

# Biographical Data

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Time at Address: \_\_\_\_\_

Who lives with you: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Eyes: \_\_\_\_\_

Hair: \_\_\_\_\_ Scars / Marks / Tattoos: \_\_\_\_\_

## Supervision Information

Probation/Parole Officer \_\_\_\_\_ Agency: \_\_\_\_\_

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

Under Supervision For: \_\_\_\_\_

Victim (s) name (s): \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Method of Conviction: Found Guilty: \_\_\_\_\_ Plea: \_\_\_\_\_

## Family

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Brother (s): \_\_\_\_\_

*For Public Information Only*

Sister (s): \_\_\_\_\_

\_\_\_\_\_

Wife: \_\_\_\_\_

\_\_\_\_\_

Ex-wife (s): \_\_\_\_\_

\_\_\_\_\_

Children (s): \_\_\_\_\_

\_\_\_\_\_

Grandchildren (s): \_\_\_\_\_

\_\_\_\_\_

Family Criminal History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Educational History**

Grade School: \_\_\_\_\_

Jr. High School: \_\_\_\_\_

High School: \_\_\_\_\_

Tech School: \_\_\_\_\_

Military Tech School: \_\_\_\_\_

College: \_\_\_\_\_

Degree: \_\_\_\_\_

### **Employment History**

1. Employer: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason Left: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason Left: \_\_\_\_\_

3. Employer: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason Left: \_\_\_\_\_

**Criminal History**

Arrested For: \_\_\_\_\_

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

**Medical History**

Past treatment for serious medical conditions:

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

Past Serious Injuries: \_\_\_\_\_

\_\_\_\_\_  
Past Psychological Treatment: \_\_\_\_\_  
\_\_\_\_\_

*For Public Information Only*

Current Serious Medical Problems: \_\_\_\_\_  
\_\_\_\_\_

Current Psychological Treatment: \_\_\_\_\_  
\_\_\_\_\_

Past Illegal Drug Usage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past Examination Information**

Have you ever been given a Polygraph Examination Before: \_\_\_\_\_

Where: \_\_\_\_\_

Purpose: \_\_\_\_\_

Result: \_\_\_\_\_

Please list any questions regarding previous examinations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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