



Charlottesville Police Department

Personal History Statement

Police Officer

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 the position of **Charlottesville Police Officer**.

- It is your responsibility to complete this form and provide all required information.
- You must fill out a printed copy of this form. Neatly print in black ink. No white out can be used. If you make an error, simply single line through the information and print new information.
- 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 and identify the additional information by the question number.

Disqualification

There are very few *automatic* disqualifiers. 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, 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.

I have read and I understand the above instructions.

Signature: _____

Date: _____

PERSONAL HISTORY STATEMENT – Police Officer

SECTION 1: PERSONAL

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

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY					
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable. Mark "Deceased," if appropriate. If more space is needed, continue on the last page – reference corresponding numbers. 					
14.A Spouse / Domestic Partner				<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 restraining or stay-away order in effect involving you and this individual?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
14.B Former Spouse / Former Domestic Partner				<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 restraining or stay-away order in effect involving you and this individual?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

PERSONAL HISTORY STATEMENT – Police Officer

SECTION 2: RELATIVES AND REFERENCES *continued*

14.C Parents / Guardians

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

14.C.1 Parent / Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Other: _____					<input type="checkbox"/> 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: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Other: _____					<input type="checkbox"/> 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: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Other: _____					<input type="checkbox"/> 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: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Other: _____					<input type="checkbox"/> 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: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> 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: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> 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

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

SECTION 2: RELATIVES AND REFERENCES continued					
15. LIST OF REFERENCES <ul style="list-style-type: none"> List 7 –10 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		ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY		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		ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY		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		ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY		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		ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY		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		ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY		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		ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
How do you know this person?			How long have you known this person?		

PERSONAL HISTORY STATEMENT – Police Officer

SECTION 2: RELATIVES AND REFERENCES continued

15.7	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? _____

15.8	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? _____

15.9	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? _____

15.10	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? _____

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 last page.*

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	

PERSONAL HISTORY STATEMENT – Police Officer

SECTION 3: EDUCATION continued

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	
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 Safety or Concealed Carry Firearms 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
		/

PERSONAL HISTORY STATEMENT – Police Officer

SECTION 3: EDUCATION continued

21. Have you ever attended any Basic Police, Corrections, Private Investigators, Reserve, or Dispatcher Courses?..... 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, suspension, or expulsion from any high school, college/university, business, or trade school?..... Yes No
 IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

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 the last page.*

23.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	Present
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:

23.2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
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 lived:

Reason for moving:

PERSONAL HISTORY STATEMENT – Police Officer

SECTION 4: RESIDENCE HISTORY continued					
23.3	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
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 lived:					
Reason for moving:					
23.4	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
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 lived:					
Reason for moving:					
23.5	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
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 lived:					
Reason for moving:					
24. LIST OF HOUSEMATES <ul style="list-style-type: none"> 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. <i>If more space is needed, continue your response on the last page.</i> 					
24.1	NAME OF HOUSEMATE				CONTACT NUMBER
					()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY		STATE
					ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)				EMAIL	

PERSONAL HISTORY STATEMENT – Police Officer

SECTION 4: RESIDENCES continued

24.2	NAME OF HOUSEMATE	CONTACT NUMBER	
		()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL	
24.3	NAME OF HOUSEMATE	CONTACT NUMBER	
		()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL	
24.4	NAME OF HOUSEMATE	CONTACT NUMBER	
		()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL	
24.5	NAME OF HOUSEMATE	CONTACT NUMBER	
		()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL	
24.6	NAME OF HOUSEMATE	CONTACT NUMBER	
		()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL	
24.7	NAME OF HOUSEMATE	CONTACT NUMBER	
		()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL	

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

26. Have you ever left a residence owing rent, utilities, or other household expenses?..... Yes No

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

PERSONAL HISTORY STATEMENT – Police Officer

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 27.*

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"/> Travel <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"/> Travel <input type="checkbox"/> Other: _____			/	/

PERSONAL HISTORY STATEMENT – Police Officer

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"/> Travel <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"/> Travel <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"/> Travel <input type="checkbox"/> Other: _____			/	/

PERSONAL HISTORY STATEMENT – Police Officer

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"/> Travel <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"/> Travel <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"/> Travel <input type="checkbox"/> Other: _____				/	/

PERSONAL HISTORY STATEMENT – Police Officer

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"/> Travel <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"/> Travel <input type="checkbox"/> Other: _____			/	/

28. 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 28, 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 last page..*

28.1	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

28.2	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					
28.3	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					
28.4	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					
28.5	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

28.6	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: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer
 STATUS: Hired On Eligibility List Withdrawn Disqualified List Expired

28.7	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: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer
 STATUS: Hired On Eligibility List Withdrawn Disqualified List Expired

SECTION 6: MILITARY EXPERIENCE

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

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

31 If you answered "YES" to Question 66, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

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

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

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

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

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

If you answered "YES" to any of Questions 33-35, explain (include dates and circumstances).

SECTION 7: PERSONAL QUESTIONS

36. What are your greatest strengths and your greatest weakness?:

37. What led you to apply to the Charlottesville Police Department?

38. Is there anything in your background that could be embarrassing to the Charlottesville Police Department?

39. Have you ever been fired or forced to resign from a job? Describe situations, list employers, reasons, and dates.

40. Have you ever received any disciplinary actions from a past or present employer? (Including but not limited to letter of reprimand, verbal warning or suspension)
List employers, reasons for suspension, and dates.

41. Have you ever stolen anything from your employer? List items stolen, employers and dates.

42. List all interactions (not including professional experience) with police. Include traffic violations. Describe situations, dates, agencies involved and outcomes.

PERSONAL HISTORY STATEMENT – Police Officer

43. What is the worst thing you did and got away with? Describe incident and provide date.
44. List all illegal drugs that you have used. List type of drugs, dates and how many times used.
45. Have you ever sold any illegal drugs? Type of drugs and include dates.
46. Have you ever taken prescription drugs not prescribed to you? What was the prescription and to whom was it prescribed?
47. Describe your alcohol habits. What type of drinker do you consider yourself? What type of drinker do your friends consider you?
48. On an average week, how many times do you drink alcoholic beverages and how many drinks do you consume?
49. How many times in the last three months have you drunken alcoholic beverages until you felt intoxicated? Describe situations and dates.
50. How many times have you driven a vehicle while feeling intoxicated after consuming alcoholic beverages? Describe situations and dates.
51. Have you ever driven a vehicle while under the influence of illegal drugs? Describe situations and dates.
52. Has the use of alcohol or illegal drugs (including prescription drugs not prescribed to you) ever interfered with your work? Describe situations and dates.
53. List all law enforcement agencies you have ever applied to. List departments, dates applications were submitted and current status of your applications.

PERSONAL HISTORY STATEMENT – Police Officer

54. Would your present and past employers recommend you for the position of Police Officer with the Charlottesville Police Department? If no, explain why.
55. Are you eligible for re-hiring with all past employers? If no, explain why.
56. Are there any other employers that are not listed on your application, for any other reason? If so, please list them below.
57. List all states where you have or had a valid driver's license and include operator's license numbers.
58. Do you or have you ever resided with anyone who has engaged in criminal activity? Name of persons, type of criminal activity and dates you resided with them.
59. Have you ever been involved in a civil court action, including judgments in which you were a plaintiff or defendant? Describe situations and dates.
60. Have you ever applied for employment with the City of Charlottesville? List dates, positions and status of your application.
61. Have you ever attended a Criminal Justice Academy? List where, dates and disposition.
62. Are there any questions in this application, thus far, that you are unsure of your answers? If so, list numbers here.
63. Have you fully disclosed all materials relating to this questionnaire and all material facts relating to your background investigation with the Charlottesville Police Department?
64. Are you currently up to date with all of your personal property taxes. Please list all of the municipalities you have paid personal taxes in.

PERSONAL HISTORY STATEMENT – Police Officer

65. Have you ever been involved in any civil/legal matters including, but not limited to, civil suits, garnishments, or any juvenile and domestic relation court proceedings in which you were the plaintiff or the defendant. List reasons and courts.
66. Are you currently involved in any administrative investigations? If so, describe situations, place of employment and dates.
67. List all social media sites you have been or are currently enrolled/registered with. Include Facebook, MySpace, Twitter, blogs, etc...
68. Are you withholding or concealing any information about yourself from the Charlottesville Police Department?

SECTION 8: FINANCES

69. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72. Have your wages ever been garnished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
73. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
74. Have you ever failed to file income tax or cheated/lied on an income tax form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77. Have you ever defaulted on (failed to pay) a loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78. 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
79. 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
80. 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
81. 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 69-81**, explain (include when, where, and why – *reference corresponding numbers*).

SECTION 9: 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 the last page.*

82. 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:

82.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	DISPOSITION OR PENALTY		
82.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	DISPOSITION OR PENALTY		
82.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	DISPOSITION OR PENALTY		

83. Have you ever been placed on court probation? Yes No
84. 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
85. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? Yes No
86. Have the police ever been called to your home for any reason? Yes No
87. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
88. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? Yes No
89. 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? Yes No

PERSONAL HISTORY STATEMENT – Police Officer

90.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
91.	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
92.	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 82-92**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

► Involvement in Criminal Acts – Part 1

93. 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 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.**

93.1	Animal abuse and/or neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.3	Battery (use of force or violence upon another)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.4	Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.5	Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.6	Contributing to the delinquency of a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.8	Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.10	Filing a false police report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.11	Hit & run collision (no injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.12	Illegal gambling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.13	Illegal hunting and/or fishing (for example, without a license, out of season)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.14	Impersonating a police officer (pretending to be a police officer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.15	Indecent exposure and/or lewd or obscene conduct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.16	Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.17	Joyriding (using a car or other vehicle without owner's permission).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.18	Peeping (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

PERSONAL HISTORY STATEMENT – Police Officer

93.19	Petty theft (value up to \$200, including shoplifting/switching price tags)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.20	Possession of alcohol as a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.21	Possession of falsified or altered identification, including use of another person’s ID (for any reason).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.24	Reckless driving.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.25	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
93.26	Trespassing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.27	Vandalism (including, but not limited to, “tagging,” malicious mischief, and/or property damage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.28	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 93**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 93.5) for each explanation.*
- *If more space is needed, continue your response on last page.*

► Involvement in Criminal Acts – Part 2

94. *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.

94.1	Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94.3	Blackmail or extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94.4	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94.6	Elder abuse and/or neglect (physical and/or financial)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94.7	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94.8	Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94.9	Forcible rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94.11	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94.12	Grand theft (value of over \$200, or any firearm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94.13	Hit & run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL HISTORY STATEMENT – Police Officer

94.14	Hate crime	<input type="checkbox"/> Yes <input type="checkbox"/> No
94.15	Illegal sex acts with another	<input type="checkbox"/> Yes <input type="checkbox"/> No
94.16	Insurance fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No
94.17	Murder, homicide, or attempted murder	<input type="checkbox"/> Yes <input type="checkbox"/> No
94.18	Perjury (lying under oath)	<input type="checkbox"/> Yes <input type="checkbox"/> No
94.19	Possession of an explosive/destructive device	<input type="checkbox"/> Yes <input type="checkbox"/> No
94.20	Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes <input type="checkbox"/> No
94.21	Stalking	<input type="checkbox"/> Yes <input type="checkbox"/> No
94.22	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes <input type="checkbox"/> No
94.23	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes <input type="checkbox"/> No
94.24	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 94**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 94.3) for each explanation.*
- If more space is needed, continue your response on the last page.

SECTION 9: 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, Synthetic Heroin, etc.</i>)	► PCP / Angel Dust
► GHB (<i>Date Rape Drug</i>)	► Quaaludes
► Hallucinogens (<i>Peyote, LSD, Mushrooms</i>)	► Steroids
► Hashish / Hashish Oil	► Tetrahydrocannabinol (THC)
► Heroin / Opium	► Glue, paint, or any substance containing toluene

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

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

PERSONAL HISTORY STATEMENT – Police Officer

96. **Prior to the past six months:**

I have *never* used any drug recreationally.

I have tried or used one or more drugs, but only under *limited* circumstances (for example, experimentation, at parties, concerts, special events, etc.)

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

97. 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.*

98. 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:

SECTION 10: MOTOR VEHICLE INFORMATION

96. Current Driver's License:

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

97. 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

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

IF YES, explain (include when, where, and circumstances):

PERSONAL HISTORY STATEMENT – Police Officer

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

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

100.1	TYPE OF COVERAGE	VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE
	<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			
INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE
				/ /
ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP
		CONTACT NUMBER		
		()		
100.2	TYPE OF COVERAGE	VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE
	<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			
INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE
				/ /
ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP
		CONTACT NUMBER		
		()		
100.3	TYPE OF COVERAGE	VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE
	<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			
INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE
				/ /
ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP
		CONTACT NUMBER		
		()		

SECTION 9: MOTOR VEHICLE OPERATION continued

101. List all traffic citations, excluding parking citations, you have received *within the past seven years*.

101.1	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN		
Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School
		<input type="checkbox"/> Dismissed		
101.2	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN		
Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School
		<input type="checkbox"/> Dismissed		
101.3	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN		
Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School
		<input type="checkbox"/> Dismissed		

102. 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:

PERSONAL HISTORY STATEMENT – Police Officer

103. Have you been involved as the driver in a motor vehicle accident <i>within the past seven years</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES, give details below.				
103.1	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
POLICE REPORT <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
103.2	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
POLICE REPORT <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
103.3	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
POLICE REPORT <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

104. Have you ever driven a vehicle without auto insurance, as required by law? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, GIVE REASON		FROM (MM/YYYY)	TO (MM/YYYY)
		/	/

105. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES, GIVE REASON		DATE (MM/YYYY)
		/
INSURANCE COMPANY		

SECTION 11: OTHER TOPICS

106. Have you ever been refused a permit to carry a concealed weapon?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
107. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
108. Have you ever hit or physically overpowered a spouse or romantic partner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
109. <i>Since the age of 15</i> , have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? <input type="checkbox"/> Yes <input type="checkbox"/> No	
110. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>If you answered "YES" to any of Questions 106–110, give details including dates and circumstances – <i>reference corresponding numbers</i>).</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

SECTION 11: CERTIFICATION

11. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: ▶

Date:

Notary Public: ▶

My commission expires:

Please review your entire document for errors and omissions. Do not neglect to have this document notarized!