

**CITY OF MILWAUKEE
POLICE DEPARTMENT APPLICANT
PERSONAL HISTORY QUESTIONNAIRE INSTRUCTIONS**

The Personal History Questionnaire (PHQ) is the first step in the background investigation process. You are required to complete a PHQ form, which must be returned to the City of Milwaukee Police Department (MPD) on or before the stated deadline. If you fail to complete the PHQ, or it is not received by the deadline, you may be disqualified from further participation and no longer considered for the position. The following instructions should be followed when completing your PHQ.

- The Personal History Questionnaire (PHQ) must be completed directly by the individual who has applied for the position.
- All responses must be legible and printed using black ink.
- A response is required for every question; if the question does not apply, you must indicate “N/A” (Not Applicable). Do not leave any response blank.
- It is the responsibility of the applicant to assure all information provided is accurate, complete, and truthful.
 - Falsification, willful misrepresentation, or intentional omission of material information will result in disqualification and/or termination of employment by the Police Department.
 - Unintentional failure to include information may also result in disqualification, because it may be considered untruthfulness. Therefore you should take necessary action to obtain *all* information (i.e. research criminal, traffic, civil, employment, and school records, etc.)
 - If you are unsure as to an exact date or have other partial information, include as much information as possible (i.e. month and year, or approx. year, etc.). **Do not** just leave the response blank, as that may also be considered untruthfulness, resulting in disqualification.
- If the space provided on the PHQ is insufficient for your response, you may write your response on a separate sheet of paper, and attach it to the PHQ.
- You must report a change in any information that occurs after submitting your PHQ, to the City of Milwaukee Police Department (MPD), Background Investigation Unit. This would include changes in name, address, phone number(s), employment, driving record, etc. You may contact the Background Investigation Section at (414) 935-3985.
- You must also report any change in your contact information to the City of Milwaukee Fire and Police Commission. This would include changes in name, address, phone number(s), etc. You may contact the FPC at (414) 286-5071.
- Your completed PHQ must be received by the FPC by **Friday, September 13, 2013**. You may deliver the document personally, have someone else drop it off for you, or mail it. Whichever method you choose, your completed PHQ **must be received, or postmarked by September 13, 2013**. Return these documents to: Milwaukee Fire and Police Commission, 200 E Wells St., Room 706A, Milwaukee WI 53202. If your PHQ is not received, or postmarked by the deadline, this may result in your disqualification.
- When you return your PHQ, it must have several documents attached. A list of those documents is found on the back side of these instructions.
- Questions about completing the PHQ may be directed to the FPC at (414) 286-5071. Once your PHQ has been submitted, any questions regarding your background investigation may be directed to the MPD, Background Investigation Section at (414) 935-3985.

IMPORTANT: When you submit your PHQ, the document must have your fingerprint on it. Therefore, you must schedule an appointment with the MPD to be fingerprinted prior to the PHQ deadline. You may do so by calling (414) 935-7380. Fingerprinting is done at Room 305 of the Police Administration Building, located at 951 N James Lovell St (7th & State Streets). You must take your PHQ and a government-issued photo I.D. when you go to your appointment. *Because appointment times may fill up quickly, you are encouraged to call to schedule your appointment as soon as you receive this letter.* If you omit this step, you may be disqualified, or your background investigation may be delayed.

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Following is a list of the documents that you are required to submit in order for your background investigation to begin. Attach *copies* of all the documents listed below, which pertain to you. Failure to attach *copies of all* required documents at the time you submit your PHQ, may result in a delay in completion of your background investigation and consequently may affect your ability to be hired in order of rank on the eligibility list.

If you are unable to obtain a copy of all required documents prior to the stated deadline, you must still submit the completed PHQ on time and attach a written explanation of which document(s) are missing, and when you anticipate you will be able to provide them. The missing documents must be submitted as soon as it is possible to do so.

You are to submit *copies* of each of the required documents, except that an *official certified copy* of your birth certificate is required. The documents you submit will *not* be returned to you.

Documents to Submit:

- Legal Birth Certificate (Hospital notices are not acceptable) *Wisconsin law 69.24 strictly prohibits copying vital records; therefore you must submit a true certified copy of this document.
- Social Security Card showing your current legal name
- Two (2) Recent Individual Passport-Style Photographs (Snapshots are not acceptable). Specifications may be found at <http://travel.state.gov/passport>.

If the position you have applied for requires High School Graduation or G.E.D, you must provide:

- High School Diploma or Transcript showing successful completion; OR G.E.D. Certificate (if required). If G.E.D. Certificate is not from the State of Wisconsin, you must also provide a copy of test scores.

If the position you have applied for requires a Valid Driver's License, you must provide:

- Valid Driver's License
Note: You must have a valid Driver's License at the time your background investigation begins, or you may be disqualified - If you do not currently hold a valid Driver's License, you are strongly encouraged to take immediate action to obtain such. Your address with the Department of Transportation should be current per Wisconsin State Statute 343.22(2)(a).

If you have served in the Military, you must provide:

- Undeleted Copy of your DD-214 Military Form (Undeleted means that the bottom portion of the form, which shows the type of discharge and character of service is attached)

If you are required to register for Selective Service and have not served in the Military, you must provide:

- Registration of Selective Service Note: if you are unable to locate your registration, you may print a copy online at <http://www.sss.gov/records.htm>, or you may call (847) 688-6888.

If you have attended college, even if not in a police-related field, you must provide:

- Official** transcript(s), which can be mailed directly from the school to: Milwaukee Police Department
Background Investigation Section
P.O. Box 531
Milwaukee, WI 53201
- Vocational / Technical Certificates (if applicable)
- College Diploma(s) (if applicable)

If you were not born in the United States, you must provide:

- Naturalization Papers

If you have legally used any other name, you must provide:

- Documents pertaining to name change (e.g., marriage, divorce, adoption, or other legal name change)

If you are an applicant for Police Aide position, you also must provide:

- High School Transcript(s)

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Position applied for: _____

Section I - PERSONAL RECORD

1) LEGAL NAME: _____
Last Name First Name Full Middle Name

2) List all other names you have used or been known by (Maiden name, adopted name, aliases, nicknames, etc.) and explain each one:

3) Your present SOCIAL SECURITY number: _____
3 Digits 2 Digits 4 Digits

4) Other Social Security number(s) that have been assigned to you: _____

5) Date of Birth: _____
Month Day Year

6) Age at last Birthday: Years 7) Gender: Male Female

8) List any other dates of birth you have used and the reason for doing so:

9) Place of Birth: City _____ County _____ State _____

10) If place of birth is other than Milwaukee, when did you move to Milwaukee?
Month Year

11) Present Address: _____
City _____ State _____ Zip _____

12) Home Telephone Number ()- - _____ Hours available at this number? _____
Cell Telephone Number ()- - _____ Hours available at this number? _____
13) Work Telephone Number ()- - _____ Hours available at this number? _____

14) If you have no phone, supply the name and number of the person who can contact you, including their relationship (i.e. Spouse, friend, brother, etc.)

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NOTE: Marital and parental status is being elicited only for the purpose of conducting a background investigation. Marital and parental status are not used to determine your suitability as a Milwaukee Police Department employee.

15) Current Marital Status: Never Married Married Divorced Separated Widowed

Name of Present Spouse: _____

	Last Name	First Name		Middle Name
Spouse's Other Name(s) / Maiden Name			/	/
	Last Name	First / Middle Names		Date of Birth

City/State Marriage Performed: _____ Date: ____ / ____ / ____

Present Address (if different than yours): _____

City _____ State _____ Zip _____

Spouse's Telephone Number: (____) - ____ - _____

Occupation of Spouse: _____ Spouse's Employer: _____

Spouse's Business Address: _____ Business Phone: (____) - ____ - _____

16) Name of Girlfriend / Boyfriend / Fiancée: _____

	Last Name	First Name		Middle Name
--	-----------	------------	--	-------------

Present Address: _____

City _____ State _____ Zip _____

Home Telephone Number (____) - ____ - _____ Date of Birth ____ / ____ / ____

Occupation: _____ Employer: _____

Business Address: _____ Business Phone: (____) - ____ - _____

18) List ALL previous marriages in order of occurrence

Name of Former Spouse: _____

	Last Name (presently using)	First Name		Middle Name
--	-----------------------------	------------	--	-------------

Present Address: _____

City/State Marriage Performed: _____ Date: ____ / ____ / ____

Court Issuing Divorce / Annulment: _____

Date Filed: ____ / ____ / ____ Date Granted: ____ / ____ / ____

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Name of Former Spouse: _____
Last Name (presently using) First Name Middle Name

Present Address: _____

City/State Marriage Performed: _____ Date: ____ / ____ / ____

Court Issuing Divorce / Annulment: _____

Date Filed: ____ / ____ / ____ Date Granted: ____ / ____ / ____

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT

19) List all children (Include natural, stepchildren, adopted children, foster children and other dependents). If deceased, so indicate.

a) Name: _____ / /
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

b) Name: _____ / /
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

c) Name: _____ / /
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

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19) Children - Continued

d) Name: _____ / /
 Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
 Last First Middle Phone

e) Name: _____ / /
 Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
 Last First Middle Phone

f) Name: _____ / /
 Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
 Last First Middle Phone

g) Name: _____ / /
 Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
 Last First Middle Phone

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT

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Section 1A – RELATIVES & FAMILY MEMBERS

20) Supply the appropriate information in the spaces provided below. If a category is not applicable, write "n/a".
Indicate if the person is deceased.

Father _____ ()- -

Last Name	First Name	Middle Name	Phone Number
-----------	------------	-------------	--------------

Address _____

City	State	Zip
------	-------	-----

Step-Father _____ ()- -

Last Name	First Name	Middle Name	Phone Number
-----------	------------	-------------	--------------

Address _____

City	State	Zip
------	-------	-----

Mother _____ ()- -

Last Name	First Name	Middle Name	Phone Number
-----------	------------	-------------	--------------

Address _____

City	State	Zip
------	-------	-----

Step-Mother _____ ()- -

Last Name	First Name	Middle Name	Phone Number
-----------	------------	-------------	--------------

Address _____

City	State	Zip
------	-------	-----

Father-in-Law _____ ()- -

Last Name	First Name	Middle Name	Phone Number
-----------	------------	-------------	--------------

Address _____

City	State	Zip
------	-------	-----

Mother-in-Law _____ ()- -

Last Name	First Name	Middle Name	Phone Number
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Address _____

City	State	Zip
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20. Family – continued. For the following, check the appropriate relationship.

- a) Brother Step-Brother Half-Brother Sister Step-Sister Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

- b) Brother Step-Brother Half-Brother Sister Step-Sister Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

- c) Brother Step-Brother Half-Brother Sister Step-Sister Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

- d) Brother Step-Brother Half-Brother Sister Step-Sister Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

- e) Brother Step-Brother Half-Brother Sister Step-Sister Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

- f) Brother Step-Brother Half-Brother Sister Step-Sister Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

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Section II - RESIDENCES

21) Have you ever lived in a foster home? Yes No
If yes, explain and give details (Names, Dates, Addresses, etc.)

22) List below in reverse chronological order each place you have resided. Start with your present address and work backwards. Be careful to give your correct addresses. OMIT NONE. Periods of residency at college may be denoted by the college address, although specific addresses are preferred.

Present
Address _____
City State Zip

With whom do you live? _____
Do you Rent Own

From: (Mo./Yr.) ____ / ____ To: (Mo./Yr.) ____ / ____
If Renting –
Landlord Name _____ Landlord Phone ()- -
Landlord Address _____
City State Zip

Previous
Address _____
City State Zip

With whom did you live? _____
Do you Rent Own

From: (Mo./Yr.) ____ / ____ To: (Mo./Yr.) ____ / ____
If Renting –
Landlord Name _____ Landlord Phone ()- -
Landlord Address _____
City State Zip

Previous
Address _____
City State Zip

With whom did you live? _____
Do you Rent Own

From: (Mo./Yr.) ____ / ____ To: (Mo./Yr.) ____ / ____
If Renting –
Landlord Name _____ Landlord Phone ()- -
Landlord Address _____
City State Zip

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Previous Address _____
 _____ City State Zip

With whom did you live? _____
 Do you Rent
 Own
 From: (Mo./Yr.) ____ / ____ To: (Mo./Yr.) ____ / ____
 If Renting –
 Landlord Name _____ Landlord Phone ()- -
 Landlord Address _____
 _____ City State Zip

Previous Address _____
 _____ City State Zip

With whom did you live? _____
 Do you Rent
 Own
 From: (Mo./Yr.) ____ / ____ To: (Mo./Yr.) ____ / ____
 If Renting –
 Landlord Name _____ Landlord Phone ()- -
 Landlord Address _____
 _____ City State Zip

22a) List any other city or cities you have ever lived in. (Include Military)

NOTE: IF THERE ARE MORE RESIDENCES THAN SPACES PROVIDED, ATTACH ADDITIONAL PAGES FOLLOWING SAME FORMAT.

23) Has a formal eviction action ever been commenced against you? YES NO If yes, explain and give details including date and County:

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Section III - CITIZENSHIP

24) Are you a United States citizen? YES NO

25) If you are of foreign birth, or are a naturalized citizen, provide the following:

Country of Birth	_____	Date of Entry into the United States	_____ / _____ / _____
Port of Departure for the United States	_____	Port / Place of Entry into the United States	_____

26) If a naturalized citizen, name and address of person who sponsored you on arrival:

Sponsor Name	_____			
	Last	First	Middle	
Current Address of Sponsor	_____			
		City	State	Zip
Your First Address after Arrival in US	_____			
		City	State	Zip

26a) When did you obtain Citizenship?

Petition Number	_____	Date	_____ / _____ / _____		
State	_____	Court	_____	Certificate Number	_____

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b) PREVIOUS EMPLOYER:

Dates of Employment From _____ / _____ To _____ / _____ Employer _____

Address _____
City _____ State _____ Zip _____

Position _____ Supervisor _____ Phone ()- - _____

Title of Supervisor _____

Co-Worker Name _____ Address _____ Phone ()- - _____

Reason for Leaving _____

Did you give proper notice? Yes No If no, explain circumstances: _____

c) PREVIOUS EMPLOYER:

Dates of Employment From _____ / _____ To _____ / _____ Employer _____

Address _____
City _____ State _____ Zip _____

Position _____ Supervisor _____ Phone ()- - _____

Title of Supervisor _____

Co-Worker Name _____ Address _____ Phone ()- - _____

Reason for Leaving _____

Did you give proper notice? Yes No If no, explain circumstances: _____

d) PREVIOUS EMPLOYER:

Dates of Employment From _____ / _____ To _____ / _____ Employer _____

Address _____
City _____ State _____ Zip _____

Position _____ Supervisor _____ Phone ()- - _____

Co-Worker Name _____ Address _____ Phone ()- - _____

Reason for Leaving _____

Did you give proper notice? Yes No If no, explain circumstances: _____

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e) PREVIOUS EMPLOYER:

Dates of Employment From _____ / _____ To _____ / _____ Employer _____

Address _____
 _____ City State Zip
 _____ Phone
 Position _____ Supervisor _____ ()- -

Title of Supervisor _____
 Co- Name Address Phone
 Worker _____ ()- -

Reason for Leaving _____

Did you give proper notice? Yes No If no, explain circumstances: _____

f) PREVIOUS EMPLOYER:

Dates of Employment From _____ / _____ To _____ / _____ Employer _____

Address _____
 _____ City State Zip
 _____ Phone
 Position _____ Supervisor _____ ()- -

Title of Supervisor _____
 Co- Name Address Phone
 Worker _____ ()- -

Reason for Leaving _____

Did you give proper notice? Yes No If no, explain circumstances: _____

NOTE: IF THERE ARE MORE EMPLOYERS THAN SPACES PROVIDED, ATTACH ADDITIONAL PAGES FOLLOWING SAME FORMAT.

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28) Have you ever received unemployment compensation? Yes No
If yes, specify dates below:

From: _____ / _____ / _____	To: _____ / _____ / _____
From: _____ / _____ / _____	To: _____ / _____ / _____
From: _____ / _____ / _____	To: _____ / _____ / _____
From: _____ / _____ / _____	To: _____ / _____ / _____
From: _____ / _____ / _____	To: _____ / _____ / _____
From: _____ / _____ / _____	To: _____ / _____ / _____

NOTE: IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL PAGES FOLLOWING SAME FORMAT.

29) Has any employer ever advised you of any problems, or have you had any problems, such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers, and/or being below required standards for quantity and/or quality of work? Yes No If yes, explain and give details of all circumstances:

30) Have you ever resigned in lieu of termination or been terminated (fired), disciplined, reprimanded, or suspended at any place of employment? Yes No If yes, explain and give details (including dates) of all instances:

31) Have you ever had any extended work absences for reasons other than medical/sick leave or earned vacations? Yes No If yes, explain and give details (including dates) of all instances:

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Section V - MILITARY SERVICE

32) Have you registered with the Selective Service (Under the Selective Service Act: Section 6, 50 U.S.C. APP456) in accordance with federal law governing males who have reached their eighteenth (18th) birthday?
 Yes No If yes, explain:

33) Have you ever served in the Armed Forces, National Guard or Military Reserves? Yes No
If no, skip to Question 45
If yes, list active duty and/or reserve duty assignments:

Branch: _____	From: _____	To: _____	
	/ /	/ /	
Branch: _____	From: _____	To: _____	
	/ /	/ /	
Branch: _____	From: _____	To: _____	
	/ /	/ /	

Name, address and phone numbers of unit(s):

Name _____	Phone ()- -
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Address _____

	City	State	Zip
--	------	-------	-----

Name _____	Phone ()- -
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Address _____

	City	State	Zip
--	------	-------	-----

34) Type of Separation _____ Character of Service _____
Narrative Reason for Separation: _____

If Character of Service is other than "Honorable", explain:

35) Where Stationed for Basic Training _____ Near what major City _____

36) Where transferred after Basic Training _____

37) Have you ever served outside of the United States for any period(s) of time? Yes No If yes, explain and give details (including country(s), dates, etc) of all instances:

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38) Were you ever convicted by a court martial? Yes No If yes, explain and give details (including dates, incident, punishment, and/or disposition, etc.) of all instances:

39) Have you ever been the subject of any other judicial or non-judicial disciplinary action while in the military? Yes No If yes, explain and give details (including dates, incident, punishment, and/or disposition) of all instances:

40) Discharged from where

41) Rank at time of discharge

42) Have you ever been reduced in rank? Yes No If yes, explain and give details (including dates) of all instances:

43) How many periods of active military service have you had (Drafts, enlistments or recalls to service)? (provide details)

44) Have you ever been refused enlistment or acceptance by any branch of the Military Service, National Guard, or Military Reserves? Yes No If yes, explain and give details (including dates) of all instances:

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Section VI - EDUCATION QUALIFICATIONS

45) High School Graduation or G.E.D

- I possess a High School Diploma Date Received
/ / _____
Date Location
- I passed the G.E.D. test / / _____
- I possess a Certified High School Equivalency

46) List all high school(s) and college(s) you have attended (indicate dates of graduation and credits earned).

Name of School _____	Dates Attended	From	To
	/ /		/ /
Location _____ City _____ State _____		Date of Graduation	/ /
Degree(s) Earned _____		Credits Earned _____	

Name of School _____	Dates Attended	From	To
	/ /		/ /
Location _____ City _____ State _____		Date of Graduation	/ /
Degree(s) Earned _____		Credits Earned _____	

Name of School _____	Dates Attended	From	To
	/ /		/ /
Location _____ City _____ State _____		Date of Graduation	/ /
Degree(s) Earned _____		Credits Earned _____	

Name of School _____	Dates Attended	From	To
	/ /		/ /
Location _____ City _____ State _____		Date of Graduation	/ /
Degree(s) Earned _____		Credits Earned _____	

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

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47) List other educational or training programs you have taken, such as business institutes or correspondence schools, etc. Note any certificates or diplomas earned.

48) Have you ever been placed on probation, suspended or expelled from any school or college for any academic or disciplinary reason? Yes No If yes, explain and give details (including dates) of all instances:

48a) Has any high school, college, university, or trade school, etc. ever advised you of any problems that you have had, such as attendance, difficulty getting along with instructors or fellow students, etc.? Yes No If yes, explain and give details (including dates) of all instances:

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

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Section VII - FINANCIAL HISTORY

NOTE: Negative financial history will not be the sole basis for disqualification.

49) Have you ever been an owner, co-owner, or partner of any business? Yes No If yes, explain and give details (dates, company name, address, etc.):

50) Do you have an income from any source other than your principal occupation? Yes No If yes, explain and give details:

51) Have you been refused credit in the past eight (8) years? Yes No If yes, explain and give details:

52) Have you failed to repay a loan in the past eight (8) years? Yes No If yes, explain and give details:

53) In the past eight (8) years, have any of your bills been turned over to a collection agency? Yes No If yes, explain and give details:

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54) In the past eight (8) years, have you had any items repossessed or turned back to a finance company?
 Yes No If yes, explain and give details:

55) In the past eight (8) years, have your wages been attached or garnisheed? Yes No If yes, explain and give details INCLUDING CASE NUMBERS:

56) In the past eight (8) years, have you filed or declared bankruptcy? Yes No If yes, explain and give details INCLUDING CASE NUMBERS:

57) Have you ever had a judgment served against you? Yes No If yes, explain and give details INCLUDING CASE NUMBERS:

58) Has the Internal Revenue Service or any other governmental agency ever initiated action to collect past due income or other tax payments? Yes No If yes, explain and give details:

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58a) Have you ever failed to file a tax return when required to do so? Yes No If yes, explain and give details:

59) Have you ever failed to pay court ordered support payment(s) for any children of whom you are the mother/father? Yes No If yes, explain and give details INCLUDING CASE NUMBERS:

60) Have you ever failed to pay any court ordered payments or fines? Yes No If yes, explain and give details INCLUDING CASE NUMBERS:

61) Have you ever taken out any student loans for education or training? Yes No

If yes, the loan is: Paid Not Paid

If the loan is not paid – Do you have a monthly payback agreement? Yes No

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

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Section VIII - MOTOR VEHICLE OPERATION

62) Do you currently possess a valid Driver's License? Yes No

If yes, complete the following

State Issued	Number	Class/Classes	Expiration Date
			/ /

63) Has your driver's license and/or driving privileges **EVER** been:

a) SUSPENDED: Yes No If yes, explain and give details including dates

b) REVOKED: Yes No If yes, explain and give details including dates

63c) Have you ever been classified as a Habitual Traffic Offender (HTO)? Yes No If yes, explain and give details including dates

63d) Have you ever been cited for an alcohol related driving offense? Yes No If yes, explain and give details including dates

64) Has any driver's license issued to you contained any specific limitations, restrictions, or special conditions?
 Yes No If yes, explain and give details

65) List any other state(s) where you have been licensed to drive:

State	Name used on license
-------	----------------------

State	Name used on license
-------	----------------------

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66) Have you ever had a driver's license under another name? Yes No If yes, explain and give details

67) Have you ever been refused a driver's license by another state? Yes No If yes, explain and give details

68) Do you currently own any motor vehicles? Type of vehicles currently owned: Yes No If yes, complete the following

<u>STATE</u>	<u>VEHICLE MAKE/MODEL</u>	<u>YEAR</u>	<u>LICENSE PLATE NUMBER</u>
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68a) Within the last five (5) years, has the registration on any of your vehicles been suspended? Yes No If yes, explain and give details

69) Do you have liability insurance on each of the vehicles you own? Yes No

70) Have you ever been involved, as the driver, in a motor vehicle accident? Yes No If yes, provide the following

<u>DATE</u> <u>ENFORCEMENT /</u> <u>JURISDICTION</u>	<u>LOCATION</u>	<u>CITY / STATE</u>	<u>CITATION /</u> <u>CHARGE</u>	<u>LAW</u>
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/ /				
/ /				
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70a) Have you ever been involved in a fatal/near-fatal motor vehicle accident? Yes No If yes, explain and give details

71) List ALL traffic violation(s) you have ever been cited for (include military citations):

<u>DATE</u>	<u>VIOLATION</u>	<u>CITY / STATE</u>	<u>DISPOSITION</u>
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			

72) Are you presently under indictment or a defendant in any pending traffic action(s)? Yes No If yes, explain and give details

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section IX - CRIMINAL/CIVIL/JUDICIAL HISTORY

73) List all non-traffic convictions you have ever had. Examples of these include, but are not limited to, felony crimes, misdemeanor crimes, Municipal Court Citations, Civil Summons and violations of State Statutes, County and City Ordinances, Department of Natural Resources and Internal Revenue Service laws. List all convictions below and describe. **OMIT NONE!**

	<u>DATE</u>	<u>TYPE / VIOLATION</u>	<u>CITY / STATE</u>	<u>DISPOSITION</u>
a)	/ /			
	Describe Incident:			
b)	/ /			
	Describe Incident:			
c)	/ /			
	Describe Incident:			
d)	/ /			
	Describe Incident:			
e)	/ /			
	Describe Incident:			
f)	/ /			
	Describe Incident:			
g)	/ /			
	Describe Incident:			
h)	/ /			
	Describe Incident:			
h)	/ /			
	Describe Incident:			

74) Have you ever been convicted of a crime that was reduced from a felony to a misdemeanor? Yes No If yes, explain and give details including dates

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

75) Have you ever been convicted of a domestic violence related offense? Yes No If yes, explain and give details including dates

76) Has a warrant ever been issued for your arrest? Yes No If yes, explain and give details including dates

77) Have you ever failed to appear in court when properly ordered to do so? Yes No If yes, explain and give details including dates

78) Have you ever had a restraining order and/or an injunction issued against you? Yes No If yes, explain and give details including dates

79) Are you presently under indictment or a defendant in any pending criminal or civil action(s)? Yes No If yes, explain and give details

80) Have you ever been named as a party in a civil action or proceeding as a plaintiff or defendant? (E.g. paternity action, bankruptcy, eviction, action resulting from non-payment of monies owed, small claims court proceedings, divorce, child custody hearings, civil lawsuits resulting from auto accidents, industrial accidents or negligence on your part or on the part of someone else.) Yes No If yes, explain and give details including dates and case numbers

81) Have you ever served time in prison or jail as a result of either a felony or misdemeanor conviction? Yes No If yes, explain and give details including dates

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

82) Have you ever been placed on probation/parole as an adult? Yes No If yes, explain and give details including dates

83) Have you ever been involved in, or present during, a violent incident where someone was or could have been seriously injured or killed? Yes No If yes, explain and give details including dates

84) Have you ever been a member, or associated with, any gang (E.g. motorcycle gang, street gang, etc)?
 Yes No If yes, explain and give details

85) Were you ever required to appear before a Juvenile Court? Yes No If yes, explain and give details

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

86) Please provide the following information regarding your use and/or experimentation with any controlled substance, without a prescription. Do you now, or have you in the past, used, tried, or experimented with any of the following:

<u>SUBSTANCE</u>	<u>YES</u>	<u>NO</u>	<u>LAST USED</u>	
			<u>MONTH</u>	<u>YEAR</u>
Ecstasy (Methylenedioxy-N-methylamphetamine)	<input type="checkbox"/>	<input type="checkbox"/>		
GHB (Gamma-Hydroxybutyric Acid, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
Cocaine / Crack	<input type="checkbox"/>	<input type="checkbox"/>		
PCP (angel dust, crystal, rocket fuel, KJ)	<input type="checkbox"/>	<input type="checkbox"/>		
Amphetamines / Methamphetamines (uppers, speed, crank)	<input type="checkbox"/>	<input type="checkbox"/>		
Barbiturates (downers, yellow jackets)	<input type="checkbox"/>	<input type="checkbox"/>		
Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic THC)	<input type="checkbox"/>	<input type="checkbox"/>		
Psilocybin (magic mushroom)	<input type="checkbox"/>	<input type="checkbox"/>		
Heroin	<input type="checkbox"/>	<input type="checkbox"/>		
Morphine / Demerol	<input type="checkbox"/>	<input type="checkbox"/>		
Mescaline / Peyote	<input type="checkbox"/>	<input type="checkbox"/>		
Thai Sticks (Opiated grass)	<input type="checkbox"/>	<input type="checkbox"/>		
Amyl Nitrate (poppers)	<input type="checkbox"/>	<input type="checkbox"/>		
Quaaludes (ludes)	<input type="checkbox"/>	<input type="checkbox"/>		
Steroids	<input type="checkbox"/>	<input type="checkbox"/>		
Hashish / Hash Oil	<input type="checkbox"/>	<input type="checkbox"/>		
Marijuana (Grass, Pot)	<input type="checkbox"/>	<input type="checkbox"/>		
Other – Not listed above Describe	<input type="checkbox"/>	<input type="checkbox"/>		

86a) Have you ever failed a mandatory drug screening? Yes No If yes, explain and give details

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

87) Have you ever possessed, sold, furnished and/or manufactured any controlled substance, drug, narcotic, or any other illegal substance? Yes No If yes, explain and give details

88) Have you ever been involved in glue sniffing and/or used any other such chemical agents for the recreational or social purpose of obtaining a state of intoxication? Yes No If yes, explain and give details

89) Have you ever abused a prescribed drug, narcotic, and/or any other controlled substance? Yes No If yes, explain and give details

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section X - GENERAL QUESTIONS - SECTION X

90) Have you ever applied for a permit to carry a gun? Yes No If yes, provide the following:

<u>PERMIT NUMBER</u>	<u>WHERE GRANTED</u>	<u>LAW ENFORCEMENT AGENCY</u>	<u>PURPOSE</u>
----------------------	----------------------	-----------------------------------	----------------

91) List all occasions in the past where you were the victim of a reported crime (Such as thefts, robberies, burglaries, domestic violence, etc.)

QUESTION 92 HAS BEEN ELIMINATED

93) Have you ever held any city or county license(s) relating to bartending, vending, or transportation?
 Yes No If yes, explain and give details

94) Have you ever been employed by the Milwaukee Police or Fire Department? Yes No If yes, explain and give details

95) Have you ever applied for any position with the Milwaukee Police or Fire Department prior to this application?
 Yes No If yes, provide the following

<u>DATE</u>	<u>FIRE / POLICE</u>	<u>POSITION</u>	<u>LAST KNOWN STATUS</u>
/ /	<input type="checkbox"/> <input type="checkbox"/>		
/ /	<input type="checkbox"/> <input type="checkbox"/>		
/ /	<input type="checkbox"/> <input type="checkbox"/>		

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

96) Have you ever been rejected/disqualified for any other civil service job, e.g. Police, Fire, Postal Service?
 Yes No If yes, provide the following

<u>DATE</u>	<u>AGENCY</u>	<u>POSITION</u>	<u>LAST KNOWN STATUS</u>
/ /			
/ /			
/ /			

96a) Have you ever before been the subject of a background investigation? Yes No If yes list **ALL** investigations and specify jurisdiction, date, and disposition for all background investigations.

97) Have either you or any property rented or owned by you ever been investigated by the Health Department, Building Inspection, or other agency? (E.g., cruelty to animals, filthy conditions in a residence, building code violations, or abandoned vehicles on property, etc.) Yes No If yes, explain and give details

QUESTION 98 HAS BEEN ELIMINATED

QUESTION 99 HAS BEEN ELIMINATED

QUESTION 99a HAS BEEN ELIMINATED

QUESTION 100 HAS BEEN ELIMINATED

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section XI - LAW ENFORCEMENT EXPERIENCE

101) Have you ever acted as a volunteer for any law enforcement agency? Yes No If yes, explain and give details

102) Have you ever been employed by a law enforcement agency?
 Yes No
If No, skip to Question 109

103) List all law enforcement agencies you have been employed by:

104) List all complaints that you have been the subject of and all suspensions or reprimands that you have received while employed by a law enforcement agency (Indicate date, nature of incident, disposition or action taken):

105) If you are presently, or have been previously, employed by a law enforcement agency, answer the following:

a) Are there any pending disciplinary action(s) and/or internal investigation(s) against you at this time or were there at the time of your separation? Yes No If yes, explain and give details

b) Your reason for leaving that law enforcement agency

106) List all duty-connected civil suits you have been a party to:

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

107) List all on-duty motor vehicle accidents you have been involved in as a driver (Submit copies of accident reports):

108) List all occasions where you engaged in the use of deadly force (Give dates, locations and circumstances):

109) Have you ever been dismissed by a law enforcement agency for any reason(s)? Yes No If yes, explain and give details

QUESTION 110 HAS BEEN ELIMINATED

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section XII - PERSONAL REFERENCES

List three (3) individuals who have known you personally for at least the last 3 years and know you well enough to provide current information about you. If this individual is a co-employee he/she also needs to know you socially. **DO NOT** list relatives, present or former employers/supervisors, elected officials or any person employed by the Milwaukee Police Department or Fire and Police Commission.

REFERENCE #1

Name _____ Relationship _____

Address _____

	City	State	Zip	
Home Telephone Number ()- -				Hours available at this number? _____
Cell Telephone Number ()- -				Hours available at this number? _____
Work Telephone Number ()- -				Hours available at this number? _____

REFERENCE #2

Name _____ Relationship _____

Address _____

	City	State	Zip	
Home Telephone Number ()- -				Hours available at this number? _____
Cell Telephone Number ()- -				Hours available at this number? _____
Work Telephone Number ()- -				Hours available at this number? _____

REFERENCE #3

Name _____ Relationship _____

Address _____

	City	State	Zip	
Home Telephone Number ()- -				Hours available at this number? _____
Cell Telephone Number ()- -				Hours available at this number? _____
Work Telephone Number ()- -				Hours available at this number? _____

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

CERTIFICATION & SIGNATURE

I hereby certify that the answers to questions on this application are accurate, true, and complete and that I have made no willful misrepresentations, omissions, or falsifications. I understand that if I give false information or omit material information on this Personal History Questionnaire or at any time during the selection process, I will be immediately rejected and disqualified from the selection process and/or removed from employment with the City of Milwaukee.

Signature of applicant: _____

Social Security Number: _____ Date: _____

Place Right Index Fingerprint in space below –
NOTE: Fingerprint will be taken by
City of Milwaukee Police Department

<p>ATTACH ONE</p> <p>PHOTO HERE</p> <p>-----</p> <p>KEEP 2ND</p> <p>PHOTO LOOSE</p>
--

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

AUTHORIZATION FOR RELEASE OF INFORMATION

Read the authorization for release of information listed below. Your completion of this document allows the Milwaukee Police Department to investigate your background and gives your permission for the release of information from the below listed sources. After affixing your signature to the release form you **must** print your name beneath your signature.

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to allow to view or to provide to the Milwaukee Police Department and/or any representative thereof any and all information that you may have concerning the following:

1. Employment history, including without limitation all background investigations, disciplinary records, performance evaluations, attendance records, and any other matters contained in my personnel file.
2. Scholastic records.
3. Financial records, credit information and all civil records including but not limited to collections, judgments, tax records, liens, paternity suits, child custody matters or cases, support payment records, unemployment records, et al.
4. Records maintained by any law enforcement agency or jurisdiction, including but not limited to background investigations, records of arrest and/or conviction, juvenile records, or those relating to traffic violations.
5. Residential history including information from past and present landlords and/or mortgage/property management company records.
6. Current or past traffic records maintained by any current or former insurance company.
7. Military records.

This information is to be used to assist the Milwaukee Police Department and the Fire and Police Commission of the City of Milwaukee in determining my qualifications and fitness for the position I am seeking with the Milwaukee Police Department. Please provide the Milwaukee Police Department and/or any representative thereof, any information falling within the categories listed above, including any information which otherwise would be considered confidential or privileged, and permit the Department to make copies of that information if it so desires.

Pursuant to Section 103.13 of the Wisconsin State Statutes, demand is hereby made that you provide access, and, upon request, copies of all relevant records in your possession to the bearer of this waiver.

I hereby release, and hold harmless, on behalf of myself, my heirs, assigns and successors interest forever, both you and/or your employer or organization from any liability or damage whatsoever which may result because of your responses to this request for information. Further, I covenant not to sue you or your employer or organization for any information which is released in response to this request. In making these statements, I understand that information which you give may result in my not being employed.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files.

DATE: _____ SIGNATURE: _____

PRINT NAME: _____ OTHER NAME(S) USED: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Applicants must also complete and submit the following:

- IRS Form 4506-T Request for Transcript of Tax Returns covering the previous five tax years.
- NARA Form 180 Request Pertaining to Military Records

Copies of these forms will be included with the PHQ document.

Request for Transcript of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

POLICE ADMINISTRATION BUILDING, C/O BACKGROUND INVESTIGATION SECTION PO BOS 531, MILWAUKEE, WI 53201-0531

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2008

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

	Phone number of taxpayer on line 1a or 2a
▶ Signature (see instructions)	Date
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ Spouse's signature	Date

Sign Here

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

POLICE ADMINISTRATION BUILDING, C/O BACKGROUND INVESTIGATION SECTION PO BOS 531, MILWAUKEE, WI 53201-0531

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2012 12/31/2011 12/31/2010 12/31/2009

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Phone number of taxpayer on line 1a or 2a

Sign Here

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/evetrecs/> *

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH		
1. NAME USED DURING SERVICE (last, first, and middle)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

- DD Form 214 or equivalent.** This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. **Check the appropriate box below to specify a deleted or undeleted copy.** When was the DD Form(s) 214 issued? YEAR(S):
 - UNDELETED:** Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
 - DELETED:** The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- All Documents in Official Military Personnel File (OMPF)**
- Medical Records** (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, the facility name and date for each admission **must** be provided:
- Other** (Specify):

2. PURPOSE: (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- Benefits Employment VA Loan Programs Medical Medals/Awards Genealogy Correction Personal
- Other, explain:

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

- Military service member or veteran identified in Section I, above
- Next of kin of deceased veteran **(Must provide proof of death).**
Show relationship: _____
(See item 2a on accompanying instructions.)
- Legal guardian (Must submit copy of court appointment.)
- Other (specify) _____

2. SEND INFORMATION/DOCUMENTS TO:
(Please print or type. See item 4 on accompanying instructions.)

3. AUTHORIZATION SIGNATURE REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

Signature Required - Do not print

() _____

Date of this request _____ Daytime phone _____

Email address _____