

Directions for Completing the St. Cloud Police Department Background Investigation Packet

1. Read and sign the Data Practices Advisory which immediately follows this page.
2. When completing the remainder of this packet, please type, print or write clearly. Use only black ink.
3. Several releases are contained in this packet. Please complete the proper release forms as indicated. Each form must contain an original signature, not a photocopy.
4. If you find there is not adequate space to answer a specific question, provide as much information as space permits. Continue your response on individual sheets of paper if needed. Include the question number and maintain the same format as in the packet.
5. If a question does not apply to you, please write N/A (not applicable).
6. Include any requested documents.
7. **Complete and return the completed background packet to the St. Cloud Police Department by 4:00 p.m. on _____ to the attention of Commander Meierding. If the department does not receive your packet by the due date, you will be removed from the eligibility list.** If you are unable to obtain transcripts and other documents necessary for the completion of this packet, they must be sent to the police department at the earliest possible date; however, the packet must still be turned in on time. If you have any questions regarding the completion of this packet, please contact Commander Meierding at 320-345-4363.

I understand that any false information or omission of information from this packet may be cause for rejection, or dismissal if employed.

Signature

Date

DATA PRACTICES ADVISORY

Read this advisory before completing this packet:

This background packet is to be completed to assist us during an investigation to determine whether to select you to work for/with/at the St. Cloud Police Department.

Certain information requested on the application is classified as private data under the Minnesota Government Data Practices Act (MGDPA) Minn. Stat. Ch. 13.01 et seq., and may be released only to you, to those in the appointing authority whose jobs reasonably require access to the data, to those authorized by state or federal law to have access to the data, and to those for whom you provide a written informed consent authorizing disclosure. The public data you supply is available to anyone who requests it.

The Minnesota Government Data Practices Act requires you to be informed the following information which you have been asked to provide in this packet is considered private data:

1. Your full name.
2. Any and all previous names by which you are known, regardless of whether or not they were your legal names.
3. Date of birth.
4. Your race.
5. Your sex.

We ask for this information for the following reasons:

1. To conduct a thorough and complete criminal history and felony background check, all names by which an applicant is known must be listed.
2. In order to complete and send for evaluation fingerprint cards as required by statute, the race and sex of the person fingerprinted must be entered on the fingerprint card.
3. In order to access criminal history data, date of birth, race, and sex must be supplied.

The following information which you have been asked to provide is also considered as private: your address; and your telephone number.

We ask for this information for the following reasons:

1. To distinguish you from all other applicants and identify you in our personnel files;
2. To enable us to verify that you are the individual who takes the exam if applicable;
3. To enable us to contact you when additional information is required, send you notices and/or schedule you for interviews;
4. To determine whether or not your conviction record may be a job-related consideration affecting your suitability to work with/for/at the St. Cloud Police Department;
5. To enable us to ensure you rights to equal opportunities and to meet affirmative action goals;
6. To meet federal reporting requirements; and
7. To make processing more efficient.

Before you are certified as eligible to work with/for/at the St. Cloud Police Department, only the following information you have been asked to provide is public: Veteran's status; relevant test scores; rank on eligibility list; job history; education and training; and work availability. The remainder is private.

If/when you are certified as eligible or considered as a finalist, your name becomes public. For this purpose, the MGDPA defines a finalist as an individual who is selected to be interviewed prior to selection.

The data will be available to you and to those in the appointing authority who have a bona fide need for the data.

DATA PRACTICES ADVISORY (Continued)

The data may also be used for other purposes necessary for the administration of law, rule, or ordinance but will be disseminated only as required by law.

You are not legally required to provide any of the requested information. However, if you do not do so, we will be unable to conduct the required background checks, we will be unable to process your application, and we will be unable to consider you for appointment to work with/for/at the St. Cloud Police Department.

I have read and understand the information stated above.

Signature

Date

PERSONAL HISTORY INFORMATION

SECTION 1: PERSONAL DATA

1. Full Name _____
(Last) (First) (Middle)
2. Date of birth _____
3. Home Phone _____ Cell Phone _____
4. Email Address _____
5. Give any other names you have used or been known by and give reasons for change. (If none, indicate not applicable): _____

6. Social Security Number _____
(Required for credit check and fingerprints)
7. Where were you born? _____
(City) (County) (State) (Zip Code)
8. U.S. Citizenship Status Yes _____ No _____
9. Other than English, what language(s) do you:
Speak: _____
Understand: _____
10. Do you use or have you ever used alcoholic beverages? Yes _____ No _____
If yes, give extent and details. Include any law enforcement contacts you had while under the influence of alcohol if applicable: _____

11. Do you use or have you ever used marijuana? Yes _____ No _____
If yes, give details including date(s) and amount(s). Include any law enforcement contacts you had while under the influence of marijuana if applicable: _____

12. Do you use or have you used any illicit substances such as, but not limited to, methamphetamine, cocaine, heroin, ecstasy, etc.? Yes _____ No _____
If yes, give details including date(s) and amount(s). Include any law enforcement contacts you had while under the influence of an illicit substance if applicable: _____

SECTION 1: PERSONAL DATA (Continued)

13. Have you ever experienced issues with prescription medication (your own or someone else's) including, but not limited to, overuse or misuse? Yes _____ No _____

If yes, give details including type(s), date(s) and amount(s). Include any law enforcement contacts you had related to prescription medication if applicable: _____

14. In chronological order, state each and every place in which you have lived during the past ten years, beginning with your present address. Include all addresses while you were in school and/or the military. If it was a rental residence, list the name, address and phone number of the resident manager and/or property manager/owner. Make copies and attach additional sheets if necessary.

Present address:

From Month/Year _____ To Month/Year _____

Full address _____

Rent or own? _____

(If rent) Name of owner/landlord _____ Phone Number _____

Full address _____

(Always include full street address, city, state, and zip code)

Previous address(es):

From Month/Year _____ To Month/Year _____

Full address _____

Rent or own? _____

(If rent) Name of owner/landlord _____ Phone Number _____

Full address _____

From Month/Year _____ To Month/Year _____

Full address _____

Rent or own? _____

(If rent) Name of owner/landlord _____ Phone Number _____

Full address _____

SECTION 1: PERSONAL DATA (Continued)

From Month/Year _____ To Month/Year _____

Full address _____

Rent or own? _____

(If rent) Name of owner/landlord _____ Phone Number _____

Full address _____

From Month/Year _____ To Month/Year _____

Full address _____

Rent or own? _____

(If rent) Name of owner/landlord _____ Phone Number _____

Full address _____

From Month/Year _____ To Month/Year _____

Full address _____

Rent or own? _____

(If rent) Name of owner/landlord _____ Phone Number _____

Full address _____

From Month/Year _____ To Month/Year _____

Full address _____

Rent or own? _____

(If rent) Name of owner/landlord _____ Phone Number _____

Full address _____

From Month/Year _____ To Month/Year _____

Full address _____

Rent or own? _____

(If rent) Name of owner/landlord _____ Phone Number _____

Full address _____

From Month/Year _____ To Month/Year _____

Full address _____

Rent or own? _____

(If rent) Name of owner/landlord _____ Phone Number _____

Full address _____

SECTION 2: EDUCATION

15. List chronologically (earliest dates first) all high schools you have attended.

Name of School & Address	From mo/yr	To mo/yr	Highest Grade Completed	Curriculum

16. List chronologically (earliest dates first) all colleges, trade, vocational-technical schools you have attended:

Name of School & Address	From mo/yr	To mo/yr	Curriculum	Credits	Grade Point Average	% Expense Paid by You

Grade Point Average in Undergraduate Major: _____ Number of Credits Required for Degree: _____
 Total Credits Achieved Towards Degree: _____ Graduate Major: _____

17. What college or trade school degree (s) or certificate (s) do you possess: _____

18. List any problems with school (absenteeism, tardiness, poor grades, other disciplinary problems), including college:

Date	School	Problem	Brief Explanation

19. List all educational internships you participated in.

School	From mo/yr	To mo/yr	Name of Organization, Address and Telephone Number	Position	Supervisor

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SECTION 2: EDUCATION (Continued)

20. List all extracurricular activities (i.e. student government, sports teams and clubs) in which you participated regularly during high school and college:

School	From mo/yr	To mo/yr	Activity	Position Held

21. List every professional or social organization in which you are or were a member. (Do not include activities and clubs you have listed under question 20.)

Name of Organization & Address	From mo/yr	To mo/yr	Type of Organization

22. List all awards received from high school and college:

School	Date	Award	Reason

SECTION 3: MOTOR VEHICLE & DRIVER'S LICENSE HISTORY

23. Do you now or have you ever possessed a Minnesota driver's license? Yes _____ No _____
If yes, complete the following:

Driver's License Number: _____ Type of License: _____
Status: _____

24. Do you now or did you ever possess a driver's license issued by any state other than Minnesota?
Yes _____ No _____ If yes, provide the following information:

Name of State: _____ Type of license: _____
Period license was held: _____

25. Was your driver's license or other vehicle operator's license ever revoked? Yes _____ No _____
Suspended? Yes _____ No _____ If you answered yes to either one of the above, complete below:

Which license: _____ When: _____
Where: _____ Why: _____

26. If you answered yes to question #25, was such license ever restored? Yes _____ No _____
If yes, complete the following:

When: _____ Where: _____
Why: _____

27. Have you ever been involved in a motor vehicle accident? Yes _____ No _____
If yes, give details including date(s) and location(s): _____

28. List below the company which carries your auto insurance:

Name of company: _____ Policy number _____
Address of company: _____

29. Has your auto insurance ever been revoked or refused? Yes _____ No _____

If yes, give details: _____

SECTION 3: MOTOR VEHICLE & DRIVER'S LICENSE HISTORY (Continued)

30. Have you **ever** (as a juvenile and/or an adult) received a ticket/summons for violation of the traffic laws in this state or any other state (exclude parking violations)? Yes_____ No_____ If yes, complete the information below.

Date	Violation	Location	Police Agency	Court Disposition

31. Have you **ever** (as a juvenile and/or an adult) been stopped by law enforcement for violation of the traffic laws in this state or any other state (including equipment violations) and been given a verbal or written warning? Yes_____ No_____ If yes, complete the information below.

Date	Violation	Location	Police Agency	Disposition

32. List all motor vehicles which are in your name or in joint ownership or which you drive on a regular basis.

License Plate Number	Vehicle Description	State Where Vehicle License Was Issued

SECTION 4: BUSINESS AND OCCUPATIONAL LICENSE HISTORY

33. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member?

Yes_____ No_____ If yes, give details and provide documentation:_____

34. Have you ever possessed a professional or occupational license, permit or certificate (excluding peace officer license)?

Yes_____ No_____ If yes, give details and provide documentation:_____

35. Have you, or any corporation or partnership of which you were an officer, director, or partner, ever possessed a license or permit (excluding driver's license or learner's permit) issued by any governmental agency?

Yes_____ No_____ If yes, give details and provide documentation:_____

36. Has any license or permit (excluding driver's license or learner's permit) issued by any city, state or federal agency ever been denied, revoked, suspended, or canceled to you, or to any corporation or partnership of which you were an officer, director or partner?

Yes_____ No_____ If yes, give details:_____

SECTION 5: LITIGATION

37. Have you **ever** (as a juvenile and/or an adult) been **convicted** for any violation of the criminal law (excluding parking violations)? This includes convictions and records which have been expunged or sealed. Minnesota Statutes 299C.13 and 364.09 allow law enforcement agencies to consider this information in the selection process.

Yes _____ No _____ If yes, complete the information below:

Date	Violation	Location	Police Agency	Court Disposition

38. Have you **ever** (as a juvenile and/or an adult) **been arrested or named as a defendant** in a criminal proceeding?

Yes _____ No _____ If yes, complete the information below:

Date	Violation	Location	Police Agency	Court Disposition

39. List below **all** law enforcement agencies that you have had contact with that were not already previously listed. This includes **any situation** where you may have been a **victim, witness, suspect, arrested or mentioned, etc.** in a police report or had a petty misdemeanor violation of the law.

Agency	Date	Reason For Contact

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SECTION 5: LITIGATION (Continued)

40. Were you **ever** a party to a **civil action or proceeding** in this state or elsewhere, or have you been named in a notice of claim that you may be a defendant in a civil action or proceeding? This would include bankruptcy, divorce, custodial hearings, etc.?

Yes_____ No_____ If yes, fill in the following for every civil action or proceeding.

Date	Action or Proceeding	As Plaintiff, Defendant, Petitioner, Respondent	Court Disposition

41. Have you ever been fingerprinted (exclude only present application with this department)?

Yes_____ No_____ If yes, fill in the following:

When	Where	Reason For Fingerprinting

SECTION 6: MILITARY AND SELECTIVE SERVICE

42. If you are a male and were born after 1960, have you registered with the Selective Service?
Yes_____ No_____ If yes, provide Selective Service Number:_____

43. Did you ever apply for the military, but were later disqualified from the testing process? (Do not include medical information.) Yes_____ No_____ If yes, please explain:_____

44. Are you now or have you ever been a member of the military service?
Yes_____ No_____

If yes, complete the rest of this section. If no, skip to Section 7.

45. Branch of service:_____ Military Specialty:_____

Rank held:_____ Service Serial No._____

46. Current status:_____

47. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, any foreign government, or the National Guard of any state?

Yes_____ No_____ If yes, active or inactive:_____ Rank _____

Branch_____ Regiment_____ Unit_____

Address_____

Phone_____ Commanding Officer_____

From_____ To_____

Current assignment (if applicable)_____

48. If discharged or separated, list the name and phone number of your commanding officer at the time:_____

49. If discharged or separated, how many discharges or separations from the service were given to you?

Discharges_____ Separations_____

50. If discharged or separated, what is the type of your discharge(s) or separation(s): (honorable, dishonorable, honorable conditions) Be exact. (Do not include medical information. If medical, answer NA.)

Reason:_____

SECTION 6: MILITARY AND SELECTIVE SERVICE (Continued)

51. If discharged or separated, has your discharge or separation notice ever been corrected or changed?
Yes _____ No _____

If no, please explain why: _____

If yes, what was the nature of the change?

Changed from _____ to _____

52. Please provide an overview of your military service, including time frame, assignment, rank, location, etc. Please include any/all assignments, to include service outside the United States, and/or service to a military organization of a foreign government.

From _____ To _____ Details of assignment: _____

From _____ To _____ Details of assignment: _____

From _____ To _____ Details of assignment: _____

From _____ To _____ Details of assignment: _____

From _____ To _____ Details of assignment: _____

From _____ To _____ Details of assignment: _____

From _____ To _____ Details of assignment: _____

From _____ To _____ Details of assignment: _____

SECTION 6: MILITARY AND SELECTIVE SERVICE (Continued)

53. Were you ever court-martialed, tried or charged, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action? Yes ____ No _____ If yes, give details of charges, agency concerned, dates and dispositions:

54. List all medals and decorations awarded you as a member of the armed forces: _____

55. Is there anything else you want us to know about your military service? _____

SECTION 7: EMPLOYMENT

56. Were you ever discharged or asked to resign from employment? Yes _____ No _____
If yes, please complete the following:

Employer	Date Left	Reason For Leaving

57. Were you ever subjected to disciplinary action in connection with any employment? Yes _____ No _____

If yes, please explain: _____

58. List below in order (most recent to least recent) each and every place you were previously employed. OMIT NONE. Include all part-time employment. Give correct full addresses. Give dates of idleness between periods of employment if applicable. Copy and attach additional sheets as necessary.

PRESENT OR MOST RECENT EMPLOYMENT: (CIRCLE ONE)

Employer: _____
(Name of Company)

Company Address: _____
(Street Address, City, State) (Zip Code)

Telephone Number: _____ Immediate Supervisor: _____

Employed From: _____ To: _____ Hours Per Week: _____

Starting Job Title: _____ Current/Ending Job Title: _____

Starting Salary: _____ Current/Ending Salary: _____

Job Duties: _____

Can your current employer (if applicable) be contacted prior to a job offer? Yes _____ No _____

If no, please explain: _____

Reason _____ for _____ leaving:

If you were unemployed for a period of one month or longer prior to this employment, please list time frame and a brief description why: _____

SECTION 7: EMPLOYMENT (Continued)

PRESENT OR PAST EMPLOYMENT: (CIRCLE ONE)

Employer: _____
(Name of Company)

Company Address: _____
(Street Address, City, State) (Zip Code)

Telephone Number: _____ Immediate Supervisor: _____

Employed From: _____ To: _____ Hours Per Week: _____

Starting Job Title: _____ Current/Ending Job Title: _____

Starting Salary: _____ Current/Ending Salary: _____

Job Duties: _____

Can your current employer (if applicable) be contacted prior to a job offer? Yes _____ No _____

If no, please explain: _____

Reason _____ for _____ leaving:

If you were unemployed for a period of one month or longer prior to this employment, please list time frame and a brief description why: _____

PRESENT OR PAST EMPLOYMENT: (CIRCLE ONE)

Employer: _____
(Name of Company)

Company Address: _____
(Street Address, City, State) (Zip Code)

Telephone Number: _____ Immediate Supervisor: _____

Employed From: _____ To: _____ Hours Per Week: _____

Starting Job Title: _____ Current/Ending Job Title: _____

Starting Salary: _____ Current/Ending Salary: _____

Job Duties: _____

Can your current employer (if applicable) be contacted prior to a job offer? Yes _____ No _____

If no, please explain: _____

Reason _____ for _____ leaving:

If you were unemployed for a period of one month or longer prior to this employment, please list time frame and _____ a _____ brief _____ description why: _____

SECTION 7: EMPLOYMENT (Continued)

PRESENT OR PAST EMPLOYMENT: (CIRCLE ONE)

Employer: _____

(Name of Company)

Company Address: _____

(Street Address, City, State)

(Zip Code)

Telephone Number: _____ Immediate Supervisor: _____

Employed From: _____ To: _____ Hours Per Week: _____

Starting Job Title: _____ Current/Ending Job Title: _____

Starting Salary: _____ Current/Ending Salary: _____

Job Duties: _____

Can your current employer (if applicable) be contacted prior to a job offer? Yes _____ No _____

If no, please explain: _____

Reason _____ for _____ leaving:

If you were unemployed for a period of one month or longer prior to this employment, please list time frame and _____ a _____ brief _____ description why: _____

PRESENT OR PAST EMPLOYMENT: (CIRCLE ONE)

Employer: _____

(Name of Company)

Company Address: _____

(Street Address, City, State)

(Zip Code)

Telephone Number: _____ Immediate Supervisor: _____

Employed From: _____ To: _____ Hours Per Week: _____

Starting Job Title: _____ Current/Ending Job Title: _____

Starting Salary: _____ Current/Ending Salary: _____

Job Duties: _____

Can your current employer (if applicable) be contacted prior to a job offer? Yes _____ No _____

If no, please explain: _____

Reason _____ for _____ leaving:

If you were unemployed for a period of one month or longer prior to this employment, please list time frame and _____ a _____ brief _____ description why: _____

SECTION 8: REFERENCES

59. List names of three friends and/or associates. Do not include former employers.

Name	Occupation	Phone Number
Full Address		

Name	Occupation	Phone Number
Full Address		

Name	Occupation	Phone Number
Full Address		

SECTION 9: FINANCIAL

60. Do you have a savings, checking, or money market account? Yes _____ No _____
If yes, complete the following.

Name of Institution/Address	Account Type

61. Financial Obligations. Give the names and addresses of the individuals, companies, or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, student loans, and any other debts and payments. This includes joint/co-signed debt.

** Complete Credit Report Release Form. **

Type	Name and Address of Creditor	Total Balance	Monthly Payment

Note: You may be asked for account numbers and/or an additional release if more information is needed.

SECTION 10: SOCIAL MEDIA

62. As an applicant to work for/with/at the St. Cloud Police Department, you are being asked to provide the St. Cloud Police Department with access to any and all social media sites at which you have an account or are a member.

This data may be defined as personal data under the Minnesota Data Practices Act. You are not legally required to allow access or to provide authorization; however, if you do not provide authorization we may be unable to fully and adequately determine your suitability to work with/for/at the St. Cloud Police Department.

If it is your intent to allow access to any and all data contained in your social media sites to the St. Cloud Police Department employees involved in your background process, please sign authorization below, and list all online accounts where you blog, vlog, post, and/or contribute. This includes, but is not limited to sites such as Facebook, Twitter, Snapchat, Instagram, etc.

I authorize the St. Cloud Police Department and/or it's designee to access and examine the social media accounts listed above. This release will be valid for a period of one year.

Signature

Date

Name of site:_____ Name under which your account appears:_____

Summary of activity level:_____

Name of site:_____ Name under which your account appears:_____

Summary of activity level: _____

Name of site: _____ Name under which your account appears: _____

Summary of activity level: _____

Name of site: _____ Name under which your account appears: _____

Summary of activity level: _____

Name of site: _____ Name under which your account appears: _____

Summary of activity level: _____

Name of site: _____ Name under which your account appears: _____

Summary of activity level: _____

PACKET COMPLETION

I certify that all of the statements in this packet are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Signature

Date

PERSONAL HISTORY BACKGROUND INVESTIGATION AUTHORIZATON FOR RELEASE

I, _____, am applying for a position to work for/with/at the St. Cloud Police Department.
Print Name

A thorough personal history background investigation is being conducted to evaluate my suitability. I am being asked to provide private and/or confidential information about myself. I understand I may refuse to provide that information, but if I do so, it will impair the background process and will likely result in me being ineligible to work for the St. Cloud Police Department.

This authorization for release, when presented by a representative of the St. Cloud Police Department, constitutes my consent and authority to have that representative examine records, obtain copies of records, and to receive verbal and/or written statements and information regarding my background and reputation, regardless of whether that data is of a public, private, or confidential nature. The intent of this authorization is to provide full and free access to my background and history, for the specific purpose of providing pertinent data to consider my suitability to work for the St. Cloud Police Department.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974 and Minnesota Statute 13.05, Subdivision 4, the Minnesota Data Practices Act, with regard to access to and disclosure of records and information, and I waive those rights with the understanding the information furnished will be used in conjunction with my background process.

I agree to indemnify and hold harmless any person whom this request is presented, his/her agents and employees, and his/her organization from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I understand any information obtained during my background investigation, which is developed directly or indirectly, in whole or in part upon this authorization for release, will be considered in determining my suitability to work for the St. Cloud Police Department. I understand all materials pertaining to this background investigation become the property of the St. Cloud Police Department and will not be returned to me.

I hereby authorize the below listed entities to release any/all data, records, or information they may have regarding me to the St. Cloud Police Department:

- Law enforcement agencies
- Current and past employers

- Current and past property landlords/managers/owners
- Educational and training institutions
- Financial institutions
- Personal references
- Criminal History and/or Predatory Offender Registration
- Board of Pardons
- Selective Service
- Military (if applicable)

A photocopy of this authorization for release form will be valid as an original, even though the photocopy does not contain an original writing of my signature. This authorization shall be valid for a period of one year from the date of my signature, but I reserve the right to cancel this written authorization by providing written notice to the St. Cloud Police Department or to the above listed entities of that fact.

Applicant's Signature

Date

Requesting Background Investigator's Signature

Date

RELEASE FOR CREDIT INFORMATION

I have applied for a position working for/with/at the St. Cloud Police Department. As a part of the department's evaluation of my suitability for this position, a background investigation is being conducted. In order to fully evaluate my suitability, a credit report prepared by a credit reporting agency may be obtained. I authorize the release of any and all information concerning my credit, credit rating, and credit bureau reports to the department.

The following information is provided in order to assist the department in obtaining my credit report:

Name: _____
(First)
(Middle)
(Last)

Former Name(s): _____

Present Address: _____
(Full address)

(City)
(State)
(Zip Code)

Former Address: _____
(Full address)

(City)
(State)
(Zip Code)

This authorization shall be valid for a period of one year, but I reserve the right to cancel the authorization at any time prior to that expiration by providing written notice to the department.

Signature

Date

Under Minnesota Statute 13C.02, I have the right to receive a free copy of my credit report if one is obtained during this background investigation.

_____ I do not wish to receive a copy of my credit report.

_____ If a credit report is obtained, I would like to receive a copy of what the department obtained.

-----St. Cloud Police Department Section-----

_____ No credit report obtained

_____ Credit report obtained

_____ Credit report provided to the applicant