HPD MASTER NI				
GALLATIN PD				
SUMNER CO SO				
DRIVERS LICENSE				

CO Assigned to \_\_\_\_\_ Date Assigned \_\_\_\_\_ Date Completed \_\_\_\_\_

CID Review assigned \_\_\_\_\_ Date Assigned \_\_\_\_\_ Date Completed \_\_\_\_\_

CID Status \_\_\_\_\_ Approved for further testing  \_\_\_\_\_ Rejected  \_\_\_\_\_

CID Division Commander / Date

ADM Status \_\_\_\_\_ Approved for further testing  \_\_\_\_\_ Rejected  \_\_\_\_\_

Captain / Date

OFFICE  
USE  
ONLY

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**Instructions:** (1) List your place of birth to include city, county, and state, (2) then list your current city, county and state of residence, (3) and then all previous cities, counties and states you have ever resided in starting with the most recent and ending with the city, county and state of residence at the conclusion of the 6<sup>th</sup> grade or equivalent age. You may attach additional sheets if needed. If outside the USA, list city and country in same blocks.

CHECK	PLACE OF BIRTH		SENT	RECORD	NO RECORD	CO INITIALS	DATE COMPLETE
	CITY						
	COUNTY						
	STATE						

CHECK	CURRENT ADDRESS		SENT	RECORD	NO RECORD	CO INITIALS	DATE COMPLETE
	CITY						
	COUNTY						
	STATE						

CHECK	PREVIOUS ADDRESS		SENT	RECORD	NO RECORD	CO INITIALS	DATE COMPLETE
	CITY						
	COUNTY						
	STATE						

CHECK	PREVIOUS ADDRESS		SENT	RECORD	NO RECORD	CO INITIALS	DATE COMPLETE
	CITY						
	COUNTY						
	STATE						

