

SKILLS AND CERTIFICATIONS

List all equipment/machines you can operate and the years of experience you have had with each.

Equipment / Machine		Years of Experience	
Typing	_____ (WPM)	Computer	_____ (Years)
Other Skills:		Years	
Licenses or Certifications Held:		Expiration (if applicable)	

EMPLOYMENT DATA

List all experience starting with present or most recent employer first.

Most Recent or Present Employer

Name of Employer		From		To	
Address					
Phone Number		Your Title			
Salary/Monthly or Hourly	Beginning		Ending		
Describe in detail your duties and responsibilities:					
Number and kind of employees you supervised if applicable:					
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No
Reason for Leaving					

Next Previous Employer

Name of Employer		From		To	
Address					
Phone Number		Your Title			
Salary/Monthly or Hourly	Beginning		Ending		
Describe in detail your duties and responsibilities:					

Number and kind of employees you supervised if applicable:						
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Reason for Leaving						

Next Previous Employer

Name of Employer		From		To		
Address						
Phone Number		Your Title				
Salary/Monthly or Hourly	Beginning		Ending			
Describe in detail your duties and responsibilities:						
Number and kind of employees you supervised if applicable:						
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Reason for Leaving						

Next Previous Employer

Name of Employer		From		To		
Address						
Phone Number		Your Title				
Salary/Monthly or Hourly	Beginning		Ending			
Describe in detail your duties and responsibilities:						
Number and kind of employees you supervised if applicable:						
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Reason for Leaving						

Next Previous Employer

Name of Employer		From		To		
Address						
Phone Number		Your Title				
Salary/Monthly or Hourly	Beginning		Ending			
Describe in detail your duties and responsibilities:						
Number and kind of employees you supervised if applicable:						
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Reason for Leaving						

<u>Next Previous Employer</u>					
Name of Employer		From		To	
Address					
Phone Number			Your Title		
Salary/Monthly or Hourly	Beginning		Ending		
Describe in detail your duties and responsibilities:					
Number and kind of employees you supervised					
Your Supervisor			May We Contact		Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Leaving					

<u>REFERENCES</u>					
List those that know of your abilities. Please list at least two professional/work references.					
Name	Occupation	Relationship	City	State	Phone
Do you have relatives who work for the City of Sheridan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, whom: _____					

<u>AFFIDAVIT, CONSENT AND RELEASE</u>	
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING	
I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.	
I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.	
I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.	
I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medication information as it may be deemed necessary to judge my capability to do the work for which I am applying.	
I promise, as a condition of employment, that within three days of starting work I will submit to the HR Department verification of my U.S. employment eligibility, as required by law, on INS Form I-9, or its successor form.	
I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.	
_____ Signature	_____ Date

CITY OF SHERIDAN, WYOMING

AUTHORIZATION TO INVESTIGATE JOB APPLICANT

INFORMATION WAIVER

I authorize the City of Sheridan to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, the City of Sheridan has my permission to contact persons who may have information relating to my suitability for employment.

I authorize and instruct any person or agency contacted by the City of Sheridan or the Sheridan Police Department to participate or conduct inquiries at its request, to compile information, and to furnish the City of Sheridan with any information obtained as a result of such inquiries.

I further authorize the City of Sheridan, in its sole discretion, to furnish copies of this Authorization and my application to any person(s) in connection with the above purposes.

Full Name: _____ Social Security Number: _____
(Please print)

Address: _____
(Street) (City) (State) (Zip)

DISCLOSURE STATEMENT

Information contained in reports obtained by the Sheridan Police Department in accordance with the above authorization may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living. You have the right to request that the Sheridan Police Department completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the Human Resources Department within a reasonable period of time after your application for employment is received.

(Signature)

(Date)

(Parent/Guardian Signature if under 18 years of age)

(Date)

REFERRAL SOURCE

(PLEASE PRINT)

Date _____ 20____

Position(s) Applied for: _____

Referral Source:

Newspaper

____ Sheridan Press

____ Casper Starr-Tribune

____ Rapid City Journal

____ Billings Gazette

____ Other _____

Website

____ City of Sheridan

____ Wyoming At Work

____ Wyoming Workforce Services

____ Chamber of Commerce

____ Other _____

Employment Agency:

Agency Name _____

Other Advertisement:

Name/Location: _____

Friend

Relative

Walk-In

City Employee

Please detach and keep for your records.

APPLICANT INFORMATION FORM

NOTICE: IF EXTENDED A CONDITIONAL OFFER OF EMPLOYMENT, APPLICANTS WILL BE REQUIRED TO PRESENT THE PROPER DOCUMENTS BEFORE EMPLOYMENT. APPLICANTS WHO DO NOT PRESENT THE PROPER DOCUMENTS CANNOT BE HIRED.

As a condition of employment with the City of Sheridan, successful applicants will be asked to present one selection from List A or a combination of one selection from List B and one selection from List C before being hired:

List A Documents that Establish Both Identity and Employment Authorization	List B Documents that Establish Identity	List C Documents that Establish Employment Authorization	
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)			
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Aboard issued by the Department of State (Form FS-545)	
4. Employment Authorization Document that contains a photograph (Form I-766)			
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	
	4. Voter's registration card		
	5. U.S. Military card or draft record		
	6. Military dependent's ID card	7. U.S. Coast Guard Merchant Mariner Card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	8. Native American tribal document		
	9. Driver's license issued by a Canadian government authority	For persons under age 18 who are unable to present a document listed above:	5. Native American tribal document
	10. School record or report card		6. U.S. Citizen ID Card (Form I-197)
	11. Clinic, doctor, or hospital record		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association between the United States and the FSM or RMI	12. Day-care or nursery school record	8. Employment authorization document issued by the Department of Homeland Security

This information is a representation of the information presented in the Form I-9 for employment.

PERSONAL HISTORY STATEMENT

Rev. 8/27/2015

Instructions to the applicant:

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for the position. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. The completion of this form is mandatory for all applicants.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from employment consideration.
4. All time periods in your background must be accounted for.
5. All addresses must be complete. Include City, State and Zip Code.
6. All phone numbers require an area code.
7. Your ability to complete this document as requested will be evaluated and used as one basis for employment decisions.

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

Deliberate omissions or deliberate misstatements of required information are grounds for rejection. Failure to properly complete this document may also result in rejection of your application.

PLEASE PRINT IN INK — MUST BE HANDWRITTEN IN YOUR OWN HANDWRITING. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, use additional pages and identify the additional information by page number.

<i>For Police Department Use Only</i>	
Applicant: _____	
Position: _____	
Upon initial review:	
<input type="checkbox"/> PHS appears complete, continue in process _____	
<input type="checkbox"/> PHS incomplete, action taken: _____	
<input type="checkbox"/> Rejected, action taken: _____	
Reviewer: _____	Date: _____

FAMILY HISTORY

List relatives in the following order: Mother (include Maiden name), Father, Mother-in-law, Father-in-law, Step Father, Step Mother, Foster Mother, Foster Father, Legal Guardian(s), siblings, and brothers & sisters in-law.

RELATIONSHIP	AGE	LAST NAME	FIRST NAME	MIDDLE NAME
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ADDRESS	CITY	STATE	ZIP CODE
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BIRTHPLACE	OCCUPATION	HOME PHONE #	WORK PHONE #
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RELATIONSHIP	AGE	LAST NAME	FIRST NAME	MIDDLE NAME
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ADDRESS	CITY	STATE	ZIP CODE
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BIRTHPLACE	OCCUPATION	HOME PHONE #	WORK PHONE #
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RELATIONSHIP	AGE	LAST NAME	FIRST NAME	MIDDLE NAME
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ADDRESS	CITY	STATE	ZIP CODE
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BIRTHPLACE	OCCUPATION	HOME PHONE #	WORK PHONE #
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RELATIONSHIP	AGE	LAST NAME	FIRST NAME	MIDDLE NAME
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ADDRESS	CITY	STATE	ZIP CODE
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BIRTHPLACE	OCCUPATION	HOME PHONE #	WORK PHONE #
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RELATIONSHIP	AGE	LAST NAME	FIRST NAME	MIDDLE NAME
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ADDRESS	CITY	STATE	ZIP CODE
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BIRTHPLACE	OCCUPATION	HOME PHONE #	WORK PHONE #
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RELATIONSHIP	AGE	LAST NAME	FIRST NAME	MIDDLE NAME
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ADDRESS	CITY	STATE	ZIP CODE
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BIRTHPLACE	OCCUPATION	HOME PHONE #	WORK PHONE #
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RELATIONSHIP	AGE	LAST NAME	FIRST NAME	MIDDLE NAME
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ADDRESS	CITY	STATE	ZIP CODE
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BIRTHPLACE	OCCUPATION	HOME PHONE #	WORK PHONE #
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RELATIONSHIP	AGE	LAST NAME	FIRST NAME	MIDDLE NAME
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ADDRESS	CITY	STATE	ZIP CODE
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BIRTHPLACE	OCCUPATION	HOME PHONE #	WORK PHONE #
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RELATIONSHIP	AGE	LAST NAME	FIRST NAME	MIDDLE NAME
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ADDRESS	CITY	STATE	ZIP CODE
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BIRTHPLACE	OCCUPATION	HOME PHONE #	WORK PHONE #
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RELATIONSHIP	AGE	LAST NAME	FIRST NAME	MIDDLE NAME
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ADDRESS	CITY	STATE	ZIP CODE
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BIRTHPLACE	OCCUPATION	HOME PHONE #	WORK PHONE #
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MARITAL INFORMATION

Marital status: Annulled _____ Single _____ Married _____ Widowed _____
Divorced _____ Separated _____

Name of present spouse:

Last

First

Middle

Place of Marriage:

City

County

State

Zip Code

Date of Marriage: _____

Spouse address (if different than applicant):

Address

City

State

Zip Code

Telephone Numbers:

Home

Work

Cell Phones

CHILDREN INFORMATION

List all of children (includes Step Children, Adopted Children, Etc.)

Name (Last)

(First)

(Middle)

Sex

Relationship

Living With You (Y/N)

Name (Last)

(First)

(Middle)

Sex

Relationship

Living With You (Y/N)

Name (Last)

(First)

(Middle)

Sex

Relationship

Living With You (Y/N)

Name (Last)

(First)

(Middle)

Sex

Relationship

Living With You (Y/N)

Name (Last)

(First)

(Middle)

Sex

Relationship

Living With You (Y/N)

IF DIVORCED, WIDOWED, OR ANNULLED (List Prior Marriages in order of occurrence)

Name of Former Spouse Telephone # Address

Date Final Divorced Filed

Name of Former Spouse Telephone # Address

Date Final Divorced Filed

Name of Former Spouse Telephone # Address

Date Final Divorced Filed

Amount of Alimony or Child Support Ordered: _____

Have you ever been delinquent in these payments: Yes _____ No _____

If you have been delinquent, please explain circumstances:

IF UNMARRIED, COMPLETE THIS SECTION

List name of boyfriend, girlfriend, or significant other: _____

List his/her Date of Birth: _____

List his/her occupation: _____

List his/her employer: _____

List his/her Business Address:

List his/her Business Phone #:

List his/her home address:

List telephone number: _____

Social Security Number: _____

EDUCATION HISTORY

List all high schools, colleges, technical or trade schools you have ever attended, regardless of whether or not you graduated.

If you are listing colleges/universities and you did not graduate, indicate the actual number of credit hours you earned.

If you attended a technical or trade school, indicate your course of study and whether you received a diploma or certification.

NAME AND TYPE OF SCHOOL LOCATION (CITY AND STATE)	DATES ATTENDED	DEGREE AND/OR CREDITS EARNED

Were you ever expelled or suspended from school? Yes _____ No _____
 If yes, please complete below:

SCHOOL	DATES	REASON

Have you ever been placed on academic probation? Yes _____ No _____
 If yes, please complete below:

SCHOOL	DATES	REASON

If you have obtained a G.E.D. High School level equivalent, indicate test scores & U.S. Percentile.

Test Scores	Standard Scores	U.S. %
Correctiveness & Effectiveness of expression		
Interpretation of reading materials in Social Studies		
Interpretation of reading materials in Natural Science		
Interpretation of Literary Materials		
General Mathematical Ability		
Average		
Where Taken		
When Taken		

SCHOOL ACTIVITIES

Clubs, sports, etc:

Leadership positions: indicate positions/organizations/dates held:

Community activities:

Awards, commendations or items of special recognition:

Current hobbies and activities:

List your past and present memberships in groups, associations, and/or clubs:

ORGANIZATION	TYPE: SOCIAL, FRATERNAL, PROFESSIONAL, ETC.	OFFICES HELD	DATES FROM/TO

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to perform? Yes ___ No ___

If yes, please explain:

EMPLOYMENT HISTORY

Have you ever been fired/discharged from a job? Yes No _____

Have you ever been forced to resign from a job? Yes _____ No _____

Have you ever resigned to avoid being fired? Yes _____ No _____

If yes to any questions above, please explain in detail the circumstances surrounding your termination/request to leave. Please include dates, name, address and phone number of employer, supervisor's name and all of the facts. Specifically, what was the allegation(s) made against you by your employer? If you have been fired/requested to leave more than once, please list each incident separately (attach additional pages if necessary):

DRUG USAGE

Have you ever illegally used, possessed, bought, sold or delivered any of the following drugs?

Drug	Have Used?		Last Time Used			Number of Times			Details	
	Yes	No	Within last 24 months	Within last 2-5 years	More than 5 years ago	1 to 2	3 to 10	More than 10	Activity*	Last Date Used
Marijuana / THC										
Methamphetamine										
Cocaine										
LSD or other hallucinogens										
Hashish										
Amphetamines (stimulants)										
Barbiturates (depressants)										
Heroin										
PCP (angel dust)										
Opium, Morphine										
Steroids										
Any designer drug MDMA (Ecstasy), GHB, Ketamine										
Peyote										
Mushrooms										

*Please indicate in this column whether you used, possessed, bought, sold or delivered the substance indicated.

Have you ever intentionally inhaled with the intent to get high any paint, glue or other chemical vapors found in household products? Yes _____ No _____

If yes, describe your involvement (include dates):

Do others use illegal drugs in your presence? Yes _____ No _____

If yes, how often? _____

When was the last time? _____

Have you used cough medicine or any other over the counter drug to get high? Yes _____ No _____

If yes, explain:

Have you ever used legitimate pharmaceuticals not prescribed for you or abused medicine prescribed for you? Yes _____ No _____

If yes, explain:

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. **Do not list relatives or past/present employers!**

REFERENCE #1

Name: _____ Occupation: _____
Home Address: _____
Home Phone #: _____ Work Phone #: _____
How long have you known this person? _____
Briefly describe your relationship with this person: _____

REFERENCE #2

Name: _____ Occupation: _____
Home Address: _____
Home Phone #: _____ Work Phone #: _____
How long have you known this person? _____
Briefly describe your relationship with this person: _____

REFERENCE #3

Name: _____ Occupation: _____
Home Address: _____
Home Phone #: _____ Work Phone #: _____
How long have you known this person? _____
Briefly describe your relationship with this person: _____

REFERENCE #4

Name: _____ Occupation: _____
Home Address: _____
Home Phone #: _____ Work Phone #: _____
How long have you known this person? _____
Briefly describe your relationship with this person: _____

REFERENCE #5

Name: _____ Occupation: _____
Home Address: _____
Home Phone #: _____ Work Phone #: _____
How long have you known this person? _____
Briefly describe your relationship with this person: _____

RESIDENCES

List all addresses where you have lived during the past ten (10) years, **beginning with your present address.** List date by **month and year.** Attach an additional page if necessary. Include landlord names and telephone numbers.

Have you ever been evicted? Yes _____ No _____

If yes, please explain: _____

DATES	COMPLETE STREET ADDRESS		
FROM			
TO	CITY	STATE	ZIP
LANDLORD		LANDLORD PHONE ()	

DATES	COMPLETE STREET ADDRESS		
FROM			
TO	CITY	STATE	ZIP
LANDLORD NAME		LANDLORD PHONE ()	

DATES	COMPLETE STREET ADDRESS		
FROM			
TO	CITY	STATE	ZIP
LANDLORD NAME		LANDLORD PHONE ()	

DATES	COMPLETE STREET ADDRESS		
FROM			
TO	CITY	STATE	ZIP
LANDLORD NAME		LANDLORD PHONE ()	

DATES	COMPLETE STREET ADDRESS		
FROM			
TO	CITY	STATE	ZIP
LANDLORD NAME			

DATES	COMPLETE STREET ADDRESS		
FROM			
TO	CITY	STATE	ZIP
LANDLORD NAME		LANDLORD PHONE ()	

Are you: Living with a friend or relative? Yes _____ No _____
 Living with your parents? Yes _____ No _____
 Own? Yes _____ No _____
 Rent? Yes _____ No _____

Residence Phone Number: _____
 Business Phone Number: _____
 Cell Phone Number: _____
 Other Phone Number: _____

Mailing Address: _____
 Number and Street

 City State Zip Code

If renting, give name, address, & telephone number of person to whom you pay rent: _____

NAME

 NUMBER AND STREET ADDRESS

 City State Zip Code

 TELEPHONE NUMBER

BELOW LIST INDIVIDUAL W/WHOM YOU HAVE RESIDED DURING THE LAST 10 YEARS, EXCLUDE FAMILY MEMBERS.

Name (Last)	(First)	(Middle)	Age	Residence Phone #	Business Phone #
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Address	City	State	Zip Code	Occupation	Yrs. Known
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Name (Last)	(First)	(Middle)	Age	Residence Phone #	Business Phone #
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Address	City	State	Zip Code	Occupation	Yrs. Known
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Name (Last)	(First)	(Middle)	Age	Residence Phone #	Business Phone #
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Address	City	State	Zip Code	Occupation	Yrs. Known
---------	------	-------	----------	------------	------------

Name (Last) (First) (Middle) Age Residence Phone # Business Phone #

Address City State Zip Code Occupation Yrs. Known

Name (Last) (First) (Middle) Age Residence Phone # Business Phone #

Address City State Zip Code Occupation Yrs. Known

Name (Last) (First) (Middle) Age Residence Phone # Business Phone #

Address City State Zip Code Occupation Yrs. Known

Name (Last) (First) (Middle) Age Residence Phone # Business Phone #

Address City State Zip Code Occupation Yrs. Known

DRIVING RECORD

How many moving citations have you received since you began driving? _____

List all driving citations and/or summons you have received.

DATE RECEIVED	TYPE OF VIOLATION	ISSUING AGENCY	DISPOSITION (FINED, NOT GUILTY, GUILTY)

Have you ever been denied a driver's license for any reason? Yes _____ No _____

If Yes, please explain: _____

Have you ever had your driver's license reviewed for receiving an excessive number of traffic violations? Yes _____ No _____

If Yes, please explain: _____

Have you ever had a hearing for the restriction, cancellation, suspension, or revocation of your driver's license? Yes _____ No _____

If Yes, please explain: _____

Have you ever had your driver's license suspended? Yes _____ No _____

DATE OF SUSPENSION	TYPE OF SUSPENSION	DATE REINSTATED

Have you ever knowingly driven a motor vehicle after your driver's license was suspended or revoked?
 Yes _____ No _____

What states have you had a driver's license in? _____

How many motor vehicle accidents have you been involved in as a driver? _____

List all accidents that you have been involved in as a driver.

DATE	LOCATION (City & State)	BRIEF DESCRIPTION

Is there anything you wish to discuss about your driving record?
 Yes _____ No _____

Explain: _____

Have you ever been involved in an accident and then left the scene without identifying yourself?
 Yes _____ No _____

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage? Yes _____ No _____

Have you ever allowed a traffic citation to go to warrant because of your failure to appear in court? Yes _____ No _____

Explain: _____

Have you ever operated a motor vehicle while under the influence of an intoxicating beverage or controlled substance? Yes _____ No _____

If yes, explain:

Have you ever been placed as an assigned risk for vehicle insurance? Yes _____ No _____

Have you ever had your insurance revoked due to the number of traffic citations you have received?
Yes _____ No _____

Within the last three years, have you operated a motor vehicle without having the proper insurance?
Yes _____ No _____

With what company do you carry automobile insurance? _____

Company Address: _____
Street Address City State Zip

Policy Number: _____ Effective Dates: _____

Name of your local agent: _____

Address: _____
Street City State Zip

Phone #: _____

List all vehicles owned by you and your spouse:

- 1) _____
Year Make Model License Plate# State Issued Year
- 2) _____
Year Make Model License Plate# State Issued Year
- 3) _____
Year Make Model License Plate# State Issued Year

CRIMINAL INVOLVEMENT/ARRESTS/DETENTIONS

Have you ever used excessive physical force against another person? Yes _____ No _____

If yes, give details: _____

Have you ever taken any property or money from an employer or place of business? Yes _____ No _____

If yes, give details: _____

Have you ever provided alcohol to a minor? Yes _____ No _____

If yes, give details: _____

Have you ever been the subject of or involved in a police investigation? Yes _____ No _____

If yes, give details including agency and date: _____

Have you ever been charged with a crime? Yes _____ No _____

If yes, give details including agency and date: _____

Have you ever been arrested? Yes _____ No _____

If yes, give details including agency and date: _____

Have you ever been adjudicated as a delinquent in juvenile court? Yes _____ No _____

If yes, give details: _____

Have you ever been incarcerated in a jail, prison, or other detention facility? Yes _____ No _____

If yes, give details including agency and date: _____

List all other crimes that you have been involved in (even if not detected.) Explain each incident in detail including final outcome (list juvenile as well as adult occurrences):

Have you ever been sued by anyone (civil court)? Yes _____ No _____

If yes, give details: _____

Has any of your immediate family ever been arrested or charged with a felony?

Yes _____ No _____

If the Answer is yes, list their name, relationship, and briefly explain circumstances:
(List Law Enforcement Agency, charge, & date)

Have you ever had anyone call the police on or about you? Yes _____ No _____

Explain:

Have you ever been placed on court probation as an adult? Yes _____ No _____

Explain:

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?

Yes _____ No _____

Explain:

Have you ever applied for a permit to carry a concealed weapon? Yes _____ No _____

Explain (include date, location, L.E. Agency, Status or Permit):

MILITARY SERVICE

Have you ever been a member of any branch of the United States Military? Yes _____ No _____

Branch of Service: _____ Date of Discharge: _____
month/day/year

Type of Discharge: _____

Awards/Commendations (type and date awarded):

Special Schools/Training/MOS:

While in the military, were you ever arrested for an offense which did or could have resulted in a trial or hearing? Yes _____ No _____

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident.

Charge: _____ Date: _____ Results: _____

Last duty station and name of commanding officer: _____

Are you currently a member of a United States Reserve or National or State Guard Organization?
 Yes _____ No _____

Branch of Service: _____ Grade & Service #: _____

Are you: Active _____ Inactive _____ Standby _____

Organization/Station/Unit and Location: _____

List all enlistments in the Armed Forces: _____ Selective Service Number: _____

Enlistment Date	Branch of Service	Unit	Rate/Rank	Serial Number
Discharge Date	Highest rank held			
Rank @ discharge	Type of discharge			Veteran's Claim #
Enlistment Date	Branch of Service	Unit	Rate/Rank	Serial Number
Discharge Date	Highest rank held			
Rank @ discharge	Type of discharge			Veteran's Claim #

While in service, were you ever the subject of any disciplinary action such as Court Martial, Captains Mast, Office Hours, Company Punishment, or Article 15?

Yes _____ No _____

Explain: _____

If you received a discharge other than Honorable, explain reasons below:

List your military reserve status:
Active _____ Inactive _____ None _____

Branch of Service: _____

Unit: _____

Unit Address: _____

Date of Enlistment: _____

End of Enlistment: _____

Current Rank: _____

Commanding Officer: _____

Have you ever asked or received Deferment from Military Service:

Yes _____ No _____

If yes, Give board number, dates, and full details:

FINANCIAL INFORMATION

This section will be used to evaluate the behavior exhibited by you in meeting your financial obligations.

Have you ever written a check that was returned for insufficient funds or because the account was closed? Yes _____ No _____

If yes, give details: _____

Have you ever filed for or declared bankruptcy? Yes _____ No _____

If yes, explain:

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

If yes, explain:

Have your wages or tax refunds ever been garnished? Yes _____ No _____

If yes, explain:

Have you ever been delinquent on income tax or other tax payments? Yes _____ No _____

If yes, explain:

Have you ever been denied credit or has your credit been canceled? Yes _____ No _____

If yes, explain:

Are you currently delinquent on any financial obligations? Yes _____ No _____

If yes, explain: _____

Have you ever had court action taken against you for failing to pay child support? Yes _____ No _____

If yes, explain: _____

ASSET / LIABILITY / INFORMATION

Show income, expenditures, assets, & liabilities

Current monthly income	Current monthly expenditures
Monthly Salary	Real Estate (Mortgage)
Spouse's Monthly Salary	Rent
Other Monthly Income	Other Monthly Payments
	estimate monthly cost of living (including Utilities, food, gas, home, vehicle maintenance, entertainment, & any other obligations)
Total Monthly Income	Total Monthly Expenditures

Current Assets	Current Liabilities
Savings	Real Estate Indebtedness
Checking	Long Term Loans
Real Estate	Charge Accounts
Stocks and Bonds	Other Liabilities (Describe):
Life Insurance (cash value)	
Other Assets (Describe):	
Total Assets	Total Liabilities:

MISCELLANEOUS INFORMATION

Are you a State certified police officer? Yes _____ No _____

If yes: Issuing State: _____ Date issued: _____

Have you ever filled out an application for employment with this or any other law enforcement or enforcement related agency? Yes _____ No _____

NAME OF AGENCY LOCATION (CITY & STATE)	DATE OF APPLICATION	STATUS OF APPLICATION: PENDING, REJECTED, WITHDREW, ETC.

If there are additional agencies list them on a separate sheet.

Have you ever been de-certified as a Peace Officer or Detention Officer: Yes _____ No _____

If yes, please explain:

Do you have any prior police experience or training: Yes _____ No _____

Where:

Agency: _____ Dates: _____

Address: _____

Phone Number: _____

Contact Person: _____

Do you have any relative currently employed with the City? Yes _____ No _____

If yes, give their name and position and the nature of relationship (i.e. parent, aunt, uncle, brother, etc.)

Are you willing to work varied schedules during any hour of the day, all days of the week, including holidays and weekends on a regular basis? Yes _____ No _____

How have you prepared yourself to be an employee of the Police Department? _____

All applicants for Police Officer and/or Community Service Officer must include a one-page synopsis of why you desire to be a Police Officer and/or Community Service Officer.

All applicants will be required to provide the following information with the personal history statement or at the time of testing:

- **Certified Copy of Birth Certificate**
- **Copy of Valid Driver's License**
- **Copy of Social Security Card**
- **Copies of High School and Other Diplomas**
- **Copy of Military Records** (DD214 and Evaluations)

I hereby certify that there are not willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

I understand that any appointment offered me is contingent upon the successful outcome of the background investigation, physical fitness assessment (if required) and oral board recommendation. I also understand that during the entire hiring process, I am required to report any changes in this personal history statement within five (5) working days (defined as Monday through Friday). I am fully aware that failure to report any changes in this personal history and/or any false statements or omissions made on any documentation I provide shall be cause for my name to be removed from the Eligibility List. If appointment is made prior to discovery of these omissions, that discovery will be ground for IMMEDIATE dismissal from this Department.

Dated this _____ day of _____, 20_____.

Applicant's Signature: _____