



Northglenn Police Department



THIS DOCUMENT MUST BE TYPED ON THIS PDF FORM. PLEASE READ THE INSTRUCTIONS BEFORE STARTING. SCANNED AND/OR HANDWRITTEN FORMS WILL NOT BE ACCEPTED.

ALL BOXES MUST BE FILLED OUT, AND ALL JOBS MUST BE INCLUDED. ALL EMAIL AND ADDRESSES MUST BE COMPLETELY FILLED OUT. INCOMPLETE PERSONAL HISTORY STATEMENTS WILL NOT BE ACCEPTED

Instructions to the Applicant

- Before you begin, please save this document to your computer in the format of: LASTNAME_FIRSTNAME_PHS
- Complete the form by typing in the fields and be sure to save your work.
- If a question does not apply to you, type "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- 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 that you have applied for.
- Once you have completed this Personal History Statement, please review all of your information and then upload your completed PHS into the background portal - Step 3 - no later than the deadline. Please review the document for validity as you will have to sign it during an attestation prior to any integrity interview.

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 their 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 , 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 response 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: _____

PERSONAL HISTORY STATEMENT

Required Documents

Please provide the following documents and upload them on the Document Portal Page (Step 3).

- 1. Drivers License or Passport**
- 2. Birth Certificate**
- 3. High School Diploma**
- 4. College Transcripts and Degree (if applicable)**
- 5. Marriage Certificate / Divorce Certificate (if applicable)**
- 6. POST Certificate (if applicable)**
- 7. Military Records / DD214 (if applicable)**
- 8. Naturalization papers (if applicable)**

Your background investigator might ask for additional documentation as the background investigation progresses.

Please upload each of these documents in the Documents Portal within the respective upload field.

PERSONAL HISTORY STATEMENT

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SECTION 1: PERSONAL			
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. LIST ALL SOCIAL MEDIA SITES YOU ARE INVOLVED IN:			
8. 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 U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)			10. BIRTHDATE
			11. SOCIAL SECURITY NUMBER - -
12. DRIVER'S LICENSE		13. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES, REFERENCES, & INTIMATE RELATIONSHIPS
14. IMMEDIATE FAMILY
<ul style="list-style-type: none"> • Provide all applicable information in the spaces below. • Mark "N/A" if a category is not applicable or if the individual is deceased. • If more space is needed, continue your response on page 27.

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

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

PERSONAL HISTORY STATEMENT

SECTION 2: RELATIVES, REFERENCES, & INTIMATE RELATIONSHIPS *continued*

14. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A D. Step-mother					
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 E. Spouse					
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the restraining order.				

<input type="checkbox"/> N/A F. Father-in-law					
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 G. Mother-in-law					
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 H. Former Spouse(s)					
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the restraining order. If divorced, provide a copy of the dissolution of marriage paperwork.				

2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the restraining order. If divorced, provide a copy of the dissolution of marriage paperwork.
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Initial this page to indicate that you have provided complete and accurate information: _____



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PERSONAL HISTORY STATEMENT

SECTION 2: RELATIVES, REFERENCES, & INTIMATE RELATIONSHIPS *continued*

14. IMMEDIATE FAMILY *continued*

N/A **I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.**

1) 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		
2) 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		
3) 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		
4) 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		
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		

N/A **J. Children**

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

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

PERSONAL HISTORY STATEMENT

SECTION 2: RELATIVES, REFERENCES, & INTIMATE RELATIONSHIPS *continued*

14. IMMEDIATE FAMILY (Section J. Children) *continued*

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	

15. REFERENCES

List 7 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? (FOR EXAMPLE: 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? (FOR EXAMPLE: 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? (FOR EXAMPLE: 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

SECTION 2: RELATIVES, REFERENCES, & INTIMATE RELATIONSHIPS (Section 14. References) *continued*

D) 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? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) 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? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) 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? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) 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? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) 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? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
I) 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? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) 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? (FOR EXAMPLE: 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

16. INTIMATE RELATIONSHIPS

List all individuals with whom you have had a romantic or intimate relationship with for the past 10 years. This includes current and former boyfriends, girlfriends or significant other person. An intimate relationship is defined as: a relationship between spouses, former spouses, past or present unmarried couples, or person who are both the parents of the same child regardless of whether the persons have been married or have lived together at any time [C.R.S. 18-6-800.3 (2)]. *Do not include your current spouse or former spouses that were listed on page 3*

All disclosures will be kept confidential

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			
RELATIONSHIP					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			
RELATIONSHIP					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			
RELATIONSHIP					HOW LONG HAVE YOU KNOWN THIS PERSON?	
D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
RELATIONSHIP					HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
RELATIONSHIP					HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
RELATIONSHIP					HOW LONG HAVE YOU KNOWN THIS PERSON?	

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

PERSONAL HISTORY STATEMENT

SECTION 3: EDUCATION

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

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

18. LIST HIGH SCHOOLS ATTENDED:

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

19. LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED AND WHAT YEAR
ADDRESS (STREET, CITY, STATE, ZIP)				
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED AND WHAT YEAR
ADDRESS (STREET, CITY, STATE, ZIP)				
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED AND WHAT YEAR
ADDRESS (STREET, CITY, STATE, ZIP)				

20. LIST ANY TRADE, VOCATIONAL, OR BUSINESS SCHOOLS/INSTITUTES ATTENDED:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	ADDRESS		
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	ADDRESS		
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	ADDRESS		

21. Have you ever attended a Basic Police Academy? Yes No
If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		

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

PERSONAL HISTORY STATEMENT

SECTION 3: EDUCATION *continued*

22. 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

23. 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 on page 27.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO
					Present
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:					
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		
Names of those with whom you lived:					
Reason for moving:					
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 lived:					
Reason for moving:					

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

PERSONAL HISTORY STATEMENT

SECTION 4: RESIDENCE *continued*

23. 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 lived:					
Reason for moving:					

E) 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 lived:					
Reason for moving:					

F) 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 lived:					
Reason for moving:					

G) 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 lived:					
Reason for moving:					

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

PERSONAL HISTORY STATEMENT

SECTION 5: EXPERIENCE AND EMPLOYMENT

27. JOB EXPERIENCE

- List **ALL** jobs you have had for the past 10 years, including part-time, temporary, self-employment, volunteer or Law Enforcement Explorer/Cadet. (Begin with your most current. If more space is needed continue your response on page 27.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.
- Include contact information for co-workers.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER ()	EXT	
JOB TITLE			SUPERVISOR 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 AND CONTACT INFORMATION OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:			

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	SUPERVISOR CONTACT NUMBER ()	EXT	
JOB TITLE			SUPERVISOR 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 AND CONTACT INFORMATION OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

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	SUPERVISOR CONTACT NUMBER ()	EXT	
JOB TITLE			SUPERVISOR 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 AND CONTACT INFORMATION OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

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

PERSONAL HISTORY STATEMENT

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT 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	FROM	TO
--	------	----

G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER ()	EXT	
JOB TITLE			SUPERVISOR 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 AND CONTACT INFORMATION OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT 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	FROM	TO
--	------	----

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 AND CONTACT INFORMATION OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT 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	FROM	TO
--	------	----

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 AND CONTACT INFORMATION OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT 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	FROM	TO
--	------	----

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

PERSONAL HISTORY STATEMENT

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27. JOB EXPERIENCE *continued*

M) 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 AND CONTACT INFORMATION OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) 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					

O) 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 AND CONTACT INFORMATION OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

P) 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					

Q) 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 AND CONTACT INFORMATION OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

28. 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
29. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

PERSONAL HISTORY STATEMENT

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

31. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. 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
34. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. 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?		
39. Have you ever been involved in an Internal Affairs investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 28-39**, explain (indicate corresponding number; include when, where and circumstances):

40. In the past three 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?		
41. 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	
42. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER	

43. Have you ever applied to any other public safety or law enforcement agency (city, county, state or federal)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> 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 29. 		

A) NAME OF AGENCY		DATE APPLIED
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
CITY	STATE	ZIP
POSITION APPLIED FOR		CONTACT NUMBER ()
		EXT
		EMAIL

Check each step in the process that you completed, and your status:

STEPS: Application Written Physical ability Oral Polygraph/CVSA Background Chief's oral Conditional job offer

STATUS: Hired On List Withdrawn Not Selected Disqualified

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



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PERSONAL HISTORY STATEMENT

SECTION 7: FINANCIAL

51. INCOME AND EXPENSES

For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income?..... \$ _____ per month

B) Do you have income other than from your salary or wages (including spouse income)? Yes No

If yes, fill in amount:..... \$ _____ per month

Explain:

C) How much do you spend each month? \$ _____ per month

Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.

52. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?..... Yes No

53. Have any of your bills ever been turned over to a collection agency?..... Yes No

54. Have you ever had purchased goods repossessed?..... Yes No

55. Have your wages ever been garnished? Yes No

56. Have you ever been delinquent on income or other tax payments? Yes No

57. Have you ever failed to file income tax or cheated/lied on an income tax form? Yes No

58. Have you ever had an employment bond refused? Yes No

59. Have you ever avoided paying any lawful debt by moving away? Yes No

60. Have you ever defaulted on (failed to pay) a loan? Yes No

61. Have you ever borrowed money to pay for a gambling debt?..... Yes No
If yes, do you currently have any outstanding debts as a result of gambling? Yes No

62. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes No

63. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? Yes No

64. Have you written three or more bad checks in a one-year period? Yes No

65. Have you ever filed for OR received unemployment benefits? Yes No

66. Have you ever collected unemployment benefits while working? Yes No

If you answered yes to any of **Questions 52–66**, explain (include when, where, and why; indicate corresponding number):

PERSONAL HISTORY STATEMENT

SECTION 8: LEGAL

Disclosure of Convictions

This section requires you to report convictions which is an adjudication of guilt following a verdict of guilty by a court or jury, a plea of guilty, or a plea of nolo contendere. Conviction includes deferred judgments and deferred sentences and, in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**

67. **Either as an adult or a juvenile, have you EVER been detained, investigated 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. If more space is needed, continue on page 27.

A) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
B) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
C) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			

SECTION 8: LEGAL *continued*

- 68. Have you ever been placed on court probation as an adult? Yes No
- 69. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? Yes No
- 70. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? Yes No
- 71. Have the police ever been called to your home for any reason? Yes No
- 72. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
- 73. Have you ever been the subject of an emergency protective order/restraining order? Yes No
If yes, provide copy of restraining order.
- 74. 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

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

PERSONAL HISTORY STATEMENT

SECTION 8: LEGAL *continued*

75 Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or state or federal assistance?..... Yes No

76 Have you ever filed a false insurance or workers' compensation claim?..... Yes No

If you answered yes to any of **Questions 68–76**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

77. INVOLVEMENT IN CRIMINAL ACTS – PART 1

At any time in your life have you **EVER COMMITTED** any of the following? If you were involved in a crime and it was not listed in this section then list it on page 27. **NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

- A) Harassment-stalking Yes No
- B) Battery/Assault (use of force or violence upon another)..... Yes No
- C) Brandishing a weapon (any type of weapon) Yes No
- D) Carrying a CONCEALED weapon without a permit..... Yes No
- E) Contributing to the delinquency of a minor Yes No
- F) Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes No
- G) Driving under the influence of alcohol and/or drugs Yes No
- H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes No
- I) Hit & run collision (no injuries) Yes No
- J) Hunting/fishing without a license..... Yes No
- K) Illegal gambling Yes No
- L) Impersonating a peace officer or public servant (pretending to be a police officer)..... Yes No
- M) Indecent exposure (including flashing or mooning) Yes No
- N) Joyriding (using a car or other vehicle without owner's permission) Yes No
- O) Theft (value up to \$1500, including shoplifting/switching price tags, retail fraud)..... Yes No
- P) Possession of alcohol as a minor..... Yes No
- Q) Possession of falsified or altered identification, including use of another person's ID (for any reason) Yes No
- R) Possession of stolen property (including vehicles) Yes No

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

PERSONAL HISTORY STATEMENT

SECTION 8: LEGAL *continued*
77. INVOLVEMENT IN CRIMINAL ACTS – PART 1 *continued*

s) Prostitution or soliciting a prostitute.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Resisting arrest (including running from the police).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
v) Vandalism (including "tagging," criminal mischief and/or property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
w) Intentionally writing a bad check.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
x) Filing a false police report.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y) Sexual Assault.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Z) Unlawful Sexual Contact.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AA) Failure to register as a sex offender.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BB) Sexual exploitation of children.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CC) Illegal hunting.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DD) Keeping a place of prostitution.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EE) Posting a private image for harassment/pecuniary gain.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FF) Indecent exposure.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GG) Dispensing violent films to minors.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HH) Obstructing government operations.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
II) Compounding.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
JJ) Concealing death.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
KK) False report to authorities (to include providing a false name).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LL) Abuse of public records.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MM) Aiding escape.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NN) Possession of contraband in the 2 nd degree.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OO) Escape/attempt to escape.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PP) Public indecency.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
QQ) Violation of bail bond conditions.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RR) Soliciting unlawful compensation.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

PERSONAL HISTORY STATEMENT

SS) Trading in public office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TT) Failing to disclose a conflict of interest	<input type="checkbox"/> Yes	<input type="checkbox"/> No
UU) Official oppression.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VV) First degree official misconduct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WW) Perjury in the 2 nd degree	<input type="checkbox"/> Yes	<input type="checkbox"/> No
XX) Simulating legal process.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
YY) Failure to obey jury summons.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ZZ) Willful misrepresentation of material fact on juror questionnaire	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AAA) Willful harassment of juror by employer.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BBB) Duty to report use of force by peace officers.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CCC) Bias-motivated crimes.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DDD) Unlawful use of a controlled substance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EEE) Unlawful distribution, manufacturing, dispensing, sale or possession of a schedule V controlled substance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FFF) Offenses relating to marijuana and marijuana concentrate.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GGG) Keeping, controlling, renting, or making available property for unlawful distribution/manufacture of a controlled substance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HHH) Any other act(s) amounting to a misdemeanor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 77**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (*77-A, etc.*) for each explanation.

78. INVOLVEMENT IN CRIMINAL ACTS – PART 2
At any time in your life have you ***EVER COMMITTED*** any of the following? **NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

A) Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

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

PERSONAL HISTORY STATEMENT

B) Assault with a deadly weapon.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing and/or possessing child pornography.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Elder abuse/neglect.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Vehicular assault (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Hit & run (with injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Insurance fraud.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Theft (value of over \$1,500 or any firearm).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Perjury in the 1 st degree (lying under oath).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of an explosive/destructive device.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Impersonating a peace officer or firefighter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Any other act(s) amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 78**; Indicate the corresponding letter (76-A, etc.) for each explanation and fully explain circumstances, including date(s), names of individuals involved, and resolution.

PERSONAL HISTORY STATEMENT

SECTION 8: LEGAL *continued*

Questions 79 and 80 ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- Amphetamines / Methamphetamines
(*Uppers, Speed, Crank, etc*)
- Barbiturates (*Downers*)
- Cocaine / Crack Cocaine
- Designer Drugs
(*Ecstasy, Synthetic Heroin, Bath Salts, Spice, etc.*)
- GHB (*Date Rape Drug*)
- Glue
- Hallucinogens
(*Peyote, LSD, Mushrooms*)
- Hashish / Hashish Oil
- Heroin / Opium
- Steroids
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Synthetic Marijuana
- Marijuana/Tetrahydrocannabinol (THC)

79. **Within the past five years**, have you used any drug(s) as indicated above? Yes No

If yes, give details, including drug(s) used, circumstances, first, and last date of use:

80. **Prior to the past five years** (check all that apply):

- I have **never** used any drug recreationally.
- I have tried or used **one or more** drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*).

If checked, give details including drug(s) used, first and most recent date used, and circumstances.

81. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished
- Carried or held for another

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

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PERSONAL HISTORY STATEMENT

SECTION 9: MOTOR VEHICLE OPERATION

82. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
-------------------------------------	----------------	-----------------	--------------------------------------

83. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

84. Have you ever been refused a driver's license by any state? Yes No

If yes, explain (include when, where, and circumstances):

85. Has your driver's license ever been cancelled, denied, suspended or revoked? Yes No

If yes, explain (include when, where, and circumstances):

86. 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 ()
C) 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 ()
D) 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 ()

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

PERSONAL HISTORY STATEMENT

SECTION 9: MOTOR VEHICLE OPERATION *continued*

87. List all traffic citations, excluding parking citations, you have received within the past seven years:
 • IF MORE SPACE IS NEEDED, CONTINUE YOUR RESPONSE ON PAGE 27.

A) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year	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 Month Year	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 Month Year	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.)
 Failed to appear Failed to complete traffic school Failed to pay the required fine in the allotted time

If checked, explain circumstances:

88. Have you been involved as the driver in a motor vehicle accident within the past seven (7) years? Yes No
 If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY ZIP	STATE
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> AT-FAULT <input type="checkbox"/> NOT AT FAULT	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
B) DATE	LOCATION (NUMBER / STREET / APT)	CITY ZIP	STATE
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> AT-FAULT <input type="checkbox"/> NOT AT FAULT	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
C) DATE	LOCATION (NUMBER / STREET / APT)	CITY ZIP	STATE
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> AT-FAULT <input type="checkbox"/> NOT AT FAULT	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

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

IF YES, GIVE REASON:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE ZIP
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90. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No

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

PERSONAL HISTORY STATEMENT

IF YES, GIVE REASON:	INSURANCE COMPANY
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SECTION 9: MOTOR VEHICLE OPERATION *continued*

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

SECTION 10: OTHER TOPICS

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

92. 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, disability, or advocates sedition, treason, insurrection against the United States of America?..... Yes No

93. 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

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

95. Have you ever shoved, pushed, struck, hit, kicked, bitten, thrown objects at, threatened or damaged property of a spouse or romantic partner? Yes No

96. Have you ever been involved in an officer involved shooting (OIS)?..... Yes No
-If yes, a clearance letter from the District Attorney or your Department will be required.

If you answered yes to any of **Questions 91–96**, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

97. Are you willing to take a polygraph examination to verify all the information supplied in your application and personal history statement?
 Yes No

I hereby certify that I have personally completed and initialed each page of this form (to be physically signed, initialed, and affirmed at the onset of the Integrity Interview) and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL	DATE
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Initial this page to indicate that you have provided complete and accurate information: _____

