



CITY OF PLYMOUTH POLICE DEPARTMENT PERSONAL HISTORY STATEMENT



This packet is essential to your hiring process. Please read it carefully and take the time necessary to completely answer every question as accurately as possible.

NOTICE, ANY FALSE, INACCURATE, INCOMPLETE, OR MISLEADING INFORMATION PROVIDED BY YOU IN THIS PERSONAL HISTORY STATEMENT MAY BE GROUNDS FOR DENYING YOUR APPLICATION FOR THE POSITION OF POLICE OFFICER.

All information included in this packet will be verified. If you do not follow directions, or do not completely fill out this questionnaire, your application may be rejected. You must provide answers to each and every question. "Unknown" is not an acceptable answer. If a question or the information cannot be found, contact the Police Department for instructions. If the information requested does not apply, indicate so by using "N/A." However, please note that listing "N/A" does NOT apply to information you should list, but choose to omit. The selective omission of information is unacceptable and may result in your termination in the hiring process.

This form can either be typed or neatly hand-written in black ink. Please make sure that the final copy is printed on white paper with a sufficient amount of ink to be legible. If there is not enough room on a page to fully include all the information requested, please make an additional copy of the exact page to complete the requested information, and fill in only the necessary information. Ensure that your first and last names are on the top of each page.

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST FIRST MIDDLE

2. OTHER NAMES, INCLUDING NICKNAMES & MAIDEN NAMES, 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 CELL

6. EMAIL ADDRESS

HOME BUSINESS

7. BIRTHPLACE (CITY/COUNTY/STATE/COUNTRY)

8. BIRTHDATE

9. SOCIAL SECURITY NUMBER

10. IF YOU WERE BORN OUTSIDE OF THE UNITED STATES, ARE YOU A U.S. CITIZEN? YES NO

11. DRIVER'S LICENSE

NO. STATE EXP TYPE

12. PHYSICAL DESCRIPTION

HEIGHT WEIGHT HAIR COLOR EYE COLOR

13. ARE YOU FLUENT IN A SECOND LANGUAGE? YES NO PLEASE INDICATE WHICH LANGUAGE(S).

SECTION 2 : RELATIVES

IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or "D" if the individual is deceased (If deceased please provide name and DOB only).

<input type="checkbox"/> UNK <input type="checkbox"/> D	A. Father	NAME – Last, First, Middle, (and any other names they have used)				
		Race				
DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
LAST FOUR DIGITS OF S.S.N.	PRESENT EMPLOYER	POSITION	WORK ADDRESS (NUMBER/STREET/UNIT) CITY STATE ZIP			
	WORK PHONE	CELL PHONE	HOME PHONE	EMAIL		

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 2 : RELATIVES <i>continued</i>						
IMMEDIATE FAMILY <i>continued</i>						
<input type="checkbox"/> UNK <input type="checkbox"/> D		B. Mother	NAME – Last, First, Maiden (and any other names they have used)			
			Race			
DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
LAST FOUR DIGITS OF S.S.N.	PRESENT EMPLOYER	POSITION	WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
	WORK PHONE	CELL PHONE	HOME PHONE	EMAIL		
<input type="checkbox"/> N/A <input type="checkbox"/> D		C. Stepfather	NAME – Last, First, Middle, (and any other names they have used)			
			Race			
DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
LAST FOUR DIGITS OF S.S.N.	PRESENT EMPLOYER	POSITION	WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
	HOME PHONE	CELL PHONE	WORK PHONE	EMAIL		
<input type="checkbox"/> N/A <input type="checkbox"/> D		D. Stepmother	NAME – Last, First, Middle, Maiden (and any other names they have used)			
			Race			
DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
LAST FOUR DIGITS OF S.S.N.	PRESENT EMPLOYER	POSITION	WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
	HOME PHONE	CELL PHONE	WORK PHONE	EMAIL		
<input type="checkbox"/> N/A <input type="checkbox"/> D		E. Mother-in-law	NAME – Last, First, Middle, Maiden (and any other names they have used)			
			Race			
DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
HOME PHONE		CELL PHONE				
LAST FOUR DIGITS OF S.S.N.		EMAIL				
<input type="checkbox"/> N/A <input type="checkbox"/> D		F. Father-in-law	NAME – Last, First, Middle (and any other names they have used)			
			Race			
DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
HOME PHONE		CELL PHONE				
LAST FOUR DIGITS OF S.S.N.		EMAIL				

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 2 : RELATIVES <i>continued</i>					
IMMEDIATE FAMILY <i>continued</i>					
Current Status? <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single					
How many times have you been married? _____					
<input type="checkbox"/> N/A <input type="checkbox"/> D	G. Spouse/ Common Law	NAME – Last, First, Middle (and any other names they have used)			
		Race	Sex		
DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE ZIP
LAST FOUR DIGITS OF S.S.N.	HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
	WORK PHONE	CELL PHONE	EMAIL		
<input type="checkbox"/> N/A	H. Former Spouse / Former Common Law (If deceased (D) please provide name and DOB only)				
		1) NAME- Last, First, Middle, (and any other names they have used)	Race	Sex	
DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE ZIP
HOME PHONE			LAST FOUR DIGITS OF S.S.N.		
CELL PHONE		EMAIL			
YEAR OF DIVORCE	Is there, or has there been a restraining or protective order in effect for this individual? <input type="checkbox"/> Y <input type="checkbox"/> N				
		2) NAME- Last, First, Middle, (and any other names they have used)	Race	Sex	
DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE ZIP
HOME PHONE			LAST FOUR DIGITS OF S.S.N.		
CELL PHONE		EMAIL			
YEAR OF DIVORCE	Is there, or has there been a restraining or protective order in effect for this individual? <input type="checkbox"/> Y <input type="checkbox"/> N				
		3) NAME- Last, First, Middle, (and any other names they have used)	Race	Sex	
DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE ZIP
HOME PHONE			LAST FOUR DIGITS OF S.S.N.		
CELL PHONE		EMAIL			
YEAR OF DIVORCE	Is there, or has there been a restraining or protective order in effect for this individual? <input type="checkbox"/> Y <input type="checkbox"/> N				

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 2 : RELATIVES *continued*

IMMEDIATE FAMILY *continued*

List significant other(s) in your life:

1) NAME- Last, First, Middle, (and any other names they have used)		Relationship	DATE OF BIRTH
HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE		LAST FOUR DIGITS OF S.S.N.	
CELL PHONE		EMAIL	
2) NAME- Last, First, Middle, (and any other names they have used)		Relationship	DATE OF BIRTH
HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE		LAST FOUR DIGITS OF S.S.N.	
CELL PHONE		EMAIL	
3) NAME- Last, First, Middle, (and any other names they have used)		Relationship	DATE OF BIRTH
HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE		LAST FOUR DIGITS OF S.S.N.	
CELL PHONE		EMAIL	

If you have any children and have never been married, complete the following information:

1) FULL NAME OF CHILD'S MOTHER/FATHER <i>(include maiden and other names used)</i>		DATE OF BIRTH
LAST KNOWN ADDRESS	CITY	STATE
CONTACT NUMBER		ZIP
		RACE/SEX
		LAST FOUR DIGITS OF S.S.N
2) FULL NAME OF CHILD'S MOTHER/FATHER <i>(include maiden and other names used)</i>		DATE OF BIRTH
LAST KNOWN ADDRESS	CITY	STATE
CONTACT NUMBER		ZIP
		RACE/SEX
		LAST FOUR DIGITS OF S.S.N

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 2 : RELATIVES *continued*

IMMEDIATE FAMILY (Brothers and Sisters)

N/A **Brothers and Sisters** – list all siblings, including half-siblings, step-siblings, foster siblings, etc.
(If deceased (**D**) please provide name and DOB only)

1) NAME – Last, First, Middle, Maiden (and any other names they have used)		RELATIONSHIP			
<input type="checkbox"/> UNK <input type="checkbox"/> N/A <input type="checkbox"/> D	DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
	RACE	LAST FOUR DIGITS OF S.S.N.	CONTACT NUMBER	EMAIL	
2) NAME – Last, First, Middle, Maiden (and any other names they have used)		RELATIONSHIP			
<input type="checkbox"/> UNK <input type="checkbox"/> N/A <input type="checkbox"/> D	DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
	RACE	LAST FOUR DIGITS OF S.S.N.	CONTACT NUMBER	EMAIL	
3) NAME – Last, First, Middle, Maiden (and any other names they have used)		RELATIONSHIP			
<input type="checkbox"/> UNK <input type="checkbox"/> N/A <input type="checkbox"/> D	DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
	RACE	LAST FOUR DIGITS OF S.S.N.	CONTACT NUMBER	EMAIL	
4) NAME – Last, First, Middle, Maiden (and any other names they have used)		RELATIONSHIP			
<input type="checkbox"/> UNK <input type="checkbox"/> N/A <input type="checkbox"/> D	DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
	RACE	LAST FOUR DIGITS OF S.S.N.	CONTACT NUMBER	EMAIL	
5) NAME – Last, First, Middle, Maiden (and any other names they have used)		RELATIONSHIP			
<input type="checkbox"/> UNK <input type="checkbox"/> N/A <input type="checkbox"/> D	DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
	RACE	LAST FOUR DIGITS OF S.S.N.	CONTACT NUMBER	EMAIL	

N/A **Children**

List all of your children, including natural, adopted, step, and/or foster. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you. CHECK AS MANY THAT APPLY. (If deceased please provide name and DOB only.)

1) NAME – Last, First, Middle		<input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP CHILD <input type="checkbox"/> OTHER			LAST FOUR DIGITS OF S.S.N.
<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
	RACE	CONTACT NUMBER		EMAIL	

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 2 : RELATIVES *continued*

IMMEDIATE FAMILY (Children) *continued*

2) NAME – <i>Last, First, Middle</i>		<input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP CHILD <input type="checkbox"/> OTHER			LAST FOUR DIGITS OF S.S.N.	
<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
RACE		CONTACT NUMBER		EMAIL		

3) NAME – <i>Last, First, Middle</i>		<input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP CHILD <input type="checkbox"/> OTHER			LAST FOUR DIGITS OF S.S.N.	
<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
RACE		CONTACT NUMBER		EMAIL		

4) NAME – <i>Last, First, Middle</i>		<input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP CHILD <input type="checkbox"/> OTHER			LAST FOUR DIGITS OF S.S.N.	
<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
RACE		CONTACT NUMBER		EMAIL		

5) NAME – <i>Last, First, Middle</i>		<input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP CHILD <input type="checkbox"/> OTHER			LAST FOUR DIGITS OF S.S.N.	
<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
RACE		CONTACT NUMBER		EMAIL		

Are you paying child support? YES NO a) If yes, which children? (Names) _____

b) Who has custody of the children? _____

c) Ever delinquent on payment? _____

d) How many times? _____

N/A **OTHER RELATIVES**

List all relatives employed by the City of Plymouth.

A) FULL NAME	RELATIONSHIP	DIVISION
B) FULL NAME	RELATIONSHIP	DIVISION
C) FULL NAME	RELATIONSHIP	DIVISION
D) FULL NAME	RELATIONSHIP	DIVISION

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 2 : RELATIVES *continued*

ADDITIONAL INFORMATION

List any information you did not have room for below. Include the section number for the information.

SECTION 3: REFERENCES

REFERENCES

List 3-6 people who know you well and have known for at least 5 years, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, housemates, or other people listed elsewhere. (Prefer local references)

A) NAME – <i>Last, First, Middle</i>	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		
How do you know this person? (ex: friend, teacher, family friend, co-worker)			How long have you known this person?	
B) NAME – <i>Last, First, Middle</i>	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		
How do you know this person? (ex: friend, teacher, family friend, co-worker)			How long have you known this person?	
C) NAME – <i>Last, First, Middle</i>	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		
How do you know this person? (ex: friend, teacher, family friend, co-worker)			How long have you known this person?	
D) NAME – <i>Last, First, Middle</i>	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		
How do you know this person? (ex: friend, teacher, family friend, co-worker)			How long have you known this person?	

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 3: REFERENCES *continued*

REFERENCES *continued*

E) NAME – <i>Last, First, Middle</i>	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		
How do you know this person? (ex: friend, teacher, family friend, co-worker)			How long have you known this person?	

F) NAME – <i>Last, First, Middle</i>	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		
How do you know this person? (ex: friend, teacher, family friend, co-worker)			How long have you known this person?	

SECTION 4: EDUCATION

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

Check applicable: High School Diploma GED

List high schools attended:

A) NAME	FROM (Mo/Yr)	TO (Mo/Yr)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CITY		
B) NAME	FROM (Mo/Yr)	TO (Mo/Yr)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CITY		

List all colleges, universities, trade, vocational, or business school/institutes attended:

A) NAME	FROM (Mo/Yr)	TO (Mo/Yr)	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	
B) NAME	FROM (Mo/Yr)	TO (Mo/Yr)	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 4: EDUCATION *continued*

EDUCATION *continued*

C) NAME	FROM (Mo/Yr)	TO (Mo/Yr)	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	
D) NAME	FROM (Mo/Yr)	TO (Mo/Yr)	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	
E) NAME	FROM (Mo/Yr)	TO (Mo/Yr)	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	

POLICE ACADEMY

A) ACADEMY NAME	FROM (Mo/Yr)	TO (Mo/Yr)	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER	
ADDRESS	CITY	STATE	ZIP

B) ACADEMY NAME	FROM (Mo/Yr)	TO (Mo/Yr)	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER	
ADDRESS	CITY	STATE	ZIP

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.

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 5: RESIDENCE

LIST OF RESIDENCES

- List **ALL** residences where you actually resided during the last ten (10) years, regardless of the length of time you resided there, beginning with your present address. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes. **Do not leave any gaps in time.**
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. **DO NOT LIST** military barracks, billet and/or ship-mates unless you shared individual quarters.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (Mo/Yr)	TO PRESENT
CITY	STATE	ZIP	NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH		
ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
CITY	STATE		ZIP		
NAMES OF THOSE WITH WHOM YOU LIVE:					
B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (Mo/Yr)	TO (Mo/Yr)
CITY	STATE	ZIP	NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH		
ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
CITY	STATE		ZIP		
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					
C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (Mo/Yr)	TO (Mo/Yr)
CITY	STATE	ZIP	NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH		
ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
CITY	STATE		ZIP		
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					
D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (Mo/Yr)	TO (Mo/Yr)
CITY	STATE	ZIP	NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH		
ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
CITY	STATE		ZIP		
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 5: RESIDENCE <i>continued</i>					
LIST OF RESIDENCES <i>continued</i>					
E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (Mo/Yr)	TO (Mo/Yr)
CITY	STATE	ZIP	NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH		
ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
CITY		STATE		ZIP	
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					
F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (Mo/Yr)	TO (Mo/Yr)
CITY	STATE	ZIP	NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH		
ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
CITY		STATE		ZIP	
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					
G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (Mo/Yr)	TO (Mo/Yr)
CITY	STATE	ZIP	NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH		
ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
CITY		STATE		ZIP	
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					
ROOMMATES: Please List all Former Roommates					
A) NAME				CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)		CITY		STATE	ZIP
NATURE OF RELATIONSHIP (Ex: RELATIVE, LANDORD, FRIEND, HOUSEMATE ONLY)				EMAIL	

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 5 : RESIDENCE <i>continued</i>			
LIST OF ROOMMATES <i>continued</i>			
B) NAME	CONTACT NUMBER		
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (Ex: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL		
C) NAME	CONTACT NUMBER		
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (Ex: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL		
D) NAME	CONTACT NUMBER		
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (Ex: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL		
E) NAME	CONTACT NUMBER		
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (Ex: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL		
F) NAME	CONTACT NUMBER		
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (Ex: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL		
G) NAME	CONTACT NUMBER		
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (Ex: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL		
Have you ever been evicted or asked to leave a residence? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever left a residence owing rent? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 5 : RESIDENCE *continued*

LIST OF ROOMMATES *continued*

If you answered yes to ever been evicted or asked to leave a residence or left a residence owing rent, explain (include when, where and circumstances):

SECTION 6 : EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- List **ALL** jobs you have had in the past ten (10) years, regardless of the length of time employed, including part-time, temporary, self-employment, internships and volunteer. **Begin with your most current employment.** If more space is needed you will be provided with another page that is identical to this one
- List **ALL** periods of unemployment. **Do not leave any gaps in time**

PERIOD OF UNEMPLOYMENT (only if applicable) 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 (Mo/Yr)	TO (Mo/Yr)
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A) NAME OF EMPLOYER	FROM (Mo/Yr)	TO (Mo/Yr)
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ADDRESS	SUPERVISOR	
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CITY	STATE	ZIP	CONTACT NUMBER	EXT.
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JOB TITLE	EMAIL	
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DUTIES / ASSIGNMENTS	Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer
----------------------	------------	--

NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING
---------------------------	----	--------------------

Would there be a problem if we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN: 	If resigned or quit, how many days/weeks notice did you give?
--	---------------------------------	--

PERIOD OF UNEMPLOYMENT (only if applicable) 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 (Mo/Yr)	TO (Mo/Yr)
---	---------------------	-------------------

B) NAME OF EMPLOYER	FROM (Mo/Yr)	TO (Mo/Yr)
----------------------------	---------------------	-------------------

ADDRESS	SUPERVISOR	
---------	------------	--

CITY	STATE	ZIP	CONTACT NUMBER	EXT.
------	-------	-----	----------------	------

JOB TITLE	EMAIL	
-----------	-------	--

DUTIES / ASSIGNMENTS	Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer
----------------------	------------	--

NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING
---------------------------	----	--------------------

REASON FOR LEAVING	If resigned or quit, how many days/weeks notice did you give?
---------------------------	--

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 (Mo/Yr)	TO (Mo/Yr)
--	---------------------	-------------------

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT					
JOB EXPERIENCE <i>continued</i>					
C) NAME OF EMPLOYER				FROM (Mo/Yr)	TO (Mo/Yr)
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			
REASON FOR LEAVING			If resigned or quit, how many days/weeks notice did you give?		
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 (Mo/Yr)	TO (Mo/Yr)
D) NAME OF EMPLOYER				FROM Mo/Yr	TO Mo/Yr
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			
REASON FOR LEAVING			If resigned or quit, how many days/weeks notice did you give?		
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 (Mo/Yr)	TO (Mo/Yr)

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT <i>continued</i>					
JOB EXPERIENCE <i>continued</i>					
E) NAME OF EMPLOYER				FROM (Mo/Yr)	TO (Mo/Yr)
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			
REASON FOR LEAVING			If resigned or quit, how many days/weeks notice did you give?		
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 (Mo/Yr)	TO (Mo/Yr)	
F) NAME OF EMPLOYER				FROM (Mo/Yr)	TO (Mo/Yr)
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			
REASON FOR LEAVING			If resigned or quit, how many days/weeks notice did you give?		
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 (Mo/Yr)	TO (Mo/Yr)	

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT *continued*

JOB EXPERIENCE *continued*

G) NAME OF EMPLOYER			FROM (Mo/Yr)	TO (Mo/Yr)
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer
NAMES OF CO-WORKERS 1)		2)		
REASON FOR LEAVING			If resigned or quit, how many days/weeks notice did you give?	
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 (Mo/Yr)	TO (Mo/Yr)

H) Have you ever applied to the City of Plymouth Police Department before? YES NO

1) Number of times? _____ 2) When? _____

3) If rejected, reason: _____

I) Have you ever applied for any other position with the City of Plymouth? YES NO

1) Number of times? _____ 2) Department? _____

3) For what position? _____ 4) Outcome _____

J) Have you ever applied to any other police department or law enforcement agency? YES NO

If yes, please list all agencies applied to:

WHAT AGENCIES	WHEN	WHERE	OUTCOME
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

5) Was a background investigation conducted? YES NO

K) Do you know any City of Plymouth Police Department Officers or other City of Plymouth employees well enough to make a recommendation about you? YES NO

(Name them, include telephone and/or cell numbers.)

NAME: _____ CONTACT NUMBER: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT *continued*

JOB EXPERIENCE *continued*

L) Do you know officers from other law enforcement agencies well enough to make a recommendation about you? YES NO
Name them, include telephone and/or cell numbers.
NAME: CONTACT NUMBER:
NAME: CONTACT NUMBER:

M) Have you ever been polygraphed before? YES NO 1) When? _____
2) Reason? _____

N) Have you ever been fired? YES NO 1) How many times? _____ 2) When? _____
3) Why? _____ 4) Employer? _____

O) Have you ever been asked to resign? YES NO 1) How many times? _____ 2) When? _____
3) Why? _____ 4) Employer? _____

P) Have you ever quit a job without giving sufficient notice? YES NO 1) How many times? _____
2) When? _____ 3) Why? _____ 4) Employer? _____

Before continuing, be sure you have listed all agencies you have applied with, including those that hired you as well as any that did not.

ONLY for persons with prior Law Enforcement Agency Employment

1) Have you worked for another police department or law enforcement agency? YES NO
a) Name of departments or agencies? _____
b) What were your dates of employment? From _____ To _____
c) Duties/Division? _____
d) Reason for leaving: Voluntarily resigned YES NO Asked to resign YES NO Fired YES NO
Layoff YES NO Still Employed YES NO
Why? _____

2) Are you eligible to return? YES NO

3) Has any disciplinary action been taken against you? YES NO
a) How many times? _____ b) When? _____ c) What for? _____
d) Disciplinary Actions and Type? _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT *continued*

POLICE QUESTIONS *continued*

4) Have you had any citizen complaints against you? YES NO

a) How many? _____ b) When? _____ c) What for? _____

d) Outcome? _____

5) Have you ever been the subject of an investigation? YES NO

a) How many times? _____ b) When? _____ c) By Whom? _____

d) What for? _____ e) Outcome? _____

6) Did you ever accept any bribes? YES NO

a) How many times? _____ b) What type of bribes? _____ c) Value? _____

d) What were they for? _____

7) Did you ever fail to turn in found, confiscated, or prisoner's property? YES NO

a) How many times? _____ b) What? _____

8) Have you ever used, experimented with, or tried any illegal drugs or substances while employed as a police officer? YES NO

a) If yes, complete the following:

<u>NAME OF DRUG OR SUBSTANCE</u>	<u>LAST TIME</u>	
	<u>(On duty)</u>	<u>(Off duty)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b) Comments: _____

9) Did you ever engage in any misconduct that went undetected? YES NO

a) How many times? _____ b) What? _____ c) When? _____

End of questions for candidates with prior law enforcement agency experience.

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT *continued*

MILITARY EXPERIENCE:

Did you register for the selective service? YES NO 1) If yes, give Selective Service number _____
(www.sss.gov/RegVer/wfVerification.aspx)

Have you ever applied and been rejected for military service? YES NO

1) When? _____ 2) Which branch of service? _____ 3) Why? _____

Have you ever served in the Army, Navy, Marine Corps, Air Force, R. O. T. C., or other military or semi-military organizations? YES NO

A) ORGANIZATION	ENLISTMENT DATE	DISCHARGE TYPE AND DATE	RANK
B) ORGANIZATION	ENLISTMENT DATE	DISCHARGE TYPE AND DATE	RANK
C) ORGANIZATION	ENLISTMENT DATE	DISCHARGE TYPE AND DATE	RANK
D) ORGANIZATION	ENLISTMENT DATE	DISCHARGE TYPE AND DATE	RANK

Have you ever receive any disciplinary action while in the armed services? YES NO
(Without exception include ALL Article 15's; Office Hours; Captain's Mast; NJP (Non-Judicial Punishments and/or JP's (Judicial Punishments etc.)

1) What for? _____ 2) Disciplinary Action received? _____

Have you ever been court-martialed? YES NO

1) How many times? _____ 2) If you were court-martialed, what type of court-martial did you receive?
 Summary General Special

3) What for? _____ 4) Disposition? _____

5) Are you eligible to re-enlist? YES NO

MILITARY EXPERIENCE

- List **ALL** military assignments. Starting with current / last assignment and ending with Basic Training and/or Boot Camp.
- List the name and contact information for your immediate CO (supervisor) at the time regardless of their current assignment status.
- If you have reserve duty, enter your military base, assignments, or unit of assignment.

ASSIGNMENT / BASE			FROM (Mo/Yr)	TO (Mo/Yr)
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS				
1) _____			2) _____	

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT <i>continued</i>					
MILITARY EXPERIENCE <i>continued</i>					
ASSIGNMENT / BASE				FROM (Mo/Yr)	TO (Mo/Yr)
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS					
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS 1)				2)	
ASSIGNMENT / BASE				FROM (Mo/Yr)	TO (Mo/Yr)
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS					
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS 1)				2)	
ASSIGNMENT / BASE				FROM (Mo/Yr)	TO (Mo/Yr)
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS					
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS 1)				2)	
ASSIGNMENT / BASE				FROM (Mo/Yr)	TO (Mo/Yr)
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS					
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS 1)				2)	

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT *continued*

MILITARY EXPERIENCE *continued*

ASSIGNMENT / BASE			FROM (Mo/Yr)	TO (Mo/Yr)
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS 1)		2)		

ASSIGNMENT / BASE			FROM (Mo/Yr)	TO (Mo/Yr)
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS 1)		2)		

ASSIGNMENT / BASE			FROM (Mo/Yr)	TO (Mo/Yr)
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS 1)		2)		

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 7 : FINANCIAL OBLIGATIONS

List all current financial obligations.

CREDITOR	TOTAL DEBT	AMOUNT PER MONTH	ARE YOU DELINQUENT?
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 7 : FINANCIAL OBLIGATIONS

List all current financial obligations. continued

A) Have you ever had any bills placed for collection? YES NO

1) How many? _____ 2) When? _____

3) If placed for collection, what was the total amount owed on each account? _____

4) Have you made attempts to either contact or resolve the amount(s) with the collection agency? YES NO

Was agreement reached? YES NO When? _____

5) Have you made any attempts to resolve any debt with the creditor? YES NO

1) Was it resolved? YES NO 2) When? _____

B) Have you ever had a check returned because of insufficient funds? YES NO

1) How many times? _____ 2) How many times in the last 12 months? _____

3) When was the last time? _____ 4) Cumulative Total? _____

5) Intentionally? YES NO 6) Unintentionally? YES NO

C) Have you ever declared bankruptcy or filed a chapter that comes under the bankruptcy act? YES NO

1) When? _____ 2) Why? _____ 3) Disposition? _____

4) Have you re-established credit? YES NO 5) If yes, how long ago? _____

6) If bankruptcy was filed, what were the circumstances? _____

7) What were the names of creditors involved in the bankruptcy? _____

8) Were you delinquent on these accounts when you filed bankruptcy? YES NO

1) How long? _____ 2) Additional Comments: _____

D) Have you ever received any financial aid you were not entitled to? YES NO

E) Are you a co-signer on an outstanding loan? YES NO

1) For whom? _____ 2) How much? _____

F) Have you ever been sued (including divorce)? YES NO 1) By Whom _____

2) When? _____ 3) What for? _____

4) Settled or Pending? _____ 5) In or out of Court? _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 7 : FINANCIAL OBLIGATIONS *continued*

List all current financial obligations. *continued*

G) Have you ever sued anyone (including divorce)? YES NO **1) By Whom** _____

2) When? _____ **3) What for?** _____

4) Settled or Pending? _____ **5) In or out of Court?** _____

H) Have you ever had a vehicle repossessed? YES NO **1) When?** _____

2) Why? _____ **3) Disposition?** _____

4) Additional Comments: _____

I) Have you ever purchased a house that went into foreclosure? YES NO **1) When?** _____

2) Why? _____ **3) Disposition?** _____

4) Additional Comments: _____

SECTION 8 : Motor Vehicle Operation

Please provide the requested information regarding your driving history.

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

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.

HAVE YOU EVER BEEN REFUSED A LICENSE BY ANY STATE?..... YES
 NO

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

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 8 : Motor Vehicle Operation *continued*

DRIVING HISTORY *continued*

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, PLACED ON PROBATION OR REVOKED? YES NO

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

LIST YOUR CURRENT LIABILITY INSURANCE ON YOUR VEHICLE(S):

A) TYPE OF INSURANCE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT			VEHICLE LICENSE NUMBER AND STATE		
VEHICLE MAKE	VEHICLE MODEL	YEAR	COLOR		
INSURANCE COMPANY			POLICY NUMBER	EXPIRES	
ADDRESS (NUMBER / STREET)	CITY	STATE	ZIP	CONTACT NUMBER	

B) TYPE OF INSURANCE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT			VEHICLE LICENSE NUMBER AND STATE		
VEHICLE MAKE	VEHICLE MODEL	YEAR	COLOR		
INSURANCE COMPANY			POLICY NUMBER	EXPIRES	
ADDRESS (NUMBER / STREET)	CITY	STATE	ZIP	CONTACT NUMBER	

List all traffic citations (do not include parking tickets), whether you were convicted or not:

A) CHARGE / NATURE OF VIOLATION	CITY AND STATE	DATE
ACTION TAKEN / DISPOSITION <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Dismissed <input type="checkbox"/> Defensive Driving Course		
B) CHARGE / NATURE OF VIOLATION	CITY AND STATE	DATE
ACTION TAKEN / DISPOSITION <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Dismissed <input type="checkbox"/> Defensive Driving Course		
C) CHARGE / NATURE OF VIOLATION	CITY AND STATE	DATE
ACTION TAKEN / DISPOSITION <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Dismissed <input type="checkbox"/> Defensive Driving Course		
D) CHARGE / NATURE OF VIOLATION	CITY AND STATE	DATE
ACTION TAKEN / DISPOSITION <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Dismissed <input type="checkbox"/> Defensive Driving Course		

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 8: MOTOR VEHICLE OPERATION *continued*

LIST ALL TRAFFIC CITATIONS *continued*

E) CHARGE / NATURE OF VIOLATION	CITY AND STATE	DATE
--	-----------------------	-------------

ACTION TAKEN / DISPOSITION <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Dismissed <input type="checkbox"/> Defensive Driving Course
--

F) CHARGE / NATURE OF VIOLATION	CITY AND STATE	DATE
--	-----------------------	-------------

ACTION TAKEN / DISPOSITION <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Dismissed <input type="checkbox"/> Defensive Driving Course
--

G) 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

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident? YES NO

If yes, please list the 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
----------------	---	-------------	--------------	------------

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

D) 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
--	-------------------------------	---

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
--------------------------------	---	-------------	--------------	------------

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 8: MOTOR VEHICLE OPERATION *continued*

LIST ALL TRAFFIC CITATIONS *continued*

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

SECTION 9: CRIMINAL ACTIVITY

List all arrests whether you were charged or not (including juvenile arrests): Please mark "M" for Misdemeanor and "F" for Felony. Being "arrested" is defined as the taking into custody of a person for the purpose of holding or detaining him/her to answer a criminal charge or civil demand.

Being arrested can include any of the following:

- a. Being placed in jail for ANY REASON (with or without charges) (This can include, but is not limited to: traffic offenses, old traffic warrants, municipal offenses, municipal court warrants, county court offenses, county court warrants, etc.)
- b. Being detained and issued a citation for a misdemeanor offense (examples: Shoplifting or Disorderly Conduct.)
- c. Being detained and questioned by the police
- d. Being placed in jail for traffic-related offenses greater than a Municipal Court fine (examples – Driving While Intoxicated (Alcohol or an Unknown Substance), Driving While License Suspended, Failure to Stop and Give Information, etc.

A conviction is generally the result of a criminal trial which ends in a judgment or sentence of guilt. For the purpose of this form, the term conviction also includes the following:

- a. A judgment of guilt by a judge/jury
- b. A plea of guilty or no contest by an individual
- c. A sentence of confinement to jail or prison or to a term of probation
- d. A finding of Deferred Adjudication
- e. The paying of a fine (this can include restitution paid to a business or individual and/or court costs).

A) CHARGE <input type="checkbox"/> M <input type="checkbox"/> F	CITY AND STATE	CONVICTED OR DISMISSED	DATE
B) CHARGE <input type="checkbox"/> M <input type="checkbox"/> F	CITY AND STATE	CONVICTED OR DISMISSED	DATE
C) CHARGE <input type="checkbox"/> M <input type="checkbox"/> F	CITY AND STATE	CONVICTED OR DISMISSED	DATE
D) CHARGE <input type="checkbox"/> M <input type="checkbox"/> F	CITY AND STATE	CONVICTED OR DISMISSED	DATE
E) CHARGE <input type="checkbox"/> M <input type="checkbox"/> F	CITY AND STATE	CONVICTED OR DISMISSED	DATE

F) Have you ever been questioned or detained by any law enforcement officer for any situation which may have involved you as a victim, witness, reportee, or suspect other than a traffic stop? YES NO 1) If yes, explain:

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 9: CRIMINAL ACTIVITY *continued*

List all Class C Misdemeanor citations issued to you: (Non-traffic related)

A) CHARGE	CITY AND STATE	CONVICTED DISMISSED	OR	DATE
B) CHARGE	CITY AND STATE	CONVICTED DISMISSED	OR	DATE
C) CHARGE	CITY AND STATE	CONVICTED DISMISSED	OR	DATE
D) CHARGE	CITY AND STATE	CONVICTED DISMISSED	OR	DATE
E) CHARGE	CITY AND STATE	CONVICTED DISMISSED	OR	DATE

SECTION 9: CRIMINAL ACTIVITY

Please read carefully and answer the following questions pertaining to domestic violence, family violence and dating violence.

DOMESTIC VIOLENCE

Domestic Violence means an offense that has its factual basis, the use or attempted use of physical force, or threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated by a spouse, parent or guardian of the victim (per 18 U.S. C§921(33)(a)).

Have you ever been convicted of a domestic violence crime?..... YES NO

If yes, state the approximate date:
Provide a brief summary of the above incident(s) to include the county and court in which this case was heard, if applicable.

Has a person made any allegations of domestic violence against you? YES NO

If yes, state the approximate date:
Provide a brief summary of the above incident(s) to include the county and court in which this case was heard, if applicable.

_____ Initial here to verify that you have read and understand the information regarding domestic violence.

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 9: CRIMINAL ACTIVITY *continued*

FAMILY VIOLENCE

Family violence means:
(1) An act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself; or
(2) Abuse by a member of a family or household toward a child of the family or household; or
(3) Dating violence.

Have you ever been convicted of family violence? YES NO

If yes, state the approximate date:
Provide a brief summary of the above incident(s) to include the county and court in which this case was heard, if applicable.

Has a person made any allegations of family violence against you? YES NO

If yes, state the approximate date:
Provide a brief summary of the above incident(s) to include the county and court in which this case was heard, if applicable.

_____ Initial here to verify that you have read and understand the information regarding family violence.

DATING VIOLENCE

Dating violence means:
(A) An act by an individual that is against another individual with whom that person has or has had a dating relationship and that is intended to result in physical harm, bodily injury, assault, sexual assault, or that is a threat that reasonably places the individual in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself .
(B) A dating relationship is defined as a relationship between individuals who have or have had a continuing social relationship of a romantic or intimate nature.
(C) The existence of such a relationship shall be determined based on consideration of the length of the relationship, the nature of the relationship and the frequency and type of interaction between the people involved in the relationship. A casual acquaintanceship or ordinary fraternization in a business or social context does not constitute a "dating relationship."

Have you ever been convicted of dating violence? YES NO

If yes, state the approximate date:
Provide a brief summary of the above incident(s) to include the county and court in which this case was heard, if applicable.

Has a person made any allegations of dating violence against you? YES NO

If yes, state the approximate date:
Provide a brief summary of the above incident(s) to include the county and court in which this case was heard, if applicable.

_____ Initial here to verify that you have read and understand the information regarding dating violence.

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 9: CRIMINAL ACTIVITY

FAMILY ARREST

Have any members of your immediate family (parents, children, brothers, sisters, spouse) or close relative (those whom you associate with or could be influenced by ever been arrested? YES NO If yes, complete the following)

- 1) Name: _____
- 2) Relationship: _____
- 3) DOB: _____
- 4) When and Where? _____
- 5) What for? _____
- 6) Number of times convicted for felonies? _____
- 7) For misdemeanors? _____
- 8) Disposition? _____
- 9) How did you feel about what they did? _____
- 10) Additional Comments: _____

FAMILY ARREST *continued*

Additional Family Members? YES NO

- 1) Name: _____
- 2) Relationship _____
- 3) DOB: _____
- 4) When and Where? _____
- 5) What for? _____
- 6) Number of times convicted for felonies? _____
- 7) For misdemeanors? _____
- 8) Disposition? _____
- 9) How did you feel about what they did? _____
- 10) Additional Comments: _____

Please include a brief description of each arrest.

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

I REPRESENT AND WARRANT THAT THE ANSWERS I HAVE MADE TO EACH AND ALL OF THE FOREGOING QUESTIONS ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF; AND THAT FALSIFICATION, MISREPRESENTATION, OR OMISSION OF ANY INFORMATION MAY BE JUST CAUSE FOR THE REJECTION OF THE APPLICATION.

DATE

SIGNATURE OF APPLICANT