

**\*\* All applicants must be 21 years of age or older to apply\*\***

## Instructions to the Applicant

- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Shoshoni Police Officer**.
- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form (page 19) and identify the additional information by the question number.

## Disqualification

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from the prospective employer.

***BOTTOM LINE: Be as complete, honest and specific as possible in your responses.***

### Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act and the Wyoming Fair Employment Practices Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in responses to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

<b>SECTION 1: PERSONAL</b>			
1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER/STREET		APT/UNIT	
CITY	STATE	ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ( )	WORK ( )	EXT	OTHER ( ) <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. Citizen?..... <input type="checkbox"/> YES <input type="checkbox"/> NO			
If no, are you a resident alien who is eligible and has applied for a U.S. citizenship?..... <input type="checkbox"/> YES <input type="checkbox"/> NO			
8. BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)		9. BIRTH DATE	10. SOCIAL SECURITY NUMBER
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT      WEIGHT      HAIR COLOR      EYE COLOR

<b>SECTION 2: RELATIVES AND REFERENCES</b>
13. IMMEDIATE FAMILY
<ul style="list-style-type: none"> <li>Provide all applicable information in the spaces below.</li> <li>Mark "N/A" if a category is not applicable or if the individual is deceased.</li> <li>If more space is needed, continue your response on page 19.</li> </ul>

<input type="checkbox"/> N/A	<b>A. Father</b>			
NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A	<b>B. Step-father</b>			
NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A	<b>C. Mother</b>			
NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

**PERSONAL HISTORY STATEMENT – POLICE OFFICER**

**SECTION 2: RELATIVES AND REFERENCES**

13. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A <b>D. Step-mother</b>					
NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A <b>E. Father-in-law</b>					
NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A <b>F. Mother-in-law</b>					
NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A <b>G. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.</b>					
1) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18		WORK PHONE ( )	CELL PHONE ( )	EMAIL	

2) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18		WORK PHONE ( )	CELL PHONE ( )	EMAIL	

3) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18		WORK PHONE ( )	CELL PHONE ( )	EMAIL	

4) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18		WORK PHONE ( )	CELL PHONE ( )	EMAIL	

**SECTION 2: RELATIVES AND REFERENCES**

13. IMMEDIATE FAMILY *continued*

5) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		

6) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		

14. REFERENCES

List 3 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	HOW DO YOU KNOW THIS PERSON? (EX. FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON	

B) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	HOW DO YOU KNOW THIS PERSON? (EX. FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON	

C) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	HOW DO YOU KNOW THIS PERSON? (EX. FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON	

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – POLICE OFFICER**

**SECTION 3: EDUCATION**

**NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.**

15. Check applicable:  High School Diploma from an accredited U.S. institution  GED

**16. List high schools attended:**

A) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE		
B) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE		

**17. List all colleges or universities attended:**

A) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	TYPE OF SCHOOL OR TRAINING	CITY		STATE	
B) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	TYPE OF SCHOOL OR TRAINING	CITY		STATE	
C) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	TYPE OF SCHOOL OR TRAINING	CITY		STATE	

**18. List any trade, vocational, or business schools/institutions attended:**

A) NAME		FROM	TO	TOTAL UNITS EARNED	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	TYPE OF SCHOOL OR TRAINING	CITY		STATE	
B) NAME		FROM	TO	TOTAL UNITS EARNED	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	TYPE OF SCHOOL OR TRAINING	CITY		STATE	

19. Have you ever attended a POST Basic Academy? .....  Yes  No

If yes, provide the following information:

A) ACADEMY NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
LOCATION (CITY/STATE)		NAME OF COORDINATOR	TRAINING OFFICER/ACADEMY	CONTACT NUMBER	

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – POLICE OFFICER**

**SECTION 3: EDUCATION** *continued*

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? .....  Yes  No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

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

**SECTION 4: RESIDENCE**

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed, continue your response on page 19.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER/STREET/APT)				FROM	TO <b>Present</b>
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
<b>Names of those with whom you live:</b>					
B) FORMER ADDRESS (NUMBER/STREET/APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
<b>Names of those with whom you live:</b>					
<b>Reason for moving:</b>					
C) FORMER ADDRESS (NUMBER/STREET/APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you live:

Reason for moving:

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 4: RESIDENCE

22. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER/STREET/APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					
Reason for moving:					

23. Have you ever been evicted or asked to leave a residence? .....  Yes  No

24. Have you ever left a residence owing rent? .....  Yes  No

If you answered yes to Questions 23 and/or 24, explain (include when, where and circumstances):

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed, continue your response on page 19.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignments.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER/STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES/ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		

NAMES OF CO-WORKERS		REASON FOR LEAVING
1)	2)	
Would there be a problem if we contact your current employer <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – POLICE OFFICER**

**SECTION 5: EXPERIENCE AND EMPLOYMENT**

25. JOB EXPERIENCE *continued*

B) PERIOD OF UNEMPLOYMENT		FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

C) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER/STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )
JOB TITLE		EMAIL	
DUTIES/ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS		REASON FOR LEAVING	
1)	2)		

D) PERIOD OF UNEMPLOYMENT		FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

E) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER/STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )
JOB TITLE		EMAIL	
DUTIES/ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS		REASON FOR LEAVING	
1)	2)		

F) PERIOD OF UNEMPLOYMENT		FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

G) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER/STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )

JOB TITLE		EMAIL	
DUTIES/ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – POLICE OFFICER**

**SECTION 5: EXPERIENCE AND EMPLOYMENT**  
 25. JOB EXPERIENCE *continued*

H) PERIOD OF UNEMPLOYMENT <b>Check applicable:</b> <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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I) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER/STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER (   )	EXT
JOB TITLE		EMAIL		
DUTIES/ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING		

J) PERIOD OF UNEMPLOYMENT <b>Check applicable:</b> <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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K) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER/STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER (   )	EXT
JOB TITLE		EMAIL		
DUTIES/ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING		

26. Have you ever been disciplined at work? (this includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you ever been fired, released from probation, or asked to resign from any place of employment?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever quit without giving proper notice?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever resigned in lieu of termination?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
32. Were you ever the subject of a written complaint at work?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

**Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_**

**PERSONAL HISTORY STATEMENT – POLICE OFFICER**

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

34. Did you ever receive an unsatisfactory performance review?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered yes to any of **Questions 26-36**, explain (include when, where and circumstances; indicate corresponding number):

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37. In the past here years, have you missed days or been late to work due to drug or alcohol consumption?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?
38. Has your work performance ever been affected by your use of alcohol or drugs?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

WHEN	NAME OF EMPLOYER

39. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?.....  Yes  No

WHEN	NAME OF EMPLOYER
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40. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)?.....  Yes  No

- If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on page 19.

A) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
POSITION APPLIED FOR			EMAIL		
<b>Check each step in the process that you completed, and your status:</b>					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – POLICE OFFICER**

SECTION 5: EXPERIENCE AND EMPLOYMENT					
40. Have you <b>ever</b> applied to any other law enforcement agency... <i>continued</i>					
B) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
POSITION APPLIED FOR			EMAIL		
<b>Check each step in the process that you completed, and your status:</b>					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					
C) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER/STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
POSITION APPLIED FOR			EMAIL		






**Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_**

**PERSONAL HISTORY STATEMENT – POLICE OFFICER**

**SECTION 8: LEGAL**

**Disclosure of Arrests and Convictions**

As an applicant for a **police officer position**, you are required to disclose any of the following which occurred on or after your 15<sup>th</sup> birthday, *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 19.

**62. Either as an adult or a juvenile, have you EVER been detained or investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** .....  Yes  No

**If yes, explain each incident.**

<b>A) APPROXIMATE DATE</b>	<b>ARRESTING OR DETAINING AGENCY</b>
CHARGE	
DISPOSITION OR PENALTY	
<b>B) APPROXIMATE DATE</b>	<b>ARRESTING OR DETAINING AGENCY</b>
CHARGE	
DISPOSITION OR PENALTY	
<b>C) APPROXIMATE DATE</b>	<b>ARRESTING OR DETAINING AGENCY</b>
CHARGE	
DISPOSITION OR PENALTY	
<b>D) APPROXIMATE DATE</b>	<b>ARRESTING OR DETAINING AGENCY</b>

CHARGE	
DISPOSITION OR PENALTY	

63. Have you ever been placed on court probation as an adult?.....  Yes  No
64. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?.....  Yes  No
65. Have the police ever been called to your home for any reason?.....  Yes  No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – POLICE OFFICER**

**SECTION 8: LEGAL *continued***

66. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?.....  Yes  No
67. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?.....  Yes  No
68. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....  Yes  No
69. Have you ever filed a false insurance or workers' compensation claim?.....  Yes  No

If you answered yes to any of **Questions 63-69**, explain (include court case or document, dates and circumstances; indicate corresponding number):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 70. UNDETECTED ACTS – PART I**
- Within the past **seven** years **OR** at any time after your were first employed in law enforcement, have you ever committed any of the following misdemeanors?
- A) Annoying/obscene phone calls.....  Yes  No

B) Assault (use or threat of force or violence upon another)..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
C) Brandishing a weapon (any type of weapon)..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
D) Carrying a concealed weapon without a permit..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
E) Contributing to the delinquency of a minor..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
F) Driving under the influence of alcohol and/or drugs..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
G) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
H) Hit & run collision (no injuries)..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
I) Illegal gambling..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
J) Impersonating a police officer (pretending to be a police officer)..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
K) Indecent exposure (including flashing or mooning)..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
L) Joyriding (using a car or other vehicle without the owner's permission)..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
M) Stealing (value up to \$500, including shoplifting/switching price tags)..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
N) Possession of alcohol as a minor..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
O) Possession of falsified or altered identification, including use of another person's ID (for any reason)..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
P) Possession of stolen property (including vehicles)..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Q) Prostitution or soliciting a prostitute..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
R) Resisting arrest (including running from the police)..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
S) Trespassing..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
T) Vandalism (including "tagging," malicious mischief and/or property damage)..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**SECTION 8: LEGAL** *continued*

70. UNDETECTED ACTS – PART I *continued*

U) Intentionally writing a bad check..... No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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I) Felony drunk driving (involving injuries)..... No	<input type="checkbox"/> Yes	<input type="checkbox"/>
J) Forcible rape or other act of unlawful intercourse..... No	<input type="checkbox"/> Yes	<input type="checkbox"/>
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.)..... No	<input type="checkbox"/> Yes	<input type="checkbox"/>
L) Hit & run (with injuries)..... No	<input type="checkbox"/> Yes	<input type="checkbox"/>
M) Hate crime..... No	<input type="checkbox"/> Yes	<input type="checkbox"/>
N) Insurance fraud..... No	<input type="checkbox"/> Yes	<input type="checkbox"/>
O) Stealing (value of over \$500)..... No	<input type="checkbox"/> Yes	<input type="checkbox"/>
P) Tampering with a motor vehicle..... No	<input type="checkbox"/> Yes	<input type="checkbox"/>

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – POLICE OFFICER**

<b>SECTION 8: LEGAL</b> <i>continued</i>		
70. UNDETECTED ACTS – PART II <i>continued</i>		
Q) Murder, homicide, or attempted murder..... No	<input type="checkbox"/> Yes	<input type="checkbox"/>
R) Perjury (lying under oath)..... No	<input type="checkbox"/> Yes	<input type="checkbox"/>
S) Possession of an explosive/destructive device..... No	<input type="checkbox"/> Yes	<input type="checkbox"/>
T) Robbery (theft from another person using a weapon, force, or fear)..... No	<input type="checkbox"/> Yes	<input type="checkbox"/>
U) Stalking..... No	<input type="checkbox"/> Yes	<input type="checkbox"/>
V) Blackmail or extortion..... No	<input type="checkbox"/> Yes	<input type="checkbox"/>
W) Any other act amount to a felony..... No	<input type="checkbox"/> Yes	<input type="checkbox"/>

If you answered yes to **any** item(s) in **Question 71**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (71-A, etc.) for each explanation

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**SECTION 9: MOTOR VEHICLE OPERATION *continued***

79. List your current liability insurance on your vehicle(s).

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER/STREET) CITY		STATE	ZIP	CONTACT NUMBER ( )
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER/STREET) CITY		STATE	ZIP	CONTACT NUMBER ( )

80. List all traffic citations, excluding parking citations, you have received within the past seven years.

A) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED <b>Month</b> <b>Year</b>		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
B) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED <b>Month</b> <b>Year</b>		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
C) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED <b>Month</b> <b>Year</b>		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply)			
<input type="checkbox"/> Failed to Appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine			
If checked, explain circumstances:			

81. Have you been involved as the driver in a motor vehicle accident within the past seven years?.....  Yes  No

A) DATE	LOCATION (STREET)	CITY	STATE
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
A) DATE	LOCATION (STREET)	CITY	STATE
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
A) DATE	LOCATION (STREET)	CITY	STATE
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – POLICE OFFICER**

**SECTION 9: MOTOR VEHICLE OPERATION** *continued*

82. Have you ever driven a vehicle without auto insurance, as required by law?.....  Yes  No

IF YES, GIVE REASON:

DATE		LOCATION (STREET)	CITY	STATE
<b>Month</b>	<b>Year</b>			

83. Have you ever been refused automobile liability insurance, or had it cancelled?.....  Yes  No

IF YES, GIVE REASON:

DATE		LOCATION (STREET)	CITY	STATE
<b>Month</b>	<b>Year</b>			

Use this space for additional information you would like to include regarding your driving record

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**SECTION 10: OTHER TOPICS**

84. Have you ever been refused a permit to carry a concealed weapon?.....  Yes  No

85. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?.....  Yes  No

86. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?.....  Yes  No

87. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?.....  Yes  No

88. Have you ever hit or physically overpowered a spouse or romantic partner?.....  Yes  No

If you answered yes to any of **Questions 84-88**, give details including dates and circumstances; indicate corresponding number.

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Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_