

## Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for a sworn position with the Elyria Police Department. All information provided herein will be subject to verification through source documentation, truth verification and screen procedures.

- It is your responsibility to complete this form and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form (page 26) and identify the additional information by the question number.
- Return the completed form along with your application to the Civil Service Commission.

### Disqualification

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

***BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.***

#### Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the Ohio Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

***WARNING: The Ohio Revised Code provides penalties for making false statements of material fact or for practicing fraud or deception in obtaining city employment. Such penalties include rejection of appointment or discharge after employment, and/or prosecution under Section 2921.13 of the Revised Code.***

***I have read and I understand the above instructions.***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – Police Officer

EPD BG.1P (Rev 02/2015)

## SECTION 1: PERSONAL

<b>1. YOUR FULL NAME</b>					
LAST	FIRST	MIDDLE			
<b>2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)</b>					<input type="checkbox"/> N/A
<b>3. ADDRESS WHERE YOU LIVE</b>					
NUMBER / STREET				APT / UNIT	
CITY			STATE	ZIP	
<b>4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)</b>					
<b>5. CONTACT NUMBERS</b>					
HOME ( )	WORK ( )	EXT	OTHER ( )	<input type="checkbox"/> CELL	<input type="checkbox"/> FAX
<b>6. CONTACT EMAIL</b>			<b>7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)</b>		
<b>8. CITIZENSHIP</b>					
Are you a U.S. citizen? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)</b>					
<b>10. BIRTHDATE (MM/DD/YYYY)</b>		<b>11. SOCIAL SECURITY NUMBER</b>		<b>12. DRIVER'S LICENSE</b>	
		- -		NUMBER:	STATE: EXPIRES:
<b>13. PHYSICAL DESCRIPTION</b>					
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:		

## SECTION 2: RELATIVES AND REFERENCES

<b>14. IMMEDIATE FAMILY</b>					
<ul style="list-style-type: none"> <li>Provide all applicable information in the spaces below.</li> <li>Mark "N/A" if a category is not applicable.</li> <li>Mark "Deceased," if appropriate.</li> <li>If more space is needed, continue on page 26 – reference corresponding numbers.</li> </ul>					

<b>14.A Spouse / Domestic Partner</b>					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)			Is there, or has there ever been, a protection order in effect involving you and this individual? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>14.B Former Spouse / Former Domestic Partner</b>					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		DATE OF DISSOLUTION / (MM/YYYY)	Is there, or has there ever been, a protection order in effect involving you and this individual? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 2: RELATIVES AND REFERENCES** *continued*

**14.C Parents / Guardians**

List **ALL** parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc.

**14.C.1 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  In-law  Other: \_\_\_\_\_  Deceased

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

**14.C.2 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  In-law  Other: \_\_\_\_\_  Deceased

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

**14.C.3 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  In-law  Other: \_\_\_\_\_  Deceased

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

**14.C.4 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  In-law  Other: \_\_\_\_\_  Deceased

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

**14.D Brothers / Sisters**  N/A

List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.

**14.D.1 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: \_\_\_\_\_

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

**14.D.2 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: \_\_\_\_\_

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 2: RELATIVES AND REFERENCES** *continued*

**14.D.3 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: \_\_\_\_\_

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

**14.D.4 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: \_\_\_\_\_

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

**14.E Children**  N/A

List **ALL 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/guardian, if other than you.

**14.E.1 Child:**  Son  Daughter  Other: \_\_\_\_\_

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		

**14.E.2 Child:**  Son  Daughter  Other: \_\_\_\_\_

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		

**14.E.3 Child:**  Son  Daughter  Other: \_\_\_\_\_

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		

**14.E.4 Child:**  Son  Daughter  Other: \_\_\_\_\_

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		

**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 2: RELATIVES AND REFERENCES *continued***

**15. LIST OF REFERENCES**

- List 6 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.

15.1	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE (    )		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE (    )		CELL PHONE (    )	EMAIL			
	How do you know this person?				How long have you known this person?		
15.2	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE (    )		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE (    )		CELL PHONE (    )	EMAIL			
	How do you know this person?				How long have you known this person?		
15.3	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE (    )		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE (    )		CELL PHONE (    )	EMAIL			
	How do you know this person?				How long have you known this person?		
15.4	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE (    )		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE (    )		CELL PHONE (    )	EMAIL			
	How do you know this person?				How long have you known this person?		
15.5	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE (    )		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE (    )		CELL PHONE (    )	EMAIL			
	How do you know this person?				How long have you known this person?		
15.6	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE (    )		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE (    )		CELL PHONE (    )	EMAIL			
	How do you know this person?				How long have you known this person?		

**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 3: EDUCATION**

- **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on page 26.*

16. CHECK APPLICABLE		MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> GED:	/

**17. LIST HIGH SCHOOL(S) ATTENDED**

17.1	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
		CITY	STATE	

17.2	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
		CITY	STATE	

**18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED**

18.1	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)				TYPE OF DEGREE EARNED
	CITY		STATE	ZIP	MAJOR / AREA OF STUDY

18.2	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)				TYPE OF DEGREE EARNED
	CITY		STATE	ZIP	MAJOR / AREA OF STUDY

18.3	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)				TYPE OF DEGREE EARNED
	CITY		STATE	ZIP	MAJOR / AREA OF STUDY

18.4	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)				TYPE OF DEGREE EARNED
	CITY		STATE	ZIP	MAJOR / AREA OF STUDY

**19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED**

19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
			/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
		CITY	STATE	TYPE OF SCHOOL OR TRAINING	

**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 3: EDUCATION** *continued*

19.2	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	

20. Have you ever taken a Concealed Carry Course? .....  Yes  No  
 IF YES, provide the following information:

A. COURSE PRESENTER NAME	LOCATION (CITY / STATE)
B. COURSE COMPLETION	COMPLETION DATE (MM/YYYY)
Did you successfully complete the course?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	/

21. Have you ever attended an **OPOTA** Basic Course/Academy? .....  Yes  No  
 IF YES, provide the following information:

21.1	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				( )
21.2	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				( )

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or OPOTA basic course/academy? .....  Yes  No  
 IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or OPOTA basic course. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4: RESIDENCE HISTORY**

23. LIST OF RESIDENCES

- List all residences **during the last 10 years or since age 15**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do **NOT** use PO 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 your response on page 26.*

23.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	<b>Present</b>
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER
					( )
	CITY	STATE	ZIP	EMAIL	
Name(s) of those with whom you live:					

**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 4: RESIDENCE HISTORY** *continued*

<b>23.2</b>	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	<b>IF RENTING:</b> PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				( )	
CITY		STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					

<b>23.3</b>	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	<b>IF RENTING:</b> PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				( )	
CITY		STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					

<b>23.4</b>	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	<b>IF RENTING:</b> PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				( )	
CITY		STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					

<b>23.5</b>	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	<b>IF RENTING:</b> PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				( )	
CITY		STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					



**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 4: RESIDENCE HISTORY** *continued*

**24. LIST OF HOUSEMATES**

- Provide contact information for all housemates listed in **Question 23** with whom you have resided **during the past 10 years or since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- *If more space is needed, continue your response on page 26.*

<b>24.1</b>	NAME OF HOUSEMATE		CONTACT NUMBER	
			(    )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL	

<b>24.2</b>	NAME OF HOUSEMATE		CONTACT NUMBER	
			(    )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL	

<b>24.3</b>	NAME OF HOUSEMATE		CONTACT NUMBER	
			(    )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL	

<b>24.4</b>	NAME OF HOUSEMATE		CONTACT NUMBER	
			(    )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL	

<b>24.5</b>	NAME OF HOUSEMATE		CONTACT NUMBER	
			(    )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL	

25. Have you ever been evicted or asked to leave a residence? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Have you ever left a residence owing rent, utilities, or other household expenses? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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# PERSONAL HISTORY STATEMENT – Police Officer

EPD BG.1P (Rev 02/2015)

## SECTION 5: EXPERIENCE AND EMPLOYMENT

### 27. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- 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**.
- *If more space is needed, continue your response on page 26.*

27.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR WANTING TO LEAVE		
1)		2)			
Would there be a problem if we contact your current employer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, explain:					

27.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____			/	/

27.3	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)		2)			

27.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____			/	/

**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

27.5	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____	/	/

27.7	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____	/	/

27.9	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____	/	/

**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

27.11	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)   2)					

27.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____	/	/

27.13	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)   2)					

27.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____	/	/

27.15	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)   2)					

27.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____	/	/

**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

27.17	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.18	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____	/	/

27.19	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.20	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____	/	/

28.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, and suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	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
30.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	Have you ever quit without giving notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34.	Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35.	Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

# PERSONAL HISTORY STATEMENT – Police Officer

EPD BG.1P (Rev 02/2015)

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

36. Did you ever receive an unsatisfactory performance review?.....  Yes  No

37. Have you ever sold, released, or given away legally confidential information?.....  Yes  No

38. Have you ever called in sick when you were neither sick nor caring for a sick family member? .....  Yes  No  
 IF YES, how many sick days have you used in the past five years which were not due to illness? \_\_\_\_ Days

If you answered "YES" to any of **Questions 28–38**, explain (include when, where, and circumstances – *reference corresponding numbers*).

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39. In the **past three years**, have you missed days or been late to work due to drug or alcohol consumption?.....  Yes  No  
 IF YES, how often? \_\_\_\_

40. Has your work performance ever been affected by your use of alcohol or drugs?.....  Yes  No  
 IF YES, when? \_\_\_\_ Name of employer: \_\_\_\_

41. In the **past three years**, have you been warned by an employer about your drinking or drug habits and their impact on your performance? .....  Yes  No  
 IF YES, when? \_\_\_\_ Name of employer: \_\_\_\_

42. Have you **ever** applied for **any** position at another law enforcement agency (city, county, state, or federal)? .....  Yes  No

- If you answered "YES" to **Question 42**, list **EVERY** agency you have applied to, starting with the most recent.
- Give complete and accurate addresses.
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on page 26.

42.1	NAME OF LAW ENFORCEMENT AGENCY	DATE APPLIED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
	CITY	STATE	ZIP
			CONTACT NUMBER ( )
	POSITION APPLIED FOR	EMAIL	
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:			
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer			
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired			

**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

42.2	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	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:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

  

42.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	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:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

  

42.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	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:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

  

42.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	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:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

42.6	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	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:					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					

42.7	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	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:					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					

**SECTION 6: MILITARY EXPERIENCE**

43. Are you required to register for the Selective Service? .....  Yes  No  
 IF YES, have you registered?.....  Yes  No  
 IF NO, explain: \_\_\_\_\_

44. Have you ever served in the military? .....  Yes  No

45. If you answered "YES" to Question 44, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/
TYPE OF DISCHARGE		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		
Re-entry Code (1–4) if applicable – refer to your DD-214: _____		

46. Are you currently participating in one of the following?  
 Military Reserve   
 National Guard   
 IF CHECKED, date obligation ends (MM/DD/YY): \_\_\_\_\_

47. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, Article 15, Letter of Reprimand, court martial, captain's mast, office hours, company punishment)? .....  Yes  No

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

49. Have you ever taken military property without permission for personal use, to sell, or to give away? .....  Yes  No



**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 6: MILITARY EXPERIENCE** *continued*

If you answered "YES" to any of **Questions 47–49**, explain (include dates and circumstances).

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**SECTION 7: FINANCIAL**

**50. INCOME AND EXPENSES**

- For each of the following questions (**50A, B, C**), fill in the amounts to the nearest dollar.
- For **Question 50C**: 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 obligations you may have.

A) From your employer(s), what is your take-home monthly income?.....	\$ _____per month
B) Do you have other sources of income? (IF YES, fill in amount and explain.).....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____per month
Explain: _____	
C) How much do you spend each month?.....	\$ _____per month

51. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. Have any of your bills ever been turned over to a collection agency? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Have you ever had purchased goods repossessed? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. Have your wages ever been garnished? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. Have you ever been delinquent on income or other tax payments? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
56. Have you ever failed to file income tax or cheated/lied on an income tax form? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
57. Have you ever had an employment bond refused? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. Have you ever avoided paying any lawful debt by moving away? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. Have you ever defaulted on (failed to pay) a loan? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
60. Have you ever borrowed money to pay for a gambling debt? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, do you currently have any outstanding debts as a result of gambling? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
61. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Have you written three or more bad checks in a one-year period? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "YES" to any of **Questions 51–63**, explain (include when, where, and why – *reference corresponding numbers*).

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**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 8: LEGAL**

► Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a police officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- If more space is needed, continue your response on page 26.

64. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? .....  Yes  No

IF YES, explain each incident:

64.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	

DISPOSITION OR PENALTY

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64.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	

DISPOSITION OR PENALTY

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64.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	

DISPOSITION OR PENALTY

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65. Have you ever been placed on court probation? .....  Yes  No

66. 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

67. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....  Yes  No

68. Have the police ever been called to your home for any reason? .....  Yes  No

69. Have you or your spouse/partner ever been referred to Children Services? .....  Yes  No

70. Have you ever been the Subject of a criminal or civil protection order/restraining order/stay-away order? .....  Yes  No

**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 8: LEGAL** *continued*

71.	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
72.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
73.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
74.	Have you ever filed a false insurance or workers' compensation claim? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to any of **Questions 65–74**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**► Involvement in Criminal Acts – Part 1**

75. Have you committed any of the following acts ***within the past 10 years?*** (You do NOT have to report any acts committed ***prior to age 15.***)

- You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Auxiliary/Explorer/Police Cadet.
- **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.**

75.1	Animal abuse and/or neglect .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.2	Telecommunication harassment (Annoying, obscene, or harassing contacts by telephone or other electronic communication device) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.3	Assault (cause or attempt to cause physical harm to another) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.4	Brandishing a weapon (any type of weapon) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.5	Carrying a <u>concealed</u> weapon without a permit .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.6	Contributing to the delinquency of a minor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.7	Theft by Deception (not paying for food or room at a hotel/motel, campground, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.8	Domestic Violence (cause or attempt to cause physical harm to family/household member) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.9	Driving under the influence of alcohol and/or drugs .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.10	Disorderly Conduct (violent turbulent behavior, intoxicated in a public place) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.11	Filing a false police report .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.12	Hit & run collision (no injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.13	Illegal gambling .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 8: LEGAL** *continued*

75.14	Falsification (knowingly make a false statement in any official proceeding or to mislead a public official) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.15	Impersonating a police officer (pretending to be a police officer) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.16	Public Indecency and/or lewd or obscene conduct .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.17	Intentionally writing a bad check .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.18	Unauthorized Use of Motor Vehicle (using a car or other vehicle without owner’s permission).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.19	Voyeurism (including, but not limited to, looking through a window or opening with the intent to invade someone’s privacy) ....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.20	Petty theft (value up to \$1000, including shoplifting/switching price tags) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.21	Possession of alcohol (Under 21 years of age) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.22	Possession of falsified or altered identification, including use of another person’s ID (for any reason).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.23	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.24	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.25	Reckless driving.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.26	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.27	Criminal Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.28	Criminal Damaging or Mischief (property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.29	Any other act amounting to a misdemeanor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered “YES” to **ANY** of the item(s) in **Question 75**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 75.5) for each explanation.*
- *If more space is needed, continue your response on page 26.*

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**► Involvement in Criminal Acts – Part 2**

76. **At any time in your life**, have you **EVER** committed any of the following acts?

**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.**

76.1	Arson (intentionally destroying property by setting a fire) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.2	Assault with a deadly weapon or dangerous ordinance (cause or attempt to cause serious physical harm) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.3	Extortion (to obtain any valuable thing or benefit or to induce another to do an unlawful act) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 8: LEGAL** *continued*

76.4	Burglary (trespass into an occupied structure to commit theft or other crime) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.5	Unlawful sexual conduct with a minor (performing unlawful acts with a child, inappropriate touching of a child) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.6	Domestic Violence (Felony, 2 <sup>nd</sup> offense, serious physical harm) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.7	Felony drunk driving (involving injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.8	Rape (Forcible or statutory) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.9	Forgery (falsifying any type of document, check certificate, license, currency, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.10	Fraudulent use of a credit, ATM, debit, and/or check card .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.11	Grand theft (value of over \$1000, motor vehicle, dangerous drug, or any firearm) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.12	Hit & run (with injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.13	Hate crimes .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.14	Illegal sex acts (sexual battery, gross sexual imposition, sexual imposition, importuning, pandering obscenity) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.15	Insurance fraud .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.16	Murder, homicide, attempted murder, manslaughter .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.17	Perjury (lying under oath) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.18	Possession of an explosive/destructive device .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.19	Robbery (theft from another person using a weapon, force, or fear) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.20	Menacing by Stalking .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.21	Theft of a vehicle and/or vehicle parts .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.22	Viewing and/or possessing child pornography .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.23	Breaking and Entering (Trespass in an unoccupied structure to commit theft or any offense).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.24	Any other act amounting to a felony .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered “YES” to **ANY** of the item(s) in **Question 76**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 76.3) for each explanation.*
- *If more space is needed, continue your response on page 26.*

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**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 8: LEGAL** *continued*

**▶ Illegal Use of Drugs**

- For the purpose of responding to the following questions, “illegal drugs” include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.”
- Your responses should include — **but not be limited to** — your use of any of the following:

- |   |   |
|---|---|
| ▶ Amphetamines / Methamphetamines ( <i>Uppers, Speed, Crank, etc</i> )              | ▶ Marijuana ( <i>with or without a prescription</i> ) |
| ▶ Barbiturates ( <i>Downers</i> )   | ▶ Mescaline   |
| ▶ Cocaine / Crack Cocaine   | ▶ Morphine  |
| ▶ Designer Drugs ( <i>Ecstasy, Bath Salts, Synthetic Heroin or Cannabis, etc.</i> ) | ▶ PCP / Angel Dust                                    |
| ▶ GHB ( <i>Date Rape Drug</i> )   | ▶ Quaaludes   |
| ▶ Hallucinogens ( <i>Peyote, LSD, Mushrooms</i> )                                   | ▶ Steroids  |
| ▶ Hashish / Hashish Oil   | ▶ Tetrahydrocannabinol (THC, Wax)                     |
| ▶ Heroin / Opium  | ▶ Glue, paint, or any substance containing toluene    |

77. **Within the past TWO YEARS**, have you used any drug(s) as indicated and described above? .....  Yes  No

IF YES, give details including **drug(s) used, most recent date used, and circumstances:**

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78. **Prior to the past TWO YEARS:**

- 1. I have **never** used any illegal drug as indicated and described above.
- 2. I have tried or used one or more illegal drugs as indicated and described above, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*)
- 3. I have used one or more illegal drugs as indicated and described above on five or more occasions.

IF YOU CHECKED BOX 2 or 3, give details including **drug(s) used, most recent date used, and circumstances:**

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79. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription:

- Sold     Manufactured     Purchased     Furnished     Cultivated     Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s), and circumstances.**

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80. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? .....  Yes  No

IF YES, explain:

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**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 9: MOTOR VEHICLE INFORMATION**

81. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

82. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

83. Have you ever been issued a driver's license by any other state? .....  Yes  No  
 IF YES, explain (include when and where):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

84. Has your driver's license ever been suspended or revoked? .....  Yes  No  
 IF YES, explain (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

85. List your current liability insurance on your vehicle(s).

85.1	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)	VEHICLE LICENSE	
	INSURANCE COMPANY			POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY)	
	ADDRESS (NUMBER/STREET)			CITY	STATE	ZIP	CONTACT NUMBER ( )
85.2	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)	VEHICLE LICENSE	
	INSURANCE COMPANY <input type="checkbox"/> SAME AS LISTED ABOVE			POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY)	
	ADDRESS (NUMBER/STREET)			CITY	STATE	ZIP	CONTACT NUMBER ( )
85.3	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)	VEHICLE LICENSE	
	INSURANCE COMPANY <input type="checkbox"/> SAME AS LISTED ABOVE			POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY)	
	ADDRESS (NUMBER/STREET)			CITY	STATE	ZIP	CONTACT NUMBER ( )

**PERSONAL HISTORY STATEMENT – Police Officer**

EPD BG.1P (Rev 02/2015)

**SECTION 9: MOTOR VEHICLE OPERATION** *continued*

86. List all traffic citations, excluding parking citations, you have received **within the past seven years**. *If more space is needed, continue your response on page 26.*

86.1	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		
86.2	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		
86.3	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		

87. 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:

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88. Have you been involved as the driver in a motor vehicle accident **within the past seven years**? .....  Yes     No  
 IF YES, give details below.

88.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/ <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
88.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/ <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
88.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/ <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

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

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

90. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? .....  Yes     No

IF YES, PROVIDE NAME OF INSURANCE COMPANY AND GIVE REASON	DATE (MM/YYYY)
	/





