

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 6th 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						

DO NOT WRITE IN SHADED AREAS

DO NOT WRITE IN SHADED AREAS

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						

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						

Instructions: List all previous drivers license you have possessed by number and state issued. You may attach additional sheets if needed.

CHECK	PREVIOUS DRIVERS LICENSE		RECORD	NO RECORD	CO INITIALS	DATE COMPLETE
	DL NUMBER	STATE				