

Okanogan County Civil Service Commission

123 5th Avenue N. #139, Okanogan, WA 98840

Phone: (509) 422-7169 [Civil Service Webpage](#)

Commissioners

Lee Pilkinton - Bertha Wandler - Celeste Pugsley

Secretary: Vicky Poole Email: vpooles@co.okanogan.wa.us

CIVIL SERVICE APPLICATION CHECK LIST

Lateral Deputy Sheriff **&** Lateral or Entry Corrections Officer **OR** 911 Dispatcher **OR**

Control Room Operator & Records Clerk **OR** Jail Cook

Prior to forwarding your application packet to Okanogan County Civil Service Commission, please review the Check List below. Check off each item carefully, sign and return with the application packet. **Not to be used for Entry-Level Deputy.**

ALL APPLICANTS / POSITIONS

Letter of Interest

Personal History Application – 3 copies (Original + 2 Copies)

Copy of High School Diploma / GED

Copy of Driver's License

DD214 Military Form (if applicable)

All Training completion certificates

CONTROL ROOM OPERATOR / RECORDS CLERK & CORRECTIONS (Additional)

Typing test (obtained from WorkSource OR Online equivalent)

JAIL COOK (Additional)

Food Handler Card

★ Name of the Co. Employee who referred you _____

Signature

Date

Email

FULL LEGAL NAME	FIRST:	MIDDLE:	LAST:	LAST 5 OF SSN:	DATE:
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PERSONAL HISTORY STATEMENT

PHS INSTRUCTIONS

1. Familiarize yourself with this form and carefully read all instructions. You may find it helpful to review this form multiple times.
2. You may find it helpful to print out this form so that you can make handwritten notes on it. This will serve as a rough draft before you enter your responses. **Your final draft may not be handwritten!**
3. Save this form on your computer. Be sure to save the final, completed version as well.
4. Carefully enter the information asked – you must answer every single inquiry to the best of your ability. If an item does not apply to you, enter “NA” (Not Applicable). **If you cannot remember or obtain with reasonable diligence, please indicate so in your response by referencing the question number and explanation in the “additional space” section starting on page 28.**
5. Be sure that you have completed the Certification section on Page 27.
6. Once completed fully to your satisfaction, save the file in a secure manner. You may save this file **only** as a .pdf or .jpg. If you are using a Mac computer, you may need to download a Microsoft word compatible program to fill out this form or use a different computer. Once saved, sign in to your account on the PST website and upload this saved file to the PST website per instructions provided there.
7. Public Safety Testing WILL NOT be able to make any modifications to your form once you submit it. Please ensure that the form is completed to your full satisfaction before you upload!

The information you provide in this Personal History Statement (PHS) will be used in the investigation into your background to assist in determining your suitability for a public safety position that you have applied for.

Please fill out the ENTIRE questionnaire completely, accurately and truthfully.

Keep in mind that:

1. The entire completion of this form is mandatory.
2. All statements are subject to verification.
3. Deliberate inaccuracies or omissions may bar or remove you from further testing and employment.
4. All time periods in your background must be accounted for.
5. Deliberate untruthfulness, omissions or misrepresentation of information constitutes grounds for disqualification from further testing or employment. You are encouraged to be completely truthful, detailed and accurate completing this form and throughout all phases of the background investigation process.

It is to your advantage to respond fully and factually. Any perceived negative factor in your background will be evaluated in light of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job you are applying for. For example, being fired from a job or having an arrest record is not in itself necessarily grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

If a question does not apply to you, write “N/A” (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the continuation sheet on Page 28 and identify the additional information with the question number. Follow carefully and completely subsection instructions, particularly in subsection 14 (References) and subsection 25 (Job Experience). If you have any questions about completing this form, please call Public Safety Testing at 425.776.9615, or email info@publicsafetytesting.com

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.

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. PRIMARY EMAIL ADDRESSES			
PERSONAL		BUSINESS	
7. LIST ALL EMAIL ADDRESSES USED IN THE LAST 5 YEARS.			
8. If you were born outside of the United States, are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 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 <input type="checkbox"/> N/A			
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 AND REFERENCES

14. IMMEDIATE FAMILY

- 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 28.

<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. 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		

SECTION 2: RELATIVES AND REFERENCES *continued*

14. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A C. 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 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 / Registered Domestic Partner					
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				

<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		

SECTION 2: RELATIVES AND REFERENCES *continued*14. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A		H. Former Spouse(s) / Former Registered Domestic Partner(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			
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			

<input type="checkbox"/> 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

SECTION 2: RELATIVES AND REFERENCES *continued*14. IMMEDIATE FAMILY (Section J. Children) *continued*
☐ 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
3) 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
4) 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
5) 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
6) 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

15. REFERENCES					
List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers/supervisors or housemates/roommates, 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	OCCUPATION
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	OCCUPATION
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	OCCUPATION
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					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	OCCUPATION
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	OCCUPATION
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	OCCUPATION
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?

15. REFERENCES

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. **Do not include** relatives, employers/supervisors or housemates/roommates, or other individuals listed elsewhere.

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

SECTION 3: EDUCATION

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

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

17. List high schools attended:

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

18. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	MAJOR/TYPE OF DEGREE EARNED
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		CITY		STATE	
B) NAME		FROM	TO	TOTAL UNITS EARNED	MAJOR/TYPE OF DEGREE EARNED
		CITY		STATE	
C) NAME		FROM	TO	TOTAL UNITS EARNED	MAJOR/TYPE OF DEGREE EARNED
		CITY		STATE	

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

20. Have you ever attended a Basic Law Enforcement, Corrections, Telecommunication, or Fire Service 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		CONTACT NUMBER ()	
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		CONTACT NUMBER ()	

SECTION 3: EDUCATION *continued*

21. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, academy, 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**22. 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 28.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				DATE 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:					

SECTION 4: RESIDENCE *continued***22. LIST OF RESIDENCES *continued***

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

SECTION 4: RESIDENCE *continued*

23. Provide contact information for all housemates listed in Question 22 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 28.

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

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

If you answered yes to **Questions 24 and/or 25**, explain (include when, where and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

26. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (**Begin with your most current.** If more space is needed continue your response on page 28.)
- 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.
- List your current (or most recent) supervisor for each job.
- List two (2) coworkers that would best know you and your work habits, productivity, behavior, etc.

A) NAME OF EMPLOYER OR MILITARY UNIT				DATE FROM		DATE 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 OF CO-WORKERS 1)			CONTACT NUMBER ()		EMAIL		
NAME 2)			CONTACT NUMBER ()		EMAIL		

PERSONAL HISTORY STATEMENT (2016)



Page 12 of 29

Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, EXPLAIN:	REASON FOR WANTING TO LEAVE
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B) 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
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C) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	CONTACT NUMBER ()	EMAIL	
NAME 2)	CONTACT NUMBER ()	EMAIL	
REASON FOR LEAVING			

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

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

DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer
NAMES OF CO-WORKERS 1)	CONTACT NUMBER ()	EMAIL
NAME 2)	CONTACT NUMBER ()	EMAIL
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
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I) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	CONTACT NUMBER ()	EMAIL	
NAME 2)	CONTACT NUMBER ()	EMAIL	
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
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K) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1) A	CONTACT NUMBER ()	EMAIL	
NAME 2)	CONTACT NUMBER ()	EMAIL	
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
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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 OF CO-WORKERS 1)	CONTACT NUMBER ()	EMAIL	
NAME 2)	CONTACT NUMBER ()	EMAIL	
REASON FOR LEAVING			

N) 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
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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 OF CO-WORKERS 1)	CONTACT NUMBER ()	EMAIL	
NAME 2)	CONTACT NUMBER ()	EMAIL	
REASON FOR LEAVING			

P) 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
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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 OF CO-WORKERS 1)	CONTACT NUMBER ()	EMAIL
NAME 2)	CONTACT NUMBER ()	EMAIL
REASON FOR LEAVING		

27. 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
28. Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. 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
33. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever been named as a defendant in a previously adjudicated work-related civil lawsuit (regardless of outcome)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Is there a work-related civil lawsuit pending in which you have been named as a defendant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. Do you have reason to believe a work-related lawsuit may be filed in the future in which you may be named as a defendant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. 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?		
40a. Have you ever viewed pornographic material at your workplace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40b. Have you ever engaged in sexual activity at work in violation of your employer's policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered YES to any of Questions 27-40b , explain (include when, where & circumstances; indicate corresponding number):

41. 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?		
42. 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	
43. 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	

44. Have you **ever** applied to any other law enforcement, fire service, or public safety-type agency (city, county, state or federal)? ☐ Yes ☐ No

- If yes, list EVERY agency you have applied to **and have advanced BEYOND an oral board (e.g., initial background investigation, etc.)**, 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 28.

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 agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> Other/Explain:					

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 agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> Other/Explain:					

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 agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> Other/Explain:					

45. List **ALL** public safety agencies that you have applied to in which you have NOT progressed past the written exam, physical ability test and/or oral board. All that is needed for these agencies is the agency name and approximate date of testing.

AGENCY NAME	APPROXIMATE DATE (Month/Year) OF TEST	CHECK ALL THE BOXES BELOW THAT APPLY TO ANY ORAL BOARD INVITATION YOU HAVE RECEIVED FROM THIS AGENCY
		<input type="checkbox"/> Did Not Attend <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
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		<input type="checkbox"/> Did Not Attend <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
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		<input type="checkbox"/> Did Not Attend <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown

SECTION 6: MILITARY EXPERIENCE

46. Are you required to register for the Selective Service? ☐ Yes ☐ No
 If yes, have you registered? ☐ Yes ☐ No
 If no, explain:

47. BRANCH OF SERVICE	48. DATES OF SERVICE From To
-----------------------	---------------------------------

49. TYPE OF DISCHARGE: ☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable
 Re-entry Code (1–4) if applicable – refer to your DD-214:

50. Are you currently participating in one of the following? ☐ Military Reserve ☐ National Guard
 If checked, date obligation ends:

51. 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)?..... ☐ Yes ☐ No

52. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? ☐ Yes ☐ No

If you answered yes to **Questions 51 and/or 52**, explain (include dates and circumstances):

SECTION 7: FINANCIAL

53. 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's 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.

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

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

56. Have you ever had purchased goods repossessed? ☐ Yes ☐ No

57. Have your wages ever been garnished? ☐ Yes ☐ No

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

59. Have you ever failed to file income tax or cheated/lie on an income tax form? ☐ Yes ☐ No

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

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

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

63. 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

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

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

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

If you answered **YES** to any of **Questions 54–66**, explain (include when, where, and why; indicate corresponding number):

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

Please disclose any of the following which occurred on or after your 15th birthday, *even if the records were sealed, expunged, dismissed or pardoned*:

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

If more space is needed, continue on page 28.

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

If yes, explain each incident. If more space is needed, continue on Page 28.

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	
D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

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 non-work related civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.) as either a plaintiff or defendant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
73. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

77. Other than those listed in Question #67 above, will your name appear in any police record system or police report as a VICTIM, WITNESS or SUSPECT? (Do not include when acting in the capacity of paid employment, such as an EMT or store loss prevention officer).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78. Are you currently, or have you ever within the past seven years, received unemployment benefits while also receiving other sources of income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to any of Questions 68–78 , explain (include court case or document, dates, and circumstances; indicate corresponding number):		

79. UNDETECTED ACTS – PART 1		
Within the past seven (7) years OR at any time after you were first employed in law enforcement or the fire service, have you ever committed any of the following misdemeanors? NOTE: You may <u>not</u> 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) Annoying / obscene phone calls or text messages; cyber bullying	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Battery (use of force or violence upon another)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Carrying a concealed weapon without a permit.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Contributing to the delinquency of a minor; providing alcohol to minors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Defrauding an innkeeper (not paying for food or room at a hotel/motel)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I) Hit & run collision (no injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Any hunting and/or fishing violations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Illegal gambling; including online gambling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Indecent exposure (including flashing or mooning); sex within public view	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Petty theft (value up to \$400, including shoplifting/switching price tags)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Possession of alcohol as a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of stolen property (including vehicles)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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," malicious 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) Any other act amounting to a misdemeanor within the past seven years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Z) Cruelty to animals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AA) Street racing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 79**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (79-A, etc.) for each explanation.

80. UNDETECTED 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 |
| 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) Felony drunk driving (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) Grand theft (value of over \$400, 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 (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) Any other act amounting to a felony | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| W. Copyright infringement (including illegally downloading or copying software, audio files, movies, digital files, etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered **YES** to any item(s) in **Question 80**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (80-A, etc.) for each explanation.

Questions 81 and 82 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.) | - Glue | - Mescaline |
| - Barbiturates (Downers) | - Hallucinogens
(Peyote, LSD, Mushrooms) | - Morphine |
| - Cocaine / Crack Cocaine | - Hashish / Hashish Oil | - PCP / Angel Dust |
| - Designer Drugs
(Ecstasy, Synthetic Heroin, etc.) | - Heroin / Opium | - Quaaludes |
| - GHB (Date Rape Drug) | - Marijuana | - Steroids |
| - Prescription drug(s) not prescribed to you | - Prescription drugs used for
recreation purposes | - Tetrahydrocannabinol (THC) |

81. **Within the past six months**, have you used any drug(s) as indicated above? ☐ Yes ☐ No

If yes, give details, including drug(s) used and circumstances:

82. **Prior to the past six months** (check all that apply):

- ☐ I have **never** used, or experimented with, 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, most recent date used, and circumstances.

83. Have you **ever** engaged in any of the activities listed below for drugs, prescription drugs, narcotics or illegal substances, including marijuana (check all that apply)?

- | | | |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Sold | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished / Shared | <input type="checkbox"/> Carried or held for another |
| <input type="checkbox"/> Present when illegal drugs were being used | <input type="checkbox"/> Loaned money to someone else to purchase illegal drugs | <input type="checkbox"/> Traded/Bartered |

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

SECTION 9: MOTOR VEHICLE OPERATION

84. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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85. 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

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

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

87. Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

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

88. 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
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PERSONAL HISTORY STATEMENT (2016)



Page 25 of 29

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 ()	

89. List all traffic citations, excluding parking citations, you have received within the past ten years. List the citation or infraction AS ORIGINALLY ISSUED. If the citation/infraction was reduced to a lesser violation for whatever reason, please explain in #93 below.

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.) <input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine								
If checked, explain circumstances:								

90. Have you been involved as the driver in a motor vehicle accident/collision within the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, give details.				
A) DATE		LOCATION (NUMBER / STREET / APT)		CITY
				STATE ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
B) DATE		LOCATION (NUMBER / STREET / APT)		CITY
				STATE ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
C) DATE		LOCATION (NUMBER / STREET / APT)		CITY
				STATE ZIP

PERSONAL HISTORY STATEMENT (2016)



POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
---------------------------------------------------------------------------	------------------------	---------------------------------------------------------------------

91. Have you ever driven a vehicle without auto insurance, as required by law? <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES, GIVE REASON:				
DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP

92. Have you ever been refused automobile liability insurance or a bond, or had either of them cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES, GIVE REASON:			INSURANCE COMPANY	
DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP

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

SECTION 10: OTHER TOPICS

94. Have you ever been refused a permit to carry a concealed weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No
95. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
96. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
97. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? <input type="checkbox"/> Yes <input type="checkbox"/> No
98. Have you ever hit or physically overpowered a spouse or romantic partner? <input type="checkbox"/> Yes <input type="checkbox"/> No
99. Have you ever been involved in a domestic violence act with a relative, spouse, significant other, romantic partner or domestic partner, including but not limited to, an act of violence, threats, infliction of emotional distress and/or property damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
100. Do you know of any reason that would disqualify you from being appointed to this job or prevent you from performing the essential duties of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No
101. Have you ever engaged in sexual abuse inside a prison, jail, juvenile facility, lockup or any other institution where there are inmates being held? <input type="checkbox"/> Yes <input type="checkbox"/> No
102. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, implied threats of force or coercion or if the victim did not or was unable to consent? <input type="checkbox"/> Yes <input type="checkbox"/> No
103. Have you ever been civilly or administratively adjudicated to have engaged in the activities listed in questions 101 or 102? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered **YES** to any of **Questions 94–103**, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

CERTIFICATION

I hereby swear or affirm that there are no willful misrepresentations or omissions in, or falsifications of, the statements and answers in this Personal History Statement. I hereby certify that I have personally completed each page of this form and any supplemental pages(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I am aware that should an investigation disclose such misrepresentations, omissions, or falsifications in any documents I submit, or statements I make as part of the application, testing and/or hiring process, my application will be rejected and I will be disqualified from applying for any future position with the agency or agencies to which I have applied to. If, after my acceptance for employment, subsequent investigation should disclose misrepresentation, omission, or falsification, it will be just cause for my immediate dismissal. I understand that this is a continuing investigation and agree to notify the hiring agency of any information that may reflect any changes or additions in this Personal History Statement.

BY ENTERING YOUR FULL LEGAL NAME HERE, YOU ACKNOWLEDGE AND AGREE TO THE ABOVE CERTIFICATION: Name: _____ Date: _____

THE FOLLOWING SIGNATURE SECTION IS TO BE COMPLETED AT A LATER DATE IN THE PRESENCE OF A WITNESS/BACKGROUND INVESTIGATOR:

SIGNATURE IN FULL	DATE
WITNESS/BACKGROUND INVESTIGATOR:	DATE

ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)
- Identify the corresponding question and specific item being referenced.

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