



# Kansas Bureau of Investigation

Kirk Thompson  
*Director*

Derek Schmidt  
*Attorney General*

## JUDICIAL & GUBERNATORIAL BACKGROUND INFORMATION FORM

Date \_\_\_\_\_ Agency \_\_\_\_\_

Name \_\_\_\_\_ KBI Case Number \_\_\_\_\_

### INSTRUCTIONS:

Read the complete form both before and after filling it out. This form must be completely filled out in English, either electronically or, if printed out, by typing or printing all answers in **black** ink. In the event any space provided is not large enough for a complete answer, attach any explanation on a second sheet of plain white, 8 ½" x 11" paper, clearly indicating the question to which it corresponds. If any particular question or section does not apply to you, mark the question "N/A" for not applicable. Each and every question must be either answered, or marked N/A if it does not apply. If you are uncertain about any question, or you do not have access to certain requested information, answer the question to the best of your knowledge and qualify your answer as necessary. **THIS FORM SHALL NOT BE ALTERED OR AMENDED IN ANY WAY, OTHER THAN BY FILLING IN THE BLANKS TO COMPLETE THE FORM AS INDICATED.**

Please return this form and along with all of the requested documents either by e-mail at [backgroundformsubmission@kbi.state.ks.us](mailto:backgroundformsubmission@kbi.state.ks.us) or by mail to Background Investigation Unit, Kansas Bureau of Investigation (KBI), 1620 SW Tyler, Topeka, Kansas 66612-1837.



## FAMILY HISTORY

14. What is your present marital status? \_\_\_\_\_
15. Date and location of current marriage \_\_\_\_\_
16. Current spouse's full name \_\_\_\_\_
17. Spouse's date of birth \_\_\_\_\_ Spouse's place of birth \_\_\_\_\_
18. Spouse's Social Security Number \_\_\_\_\_
19. Spouse's current address if different from your own. \_\_\_\_\_
20. Spouse's current phone number if different from your own \_\_\_\_\_
21. Spouse's current employer \_\_\_\_\_
22. Spouse's occupation \_\_\_\_\_
23. Have you ever been separated, divorced, or widowed? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
24. Date and location of legal separation \_\_\_\_\_
25. Date and location of former marriage \_\_\_\_\_
26. Date and location of divorce \_\_\_\_\_
27. Ex-spouse's full name \_\_\_\_\_
28. Ex-spouse's date of birth \_\_\_\_\_ Ex-spouse's place of birth \_\_\_\_\_
29. Ex-spouse's Social Security Number \_\_\_\_\_
30. Ex-spouse's current or last known address \_\_\_\_\_
31. Ex-spouse's current or last known phone number \_\_\_\_\_
32. Ex-spouse's current or last known employer \_\_\_\_\_
33. Ex-spouse's current or last known occupation \_\_\_\_\_

34.

In the spaces below, list the requested information for each relative. Include maiden or other names used where applicable. A relative for the purpose of this form is considered to include: mother, father, stepmother, stepfather, foster parent, child (natural or adopted), stepchild, brother, sister, stepbrother, stepsister, half-brother, half-sister, father-in-law, mother-in-law and guardian.

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

35. List all persons, relatives or not, living with you that are not covered in the section above.

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation \_\_\_\_\_

RESIDENCE INFORMATION

36. List your current and all previous addresses in reverse chronological order for the past 10 years (if residence was 6 months or more in duration. Use month and year for date information. Include full address with apartment number and zip code, roommate(s) names, and their current or last known address and phone numbers; and any other names on the lease agreement if applicable.

Address \_\_\_\_\_

Apartment complex name \_\_\_\_\_

Landlord's name, address and phone number \_\_\_\_\_

Dates of residence \_\_\_\_\_ Did you own, rent, or lease this property? \_\_\_\_\_

Did you live with another person at this address? \_\_\_\_\_ If yes, provide name, last known address and current telephone number: \_\_\_\_\_

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. \_\_\_\_\_

Additional information: \_\_\_\_\_

Address \_\_\_\_\_

Apartment complex name \_\_\_\_\_

Landlord's name, address and phone number \_\_\_\_\_

Dates of residence \_\_\_\_\_ Did you own, rent, or lease this property? \_\_\_\_\_

Did you live with another person at this address? \_\_\_\_\_ If yes, provide name, last known address and current telephone number: \_\_\_\_\_

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. \_\_\_\_\_

Additional information: \_\_\_\_\_

Address \_\_\_\_\_

Apartment complex name \_\_\_\_\_

Landlord's name, address and phone number \_\_\_\_\_

Dates of residence \_\_\_\_\_ Did you own, rent, or lease this property? \_\_\_\_\_

Did you live with another person at this address? \_\_\_\_\_ If yes, provide name, last known address and current telephone number: \_\_\_\_\_

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. \_\_\_\_\_

Additional information: \_\_\_\_\_

Address \_\_\_\_\_

Apartment complex name \_\_\_\_\_

Landlord's name, address and phone number \_\_\_\_\_

Dates of residence \_\_\_\_\_ Did you own, rent, or lease this property? \_\_\_\_\_

Did you live with another person at this address? \_\_\_\_\_ If yes, provide name, last known address and current telephone number: \_\_\_\_\_

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. \_\_\_\_\_

Additional information: \_\_\_\_\_

Address \_\_\_\_\_

Apartment complex name \_\_\_\_\_

Landlord's name, address and phone number \_\_\_\_\_

\_\_\_\_\_

Dates of residence \_\_\_\_\_ Did you own, rent, or lease this property? \_\_\_\_\_

Did you live with another person at this address? \_\_\_\_\_ If yes, provide name, last known address and current telephone number: \_\_\_\_\_

\_\_\_\_\_

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. \_\_\_\_\_

\_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Apartment complex name \_\_\_\_\_

Landlord's name, address and phone number \_\_\_\_\_

\_\_\_\_\_

Dates of residence \_\_\_\_\_ Did you own, rent, or lease this property? \_\_\_\_\_

Did you live with another person at this address? \_\_\_\_\_ If yes, provide name, last known address and current telephone number: \_\_\_\_\_

\_\_\_\_\_

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. \_\_\_\_\_

\_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

37. Show all current and previous employers (including U.S. Military Service) in reverse chronological order. List periods of self-employment and unpaid volunteer positions. Use one block for each employer or period of employment. Please add additional copies as necessary.

Employer \_\_\_\_\_

Employer's address \_\_\_\_\_

Phone number \_\_\_\_\_ Employer's phone number (if different) \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_

Supervisor's address and phone number (where they can be contacted) \_\_\_\_\_

Dates of employment \_\_\_\_\_

Beginning position salary \_\_\_\_\_ Ending position salary \_\_\_\_\_

Position Title \_\_\_\_\_

Was this position full time, part-time or volunteer \_\_\_\_\_

Describe the general responsibilities and duties of this position: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

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

List the name, address and phone number for a co-worker: \_\_\_\_\_

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

Employer \_\_\_\_\_

Employer's address \_\_\_\_\_

Phone number \_\_\_\_\_ Employer's phone number (if different) \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_

Supervisor's address and phone number (where they can be contacted) \_\_\_\_\_

Dates of employment \_\_\_\_\_

Beginning position salary \_\_\_\_\_ Ending position salary \_\_\_\_\_

Position Title \_\_\_\_\_

Was this position full time, part-time or volunteer \_\_\_\_\_

Describe the general responsibilities and duties of this position: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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List the name, address and phone number for a co-worker: \_\_\_\_\_

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Employer \_\_\_\_\_

Employer's address \_\_\_\_\_

Phone number \_\_\_\_\_ Employer's phone number (if different) \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_

Supervisor's address and phone number (where they can be contacted) \_\_\_\_\_

Dates of employment \_\_\_\_\_

Beginning position salary \_\_\_\_\_ Ending position salary \_\_\_\_\_

Position Title \_\_\_\_\_

Was this position full time, part-time or volunteer \_\_\_\_\_

Describe the general responsibilities and duties of this position: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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List the name, address and phone number for a co-worker: \_\_\_\_\_

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Employer \_\_\_\_\_

Employer's address \_\_\_\_\_

Phone number \_\_\_\_\_ Employer's phone number (if different) \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_

Supervisor's address and phone number (where they can be contacted) \_\_\_\_\_

Dates of employment \_\_\_\_\_

Beginning position salary \_\_\_\_\_ Ending position salary \_\_\_\_\_

Position Title \_\_\_\_\_

Was this position full time, part-time or volunteer \_\_\_\_\_

Describe the general responsibilities and duties of this position: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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List the name, address and phone number for a co-worker: \_\_\_\_\_

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38. Have you ever been dismissed or asked to resign from any job or position? \_\_\_\_\_  
\_\_\_\_\_

39. Have you ever left any job or position by mutual agreement to avoid firing, or have you ever quit to avoid being fired? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

40. Has an employer ever taken disciplinary action against you such as a demotion, suspension, or a letter of reprimand? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

41. If you have ever performed U.S. Military Service, please provide the following information (include Reserve and National Guard service):

Branch of Service \_\_\_\_\_ M.O.S. \_\_\_\_\_

Dates of Service \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Military Service Number \_\_\_\_\_ Commendations \_\_\_\_\_

Branch of Service \_\_\_\_\_ M.O.S. \_\_\_\_\_

Dates of Service \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Military Service Number \_\_\_\_\_ Commendations \_\_\_\_\_

42. List all business and professional organizations to which you belong or have belonged in the past ten years:

Organization \_\_\_\_\_

Organization address and phone \_\_\_\_\_

Dates of membership \_\_\_\_\_

Positions held \_\_\_\_\_

Purpose and type of organization \_\_\_\_\_

Name, address and phone number of someone who knew you while you belonged to this organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization\_\_\_\_\_

Organization address and phone\_\_\_\_\_

Dates of membership\_\_\_\_\_

Positions held\_\_\_\_\_

Purpose and type of organization\_\_\_\_\_

Name, address and phone number of someone who knew you while you belonged to this organization:\_\_\_

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

Organization\_\_\_\_\_

Organization address and phone\_\_\_\_\_

Dates of membership\_\_\_\_\_

Positions held\_\_\_\_\_

Purpose and type of organization\_\_\_\_\_

Name, address and phone number of someone who knew you while you belonged to this organization:\_\_\_

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

Organization\_\_\_\_\_

Organization address and phone\_\_\_\_\_

Dates of membership\_\_\_\_\_

Positions held\_\_\_\_\_

Purpose and type of organization\_\_\_\_\_

Name, address and phone number of someone who knew you while you belonged to this organization:\_\_\_

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

43. List any professional certificates or licenses that you have received. Include government security clearances, pilot's license, private investigator's license, etc.

Certificate/License \_\_\_\_\_ Dates valid \_\_\_\_\_

Address and phone number of issuing authority: \_\_\_\_\_

Certificate/License \_\_\_\_\_ Dates valid \_\_\_\_\_

Address and phone number of issuing authority: \_\_\_\_\_

Certificate/License \_\_\_\_\_ Dates valid \_\_\_\_\_

Address and phone number of issuing authority: \_\_\_\_\_

44. Have you ever had a professional license, security clearance, or certificate suspended, revoked or denied? \_\_\_\_\_ Explain in detail: \_\_\_\_\_

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

EDUCATION
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45. List your educational experience in reverse chronological order, going back as far as high school. Include any trade, technical, or extended professional training.

Institution \_\_\_\_\_

Institution address \_\_\_\_\_

Program of study or degree received \_\_\_\_\_

Date of graduation or date degree was conferred \_\_\_\_\_ Dates attended \_\_\_\_\_

Name, address and phone number of someone who knew you while you attended this facility: \_\_\_\_\_

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

Institution \_\_\_\_\_

Institution address \_\_\_\_\_

Program of study or degree received \_\_\_\_\_

Date of graduation or date degree was conferred \_\_\_\_\_ Dates attended \_\_\_\_\_

Name, address and phone number of someone who knew you while you attended this facility: \_\_\_\_\_

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

Institution \_\_\_\_\_

Institution address \_\_\_\_\_

Program of study or degree received \_\_\_\_\_

Date of graduation or date degree was conferred \_\_\_\_\_ Dates attended \_\_\_\_\_

Name, address and phone number of someone who knew you while you attended this facility: \_\_\_\_\_

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

Institution \_\_\_\_\_

Institution address \_\_\_\_\_

Program of study or degree received \_\_\_\_\_

Date of graduation or date degree was conferred \_\_\_\_\_ Dates attended \_\_\_\_\_

Name, address and phone number of someone who knew you while you attended this facility: \_\_\_\_\_

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

46. Have you ever been expelled, suspended, or the subject of a significant disciplinary action while attending any of the above listed institutions? \_\_\_\_\_ If yes, explain \_\_\_\_\_

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

CRIMINAL HISTORY

47. Do you have pending any criminal charges in any jurisdiction? \_\_\_\_\_ If so, explain fully, including date, location, charges, arresting agency and court. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

48. Are you currently on parole, probation, or diversion? \_\_\_\_\_ If so, explain fully, including dates, location, original charges, court and supervising officer. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

49. List all criminal offenses for which you have been convicted. You must include expunged records, military court martials, actions under the Uniform Code of Military Justice, DUIs, serious traffic offenses, and juvenile actions. **You must include expunged records and diversions if applying for a position with a law enforcement agency, Kansas Racing Commission, Kansas Lottery, or a judicial appointment.** For the purpose of this section, Nolo Contendere pleas should be considered as convictions and listed:

Charge _____	Date of Offense or charge _____
City and State _____	Case Number _____
Court _____	Final disposition _____

Charge _____	Date of Offense or charge _____
City and State _____	Case Number _____
Court _____	Final disposition _____

Charge _____	Date of Offense or charge _____
City and State _____	Case Number _____
Court _____	Final disposition _____

50. List all offenses for which you have been arrested but not convicted, or were questioned by the police or military authorities during an investigation. Include DUIs and juvenile cases.

Charge or circumstances \_\_\_\_\_

Date of offense or incident \_\_\_\_\_ City and State \_\_\_\_\_

Law enforcement agency \_\_\_\_\_

Final disposition \_\_\_\_\_

Charge or circumstances \_\_\_\_\_

Date of offense or incident \_\_\_\_\_ City and State \_\_\_\_\_

Law enforcement agency \_\_\_\_\_

Final disposition \_\_\_\_\_

Charge or circumstances \_\_\_\_\_

Date of offense or incident \_\_\_\_\_ City and State \_\_\_\_\_

Law enforcement agency \_\_\_\_\_

Final disposition \_\_\_\_\_

Charge or circumstances \_\_\_\_\_

Date of offense or incident \_\_\_\_\_ City and State \_\_\_\_\_

Law enforcement agency \_\_\_\_\_

Final disposition \_\_\_\_\_

Charge or circumstances \_\_\_\_\_

Date of offense or incident \_\_\_\_\_ City and State \_\_\_\_\_

Law enforcement agency \_\_\_\_\_

Final disposition \_\_\_\_\_

51. Have you ever committed a felony crime for which you have not been arrested or charged? \_\_\_\_\_

52. Have you ever been the subject of a complaint, e.g., sexual harassment or civil rights, to any governmental, professional or regulatory agency? \_\_\_\_\_ If so, provide details: \_\_\_\_\_

53. List all known criminal offenses for which any members of your immediate household, related or not, have been convicted or for which they were incarcerated in the past 5 years. Provide as much information as is known to you.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Charge \_\_\_\_\_ City and State \_\_\_\_\_

Court \_\_\_\_\_ Disposition \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Charge \_\_\_\_\_ City and State \_\_\_\_\_

Court \_\_\_\_\_ Disposition \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Charge \_\_\_\_\_ City and State \_\_\_\_\_

Court \_\_\_\_\_ Disposition \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Charge \_\_\_\_\_ City and State \_\_\_\_\_

Court \_\_\_\_\_ Disposition \_\_\_\_\_

CIVIL COURT ACTIONS

54. List all occasions when you have been a plaintiff or defendant in a civil court action. Include divorce, child custody and small claims cases. You do not need to list any participation in any "whistleblower" actions.

Nature of case \_\_\_\_\_

Date of case \_\_\_\_\_ City, state, and court \_\_\_\_\_

Case number \_\_\_\_\_ Disposition of case \_\_\_\_\_

Nature of case \_\_\_\_\_

Date of case \_\_\_\_\_ City, state, and court \_\_\_\_\_

Case number \_\_\_\_\_ Disposition of case \_\_\_\_\_

Nature of case \_\_\_\_\_

Date of case \_\_\_\_\_ City, state, and court \_\_\_\_\_

Case number \_\_\_\_\_ Disposition of case \_\_\_\_\_

Nature of case \_\_\_\_\_

Date of case \_\_\_\_\_ City, state, and court \_\_\_\_\_

Case number \_\_\_\_\_ Disposition of case \_\_\_\_\_

Nature of case \_\_\_\_\_

Date of case \_\_\_\_\_ City, state, and court \_\_\_\_\_

Case number \_\_\_\_\_ Disposition of case \_\_\_\_\_

ILLEGAL DRUGS AND ALCOHOL

55. Have you ever used, possessed, supplied, given away, transported, sold or manufactured any illegal drugs?  
When used without a prescription, illegal drugs include marijuana, hashish, cocaine, crack, narcotics (opium, morphine, codeine, diazepam, heroin, etc.); stimulants (amphetamines, methamphetamine, etc.); depressants (barbiturates, methaqualone, tranquilizers, etc.); hallucinogens (LSD, PCP, etc.). Note: The information that you provide in response to this question will not be provided for use in any criminal prosecution against you.

Yes \_\_\_\_\_ No \_\_\_\_\_

Type of substance used \_\_\_\_\_

Date(s) and location of use \_\_\_\_\_

Explanation: \_\_\_\_\_

Type of substance used \_\_\_\_\_

Date(s) and location of use \_\_\_\_\_

Explanation: \_\_\_\_\_

Type of substance used \_\_\_\_\_

Date(s) and location of use \_\_\_\_\_

Explanation: \_\_\_\_\_

Type of substance used \_\_\_\_\_

Date(s) and location of use \_\_\_\_\_

Explanation: \_\_\_\_\_

56. Do you now own or possess any of the above listed drugs or any paraphernalia? \_\_\_\_\_

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

57. Are you now, or have you ever been addicted to alcohol? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

58. Are you now or have you ever been addicted to any illegal drugs or controlled substances? \_\_\_\_\_

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

59. Has the use of alcohol or drugs ever affected your job performance, performance ratings or subjected you to any complaints or disciplinary actions? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

60. Are you now, or have you ever received in-patient or out-patient treatment for substance abuse or alcoholism? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

GAMBLING

61. Have you ever engaged in illegal gambling activities? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

62. Do you currently owe any debts as a result of gambling activities? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

63. Do you have any business or financial interests with any organization involved in gambling activities? \_\_\_\_\_

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

PERSONAL REFERENCES

64. Give three references who have had continuous personal contact with you during the last five years (not relatives, employers or fellow employees), who have first hand knowledge of your character, knowledge, ability and experience.

Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Business address \_\_\_\_\_ Business Phone \_\_\_\_\_

Nature of relationship \_\_\_\_\_ Length of Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Business address \_\_\_\_\_ Business Phone \_\_\_\_\_

Nature of relationship \_\_\_\_\_ Length of Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Business address \_\_\_\_\_ Business Phone \_\_\_\_\_

Nature of relationship \_\_\_\_\_ Length of Relationship \_\_\_\_\_

FINANCIAL INFORMATION

65. List each financial institution in which you belong and the type of account held at that institution.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
66. List all current sources of income. Include approximate yearly income totals. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
67. Do you receive any type of disability compensation? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
68. Are you currently more than 60 days delinquent on any debt or obligation? \_\_\_\_\_
69. Have you ever filed bankruptcy, had your wages garnished, had property repossessed, or been evicted from any property? \_\_\_\_\_ If yes, please explain. List location, date, court, and case numbers if known. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
70. Have you ever had property forfeited by any court action? \_\_\_\_\_ If yes, please explain. Include dates, type of property, type of action, location and court. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
71. Do you currently owe any back income, property, or other taxes? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
72. Do you currently have any outstanding judgments or liens against you or your spouse for any property you own or have interest in? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
73. Are you current with the filing of any required tax returns or tax documents? \_\_\_\_\_ If not, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

74. Do you or your spouse own or have any interest in any business organization? \_\_\_\_\_ If yes, list the business name, address, purpose, structure, your position and interest. Identify by name, address and position any other owners, officers, or directors of that business. For the purpose of this question, an ownership interest is defined as 5% or more of the assets of the business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

75. List all property other than your principal residence that you or your spouse have financial interest in. Include type and location of the property as well as your approximate percentage of interest. Identify by name, address and the amount of the interest of any co-owners of the property. Include property interests in all states and any foreign countries. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

76. Are you related by blood or marriage to anyone who is an employee of the KBI? \_\_\_\_\_ If yes, who? \_\_\_\_\_

77. Have you ever been the subject of a background investigation by any other governmental agency? \_\_\_\_\_ If yes, what agency and when: \_\_\_\_\_  
\_\_\_\_\_

78. List any other information about you that you think should be known or considered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information furnished in this application is true and correct to the best of my knowledge.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



# Kansas Bureau of Investigation

Kirk Thompson  
*Director*

Derek Schmidt  
*Attorney General*

\_\_\_\_\_  
(Date)

I hereby authorize and request any former and present employer, creditor, bank, savings and loan, credit union, finance company, mortgage company, credit card company, credit reporting agency, collection agency, school, college, university, agencies in the criminal justice system, or any other person, company or corporation to release any and all information and documentation relating to my employment, personnel records, evaluations, credit, financial condition, financial information, school activities, grades, degrees, character, integrity, criminal history including expunged records and any other information whatsoever to any agent of the Kansas Bureau of Investigation.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
Social Security Number

Subscribed and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary)



# Kansas Bureau of Investigation

Kirk Thompson  
*Director*

Derek Schmidt  
*Attorney General*

**BE SURE TO DATE AND SIGN ATTACHED WAIVERS**

\_\_\_\_\_  
DATE

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE ANSWERS GIVEN TO QUESTIONS IN THIS BACKGROUND INFORMATION FORM ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNED

Subscribed and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary)