

# EDMONSTON POLICE DEPARTMENT



## PERSONAL HISTORY STATEMENT

# ***Edmonston Police Department***

***5005 52nd Avenue - Edmonston, Maryland 20781***

***Phone (301) 699-8805***

***Captain Billy Sullivan***

***Deputy Chief of Police***

**Dear Applicant,**

**When you complete the Personal History Statement please remember that all areas must be completed. If an area does not apply to you please mark it "N/A". Incomplete Personal History Statements will not be processed, ending your application process.**

**Once you completed your Personal History Statement the following documentation is required to be turned in also:**

- 1) Copy of High School Diploma**
- 2) College Transcripts (if applicable)**
- 3) Copy of College Diploma**
- 4) Credit Report**
- 5) Marriage License**
- 6) Divorce Decree**
- 7) DD 214**
- 8) Birth Certificate**
- 9) Copies of any and all court papers pertaining to you**

**Please bring your Social Security card and Driver License with you for verification purposes. If you are a certified police officer in any state please furnish your training certifications.**

Applicant's Name (Last, First, Middle)			
Current Address		City	County
State	Zip	Home Phone	Work Phone

Social Security Number	Date of Birth	Place of Birth
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United States Citizen     YES     NO             BY BIRTH             NATURALIZATION

Date/Place/Court: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Petition Number: \_\_\_\_\_

Other Names Used ( Maiden, Nicknames, etc. ) List all names, dates, used, and reason for use

Race	Sex	Age	Height	Weight	Eyes	Hair
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MARITAL STATUS OF APPLICANT

Married     Single     Separated     Divorced     Widowed or Widower

Name		Maiden Name if applicable	
Address		City	County
State	Zip	Home Phone	Work Phone
Occupation		Name of Employer	
Address		City	State    Zip
Date of Marriage	Location (City, State, Zip)		

MARITAL STATUS OF APPLICANT (CONT'D)

Has your spouse/ fiancée /significant other/current dating partner ever been arrested, interviewed, detained or convicted by any law enforcement agency?

Yes       No (If yes provide dates, reasons, agency and disposition)

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Has your spouse/fiancée/significant other/current dating partner ever called the police on you for any reason?

Yes       No If yes provide dates, reasons, agency and disposition

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DATA OF FORMER SPOUSE (IF APPLICABLE)

Name		Maiden Name if applicable		DOB	
Address		City		County	
State	Zip	Home Phone		Work Phone	
Occupation		Name of Employer			
Address		City		State	Zip
Date of Marriage	Location (City, State, Zip )				
Date of Divorce	Location (City, State, Zip )				

Has your former spouse ever been arrested, interviewed, detained, or convicted by any law enforcement agency?

Yes       No If yes provide dates, reasons, agency, and disposition

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DATA OF FORMER SPOUSE (CONT'D)

Has your former spouse ever called the police on you for any reason?

Yes       No (If yes provide dates, reasons, agency and disposition)

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Have the police ever been called to your home?

Yes       No (If yes provide dates, reasons, agency and disposition)

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LIST ALL CHILDREN AND DEPENDENTS OF APPLICANT

Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

FAMILY OF APPLICANT

Father Name		Date of Birth	Social Security Number
Current Address		City	County
State	Zip	Home Phone	Work Phone
Mother Name		Date of Birth	Social Security Number
Current Address		City	County
State	Zip	Home Phone	Work Phone

FAMILY OF APPLICANT (CONT'D)

Sibling		Date of Birth	Social Security Number
Current Address		Cit	County
State	Zip	Home Phone	Work Phone
Sibling		Date of Birth	Social Security Number
Current Address		City	County
State	Zip	Home Phone	Work Phone
Sibling		Date of Birth	Social Security Number
Current Address		City	County
State	Zip	Home Phone	Work Phone
Sibling		Date of Birth	Social Security Number
Current Address		City	County
State	Zip	Home Phone	Work Phone

If you were raised by anyone other than your parents, provide information concerning those who has raised you:

Name	Date of Birth	Relationship
Current Address	City	County
State	Zip	Home Phone Work Phone

Dates you were under this person's charge:      From \_\_\_\_\_ To \_\_\_\_\_



EDUCATION

High School/Vocational Schools Attended ( List last school attended first )

Name		Address	
City	County	State	Zip
Date Attended From	Date Attended To	Approximate GPA	Highest Grade Completed
Name		Address	
City	County	State	Zip
Date Attended From	Date Attended To	Approximate GPA	Highest Grade Completed

COLLEGE ATTENDANCE

Do you have a college degree?     Yes     No

Type:     Certificate     AA     BA     BS     MA     MS     Other

How many college credits earned?	How many quarter hours earned?	Approximate GPA
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What is/was your major field of study? \_\_\_\_\_

What is/was your minor field of study? \_\_\_\_\_

If your major is not Criminal Justice/Law Enforcement, how many police related courses have you taken?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently have any outstanding debts with any college (tuition, parking, lab costs, etc.. )

Yes     No If yes provide amount of debt and reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**COLLEGE OR UNIVERSITIES ATTENDED**

( List last attended first )

Name		Address	
City	County	State	Zip
Date Attended From	Date Attended To	Number of credits earned	Degree earned and Date
Name		Address	
City	County	State	Zip
Date Attended From	Date Attended To	Number of credits earned	Degree earned and Date
Name		Address	
City	County	State	Zip
Date Attended From	Date Attended To	Number of credits earned	Degree earned and Date
Name		Address	
City	County	State	Zip
Date Attended From	Date Attended To	Number of credits earned	Degree earned and Date

What is/was your final grade point average? \_\_\_\_\_

Have you ever had a scholarship or grant suspended as a result of failing to meet requirements ( ie: not maintaining required GPA )

Yes       No (If yes, explain in detail)

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Have you ever been suspended, expelled, or placed on academic probation from any school or educational facility?

Yes       No (If yes, explain in detail)

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COLLEGE OR UNIVERSITIES ATTENDED (CONTINUED)

Have you ever been interviewed, cited, detained, arrested, or had any other contact with any college police agency?

Yes       No If yes explain in detail

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FOREIGN LANGUAGE SKILLS

Are you able to communicate in any other language other than English ( including sign language)?

Yes       No (If yes, specify language and fluency level in the chart below. Provide the names of two references who can verify your language skills.)

I know basic Officer Spanish

Name		Address			
City	State	Zip	Phone Number		
Name		Address			
City	State	Zip	Phone Number		

Language	Reading			Speaking			Understanding			Writing		
	E	G	F	E	G	F	E	G	F	E	G	F

E = EXCELLENT G = GOOD F = FAIR

MILITARY STATUS OF APPLICANT

Have you served in the Armed Forces of the United States?       Yes       No

Branch of service N/A	Date of service From	Date of service To
Type of discharge (exclude medical reasons)	Job Title	Rank

MILITARY STATUS OF APPLICANT CONTINUED

M.O.S.

List duty stations and dates of assignment (include supervisor's name and current phone number)

Duty Station	Date From	Date To
Supervisor Name	Rank	Phone Number
Duty Station	Date From	Date To
Supervisor Name	Rank	Phone Number
Duty Station	Date From	Date To
Supervisor Name	Rank	Phone Number

Do you have any Reserve Obligation?  Yes  No (Active)  Inactive

Dates such obligation started and is scheduled to terminate: \_\_\_\_\_

If you have a Reserve Obligation, provide your reserve organization's name and address below.

Organization	Address	
Supervisor Name	Rank	Phone Number
Organization	Address	
Supervisor Name	Rank	Phone Number

Were you ever subject to any type of disciplinary action (including Art. 151s) while serving in the Armed Forces?

Yes  No (If yes, describe in detail)

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MILITARY STATUS OF APPLICANT (CONTINUED)

Were you ever reduced in rank?  Yes       No If yes describe in detail

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Have you ever received company punishment?  Yes       No (If yes, describe in detail)

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Were you ever confined in a brig, stockade, guardhouse, or jail while in the military?

Yes       No (If yes, describe in detail)

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Have you ever been denied entrance to any of the United States Armed Forces?

Yes       No (If yes, explain the basis for your denial (except medical reasons))

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APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION

!!! INVESTIGATOR WILL PHYSICALLY INSPECT YOUR DRIVERS LICENSE !!!

List all motor vehicles currently owned or operated by the applicant

Make	Model	Tag Number	State
Make	Model	Tag Number	State
Make	Model	Tag Number	State
Insurance Company		Address	
City	State	Zip	Policy Number

Has your automobile insurance ever been canceled in this state or any other state for non-medical reasons?

Yes       No (If yes, explain in detail)

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Provide the information requested below on all driver's licenses which are now or have been issued to you from any state (even though these licenses may now be expired or have been replaced by another issuing agency or state) List current license first.

Number	State	Type	Valid	Expiration
Number	State	Type	Valid	Expiration
Number	State	Type	Valid	Expiration
Number	State	Type	Valid	Expiration

Has your license or privilege to operate a motor vehicle ever been revoked, refused, suspended, or canceled for non-medical reasons?

Yes       No (If ye,s explain in detail supplying reason, dates, location, etc...)

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APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION CONTINUED

Has your vehicle registration ever been canceled, refused, revoked, or suspended for any non-medical reason?

Yes       No (If yes explain in detail supplying reason, dates, location, etc....)

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Have you ever been arrested or charged with Driving While Intoxicated (DWI), or Driving While Under the Influence (DUI) ?

Yes       No (If yes, explain, supplying date, location, arresting agency, etc ...)

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Have you ever obtained a driver's license in this state or another state under another name?

Yes       No (If yes, provide full name, address, issuing agency or state, and date of issue.)

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To the best of your knowledge, how many points are currently on your driver's license?

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Have you ever received a "Warning Letter" from the Motor Vehicle Administration of this state or any state that your driver's license, or registration, could be canceled, suspended, or revoked?

Yes       No (If yes, explain in full detail supplying dates, agency, number of tickets, etc...)

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APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION CONTINUED

Do you now or have any outstanding parking tickets in this state or any other state that have not been paid?

Yes       No (If yes, explain in full detail supplying dates, agency, number of tickets, etc..)

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Have you ever obtained or possessed a falsified or fictitious driver's license?

Yes       No (If yes, explain in full detail)

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TRAFFIC RECORD

List all traffic violations/accidents/parking tickets in which you were charged with or held at fault. If needed use continuation pages at the end of this booklet.

Violation	Date (mm/yy)	Location of Violation		
Issuing Agency	Paid Fine (Yes or No)	Court Appearance (Yes or No)	Court Finding (Guilty or Not Guilty) PBJ/ no guilty	
Driving School (Yes or No)		Probation (Yes or No)		Placed on Stet Docket (Yes or No)
Violation	Date (mm/yy)	Location of Violation		
Issuing Agency	Paid Fine (Yes or No)	Court Appearance (Yes or No)	Court Finding (Guilty or Not Guilty) PBJ/ No Guilty	
Driving School (Yes or No)		Probation (Yes or No)		Placed on Stet Docket (Yes or No)
Violation	Date (mm/yy)	Location of Violation		
Issuing Agency	Paid Fine (Yes or No)	Court Appearance (Yes or No)	Court Finding (Guilty or Not Guilty)	
Driving School (Yes or No)		Probation (Yes or No)		Placed on Stet Docket (Yes or No)

TRAFFIC RECORD CONTINUED

Violation	Date (mm/yy)	Location of Violation		
Issuing Agency	Paid Fine (Yes or No)		Court Appearance (Yes or No)	Court Finding (Guilty or Not Guilty)
Driving School (Yes or No)		Probation (Yes or No)		Placed on Stet Docket (Yes or No)
Violation	Date (mm/yy)	Location of Violation		
Issuing Agency	Paid Fine (Yes or No)		Court Appearance (Yes or No)	Court Finding (Guilty or Not Guilty)
Driving School (Yes or No)		Probation (Yes or No)		Placed on Stet Docket (Yes or No)
Violation	Date (mm/yy)	Location of Violation		
Issuing Agency	Paid Fine (Yes or No)		Court Appearance (Yes or No)	Court Finding (Guilty or Not Guilty)
Driving School (Yes or No)		Probation (Yes or No)		Placed on Stet Docket (Yes or No)
Violation	Date (mm/yy)	Location of Violation		
Issuing Agency	Paid Fine (Yes or No)		Court Appearance (Yes or No)	Court Finding (Guilty or Not Guilty)
Driving School (Yes or No)		Probation (Yes or No)		Placed on Stet Docket (Yes or No)
Violation	Date (mm/yy)	Location of Violation		
Issuing Agency	Paid Fine (Yes or No)		Court Appearance (Yes or No)	Court Finding (Guilty or Not Guilty)
Driving School (Yes or No)		Probation (Yes or No)		Placed on Stet Docket (Yes or No)
Violation	Date (mm/yy)	Location of Violation		
Issuing Agency	Paid Fine (Yes or No)		Court Appearance (Yes or No)	Court Finding (Guilty or Not Guilty)
Driving School (Yes or No)		Probation (Yes or No)		Placed on Stet Docket (Yes or No)



CRIMINAL HISTORY

Have you ever been (check all boxes that apply) by any police/law enforcement agency?  Yes  No

Arrested  Interviewed  Interrogated  Detained  Indicated  Convicted

Received a Criminal Citation  Received a Civil Citation

If any boxes checked explain in full detail giving date, reason, agency, and disposition

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Have you ever used and/or possessed any controlled dangerous substance (CDS) not prescribed by a physician?

Yes  No (If yes, explain in full detail supplying reason, dates, location, method of use, etc ...)

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Have you ever closely associated with or had an ongoing friendship/personal relationship with anyone you suspected/or knew was selling controlled dangerous substances?

Yes  No (If yes, explain in full detail)

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CRIMINAL HISTORY CONTINUED

Have you been present when illegal drugs were either used sold, possessed, or delivered?

Yes  No (If yes, explain in detail supplying reasons, dates, location, method of use, etc ...)

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Have you been involved in any undetected crimes?

Yes  No (If yes, specify nature of crime and dates of occurrence)

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Have you ever assaulted anyone (i.e. fights, domestic, violence, etc..)

Yes  No (If yes, explain in full detail)

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Have you ever been issued/served with any of the following?  Yes  No  
Check all that apply, If any boxes checked explain in full detail

Ex Parte Order  Bench Warrant  District Court Criminal Summons  
 Court Papers for any type of appearance

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Have you ever been convicted of a criminal offense to include petty offense citations?

Yes  No (If yes, provide all details, dates, location, arresting agency, court disposition, etc...)

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Are you currently:

Charged with an offense by any law enforcement authority?  Yes  No

On bail or out on personal recognizance or other conditional release  Yes  No

On probation of any type?  Yes  No  
If yes explain in full detail

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Are you aware of any outstanding warrants for your arrest?  Yes  No

Place a check beside the crime if you have ever committed or participated in any of the following crimes (whether or not you were arrested or detained)

- |                          |                         |                          |                                |
|--------------------------|-------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Alcohol Violation       | <input type="checkbox"/> | Forgery                        |
| <input type="checkbox"/> | Arson                   | <input type="checkbox"/> | Fraud                          |
| <input type="checkbox"/> | Auto Theft              | <input type="checkbox"/> | Gambling/Betting               |
| <input type="checkbox"/> | Bigamy                  | <input type="checkbox"/> | Hunting/Fishing Violations     |
| <input type="checkbox"/> | Burglary/Housebreaking  | <input type="checkbox"/> | Impersonating a Police Officer |
| <input type="checkbox"/> | Child Abuse/Molestation | <input type="checkbox"/> | Indecent Exposure              |
| <input type="checkbox"/> | Computer Related Crimes | <input type="checkbox"/> | Perjury                        |
| <input type="checkbox"/> | Concealed Weapons       | <input type="checkbox"/> | Prescription - ILLEGAL USE     |
| <input type="checkbox"/> | Domestic Violence/Abuse | <input type="checkbox"/> | Prostitution/Solicitation      |
| <input type="checkbox"/> | Drugs (Use)             | <input type="checkbox"/> | Robbery                        |
| <input type="checkbox"/> | Drugs (Possession)      | <input type="checkbox"/> | Sexual Assault/Rape            |
| <input type="checkbox"/> | Drugs (Sale)            | <input type="checkbox"/> | Telephone Misuse               |
| <input type="checkbox"/> | Embezzlement            | <input type="checkbox"/> | Thefts/Larceny                 |
| <input type="checkbox"/> | Extortion               | <input type="checkbox"/> | Unauthorized use of vehicle    |
| <input type="checkbox"/> | False Alarms            | <input type="checkbox"/> | Vandalism                      |

IF YOU CHECKED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN IN DETAIL ON THE CONTINUATION PAGES IN THE END OF THIS BOOKLET. INCLUDE DATES AND DISPOSITION IF ANY.

DRUG USAGE

Have you ever experimented with:

SUBSTANCE	YES	NO	NUMBER OF TIMES	DATE OF LAST USE
MARIJUANA / HASHISH				
PCP / PHENCYCLIDINE				
COCAINE / CRACK				
OPIUM DERIVATIVE, HEROIN, MORPHINE, CODEINE, ETC ...				
AMPHETAMINES / SPEED				
BARBITURATES / REDS				
INHALANTS (GLUE, SOLVENTS, AEROSOLS)				
ANABOLIC STEROIDS				
HALLUCINOGENICS (LSD, ETC..)				
QUAALUDES / VALIUM				

Are there any other illegal drugs, not specifically listed above that you have experimented with?

Yes       No (If yes, explain in full detail)

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IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PROVIDE A FULL DETAILED EXPLANATION ON THE CONTINUATION PAGES AT THE END OF THIS BOOKLET, INCLUDING DATES.

DRUG INVOLVEMENT

	YES	NO
Have you ever sold or distributed any type of illegal drug?		
Have you ever used prescription medication prescribed to another person?		
Have you ever been arrested or charged with any drug violation?		
Have you participated in the delivery, transportation, storage, or handling of illegal drugs for your self or anyone else?		
Did you ever make any money or profit in any way from drugs?		
Have you ever used, tried, experimented, with or had anything else to do with any illegal drug other than what you have already listed in this booklet?		

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PROVIDE A FULL DETAILED EXPLANATION ON THE CONTINUATION PAGES AT THE END OF THIS BOOKLET, INCLUDING DATES.

GAMBLING

Do you gamble?       Never       Seldom       Occasionally       Regularly

If so on what?

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Have you ever placed a wager/bet by telephone or made hand-to-hand transactions with a bookmaker, (bookie or number's man) on the results of a professional or collegiate sports event, other then a legitimate lottery, or other legalized gambling event?

Yes       No (If yes, explain in full detail)

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Have you ever been "paid off" while or after playing any illegal slot machine or video games?

Yes       No (If yes, explain in full detail)

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GAMBLING CONTINUED

Have you ever worked for a bookie?

Yes       No (If yes, explain in full detail)

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Do you currently have any outstanding gambling debts at the present time?

Yes       No (If yes, explain in full detail)

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Have you ever borrowed money to gamble?

Yes       No (If yes, explain in full detail)

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Have you ever used an employer's money to gamble?

Yes       No (If yes, explain in full detail)

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Have you ever stolen money with which to gamble?

Yes       No (If yes, explain in full detail)

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ALCOHOL

Have you ever been arrested for committing any alcohol violations?

Yes       No (If yes, explain in full detail)

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MISCELLANEOUS CRIMINAL

	YES	NO
Have you ever lied in court?		
Have you ever lied to anyone of authority?		
Have you ever entered any building, dwelling, or house without permission?		
Have you ever intentionally injured anyone?		
Have you ever entered a house of prostitution for any reason?		
Have you ever cheated a restaurant or food establishment by walking out on a check?		
Have you ever helped anyone steal anything?		
Have you ever falsified an employment application?		
Have you ever provided anyone a discount at your place of employment without permission?		
Have you ever conspired with anyone to commit an illegal act?		
Have you ever given anything to anyone that was not yours to give away?		
Have you ever been accused of domestic violence?		

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PROVIDE A FULL DETAILED EXPLANATION ON THE CONTINUATION PAGES AT THE END OF THIS BOOKLET, INCLUDING DATES.

APPLICANT'S FINANCIAL STATUS

Do you have a savings account?  Yes  No (If yes, name the bank's, and or financial institutions?)

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Approximate balance(s): \$ \_\_\_\_\_

Do you have a checking account?  Yes  No (If yes, name the bank's, and or financial institutions?)

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Approximate balance(s): \_\_\_\_\_

Have you ever had any checks returned?  Yes  No If yes:

Amount	Date	Payable to:
Amount	Date	Payable to:
Amount	Date	Payable to:
Amount	Date	Payable to:

Applicants monthly rent or house payment: \_\_\_\_\_

List all of your sources of income and amounts:

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Have you ever been the defendant or plaintiff in a civil case (i.e. been sued or sued someone etc.)?

Yes  No (If yes, give case number, court, location, reason for case, disposition)

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APPLICANT'S FINANCIAL STATUS CONTINUED

Do you currently have any judgments against you?

Yes       No (If yes, give case number, court, location, reason for case, disposition)

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Have you ever filed for or declared bankruptcy?

Yes       No (If yes, give case number, court, location, reason for case, disposition)

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Do you currently have any court ordered child support or alimony payment obligations?

Yes       No (If yes, give case number, court, location, reason for case, disposition)

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Have you ever been delinquent in any child support or alimony payments?

Yes       No (If yes, give case number, court, location, reason for case, disposition)

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Do you presently hold any controlling interest in any company?

Yes       No (If yes, explain in full detail)

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APPLICANT'S EMPLOYMENT BACKGROUND

List all of your employment history including part-time, beginning with current employer first and include periods of unemployment for the last ten years.

Company		Address	
Phone	Supervisor	Title	

Full time    Part time    Internship    Volunteer    Salaried   **Dates of Employment**  
From: \_\_\_\_\_  
To: \_\_\_\_\_

Reason for Leaving (except medical reasons)
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CO-WORKERS

List two co-workers with whom you presently work with, **and are not listed elsewhere in this booklet**

Name		Address	
Home Phone	Work Phone	Occupation	
Name		Address	
Home Phone	Work Phone	Occupation	

EMPLOYERS

Company		Address	
Phone	Supervisor	Title	

Full time    Part time    Internship    Volunteer    Salaried   **Dates of Employment**  
From: \_\_\_\_\_  
To: \_\_\_\_\_

Reason for Leaving (except medical reasons)
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EMPLOYERS CONTINUED

Company		Address	
Phone	Supervisor	Title	

Full time     Part time     Internship     Volunteer     Salaried

Dates of Employment  
From: \_\_\_\_\_  
To: \_\_\_\_\_

Reason for Leaving (except medical reasons)

Company		Address	
Phone	Supervisor	Title	

Full time     Part time     Internship     Volunteer     Salaried

Dates of Employment  
From: \_\_\_\_\_  
To: \_\_\_\_\_

Reason for Leaving (except medical reasons)

Company		Address	
Phone	Supervisor	Title	

Full time     Part time     Internship     Volunteer     Salaried

Dates of Employment  
From: \_\_\_\_\_  
To: \_\_\_\_\_

Reason for Leaving (except medical reasons)

EMPLOYERS CONTINUED

Company		Address	
Phone	Supervisor	Title	

Full time    Part time    Internship    Volunteer    Salaried   **Dates of Employment**  
From: \_\_\_\_\_  
To: \_\_\_\_\_

Reason for Leaving (except medical reasons)

Company		Address	
Phone	Supervisor	Title	

Full time    Part time    Internship    Volunteer    Salaried   **Dates of Employment**  
From: \_\_\_\_\_  
To: \_\_\_\_\_

Reason for Leaving (except medical reasons)

Company		Address	
Phone	Supervisor	Title	

Full time    Part time    Internship    Volunteer    Salaried   **Dates of Employment**  
From: \_\_\_\_\_  
To: \_\_\_\_\_

Reason for Leaving (except medical reasons)

IF ADDITIONAL SPACE IS NEEDED USE CONTINUATION SHEETS AT THE END OF THIS BOOKLET

APPLICANT'S EMPLOYMENT BACKGROUND (CONT'D)

If you answer YES to any of the below questions, give full details including the name and address of each Employer, approximate dates, and the circumstances in each case.

Have you ever been discharged/terminated or disciplined by any employer?

Yes       No (If yes, explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you resigned (quit) while anticipating that your employer intended to discharge (fire) you for any reason?

Yes       No (If yes, explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever resigned (quit) while anticipating that your employer intended to take any form of disciplinary action against you?

Yes       No (If yes, explain)

Have you ever walked off (left) a job without giving proper notice?

Yes       No (If yes, explain)

\_\_\_\_\_

Have you ever stolen anything from any of your employer?

Yes       No (If yes, explain supplying dates, items, values, etc.)

\_\_\_\_\_

APPLICANT'S EMPLOYMENT BACKGROUND CONTINUED

Have you ever used illegal drugs on any job that you ever held?

Yes       No (If yes, explain)

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Have you ever committed any other crimes (EVEN ONE WHICH WENT UNDETECTED) while on any job that you ever held?

Yes       No (If yes, explain)

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Have you had any extended work absences for reasons other than medical or earned vacation?

Yes       No (If yes, explain)

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MISCELLANEOUS  
SPECIAL SKILLS/TRAINING

Do you have skills or training in the following areas?

SKILL/TRAINING	YES	NO	SPECIFY COURSE/CERTIFICATION
EMT / PARAMEDIC FIRST RESPONDER			
EMERGENCY DRIVING			
FIREARMS TRAINING			
COUNSELING / CRISIS INTERVENTION			
LEGAL/PARALEGAL			
LEADERSHIP COURSES			
MARTIAL ARTS			
OTHER (SPECIFY)			

MISCELLANEOUS CONTINUED

Is there anything else in your background that you feel we should be aware of as we consider your employment application?

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IS THERE ANYTHING WHICH WOULD PREVENT YOU FROM:

Taking an oath with or without an affirmation in a Supreme Being?

Yes       No (If yes, explain)

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Supporting and defending the Constitution of the United States and the State which you live in?

Yes       No (If yes, explain)

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Taking of life in pursuit/line of duty?

Yes       No (If yes, explain)

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Is there anything in your past which, if ascertained at a later date, which may prove to be embarrassing to you or us, if employed by this agency?

Yes       No (If yes, explain)

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MISCELLANEOUS CONTINUED

Do you personally know any employees of this agency?

Yes       No (If yes, list names)

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Do you have any family members/relatives who are current or past members of a law enforcement agency?

Yes       No (If yes, please list name, and their department/agency)

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Have you ever:

Applied for a position with any Federal, State, or Local Law Enforcement Agency, or any Fire Department?

Yes       No

Applied for any positions with the Federal Government for which a background investigation was initiated?

Yes       No

Been denied employment by an organization covered in the question above?

Yes       No

Have you ever had a polygraph in the course of employment or while seeking employment?

Yes       No (If yes, by whom?)

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Have you ever failed a polygraph or other deception detection examination?

Yes  No (If yes, explain the failure if you were so advised as to the area(s) of deception?)

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MISCELLANEOUS CONTINUED

List 3 character references (not related to you by blood or marriage)

Name		Address	
Home Phone	Work Phone	Occupation	Length of time known

Name		Address	
Home Phone	Work Phone	Occupation	Length of time known

Name		Address	
Home Phone	Work Phone	Occupation	Length of time known

List the names and addresses of 3 friends who know you and are **not listed elsewhere in this booklet.**

Name		Address	
Home Phone	Work Phone	Occupation	Length of time known

Name		Address	
Home Phone	Work Phone	Occupation	Length of time known

Name		Address	
Home Phone	Work Phone	Occupation	Length of time known

List 2 people who reside in your neighborhood, and **who have not been listed elsewhere in this booklet.**

Name		Address	
Home Phone	Work Phone	Occupation	Length of time known

Name		Address	
Home Phone	Work Phone	Occupation	Length of time known

POLICE / SECURITY EXPERIENCE

Do you have any experience as a sworn deputy sheriff/police/law enforcement officer?

Yes       No If yes, explain, listing agency, position, length of service, etc..

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Do you have experience in private security?

Yes       No If yes, explain, listing agency, dates, an position

See Employment HistorV

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Do you have experience as an intern, volunteer, cadet, or explorer with any other law enforcement agency?

Yes       No If yes, explain, listing agency, dates, and position

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Are you or have been a member, paid or volunteer of any fire department or rescue squad?

Yes       No If yes, explain listing, agency, dates, and position

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HAVE YOU EVER:

Been questioned by the police as a suspect or witness as part of a criminal or traffic investigation?

Yes       No

Been a lookout or driver for someone else while they committed a crime?

Yes       No

Used a weapon of any kind during a fight?

Yes       No

Been placed on parole or probation for any reason?

Yes       No

Falsely reported a crime or knowingly given erroneous or misleading information to a police officer from any agency?

Yes       No

Used false, fraudulent, altered, or borrowed identification of any kind for any purpose or reason?

Yes       No

Allowed your car to be used in the commission of a crime?

Yes       No

Knowingly committed a weapons violation of any kind (includes illegal possession, wearing, carrying, transporting, selling, purchasing, or modifying)?

Yes       No

Injured anyone as a result of a fight?

Yes       No

Been present at, witness to or involved in any way in any kind of murder, killing, manslaughter, or other unnatural death of a human being?

Yes       No

Committed a crime for which you were not caught or arrested (which is not listed elsewhere in this booklet)?

Yes       No

IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, EXPLAIN FULLY ON THE CONTINUATION SHEETS AT THE END OF THIS BOOKLET.

PERMANENCY

If you are hired as a Police Officer, Detective, etc ... by this agency, how long do you anticipate remaining with us?

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List all professional, and or civic organizations that you currently are, or were previously, a member of.

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PERMANENCY (CONT'D)

List all of your current non-employment related interests and hobbies.

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If employed with this agency, what are your career goals.

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THE FOLLOWING  
SECTION IS TO BE COMPLETED  
BY APPLICANTS WHO ARE  
NOW, OR HAVE BEEN,  
SWORN LAW ENFORCEMENT  
OFFICERS



CURRENT AND FORMER POLICE OFFICERS

What Law Enforcement Agency are you currently or were previously employed by?

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What are/were your date(s) of employment?

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Have you ever been suspended from duty, with or without your police powers, for any reason?

Yes       No If yes explain in full detail and list all circumstances

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Have you been the subject of any internal investigations?

Yes       No If yes explain in full detail and list all circumstances

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Disposition to the above answer

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CURRENT AND FORMER POLICE OFFICERS (CONT'D)

Have you ever been involved in any traffic accidents while operating a departmental or government vehicles?

Yes       No If yes how many? \_\_\_\_\_ What was the disposition of each accident?

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What assignments have you had as a law enforcement officer, and how long have the assignments lasted (skills, radar, F.T.O., etc..)?

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How have you been rated on your evaluations?

Excellent  Above Satisfactory  Satisfactory  Below Satisfactory  Unsatisfactory

Explain any evaluations which you received less than satisfactory?

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Have you ever been questioned, interviewed, interrogated, by your department's Internal Affairs Unit?

Yes       No If yes explain in full detail

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Have you ever discharged your service weapon either on-duty or off-duty other than for training purposes or for authorized animal destruction?

Yes       No If yes explain in full detail

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