

INSTRUCTIONS – PERSONAL HISTORY STATEMENT

Note: Read these instructions **carefully** before proceeding.

These instructions are provided as a guide to assist you in properly completing your Personal history Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be **printed legibly in ink**. Answer all questions to the best of your ability. If a question is not applicable to you, enter N/A in the space provided. If you do not know the answer to a particular question, indicate by entering “don’t know” in the space provided.
2. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
3. **You are responsible for obtaining correct addresses and telephone numbers.** If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
4. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
5. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

PERSONAL HISTORY STATEMENT

A. Applicant Identification: Information provided in this section is used for identification purposes only.

1. Name _____
Last First Middle Initial

2. Address _____
Street Apt. #

_____ City State Zip +4

3. Telephone _____
Home Work

4. Social Security No _____

5. Date of Birth _____

6. Place of Birth _____
City County State Zip +4

7. Nicknames, maiden name, or other names by which you have been known:

8. Are you a U. S. citizen? Yes [] No []

If naturalized citizen: Name of Court _____

Certificate # _____

Date _____

9. Driver's License # _____ Exp. Date _____

10. Height _____ 11. Weight _____

12. Color of Eyes _____ 13. Color of Hair _____

14. Scars, tattoos, or other distinguishing marks _____

C. Experience & Employment:: Beginning with your present or most recent job, list all employment held for the past ten 10 years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquires are made.

1. Employer: _____
_____ Street _____ Town _____ State _____ Zip
Tel #: _____ Job Title: _____
Date Started: _____ Date Left: _____
Supervisor: _____
Name of 2 Co-Workers: _____
Reason for leaving: _____

2. Employer: _____
_____ Street _____ Town _____ State _____ Zip
Tel #: _____ Job Title: _____
Date Started: _____ Date Left: _____
Supervisor: _____
Name of 2 Co-Workers: _____
Reason for leaving: _____

3. Employer: _____
_____ Street _____ Town _____ State _____ Zip
Tel #: _____ Job Title: _____
Date Started: _____ Date Left: _____
Supervisor: _____
Name of 2 Co-Workers: _____
Reason for leaving: _____

4. Employer: _____
_____ Street Town State Zip
Tel #: _____ Job Title: _____
Date Started: _____ Date Left: _____
Supervisor: _____
Name of 2 Co-Workers: _____
Reason for leaving: _____

5. Employer: _____
_____ Street Town State Zip
Tel #: _____ Job Title: _____
Date Started: _____ Date Left: _____
Supervisor: _____
Name of 2 Co-Workers: _____
Reason for leaving: _____

6. Employer: _____
_____ Street Town State Zip
Tel #: _____ Job Title: _____
Date Started: _____ Date Left: _____
Supervisor: _____
Name of 2 Co-Workers: _____
Reason for leaving: _____

D. Military History:

1. Have you served in the U. S. Armed Forces? Yes [] No []

2. Date of Service: From _____ To _____

3. Branch _____ 4. Unit Designation _____

5. Military Service No: _____

6. Highest Rank Held: _____

7. Type of Discharge: _____

8. Were you ever disciplined while in the military service? include court-martial, captain's masts, company punishment, etc. Yes [] No []

Charge #1: _____ Agency: _____
Date: _____ Age at Time: _____
Disposition: _____

Charge #2: _____ Agency: _____
Date: _____ Age at Time: _____
Disposition: _____

Charge #3: _____ Agency: _____
Date: _____ Age at Time: _____
Disposition: _____

If you received a discharge other than honorable, give complete details:

F. Special Qualifications and Skills

1. List any special licenses you hold such as pilot, radio operator, scuba, etc.:

Licensing authority _____

Date of Issue _____ Expiration Date _____

Licensing authority _____

Date of Issue _____ Expiration Date _____

Licensing authority _____

Date of Issue _____ Expiration Date _____

2. List any specialized machinery or equipment you can operate.

3. If you are fluent in a foreign language, indicate in each area your degree of fluency.

Language _____

	<u>Good</u>	<u>Fair</u>	<u>Excellent</u>
Reading	[]	[]	[]
Speaking	[]	[]	[]
Understanding	[]	[]	[]
Writing	[]	[]	[]

4. List any other special skills or qualifications you may possess.

G. Legal:

1. Have you ever been convicted, arrested, detained by police or summonsed into court? Yes [] No []

If yes, complete the following list (juvenile as well as adult occurrences):

Police Agency: _____ City _____ State _____
Crime Charged _____ Disposition _____
Disposition _____ Disposition _____

Police Agency: _____ City _____ State _____
Crime Charged _____ Disposition _____
Disposition _____ Disposition _____

Police Agency: _____ City _____ State _____
Crime Charged _____ Disposition _____
Disposition _____ Disposition _____

2. Have you ever been involved as a party in civil litigation? Yes [] No []

If yes, give details _____

H. Motor Vehicle Operation:

1. Has your driver's license ever been suspended or revoked? Yes [] No []

If yes, give Date, location and reason _____

2. Name of Auto Insurance Carrier _____
Branch _____ Policy # _____ Tel # _____

3. List to the best of your recollection all driving citations you have received as a juvenile and adult, excluding parking tickets.

<u>Month & Year</u>	<u>Charge</u>	<u>City & State</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

I. Relatives:

1. Are you? Single [] Married [] Separated []
Divorced [] Widowed []

2. If married:

Spouse's Name (wife's maiden name) _____

Date Married _____ City & State _____

3. Ex-Spouse's Name (wife's maiden name) _____

Date Married _____ City & State _____

Present Address _____

Telephone _____ Date of Birth _____ Place of Birth _____
Street State Zip + 4

State which: Separation [] Divorce [] Annulment []

Date of Order _____ Court & State _____

4. List all children related to you or your spouse natural, step-children, adopted and foster:

Name _____	Relation _____
Address _____	
_____ Street _____	
_____ Town _____	State _____ Zip _____
Date of Birth _____	Supported by _____

Name _____	Relation _____
Address _____	
_____ Street _____	
_____ Town _____	State _____ Zip _____
Date of Birth _____	Supported by _____

Name _____	Relation _____
Address _____	
_____ Street _____	
_____ Town _____	State _____ Zip _____
Date of Birth _____	Supported by _____

Name _____	Relation _____
Address _____	
_____ Street _____	
_____ Town _____	State _____ Zip _____
Date of Birth _____	Supported by _____

5. List all other dependents:

Name _____	Relation _____
Address _____	
_____ Street _____	
_____ Town _____	State _____ Zip _____
Date of Birth _____	Supported by _____

Name _____	Relation _____	
Address _____		
Street _____		
Town _____	State _____	Zip _____
Date of Birth _____	Supported by _____	

Name _____	Relation _____	
Address _____		
Street _____		
Town _____	State _____	Zip _____
Date of Birth _____	Supported by _____	

6. List other relatives:

Mother _____		
Address _____		
Street _____		
Town _____	State _____	Zip _____
Telephone #: _____		
Date of Birth _____	Place of Birth _____	

Father _____		
Address _____		
Street _____		
Town _____	State _____	Zip _____
Telephone #: _____		
Date of Birth _____	Place of Birth _____	

Brother/Sister _____		
Address _____		
Street _____		
Town _____	State _____	Zip _____
Telephone #: _____		
Date of Birth _____	Place of Birth _____	

Brother/Sister _____
Address _____
 Street
_____ Town State Zip
Telephone #: _____

Brother/Sister _____
Address _____
 Street
_____ Town State Zip
Telephone #: _____
Date of Birth _____ Place of Birth _____

J. References & Acquaintances:

List five persons who know you well enough to provide current information about you. Do not list relatives or former employers:

Name _____ Years Known _____
Address _____
 Street
_____ Town State Zip
Business Name _____
Address _____
 Street
_____ Town State Zip
Telephone #: _____
 Day Evening Cell

Name _____	Years Known _____
Address _____	
Street	
Town	State
Zip	
Business Name _____	
Address _____	
Street	
Town	State
Zip	
Telephone #:	_____
Day	Evening
Cell	

K. Financial:

1. What is your present salary or wage? _____
2. Income from any source other than your principal occupation? Yes [] No []
 If yes, how much? _____ How often _____
 The source _____
3. Do you own any real estate? Yes [] No [] Value \$ _____
 Location _____
4. Do you own any bonds, government or other? Yes [] No []
 Value \$ _____
5. Do you own any corporate stock? Yes [] No [] Value \$ _____
6. Do you have a checking account? Yes [] No []

Bank Name _____	
Address _____	
Street	
Town	State
Zip	
Account #:	Average Balance:
_____	_____

7. Do you have a savings account? Yes [] No []

Bank Name _____
Address _____
_____ Street _____
_____ Town _____ State _____ Zip _____
Account #: _____ Average Balance: _____

8. Financial Obligations: **ALL AREAS MUST BE COMPLETED**

Give names and addresses of the individuals, educational institutions or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include account numbers where applicable.

Name _____
Address _____
_____ Street _____
_____ Town _____ State _____ Zip _____
Type Account _____ Account #: _____
Monthly Payment: _____ Balance Due _____
Reason for purchase _____

Name _____
Address _____
_____ Street _____
_____ Town _____ State _____ Zip _____
Type Account _____ Account #: _____
Monthly Payment: _____ Balance Due _____
Reason for purchase _____

Name _____
Address _____

Street

Town State Zip
Type Account _____ Account #: _____
Monthly Payment: _____ Balance Due _____
Reason for purchase _____

Name _____
Address _____

Street

Town State Zip
Type Account _____ Account #: _____
Monthly Payment: _____ Balance Due _____
Reason for purchase _____

Name _____
Address _____

Street

Town State Zip
Type Account _____ Account #: _____
Monthly Payment: _____ Balance Due _____
Reason for purchase _____

Name _____
Address _____

Street

Town State Zip
Type Account _____ Account #: _____
Monthly Payment: _____ Balance Due _____
Reason for purchase _____

Name _____
Address _____
Street _____
Town State Zip _____
Type Account _____ Account #: _____
Monthly Payment: _____ Balance Due _____
Reason for purchase _____

Name _____
Address _____
Street _____
Town State Zip _____
Type Account _____ Account #: _____
Monthly Payment: _____ Balance Due _____
Reason for purchase _____

Name _____
Address _____
Street _____
Town State Zip _____
Type Account _____ Account #: _____
Monthly Payment: _____ Balance Due _____
Reason for purchase _____

Name _____
Address _____
Street _____
Town State Zip _____
Type Account _____ Account #: _____
Monthly Payment: _____ Balance Due _____
Reason for purchase _____

Name_____

Address_____

Street

Town State Zip

Type Account_____ Account #: _____

Monthly Payment: _____ Balance Due _____

Reason for purchase_____

Name_____

Address_____

Street

Town State Zip

Type Account_____ Account #: _____

Monthly Payment: _____ Balance Due _____

Reason for purchase_____

Name_____

Address_____

Street

Town State Zip

Type Account_____ Account #: _____

Monthly Payment: _____ Balance Due _____

Reason for purchase_____

Name_____

Address_____

Street

Town State Zip

Type Account_____ Account #: _____

Monthly Payment: _____ Balance Due _____

Reason for purchase_____

9. Total debt at this time _____

10. Have you ever filed for bankruptcy? Yes [] No []

If yes: _____
Date Court
Docket # Adjudication

11. Have you ever been the subject of any liens? Yes [] No []

If yes: Where filed? _____

When filed? _____

Reason: _____

Outcome: _____

12. Your use of illegal drugs and drug activity:

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

- a. Since the age of 16, you have illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants, (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs? Yes [] No []
- b. Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety? Yes [] No []

- c. Have you ever been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another? Yes [] No []

If you answered "yes" to a. or b. above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used:

Controlled substance _____ Date(s) used _____
Controlled substance _____ Date(s) used _____
Controlled substance _____ Date(s) used _____

Total number of times controlled substance(s) used: _____

Prescription drug _____ Date(s) used _____
Prescription drug _____ Date(s) used _____
Prescription drug _____ Date(s) used _____

Total number of times prescription drugs(s) used: _____

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

Date: _____

Signature of Applicant