

NOTICE:

PLEASE READ AND FOLLOW THESE INSTRUCTIONS EXACTLY. YOUR ABILITY TO COMPLETE THIS DOCUMENT AS REQUESTED WILL BE EVALUATED AND USED AS ONE BASIS FOR EMPLOYMENT DECISIONS. THIS DOCUMENT, WHEN COMPLETED, WILL BE USED BY THE MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT AS AN INVESTIGATIVE AID. RETENTION OF THIS PERSONAL DATA WILL REMAIN IN THE INVESTIGATIVE FILE OF THE HUMAN RESOURCES BUREAU.

GENERAL INSTRUCTIONS:

1. HAND PRINT CLEARLY, IN EITHER BLACK OR BLUE INK AND IN YOUR OWN HANDWRITING.
2. ANSWER EVERY QUESTION. IF A QUESTION DOES NOT APPLY TO YOU, SO STATE WITH N/A.
3. ANY UNANSWERED, INCOMPLETE OR OMITTED QUESTION MAY RESULT IN REJECTION OF YOUR APPLICATION OR DISMISSAL.
4. IF THE SPACE AVAILABLE IS INSUFFICIENT, USE A SEPARATE SHEET OF 8¹/₂ X 11" PAPER AND PRECEDE EACH ANSWER WITH THE NUMBER OF THE REFERENCED BLOCK.
5. DO NOT MISSTATE OR OMIT ANY MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT.
6. ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. DO NOT MAKE EXAGGERATED, FALSE OR MISLEADING STATEMENTS AS THEY MAY CAUSE YOUR REJECTION OR DISMISSAL.
7. EACH AND EVERY QUESTION HAS A PURPOSE. DO NOT FAIL TO ANSWER EACH QUESTION COMPLETELY EVEN IF YOUR FEEL IT IS "NOT IMPORTANT."

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE INSTRUCTIONS

SIGNATURE

DATE

.....

THE FOLLOWING TYPES OF INFORMATION ARE EXAMPLES OF WHAT WILL BE COLLECTED: EMPLOYMENT AND EDUCATIONAL HISTORIES; MEDICAL, MILITARY, DRIVING, AND POLICE RECORDS; INFORMATION ABOUT YOUR ABILITIES, CHARACTER LIFESTYLE, AND ORGANIZATION MEMBERSHIPS. INFORMATION WILL BE OBTAINED BY LETTER, BY TELEPHONE, OR BY PERSONAL INTERVIEW. THIS INFORMATION IS USED AS ONE BASIS FOR EMPLOYMENT DECISIONS.

MIAMI-DADE COUNTY CORRECTIONS AND REHABILITATION DEPARTMENT

**PERSONNEL MANAGEMENT BUREAU
2525 NW 62nd STREET, 2nd FLOOR • MIAMI, FLORIDA 33147**

CONFIDENTIAL RELEASE AND WAIVER

It is my understanding that the Miami-Dade County Corrections and Rehabilitation Department will conduct a thorough investigation of my entire work and personal history. I hereby authorize any Officer or other authorized representative of the Miami-Dade County Corrections and Rehabilitation Department bearing this release, or a copy of it, within one year of its date, to obtain information in your files pertaining to my employment, credit or educational records including, but not limited to, academic achievement, attendance, athletic, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, credit records, reason for termination, reason for discharge from military service, criminal history, any medical records, job related injury information, or medical information in the file of my current or former employer(s) or any current or former physician(s), or both, which pertain to my employment, including remaining disabilities, and any other personal information. I authorize the Miami-Dade County Corrections and Rehabilitation Department to make or obtain photo copies of the documents in my file.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Miami-Dade County Corrections and Rehabilitation Department.

Consent is granted for the Miami-Dade County Corrections and Rehabilitation Department to furnish the information described above to their parties in the course of fulfilling its official responsibilities.

I hereby release you, as any agent of the United States government or other agency, firm, company or corporation holding records considered of me, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency and any person receiving such information from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of the compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization.

PRINT FULL NAME: _____

SOCIAL SECURITY #: _____

CURRENT ADDRESS: _____

TELEPHONE #: DAY () _____ EVENING () _____

Date

Signature

Sworn and subscribed before me this
_____ day of _____, 20 _____

Notary Public State of Florida at Large

My Commission expires _____

FOR CORRECTIONAL OFFICER APPLICANTS ONLY
AFFIDAVIT FOR CERTIFICATION

List all prior law enforcement employment: _____

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," EXPLAIN IN FULL DETAIL IN THE SPACE PROVIDED FOLLOWING THE APPROPRIATE QUESTION.

1. Have you ever been a defendant in a court martial (excluding proceedings leading to non-judicial punishment)? Yes / No

2. Has a judgment ever been issued against you? Yes / No

3. Have you ever declared bankruptcy? Yes / No

4. Have you ever been arrested or charged with a crime? Yes / No

5. Have you ever been found guilty or pled guilty or no contest to a crime? Yes / No

6. Have you ever been refused a surety bond, or turned down for employment that required a surety bond? Yes / No

7. Have you ever been voluntarily terminated from employment or asked to resign? Yes / No

8. Have you ever been addicted to the use of alcohol or drugs? Yes / No

9. Have you ever had a certificate, license, or privilege revoked or suspended under state, federal or law? Yes / No

REMARKS: (Any comments you think are important)

(FOR CORRECTIONAL OFFICER APPLICANTS ONLY)

I swear or affirm that I am a citizen of the United States, by birth or naturalization, that I have never been convicted of a felony, that I have never been convicted of a misdemeanor involving perjury or a false statement, that since July 1, 1981, I have not pled guilty or n contest to a felony, that since July 1, 1981, I have not pled guilty or no contest to a misdemeanor involving perjury or a false statement, that I have a valid high school diploma or its equivalent, that my discharge (if any) from the Armed Forces was under honorable conditions, that I am of good moral character, that I have read all of the information contained in this affidavit and my employment application is correct, and that all other information I will furnish in conjunction with my application is true and correct.

SIGNATURE/DATE _____

I certify that the above entries are true, complete, correct to the best of my knowledge and belief and are made in good faith. I understand that knowing and willful false information on this form may result in rejection for employment or termination if already employed.

SIGNATURE/DATE _____

**CORRECTIONS and REHABILITATION DEPARTMENT
MIAMI-DADE COUNTY, FLORIDA
APPLICANT PERSONAL HISTORY QUESTIONNAIRE**

APPLICATION FOR POSITION OF: _____

DATE: _____

1. PERSONAL HISTORY

A. LAST NAME		FIRST NAME	MIDDLE NAME	B. MALE ()	FEMALE ()
C. ALIAS(ES), NICKNAME(S), MAIDEN NAME OTHER CHANGES IN NAME				SOCIAL SECURITY #	
D. PRESENT RESIDENCE ADDRESS STREET OR ROUTE			CITY OR P.O. BOX	STATE	ZIP CODE
E. DATE OF BIRTH (MONTH, DAY, YEAR)		PLACE OF BIRTH (CITY, STATE)		SEX	RACE
F. HEIGHT	WEIGHT	COLOR OF EYES / HAIR		SCARS / TATTOOS / DISTINGUISHING MARKS	
G. U.S. CITIZEN YES () NO ()		NATIVE YES () NO ()	NATURALIZED CERTIFICATION # DATE, PLACE and COURT		

2. EDUCATION

A. LIST ALL ELEMENTARY, JUNIOR AND SENIOR HIGH SCHOOLS ATTENDED

NAME	LOCATION	DATES ATTENDED		YEARS COMPLETED	GRADUATED	
		FROM	TO		YES	NO

B. HIGHER EDUCATION, LIST ALL COLLEGES OR UNIVERSITIES ATTENDED

NAME	DATES ATTENDED	CREDIT HOURS	DEGREE REC'D	YEAR REC'D

C. OTHER SCHOOLS AND TRAINING (TRADE, VOCATIONAL, BUSINESS, OR MILITARY)

NAME	LOCATION	DATES ATTENDED		COURSES STUDIED	GRADUATED	
		FROM	TO		YES	NO

3. FOREIGN LANGUAGE:

A. ENTER FOREIGN LANGUAGE AND INDICATE YOUR KNOWLEDGE OF EACH BY PLACING AN "X" IN PROPER COLUMN.

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR

4. MILITARY:

A. HAVE YOU SERVED IN THE ARMED FORCES? YES ___ NO ___ IF NO, COMPLETE ATTESTMENT OF NON-SERVICE FORM.

B. BRANCH OF MILITARY SERVICE

DUTIES PERFORMED

C. TYPE OF DISCHARGE

REASON FOR DISCHARGE

D. DATES OF ACTIVE DUTY (MONTH, DAY, YEAR)

SERVICE NUMBER

FROM: TO:

E. WHILE IN THE SERVICE WERE YOU EVER ARRESTED FOR ANY OFFENSE OR A DEFENDANT IN ANY TRIAL OR DID YOU RECEIVE DISCIPLINARY ACTION, ARTICLE 15, OR NON-JUDICIAL PUNISHMENT?

YES ___ NO ___

IF YES, LIST DATE, PLACE, LAW ENFORCEMENT AUTHORITY OR TYPE OF COURT MARTIAL, CHARGE AND ACTION TAKEN FOR EACH INCIDENT BELOW

F. ARE YOU A MEMBER OF THE UNITED STATES RESERVE, NATIONAL GUARD OR STATE GUARD ORGANIZATION?
YES ___ NO ___ IF YES, LIST SERVICE BRANCH BELOW

ACTIVE ___ INACTIVE ___ STANDBY ___ DISCHARGED ___

G. INDICATE RESERVE OBLIGATION, IF ANY.

H. SELECTIVE SERVICE NUMBER	LAST CLASSIFICATION	DATE CLASSIFIED
LOCAL BOARD	ADDRESS	

5. VEHICLE OPERATOR'S LICENSE:

A. GIVE THE FOLLOWING INFORMATION CONCERNING ANY VEHICLE OPERATOR'S LICENSE YOU HAVE HELD OR PRESENTLY HOLD (OPERATOR'S, CHAUFFEUR'S, ETC.).

KIND OF LICENSE	STATE & NUMBER	PLACE OF ISSUE	DATE OF ISSUE	EXP. DATE

B. LIST RESTRICTIONS BELOW, IF ANY.

C. HAVE YOU EVER BEEN DENIED ISSUANCE OF A LICENSE? YES ___ NO ___
IF YES, EXPLAIN SITUATION BELOW.

6. AUTOMOBILE INSURANCE:

A. HAVE YOU EVER HAD AUTOMOBILE INSURANCE WITHDRAWN OR REVOKED? YES ___ NO ___
IF YES, EXPLAIN SITUATION BELOW.

B. HAVE YOU EVER BEEN REFUSED AUTOMOBILE INSURANCE? IF YES, EXPLAIN SITUATION BELOW.
IF YES, EXPLAIN SITUATION BELOW.

C. LIST NAME AND ADDRESS OF THE INSURANCE COMPANY WITH WHOM YOU NOW HAVE AUTOMOBILE INSURANCE.

D. TYPE OF POLICY COVERAGE?

7. EMPLOYMENT HISTORY:

A. BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, LIST YOUR WORK HISTORY FOR THE PAST TEN (10) YEARS, INCLUDING ALL PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT. ALSO, INCLUDE ALL PERIODS OF UNEMPLOYMENT, SELF-EMPLOYMENT OR MILITARY SERVICE, IF APPLICABLE.

1. FROM DATE	NAME OF EMPLOYER	PART/FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER
2. FROM DATE	NAME OF EMPLOYER	PART/FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER
3. FROM DATE	NAME OF EMPLOYER	PART/FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER
4. FROM DATE	NAME OF EMPLOYER	PART/FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER

EMPLOYMENT HISTORY: (Continued)

5. FROM DATE	NAME OF EMPLOYER	PART/FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER
6. FROM DATE	NAME OF EMPLOYER	PART/FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER
7. FROM DATE	NAME OF EMPLOYER	PART/FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER
8. FROM DATE	NAME OF EMPLOYER	PART/FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER

B. HAVE YOU EVER BEEN DISCHARGED (FIRED), ASKED TO RESIGN (QUIT), FURLOUGHED, OR PUT INTO INACTIVE STATUS FOR CAUSE (SUSPENDED OR RELIEVED FROM DUTY, OR SUBJECTED TO DISCIPLINARY ACTION WHILE IN ANY POSITION EXCEPT MILITARY)?
 YES ___ NO ___

IF YES, EXPLAIN, GIVING NAME AND ADDRESS OF EMPLOYER, APPROXIMATE DATE, AND REASON IN EACH CASE.

C. HAVE YOU EVER RESIGNED AFTER BEING INFORMED YOUR EMPLOYER INTENDED TO DISCHARGE YOU FOR ANY REASON?
 YES ___ NO ___ IF YES, EXPLAIN, GIVING NAME AND ADDRESS OF EMPLOYER, APPROXIMATE DATE, AND REASON IN EACH CASE.

8. RESIDENCE

A. LIST ALL RESIDENCES FOR THE PAST SEVEN (7) YEARS, BEGINNING WITH YOUR PRESENT ADDRESS.

MONTH AND YEAR		STREET NUMBER	CITY	STATE OR COUNTY
FROM	TO			

9. FAMILY

A. LIST IN THE ORDER GIVEN, SHOWING RELATIONSHIP, SPOUSE, CHILDREN, PARENTS, GUARDIANS, STEP-PARENTS, FOSTER PARENTS, BROTHERS AND SISTERS, EVEN THOUGH DECEASED, INCLUDING ANY OTHERS YOU HAVE RESIDED WITH, OR WITH WHOM A CLOSE RELATIONSHIP EXISTED OR EXISTS.

RELATIONSHIP	NAME	PRESENT ADDRESS IF LIVING	PHONE
FATHER			
MOTHER (MAIDEN)			
SPOUSE			
CHILDREN			

10. CHARACTER AND CREDIT PREFERENCES:

A. (DO NOT INCLUDE RELATIVES, FORMER EMPLOYERS, OR PERSONS LIVING OUTSIDE THE UNITED STATES OR ITS TERRITORIES.) LIST ONLY CHARACTER REFERENCES WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. DO NOT REPEAT NAMES OF SUPERVISORS. LIST 3 CREDIT AND 5 CHARACTER REFERENCES. GIVE NAMES AND ADDRESSES OF THE INDIVIDUALS, COMPANIES, OR OTHERS OF WHOM YOU ARE INDEBTED AND THE EXTENT OF YOUR DEBT (INCLUDING ANY LOAN ON WHICH YOU ARE CO-MAKER). ALSO INCLUDE CREDIT CARDS.

NAME	STREET ADDRESS	CITY-STATE	PHONE	KIND OF DEBT	ACCT. #	AMOUNT

11. NARCOTICS: LIST ANY DRUGS THAT YOU HAVE **EVER** USED, INCLUDING ILLEGAL DRUGS SUCH AS MARIJUANA AND COCAINE. STATE LIST DATE OF USAGE, NUMBER OF TIMES USED AND THE CIRCUMSTANCES SURROUNDING THE USAGE.

12. ARREST, DETENTION, AND LITIGATION: LIST ALL ARRESTS INCLUDING JUVENILE DELINQUENT AND TRAFFIC.

HAVE YOU **EVER** BEEN DETAINED, HELD, ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR PLACED COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? *(If "Yes," list in remarks section the date, nature of offense or penalty imposed or other disposition of each case.)

A. REMARKS

DATE	PLACE	CHARGE	FINAL DISPOSITION	SENTENCE

*Arrest and/or conviction will not necessarily eliminate you from consideration for employment. However, due to the sensitive nature of employment with a Criminal Justice Agency, there is a need for this information to be obtained from job applicants.

ICERTIFYTHATTHEABOVEENTRIESARETRUE,COMPLETE,ANDCORRECTTOTHEBESTOFMYKNOWLEDGE,ANDBELIEFANDAREMADEINGOODFAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT OF THAT FORM MAY RESULT IN IMMEDIATE DISQUALIFICATION OR DISCIPLINARY ACTION.

PRINT FULL NAME _____

SIGNATURE FULL NAME _____

ADDRESS _____

Street

City

State

Zip Code

B. HAS YOUR SPOUSE EVER BEEN INVOLVED IN ANY COURT ACTION, CIVIL OR CRIMINAL? YES___ NO___

C. HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON (ARREST, JOB APPLICANT, ETC.)? YES___ NO___

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, LIST BELOW THE DATE, PLACE AND FULL DETAILS OF EACH INCIDENT.

13. OTHER LAW ENFORCEMENT AGENCY(IES):

A. HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY OTHER LAW ENFORCEMENT AGENCY? YES___ NO___

IF YES, GIVE DETAILS BELOW:

NAME OF AGENCY	POSITION APPLIED FOR	DATE OF APPLICATION	DISPOSITION OF APPLICATION

14. ARE THERE ANY INCIDENTS IN YOUR LIFE MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? YES___ NO___

15. ORGANIZATION MEMBERSHIP

A. LIST ALL CLUBS, SOCIETIES OR ORGANIZATIONS OF WHICH YOU ARE OR HAVE BEEN A MEMBER:

NAME	CITY-STATE	LIST POSITION HELD AND EXTENT OF ACTIVITY

B. ARE YOU NOW OR HAVE EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER FOR FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? YES ___ NO ___

IF THE ANSWER IS "YES," EXPLAIN FULLY BELOW:

**PRE-TESTING INFORMATION
FOR POLYGRAPH EXAMINATION**

Name: _____ SS #: _____ DOB: _____

Home Phone: _____ Cellular Phone: _____ Other: _____

The information below is for the polygraph examiner. It should be copied directly from your Personal History Questionnaire and brought to the Orientation Session.

1. List all traffic tickets and dates:

2. List all arrests and dates, including juvenile and traffic, even if expunged or sealed:

3. List any involuntary terminations from jobs:

4. List any drugs used illegally, including but not limited to marijuana, steroids and prescriptions:

5. List any law enforcement agencies you have applied to:

6. List any bankruptcies or accounts past due:

=====

DO NOT WRITE BELOW THIS LINE

MDPD

Journey

Slattery

Appointment Date: _____ & Time: _____

Polygraph Company: _____

Financial Survey

You Spouse

What is the approximate total of your monthly financial obligations (including rent, mortgage, finance payments, alimony, child support, automobile, cellular phone, credit cards, medical bills, utilities, student loans, insurance, etc.)? \$ _____ \$ _____

What is the approximate total of your monthly gross income (including wages, investments, alimony, child support, Unemployment, Worker's Compensation, Food Stamps, State/County financial assistance, etc.)? \$ _____ \$ _____

What is your total estimated indebtedness at this time? \$ _____ \$ _____

Have you ever declared bankruptcy? (If yes, provide detail below.) Yes No

When Filed	Chapter 7 or 13	County & State Where Filed	Total Debt Dissolved

Traffic and Accident Information

List below ALL traffic tickets you have received (other than parking violations). Use additional page(s) if needed.

Date	City and State	Charge(s)	Status

List below ALL automobile accidents you have been involved in as a driver. Use additional page(s) if needed.

Date	City and State	What happened?	Who was charged?	Injuries	Lawsuits
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to above, please provide detail (who was injured, severity of the injuries, who sued who, outcome of suit): _____
