



## Las Vegas Metropolitan Police Department



All fields, including email and phone numbers must be 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: \_\_\_\_\_

THIS COMPLETED DOCUMENT MUST BE UPLOADED AS A PDF - DO NOT PRINT OR SCAN.



# PERSONAL HISTORY STATEMENT

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## 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

LASTFIRSTMIDDLE

2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY

3. ADDRESS WHERE YOU RESIDE

NUMBER / STREETAPT / UNIT

CITYSTATEZIP

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE

5. CONTACT NUMBERS

HOME ( )WORK ( )EXTOTHER ( )☐ CELL☐ FAX☐ PAGER

6. LIST ALL EMAIL ADDRESSES THAT YOU ARE ASSOCIATED WITH. (SEPERATE WITH COMMAS):

7. LIST ALL SOCIAL MEDIA SITES YOU ARE INVOLVED IN AND YOUR USERNAME:

8. If you were born outside of the United States, are you a U.S. citizen? ☐ Yes☐ No

If no, are you a resident alien who is eligible and has applied for U.S. citizenship? ☐ Yes☐ No

9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)

10. BIRTHDATE MMDDYYYY

11. SOCIAL SECURITY NUMBER  
- -

12. DRIVER'S LICENSE

NO.STATEEXP

13. PHYSICAL DESCRIPTION

HEIGHTWEIGHTHAIR COLOREYE COLOR

SECTION 2: RELATIVES, REFERENCES, & INTIMATE RELATIONSHIPS

14. IMMEDIATE FAMILY

☐ N/A

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.

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☐ N/A

A. Father

NAME

HOME ADDRESS (NUMBER / STREET / APT)CITYSTATEZIP

HOME PHONE  
( )

WORK ADDRESS (NUMBER / STREET / APT)CITYSTATEZIP

WORK PHONE  
( )

CELL PHONE  
( )

EMAIL

☐ N/A

B. Mother

NAME

HOME ADDRESS (NUMBER / STREET / APT)CITYSTATEZIP

HOME PHONE  
( )

WORK ADDRESS (NUMBER / STREET / APT)CITYSTATEZIP

WORK PHONE  
( )

CELL PHONE  
( )

EMAIL

☐ N/A

C. Step-Father

NAME

HOME ADDRESS (NUMBER / STREET / APT)CITYSTATEZIP

HOME PHONE  
( )

WORK ADDRESS (NUMBER / STREET / APT)CITYSTATEZIP

WORK PHONE  
( )

CELL PHONE  
( )

EMAIL

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

## PERSONAL HISTORY STATEMENT

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All fields, including email and phone numbers must be filled out. Incomplete Personal History Statements will not be accepted.

SECTION 2: RELATIVES, REFERENCES, & INTIMATE RELATIONSHIPS *continued*14. IMMEDIATE FAMILY *continued*☐ 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			

☐ 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.					

☐ 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			

☐ 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			

☐ 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			
MONTH AND 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			
MONTH AND 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.					

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

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PERSONAL HISTORY STATEMENT

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

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

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SECTION 2: RELATIVES, REFERENCES, & INTIMATE RELATIONSHIPS

continued

14. IMMEDIATE FAMILY (Section J. Children)

continued

3) NAME

☐ M

☐ F

CHILD'S AGE

CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)

ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

CONTACT NUMBER ( )

EMAIL

4) NAME

☐ M

☐ F

CHILD'S AGE

CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)

ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

CONTACT NUMBER ( )

EMAIL

5) NAME

☐ M

☐ F

CHILD'S AGE

CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)

ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

CONTACT NUMBER ( )

EMAIL

6) NAME

☐ M

☐ F

CHILD'S AGE

CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)

ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

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 PHONE ( )

WORK PHONE ( )

HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)

HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

CELL PHONE ( )

EMAIL

HOW LONG HAVE YOU KNOWN THIS PERSON?

B) NAME

HOME PHONE ( )

WORK PHONE ( )

HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)

HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

CELL PHONE ( )

EMAIL

HOW LONG HAVE YOU KNOWN THIS PERSON?

C) NAME

HOME PHONE ( )

WORK PHONE ( )

HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)

HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

CELL PHONE ( )

EMAIL

HOW LONG HAVE YOU KNOWN THIS PERSON?

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

# PERSONAL HISTORY STATEMENT

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**All fields, including email and phone numbers must be filled out. Incomplete Personal History Statements will not be accepted.**

## 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

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## 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. *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

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

### 19. LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

A) NAME	FROM MM/YYYY	TO MM/YYYY	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED AND WHAT YEAR
ADDRESS (STREET, CITY, STATE, ZIP)				
B) NAME	FROM MM/YYYY	TO MM/YYYY	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED AND WHAT YEAR
ADDRESS (STREET, CITY, STATE, ZIP)				
C) NAME	FROM MM/YYYY	TO MM/YYYY	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 MM/YYYY	TO MM/YYYY	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING		ADDRESS	STATE
B) NAME	FROM MM/YYYY	TO MM/YYYY	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING		ADDRESS	STATE
C) NAME	FROM MM/YYYY	TO MM/YYYY	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING		ADDRESS	STATE

21. Have you ever attended a Basic Police Academy? ..... ☐ Yes ☐ No

If yes, provide the following information:

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

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

# PERSONAL HISTORY STATEMENT

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## 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 MM/YYYY	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		
Names of those with whom you live:					
B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM MM/YYYY	TO MM/YYYY
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 MM/YYYY	TO MM/YYYY
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

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## SECTION 4: RESIDENCE *continued*

### 23. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM MM/YYYY	TO MMM/YYYY
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 MM/YYYY	TO MMM/YYYY
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 MM/YYYY	TO MMM/YYYY
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 MM/YYYY	TO MMM/YYYY
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: \_\_\_\_\_

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24. Provide contact information for all housemates listed in Question 23 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 27.

A) NAME						CONTACT NUMBER (    )	
CURRENT ADDRESS IF DIFFERENT    (NUMBER / STREET / APT                  CITY    STATE                  ZIP)							
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)						EMAIL	
B) NAME						CONTACT NUMBER (    )	
CURRENT ADDRESS IF DIFFERENT    (NUMBER / STREET / APT                  CITY    STATE                  ZIP)							
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)						EMAIL	
C) NAME						CONTACT NUMBER (    )	
CURRENT ADDRESS IF DIFFERENT    (NUMBER / STREET / APT                  CITY    STATE                  ZIP)							
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)						EMAIL	
D) NAME						CONTACT NUMBER (    )	
CURRENT ADDRESS IF DIFFERENT    (NUMBER / STREET / APT                  CITY    STATE                  ZIP)							
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)						EMAIL	
E) NAME						CONTACT NUMBER (    )	
CURRENT ADDRESS IF DIFFERENT    (NUMBER / STREET / APT                  CITY    STATE                  ZIP)							
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)						EMAIL	
F) NAME						CONTACT NUMBER (    )	
CURRENT ADDRESS IF DIFFERENT    (NUMBER / STREET / APT                  CITY    STATE                  ZIP)							
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)						EMAIL	

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

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

If you answered yes to **Questions 25 and/or 26**, explain (include when, where and circumstances):

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

# PERSONAL HISTORY STATEMENT

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## 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 MM/YYYY		TO MM/YYYY	
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 MM/YYYY		TO MM/YYYY	
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 MM/YYYY		TO MM/YYYY	
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 MM/YYYY		TO MM/YYYY	
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 MM/YYYY		TO MM/YYYY	
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

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## 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 MM/YYYY	TO MM/YYYY
--	--------------	------------

G) NAME OF EMPLOYER OR MILITARY UNIT			FROM MM/YYYY	TO MM/YYYY
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 MM/YYYY	TO MM/YYYY
--	--------------	------------

I) NAME OF EMPLOYER OR MILITARY UNIT			FROM MM/YYYY	TO MM/YYYY
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 MM/YYYY	TO MM/YYYY
--	--------------	------------

K) NAME OF EMPLOYER OR MILITARY UNIT			FROM MM/YYYY	TO MM/YYYY
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 MM/YYYY	TO MM/YYYY
--	--------------	------------

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

# PERSONAL HISTORY STATEMENT

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## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

### 27. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM MM/YYYY		TO MM/YYYY	
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 MM/YYYY		TO MM/YYYY	
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 MM/YYYY		TO MM/YYYY	
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 MM/YYYY		TO MM/YYYY	
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 MM/YYYY		TO MM/YYYY	
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) ..... ☐ Yes   ☐ No

29. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? ..... ☐ Yes   ☐ No

30. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ..... ☐ Yes   ☐ No

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



# PERSONAL HISTORY STATEMENT

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## 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? ..... If yes, how many sick days have you used in the past five years which were not due to illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 <b>ever</b> 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"><li>If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).</li><li><b>All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.</b></li><li>If more space is needed, continue your response on page 29.</li></ul>		
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
Check each step in the process that you completed, and your status:		
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <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"/> Not Selected <input type="checkbox"/> Disqualified		

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



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# PERSONAL HISTORY STATEMENT

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## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

43. Have you **ever** applied to any other law enforcement agency... *continued*

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		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <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"/> Not Selected <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		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <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"/> Not Selected <input type="checkbox"/> Disqualified					

## SECTION 6: MILITARY EXPERIENCE

44. Are you required to register for the Selective Service? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you registered? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
45. BRANCH OF SERVICE	46. DATES OF SERVICE From To
47. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable – <i>refer to your DD-214</i> :	
48. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:	
49. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
50. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered yes to **Questions 49 and/or 50**, explain (include dates and circumstances):

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

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):

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## 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 convicted, detained or placed under investigation for 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 OR INVESTIGATING AGENCY
CHARGE	
EXPLAIN THE INCIDENT AND THE DISPOSITION OR PENALTY	
B) APPROXIMATE DATE	ARRESTING OR DETAINING OR INVESTIGATING AGENCY
CHARGE	
EXPLAIN THE INCIDENT AND THE DISPOSITION OR PENALTY	
C) APPROXIMATE DATE	ARRESTING OR DETAINING OR INVESTIGATING AGENCY
CHARGE	
EXPLAIN THE INCIDENT AND THE 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

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## 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

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## 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) Pandering .....	<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 <sup>nd</sup> 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) Hunting or fishing without a license.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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**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 <sup>st</sup> 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

Page 25 of 30

## 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<br>( <i>Uppers, Speed, Crank, etc</i> )         | - Glue   | - Mescaline        |
| - Barbiturates ( <i>Downers</i> )   | - Hallucinogens<br>( <i>Peyote, LSD, Mushrooms</i> ) | - Morphine         |
| - Cocaine / Crack Cocaine   | - Hashish / Hashish Oil                              | - PCP / Angel Dust |
| - Designer Drugs<br>( <i>Ecstasy, Synthetic Heroin, Bath Salts, Spice, etc.</i> ) | - Heroin / Opium                                     | - Quaaludes        |
| - GHB ( <i>Date Rape Drug</i> )   | - Steroids   |                    |

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?

- |                                       |                                    |  |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold         | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated                  |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

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

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



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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	Driver's license number	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  
☐ Insured    ☐ Bonded    ☐ Cash Deposit

VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		EXPIRES
POLICY NUMBER		
ADDRESS (NUMBER / STREET	CITY	STATE ZIP
		CONTACT NUMBER ( )

B) TYPE OF COVERAGE  
☐ Insured    ☐ Bonded    ☐ Cash Deposit

VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		EXPIRES
POLICY NUMBER		
ADDRESS (NUMBER / STREET	CITY	STATE ZIP
		CONTACT NUMBER ( )

C) TYPE OF COVERAGE  
☐ Insured    ☐ Bonded    ☐ Cash Deposit

VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		EXPIRES
POLICY NUMBER		
ADDRESS (NUMBER / STREET	CITY	STATE ZIP
		CONTACT NUMBER ( )

D) TYPE OF COVERAGE  
☐ Insured    ☐ Bonded    ☐ Cash Deposit

VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		EXPIRES
POLICY NUMBER		
ADDRESS (NUMBER / STREET	CITY	STATE ZIP
		CONTACT NUMBER ( )

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

# PERSONAL HISTORY STATEMENT

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## 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 MM/YYYY	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
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 MM/YYYY	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
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 MM/YYYY	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
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
-------------------------	----------------------------------	------	-------	-----

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

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IF YES, GIVE REASON:

INSURANCE COMPANY

## 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

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

## PERSONAL HISTORY STATEMENT

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**ADDITIONAL SPACE**

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, citations, or explanations to questions, etc.). **Identify the corresponding question and specific item being referenced.**

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