



Guthrie Police Department  
110 Kendall Street  
PO Box 125  
Guthrie, Kentucky 42234  
Office: (270) 483-2520 Fax: (270)483-9062

Applicant:

Thank you for your interest in becoming a Guthrie Police Officer, and obtaining an employment application packet. It is important that you fill out the Form G-2, Medical History Statement, Form H-2, Personal History Statement **completely and accurately**. If you need extra space, add additional pages and identify the information by item number. Include all mandatory attachments listed below.

**NOTE: All attachments listed below are mandatory.**

1. Background Investigation Consent form
2. Applicant Fingerprint FBI cards (2 per set) to be completed by the Guthrie Police Department.
3. Copy of Birth Certificate and/or Certificate of Naturalization.
4. Copy of High School Diploma or certified copy of transcript, GED Equivalency, and College Transcript if applicable.
5. Copy of Military discharge papers if applicable.
6. Copy of Social Security Card
7. Copy of Driver's License.
8. Photograph (head and shoulders)

After you have filled out all forms and have all attachments ready, return the packet to the Guthrie Police Department. You will be notified by phone or mail of the status of your application.

Thank you

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Wm. Keith Dwyer, Chief

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Wm. Keith Dwyer, Chief of Police

E-mail: [kdwyer501@aol.com](mailto:kdwyer501@aol.com)



Guthrie Police Department  
110 Kendall Street  
PO Box 125  
Guthrie, Kentucky 42234  
Office: (270) 483-2520 Fax: (270)483-9062

## Guthrie Police Department Background Investigation Consent Form

I, \_\_\_\_\_, do hereby authorize a review of a full disclosure of any records concerning myself to any duly authorized agent of a criminal justice agency or any private agency upon request of the City of Guthrie Kentucky Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records for educational institutions; financial or credit institutions, including records of loans, the records for commercial or rental credit agencies (including credit reports and/or rating) and financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Government and/or Veteran's Administration pertaining to services in the military or civilian duties (Civil Service) employment and/or medical records, employment and pre-employment records including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel whether representing me or another person in any case, either criminal or civil in which I presently have or have had an interest.

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

I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below listed address.

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

**Background Investigation Consent Form, cont.**

\_\_\_\_\_  
Signature Including Maiden Name

Date \_\_\_\_\_

\_\_\_\_\_  
Print Name Including Maiden Name

Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Telephone Number (w/ area code)

Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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

## **Kentucky Law Enforcement Council**

### **Peace Officer Professional Standards**

**Funderburk Building • Eastern Kentucky University**

**521 Lancaster Road • Richmond, KY 40475-3102**

**Phone: (859) 622-6218 • Fax: (859) 622-5943**

**Email: pops@docjt.jus.state.ky.us**

**FORM L-1**

*Code of Ethics*

# *Code of Ethics*

As a Peace Officer, my fundamental duty is to serve mankind; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder; and to respect the Constitutional rights of all men to liberty, equality and justice.

I will keep my private life unsullied as an example to all; maintain courageous calm in the face of danger, scorn, or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed in both personal and official life, I will be exemplary in obeying the laws of the land and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided in me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.

I will never act officiously or permit personal feelings, prejudices, animosities or friendships to influence my decisions. With no compromise for crime and with relentless prosecution of criminals, I will enforce the law courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence and never accepting gratuities.

I recognize the badge of my office as a symbol of public faith, and I accept it, as a public trust to be held so long as I am true to the ethics of the police service. I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession — law enforcement.

## Kentucky Law Enforcement Council

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521 Lancaster Road · Richmond, KY 40475-3102  
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FORM L-2

*Canon of Ethics*

# *Canon of Ethics*

## *Police Ethics*

In order for any "job" to become a "profession": certain rules or guides must be developed in order to measure the work and attitudes of the employees. Law enforcement is no exception to this rule. Since 1956, the law enforcement profession has maintained its own standard of conduct, the Peace Officer Code of Ethics. Only by constant vigilance can the law enforcement officer keep their profession exactly what it is— a profession.

## *Canons of Police Ethics*

### **ARTICLE 1. PRIMARY RESPONSIBILITY OF JOB**

The primary responsibility of the police service, and of the individual officer, is the protection of the people of the United States through the upholding of their laws; chief among these is the Constitution of the United States and its amendments. The peace officer always represents the whole of the community and its legally expressed will and is never the arm of any political party or clique.

### **ARTICLE 2. LIMITATIONS OF AUTHORITY**

The first duty of a peace officer, as upholder of the law is to know its bounds upon them while enforcing it. Because they represent the legal will of the community, be it local, state, or federal, they must be aware of the limitations and proscriptions which the people, through law, have placed upon them. They must recognize the genius of the American system of government which gives no person, groups of people, or institution, absolute power, and they must insure that officers, as prime defenders of that system, do not pervert its character.

**ARTICLE 3. DUTY TO BE FAMILIAR WITH THE LAW AND WITH RESPONSIBILITIES OF SELF AND OTHER PUBLIC OFFICIALS**

The peace officer shall assiduously apply themselves to the study of the principles of the laws which they are sworn to uphold. They will make certain of their responsibilities in the particulars of their enforcement, seeking aid from their superiors in matters of technicality or principle when these are not clear to them; they will make special effort to fully understand their relationship to other public officials, including other law enforcement agencies, particularly on matters of jurisdiction, both geographically and substantively.

**ARTICLE 4. UTILIZATION OF PROPER MEANS TO GAIN PROPER ENDS**

The peace officer shall be mindful of the responsibility to pay strict heed to the selection of means in discharging the duties of their office. Violations of law or disregard for public safety and property on the part of an officer are intrinsically wrong; they are self-defeating in that they instill in the public mind a like disposition. The employment of illegal means, no matter how worthy the end, is certain to encourage disrespect for the law and its officers. If the law is to be honored, it must first be honored by those who enforce it.

**ARTICLE 5. COOPERATION WITH PUBLIC OFFICIALS IN THE DISCHARGE OF THEIR AUTHORIZED DUTIES**

The peace officer shall cooperate fully with other public officials in the discharge of authorized duties, regardless of party affiliation or personal prejudice. They shall be meticulous, however, in assuring themselves of the propriety, under the law, of such actions and shall guard against the use of their office or person, whether knowingly or unknowingly, in any improper or illegal action. In any situation open to question, they shall seek authority from their superior officer, giving them a full report of the proposed service or action.

**ARTICLE 6. PRIVATE CONDUCT**

The peace officer shall be mindful of their special identification by the public as an upholder of the law. Laxity of conduct or manner in private life, expressing either disrespect for the law or seeking to gain special privilege, cannot but reflect upon the police officer and the police service. The community and the service require that the peace officer lead the life of a decent and honorable person. Following the career of a peace officer gives no person special perquisites. It does give the satisfaction and pride of following and furthering an unbroken tradition of safeguarding the American republic. The officer who reflects upon this tradition will not degrade it. Rather, they will so conduct their private life that the public will regard them as an example of stability, fidelity and morality.

**ARTICLE 7. CONDUCT TOWARD THE PUBLIC**

The peace officer, mindful of their responsibility to the whole community, shall deal with individuals of the community in a manner calculated to instill respect for its laws and its police service. The peace officer shall conduct their official life in a manner such as will inspire confidence and trust. Thus, they will be neither overbearing nor subservient, as no individual citizen has an obligation to stand in awe of them nor a right to command them. The officer will give service where they can, and require compliance with the law. They will do neither from personal preference or prejudice, but rather as a duly appointed officer of the law discharging their sworn obligation.

**ARTICLE 8. CONDUCT IN ARRESTING AND DEALING WITH LAW VIOLATORS**

The peace officer shall use their powers of arrest strictly in accordance with the law and with due regard to the rights of the citizen concerned. Their office gives them no right to prosecute the violator nor to mete out punishment for the offense. They shall, at all times, have a clear appreciation of their responsibilities and limitations regarding detention of the violator; they shall conduct themselves in such a manner as will minimize the possibility of having to use force. To this end he shall cultivate a dedication to the service of the people and the equitable upholding of their laws whether in the handling of law violators or in dealing with the law-abiding.

**ARTICLE 9. GIFTS AND FAVORS**

The peace officer representing the government bears the heavy responsibility of maintaining, in their own conduct, the honor and integrity of all government institutions. They shall, therefore, guard against placing themselves in a position in which any person can expect special consideration or in which the public can reasonably assume that special consideration is being given. Thus, they should be firm in refusing gifts, favors, or gratuities, large or small, which can, in the public mind, be interpreted as capable of influencing their judgment in the discharge of their duties.

**ARTICLE 10. PRESENTATION OF EVIDENCE**

The peace officer shall be concerned equally in the prosecution of the wrongdoer and the defense of the innocent. They shall ascertain what constitutes evidence and shall present such evidence impartially and without malice. In so doing, they will ignore social, political and all other distinctions among the persons involved, strengthening the tradition of the reliability and integrity of an officer's word.

The peace officer shall take special pains to increase their perception and skill of observation, mindful that in many situations theirs is the sole impartial testimony to the facts of a case.

**ARTICLE 11.           ATTITUDE TOWARD PROFESSION**

The peace officer shall regard the discharge of their duties as a public trust and recognize their responsibility as a public servant. By diligent study and sincere attention to self-improvement they shall strive to make the best possible application of science to the solution of crime and in the field of human relationships, strive for effective leadership and public influence in matters affecting public safety. They shall appreciate the importance and responsibility of their office, and hold public work to be an honorable profession rendering valuable service to their community and their country.



KENTUCKY LAW ENFORCEMENT COUNCIL  
PEACE OFFICER PROFESSIONAL STANDARDS  
FUNDERBURK BUILDING  
EASTERN KENTUCKY UNIVERSITY  
521 LANCASTER ROAD  
RICHMOND, KY 40475-3102  
(859) 622-6218

FAX: (859) 622-5943 E-MAIL: pops@docjt.jus.state.ky.us

## FORM H-2

# PERSONAL HISTORY STATEMENT

It is the determination of the Kentucky Law Enforcement Council that these questions are necessary in order to fully and adequately evaluate applicants for Peace Officer Certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.

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Agency

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Name of Applicant

**NOTE:** This form is not designed for use as an initial application for employment. Rather, the applicant for a peace officer position should complete this form prior to beginning his/her background investigation or taking the KLEC suitability testing.

**KENTUCKY LAW ENFORCEMENT COUNCIL  
PEACE OFFICER PROFESSIONAL STANDARDS**

**PERSONAL HISTORY STATEMENT**

**INSTRUCTIONS:** Using a typewriter or legibly printing in ink, fill out this form **completely and accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

**NOTE:** All statements are subject to verification.

Position(s) applied for \_\_\_\_\_

\_\_\_\_\_ Agency \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

**PERSONAL**

1. Name \_\_\_\_\_ 2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Social Security Number

Nicknames or Aliases \_\_\_\_\_

3. Present Mailing Address \_\_\_\_\_  
Street & Number City  
State Zip Code

Permanent Mailing Address \_\_\_\_\_  
Street & Number City  
State Zip Code

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ 5. Place of Birth \_\_\_\_\_

6. Citizenship:  U.S. Born  U.S. Naturalized  Other—  
Specify \_\_\_\_\_

7. Have you previously submitted an application for employment with this agency?  
 Yes  B. No Approximate date: \_\_\_\_\_

**EDUCATIONAL**

8. Indicate below the schools you have attended. (Include incomplete courses)

Name Address (City and State)	No. Full Years Work Completed	When Attended	Graduated	Degree Awarded	Major Field
High Schools					
University or Colleges					
Extension or Correspondence Courses					

9. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?  
 Yes  No If yes, when and where did you complete the GED?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation.**

**MARTIAL**

10. Marital Status (Check One)  Single  Married  Divorced  
 Separated  Widowed

11. Name of Spouse \_\_\_\_\_

12. List all of your children, including any adopted or stepchildren:

A. Name	B. Birth Date	C. Relationship	D. With whom resides	E. Phone Number
1.				
2.				
3.				
4.				
5.				
6.				

13. Are you related by blood or marriage or any person(s) now employed by this agency?

Yes  No If yes, give name(s) and details:

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14. Is any member(s) or your immediate family now in prison or on either probation or parole?

Yes  No If yes, give name(s) and details:

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### RESIDENCES

15. List addresses for past 10 years starting with present address at top:

Mo.	FROM Yr.	Mo.	TO Yr.	ADDRESS OF RESIDENCE (Include County of Residence)	CITY & STATE (Include Zip Code)	LANDLORD

**FINANCIAL**

16. What income other than salary do you have at present?

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17. Are you now supporting all children born to you, adopted by you and stepchildren? Yes No If not, give details \_\_\_\_\_

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18. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support?

Yes No If yes, give name(s) and details:

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19. Have you ever been sued with a civil judgment being rendered against you?

Yes No If yes, give name(s) and details:

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20. What is the total amount of all your debts at present?

\$ \_\_\_\_\_

21. What is the average monthly total of all of your bills, payments and current living expenses?

\$ \_\_\_\_\_

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22. List credit references, including businesses to which you make monthly payments:

A. \_\_\_\_\_ Amount Owing \_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Street Address City and State

B. \_\_\_\_\_ Amount Owing \_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Street Address City and State

C. \_\_\_\_\_ Amount Owing \_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Street Address City and State

D. \_\_\_\_\_ Amount Owing \_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Street Address City and State

E. \_\_\_\_\_ Amount Owing \_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Street Address City and State

## WORK HISTORY

23. Have you ever been denied employment by a criminal justice agency?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list agency name and give details:

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24. If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, give details:

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25. Do you object to wearing a uniform?  Yes  No

26. Do you object to working nights?  Yes  No

27. Do you object to working rotating shifts?  Yes  No

28. Do you object to occasionally being away from home over night and for other periods of time attending meetings, acquiring training and otherwise performing official duties?  Yes  No

29. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of Present or last Position \_\_\_\_\_ Present Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date Employed			Name and title of supervisor
Date Separated			Number of employees supervised by you
Full time	Years	Months	Employer _____ Address _____
Part-time	Years	Months	Duties _____ _____ _____
If part time, number of hours worked per week			<b>REASON FOR LEAVING</b> _____ _____ _____ _____

B. Title of Next to last Position \_\_\_\_\_ Present Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date Employed			Name and title of supervisor
Date Separated			Number of employees supervised by you
Full time	Years	Months	Employer _____ Address _____
Part-time	Years	Months	Duties _____ _____ _____
If part time, number of hours worked per week			<b>REASON FOR LEAVING</b> _____ _____ _____ _____



C. Title of Next Position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date Employed			Name and title of supervisor
Date Separated			Number of employees supervised by you
Full time	Years	Months	Employer _____ Address _____
Part-time	Years	Months	Duties _____ _____ _____
If part time, number of hours worked per week			REASON FOR LEAVING _____ _____ _____ _____ _____

D. Title of Next Position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date Employed			Name and title of supervisor
Date Separated			Number of employees supervised by you
Full time	Years	Months	Employer _____ Address _____
Part-time	Years	Months	Duties _____ _____ _____
If part time, number of hours worked per week			REASON FOR LEAVING _____ _____ _____ _____ _____

E. Title of Next Position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date Employed			Name and title of supervisor
Date Separated			Number of employees supervised by you
Full time	Years	Months	Employer _____ Address _____
Part-time	Years	Months	Duties _____ _____ _____
If part time, number of hours worked per week			<b>REASON FOR LEAVING</b> _____ _____ _____ _____

F. Title of Next Position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date Employed			Name and title of supervisor
Date Separated			Number of employees supervised by you
Full time	Years	Months	Employer _____ Address _____
Part-time	Years	Months	Duties _____ _____ _____
If part time, number of hours worked per week			<b>REASON FOR LEAVING</b> _____ _____ _____ _____

## MILITARY SERVICE

30. Were you ever in the U.S. Military Service or any other military organization?  
 Yes  No
31. What is your service number? \_\_\_\_\_
32. What was the highest rank you held? \_\_\_\_\_
33. What was the date and location of your first entrance into active duty?  
 Date \_\_\_\_\_ Location \_\_\_\_\_
34. What were your unit assignments in the service?

Branch	Unit (Company or Ship)	Location	From Mo/Yr	Mo/Yr
			/	/
			/	/
			/	/
			/	/
			/	/
			/	/
			/	/
			/	/

35. What was the date and location of your discharge from active duty?  
 Date \_\_\_\_\_ Location \_\_\_\_\_
36. Was your last discharge honorable?  Yes  No  
 If No, was it characterized as bad conduct  or dishonorable  ?
37. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or nonjudicial punishment (Captain's mast, company punishment, Article 15, etc.). or any other disciplinary action while a member of the armed forces?  
 Yes  No If yes, explain in detail \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
38. List any disciplinary action taken against you in the National Guard or other reserve unit \_\_\_\_\_  
 \_\_\_\_\_

39. List all medals and decorations awarded you during your military service:

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40. If you are presently a member of the National Guard or any military reserve, give the unit, location and describe your obligation: \_\_\_\_\_

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### USE OF ALCOHOL OR DRUGS

Note: In questions 41, 42, 43 and 44, the words drink or used mean "one time or more, including experimentation." If any answer is yes, give full and complete details (Attach extra sheets if necessary.) \_\_\_\_\_

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41. Do you drink alcoholic beverages?  Yes  No  
If yes, to what degree?

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42. Have you ever used marijuana?  Yes  No  
If yes, what were the circumstances?

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When was the last time? \_\_\_\_\_

43. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.?  Yes  No  
If yes, what were the circumstances?

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When was the last time? \_\_\_\_\_

44. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician?  Yes  No  
If yes, please explain the circumstances:

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## CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), duty to stop in the event of an accident, driving while license permanently revoked, and attempt to elude arrest.

Answer all of the following questions completely and accurately. If any doubts exist in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You should answer "No," only if you have never been arrested or charged, or your record was expunged by a judge's court order.

45. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?

Yes  No      If "yes," please give details:

A.    Offense Charged \_\_\_\_\_  
      Law Enforcement Agency \_\_\_\_\_  
      Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

B.    Offense Charged \_\_\_\_\_  
      Law Enforcement Agency \_\_\_\_\_  
      Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

C.    Offense Charged \_\_\_\_\_  
      Law Enforcement Agency \_\_\_\_\_  
      Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

(Attach extra sheets if necessary)

46. Have you been charged with or convicted of a felony?  
 Yes       No    If yes, give details \_\_\_\_\_

47. Have you ever been placed on probation?  
 Yes  No      If yes, give details \_\_\_\_\_

48. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?  Yes  No \_\_\_\_\_
- 
49. Can you operate a motor vehicle?  Yes  No
50. Do you possess a valid driver's license from the State of Kentucky?  
 Yes  No  
 Driver's License Number \_\_\_\_\_ Year Issued \_\_\_\_\_
51. Do you possess a driver's license issued by any state other than Kentucky?  
 Yes  No  
 If yes, give state and number \_\_\_\_\_
52. Was your license ever suspended or revoked?  Yes  No  
 If yes, state which and give reasons: \_\_\_\_\_
- 
53. Was your license ever restored?  Yes  No When? \_\_\_\_\_
54. Have your driving privileges ever been restricted?  Yes  No  
 If yes, give details: \_\_\_\_\_
- 

**CAREER OBJECTIVES**

55. Briefly explain your reasons for applying for this position:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
56. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
57. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## REFERENCES

58. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

Name	Address	Telephone
A.		
B.		
C.		
D.		
E.		

I hereby verify that the above information is true and accurate.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature of applicant*



Guthrie Police Department  
110 Kendall Street  
PO Box 125  
Guthrie, Kentucky 42234  
Office: (270) 483-2520 Fax: (270)483-9062

Applicant:

Please **do not** have the Physician Review section on Form G-2 of this application completed until directed to do so by the City of Guthrie Police Department. You will be notified if and when this section needs to be completed by your physician.

Thank you,  
Guthrie Police Department



**KENTUCKY LAW ENFORCEMENT COUNCIL**

Peace Officer Professional Standards

Funderburk Building

Eastern Kentucky University

521 Lancaster Road

Richmond, KY 40475-3102

(859) 622-6218

FAX: (859) 622-5943 E-MAIL: [pops@docit.ius.state.ky.us](mailto:pops@docit.ius.state.ky.us)

**FORM G-2**

**MEDICAL HISTORY STATEMENT**

This information is for official use only and will not be released to unauthorized persons.

**INSTRUCTIONS**

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining physician at the time of examination. All questions must be answered completely and accurately. The original or a copy of this report must be retained in personnel file by employing agency.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ SSN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**CURRENT MEDICATIONS**

Prescription Medications: (Include pain relievers, birth control pills, etc.)

Over the Counter Medications: (Include all cold allergy, headache, vitamins, etc.)

**ALLERGIES**

Drug Allergies: (Include your reaction to the medication)

All Other Allergies: food, insects, seasons, animals, materials, etc.: (include reaction)

## FAMILY HISTORY

Have any of your parents, brothers or sisters suffered from: [check all that apply]

- Diabetes?
- Heart Problems?
- High Blood Pressure?
- Arthritis?
- Neurologic or psychological problems?  
(seizures, depression, schizophrenia, etc.)

## PAST MEDICAL HISTORY

List ALL hospitalizations and operations since childhood: Include type of surgery, date of surgery, and complications or other significant information)

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Have you EVER, in your life, had any of the following types of medical problems: (check all that apply to you)

1.  **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
2.  **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others.
3.  **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
4.  **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?
5.  **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
6.  **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Menier's disease, moderate to severe hearing loss in one or both ears and others?
7.  **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
8.  **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
9.  **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
10.  **HEART AND CIRCULATION PROBLEMS:** such as a heart murmur, heart disease, heart attack, irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
11.  **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
12.  **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
13.  **URINARY TRACK PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
14.  **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?

15.  **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, fibromyalgia, back or neck disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, loss of a finger or toe, and others?
16.  **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

**MALES ONLY:**

17.  Prostate problems such as enlargement or prostatitis?
18.  Genital problems such as epididymitis or testicular injury?

**FEMALES ONLY:**

19.  Currently pregnant?
20.  History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

**IMMUNIZATIONS**

21.  Have you ever had a positive TB test?
22.  Have you received Hepatitis B vaccinations?
23.  When did you receive your last tetanus (lockjaw) immunization? \_\_\_\_\_

**OCCUPATIONAL HISTORY**

Have you ever been exposed to any of the following, whether at home, work, military or any other setting: {check all that apply}

24.  Repetitive Loud Noises (including guns, jet engines, loud machinery)?
25.  Chemical exposure to skin or lungs?
26.  Dusty conditions (sandblasting, grinding, mining, drilling of rock, coal, slice, asbestos)?

Check all YES answers:

27.  Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
28.  Have you ever had a motor vehicle accident causing back or neck pain?
29.  Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
30.  Do you have any missing limbs or non-functioning joints?
31.  Have you ever been advised by a physician to avoid lifting above a certain weight limit?
32.  Have you ever been advised by a physician to avoid sitting or standing over a certain time?
33.  Have you ever worked in law enforcement?
- o  33a. If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
34.  Have you ever served in any of the armed forces?
- o  34a. If yes, have you ever missed other than three consecutive days of service for any medical or psychological problem?
35.  Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
36.  Do you have difficulty driving at high speeds in a motorized vehicle?
37.  Have you ever had an automobile accident while driving over sixty (60) miles per hour?
38.  Have you ever had any automobile accidents as a result of losing control of your vehicle?
39.  Do you have any difficulty driving for three (3) consecutive hours without stopping?
40.  Do you have any difficulty running for five (5) consecutive minutes without stopping?
41.  Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

**EXPLANATION OF ANY YES ANSWERS:** (Identify by number)  
May use additional sheets of paper; write name, SS#, sign and date.

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**PENALTY:**

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving employment or certification as a peace officer.

**CERTIFICATION:**

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**PHYSICIAN REVIEW:**

\_\_\_\_\_  
Signature of Physician (ink)

\_\_\_\_\_  
Date Reviewed

\_\_\_\_\_  
Printed Name and Address of Physician Completing Review

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