



**PERSONAL HISTORY STATEMENT  
(PHS)**

**APPLICANT:**

---

**CONTENTS**

**FINANCIAL**

**EMPLOYMENT**

**APPLICANTS WITH PRIOR POLICE EXPERIENCE**

**ARRESTS AND UNDETECTED CRIMES**

**TRAFFIC**

**ALCOHOL AND DRUGS**

**MILITARY SERVICE**

**PERSONAL**

**REFERENCES**

---

I, \_\_\_\_\_ CERTIFY THAT I WILL NOT MAKE ANY WILLFULL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOLLOWING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH WILLFULL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTIONOR TERMINATION OF EMPLOYMENT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## **Personal History Statement**

### **Instructions to Applicants**

**These instructions must be followed in preparation of your Personal History Statement:**

1. Do not unstaple the booklet.
2. Hand print **legibly** in black ink, using at least a medium point ball-point pen. Your writing should be dark enough so legible copies can be prepared for your interview. Do not type nor have someone else print it for you. This document must be hand printed by you.
3. Answer all questions as completely as possible in the space provided. If you need additional space, use a separate sheet.
4. Do not use "Liquid Paper" or any other substance to correct errors. Mark through the error with one line and write the correction above the error legibly.
5. Do not write on the back of any page, and do not staple any item or requested document to any page of the booklet.
6. Answer each question where it appears. If it seems to refer to a previous question, DO NOT write "see # \_\_\_\_\_."
7. Any copies of documents you are requested to submit should be on an 8 ½ X 11 paper, not larger. If several smaller items are copied on one page, place them so they appear upright on the page when copied.

### **DOCUMENTS REQUIRED TO BE RETURNED WITH YOUR PERSONAL HISTORY STATEMENT:**

1. Original Credit Report (recent) Date ordered:\_\_\_\_\_ Date expected:\_\_\_\_\_
2. Copy of your Social Security Card

1. YES NO Is \_\_\_\_\_ your true and legal name?
2. YES NO Have you ever used or been known by any name other than you have shown above?

---

Name	Reason for use
------	----------------

---

Name	Reason for use
------	----------------

3. YES NO Have you practiced any deception in your application to obtain this position?
4. YES NO \_\_\_\_\_ is the name on my Social Security Card.
5. YES NO Have you been coached or told what to tell or not to tell to get this job?  
 What were you told? \_\_\_\_\_  
 By whom? \_\_\_\_\_

**RESIDENCES:**

List in order all residences where you have resided during the past 10 years. **Begin with your current address.** List date by month/year. List name of apartment complex, manager, or landlords, if any. Attach additional page(s) if necessary.

a. From \_\_\_\_\_ To \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Street, City, County, State)

Apartment Manager/Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

b. From \_\_\_\_\_ To \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Street, City, County, State)

Apartment Manager/Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

c. From \_\_\_\_\_ To \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Street, City, County, State)

Apartment Manager/Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

d. From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, City, County, State)

Apartment Manager/Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

e. From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, City, County, State)

Apartment Manager/Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

f. From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, City, County, State)

Apartment Manager/Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

g. From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, City, County, State)

Apartment Manager/Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

h. From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, City, County, State)

Apartment Manager/Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

i. From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, City, County, State)

Apartment Manager/Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**FINANCIAL:**

6. YES NO Have you ever had any delinquent credit?  
With whom? \_\_\_\_\_  
Reason: \_\_\_\_\_
7. YES NO Have you ever filed, or considered filing for bankruptcy?  
When? \_\_\_\_\_  
Reason: \_\_\_\_\_
8. YES NO Do you have a good credit rating at this time?
9. YES NO Have you ever been refused credit by a bank for any reason?  
By whom? \_\_\_\_\_ Date: \_\_\_\_\_  
Reason: \_\_\_\_\_
10. YES NO Have you ever been refused credit by a Credit Union for any reason?  
By whom? \_\_\_\_\_ Date: \_\_\_\_\_  
Reason: \_\_\_\_\_
11. YES NO Have you ever completed an application for credit which contained false data?
12. YES NO Have you ever knowingly not paid a bill that you incurred?  
What account? \_\_\_\_\_  
Reason? \_\_\_\_\_  
What account? \_\_\_\_\_  
Reason? \_\_\_\_\_
13. YES NO Do you owe more money per month than your income per month?  
Approximately how much? \_\_\_\_\_

14. YES NO Do you receive any money (income) from any source other than your current employment (or your spouse's)?  
Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

15. YES NO Have you ever been evicted, threatened with eviction, or asked to move from any place you have lived?  
Location: \_\_\_\_\_ Date: \_\_\_\_\_  
Reason: \_\_\_\_\_

16. YES NO Have you ever placed a bet with a bookmaker?

**LIST THE FOLLOWING FINANCIAL INFORMATION AS APPLICABLE:**

<u>Account:</u>	<u>Creditor/Landlord:</u>	<u>Balance:</u>	<u>Monthly Payment:</u>
Mortgage/Rent	_____	_____	_____
Utilities	_____	_____	_____
Electric	_____	_____	_____
Telephone	_____	_____	_____
Automobile	_____	_____	_____
Auto Insurance	_____	_____	_____

Total Balance: \_\_\_\_\_

Total Monthly Payment: \_\_\_\_\_

Net Income: \_\_\_\_\_

Average Savings: \_\_\_\_\_

Average Checking: \_\_\_\_\_

**EMPLOYMENT/WORK HISTORY:**

List **all** jobs you have ever held for the past ten years. Place your present or most recent job **FIRST**. If you need more space, you may attach additional sheets. **List all full-time, temporary, seasonal, and voluntary jobs.** Include military service in proper time sequence. Include periods of unemployment.

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Phone \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Name of Co-worker(s) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

-----  
From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Phone \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Name of Co-worker(s) \_\_\_\_\_

Reason for leaving \_\_\_\_\_



From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Phone \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Co-worker(s) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

-----

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Phone \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Co-worker(s) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Phone \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Co-worker(s) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

-----  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Phone \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Co-worker(s) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Phone \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Name of Co-worker(s) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

-----  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Phone \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of coworker(s) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

17. YES NO Have you listed all your previous jobs? (Temporary, seasonal, part-time, full-time)
18. YES NO Have you failed to list any jobs because you felt you could not get a favorable response?
19. YES NO Have you ever been fired from a job, or asked to resign?  
Employer \_\_\_\_\_ Date \_\_\_\_\_
20. YES NO Have you ever been threatened with being fired by an employer?  
Employer \_\_\_\_\_ Date \_\_\_\_\_
21. YES NO Have you ever filed a complaint against an employer?  
Employer \_\_\_\_\_ Date \_\_\_\_\_
22. YES NO Have you ever filed a lawsuit against an employer, either past or present?  
Employer \_\_\_\_\_ Date \_\_\_\_\_
23. YES NO Have you ever intentionally damaged the property of an employer or customer of any business for any reason?
24. YES NO Have you ever caused problems for the customers of any business?
25. YES NO Have you ever paid or arranged with another person to do any of the above? (questions 21 – 24)
26. YES NO What is the most serious disciplinary action you have received from a supervisor?  
Employer \_\_\_\_\_ Action \_\_\_\_\_
27. YES NO Have you ever walked off a job because you were angry?  
Employer \_\_\_\_\_  
Reason \_\_\_\_\_
28. YES NO Have you ever walked off a job because of pressure?  
Employer \_\_\_\_\_  
Reason \_\_\_\_\_

29. YES NO Have you ever quit a job without giving two weeks notice?  
Employer \_\_\_\_\_  
Reason \_\_\_\_\_

30. YES NO Do you usually get along with your employers?

31. YES NO Do you usually get along with your coworkers?

32. What is the maximum number of times you have used sick leave without actually being sick, whether or not you were paid?  
\_\_\_\_\_

33. What did you do on these days? \_\_\_\_\_

34. On an average, how many times/how many minutes a month are you late to work?  
\_\_\_\_\_ / \_\_\_\_\_

35. YES NO Have you ever been reprimanded for reporting late to work?  
Employer \_\_\_\_\_ Action \_\_\_\_\_

36. LIST ALL APPLICATIONS YOU HAVE EVER FILLED OUT FOR ANY FEDERAL, STATE, COUNTY, OR CITY POSITIONS:

Agency \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANTS WITH PRIOR POLICE/DISPATCHER (CIVILIAN OR MILITARY) EXPERIENCE:**

37. YES NO Have you ever resigned from a law enforcement job?

38. YES NO Have you ever accepted money or a material object in return for not enforcing the law or performing your duty?

39. YES NO Have you ever made a false statement in any type of police report or official document?

40. YES NO Have you ever committed any crime while employed as a law enforcement officer, **telecommunicator**, jailer, etc.?

41. YES NO Have you ever been accused of hurting a person?  
 By whom? \_\_\_\_\_  
 Result of accusation \_\_\_\_\_  
 By whom? \_\_\_\_\_  
 Result of accusation \_\_\_\_\_
42. YES NO Have you ever been reprimanded or counseled by a supervisor? If YES, explain: \_\_\_\_\_  
 \_\_\_\_\_
43. YES NO Have you ever been a subject of any internal affairs investigation? If YES, explain: (including dates, type of complaint(s), dispositions, and any disciplinary actions) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
44. YES NO Have you ever been disciplined while an officer or jailer, etc. By whom? \_\_\_\_\_  
 \_\_\_\_\_
45. YES NO How many excessive force complaints have been made against you? \_\_\_\_\_
46. YES NO Have you ever received any written reprimands or suspensions? List them: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
47. YES NO Have you ever been involved in any unreported traffic accidents while on duty? If YES, explain circumstances: \_\_\_\_\_  
 \_\_\_\_\_

48. YES NO Have you ever slept on duty?  
Approximate number of times: \_\_\_\_\_
49. YES NO Have you ever been classified as ineligible for re-hire by a law enforcement or corrections agency where you formerly worked?
50. YES NO Have you ever resigned from any department while under investigation?
51. YES NO Have you had any type of unauthorized physical or sexual contact while on on duty as a **telecommunicator**, law enforcement officer, jailer, etc.?
52. YES NO Have you ever consumed any type of an alcoholic beverage while on duty?
53. YES NO Have you ever used marijuana, illegal drugs, or narcotics while on duty?
54. YES NO Have you ever used marijuana, illegal drugs, or narcotics while employed as a **telecommunicator**, law enforcement officer, jailer, etc.?
55. YES NO As an employee of law enforcement or related agency, have you ever committed any undetected act, which, if discovered, would result in disciplinary action?

**ARRESTS AND UNDETECTED CRIMES:**

56. YES NO Have you ever been arrested for any reason?
- By whom \_\_\_\_\_
- Reason \_\_\_\_\_
- Explain \_\_\_\_\_
- By whom \_\_\_\_\_
- Reason \_\_\_\_\_
- Explain \_\_\_\_\_
57. YES NO Have you ever been arrested (detained) as a juvenile?
- By whom \_\_\_\_\_
- Reason \_\_\_\_\_
- Explain \_\_\_\_\_

58. YES NO Have you ever been on probation? (Other than traffic offenses) Where:

By whom \_\_\_\_\_

Reason \_\_\_\_\_

Explain \_\_\_\_\_

By whom \_\_\_\_\_

Reason \_\_\_\_\_

Explain \_\_\_\_\_

59. YES NO Have you ever been questioned by the police as a suspect in an offense?

If YES, explain: \_\_\_\_\_

\_\_\_\_\_

60. YES NO Have you ever been detained by the police for any reason, other than as a witness or a traffic stop?

Explain: \_\_\_\_\_

61. YES NO Have you ever been named in a peace bond, restraining order, or similar court order document? If YES, explain:

\_\_\_\_\_

62. YES NO Have you ever been present when someone committed a crime? If so, with whom, your age, and the offense:

\_\_\_\_\_

63. YES NO Have you ever used any inhalants (e.g. glue, paints, petroleum products) to get a high?

64. YES NO Have you ever taken any money, materials, merchandise, uniforms, or tools from any place where you worked, without direct permission? (Total value of over \$20)

Employer	Item	Approx. Value
----------	------	---------------

_____	_____	_____
_____	_____	_____



65. YES NO Do you still have these items listed on previous question?
66. YES NO Have you ever converted government property to your own use or sold it?  
List item(s) and approximate value: \_\_\_\_\_  
\_\_\_\_\_
67. YES NO Did you ever take part in a theft with another employee? Explain the situation, place of employment, how item(s) were disposed, and why they were stolen:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
68. YES NO Have you ever witnessed a fellow employee steal anything from work?  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
69. YES NO As an adult, have you ever stolen anything? Explain, state what items, how long ago, and if the items were sold or retained for personal use.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
70. YES NO Have you ever entered a vehicle and stolen anything out of it?
71. YES NO Have you ever used a vehicle without permission of the owner?
72. YES NO Have you ever committed any criminal mischief offenses? (Criminal mischief is basically intentional damage done to property belonging to someone other than yourself). Explain the act, your ages, and the amount of monetary damage:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

73. YES NO Have you ever entered onto or into the property (land, building, or house) belonging to another when you were aware that you did not have the permission to do so? Explain:

---

---

---

74. YES NO Have you ever entered a house or building with the intent of hurting someone or stealing any property? Explain fully:

---

---

---

75. YES NO Have you ever assaulted (struck, pushed, etc.) anyone, including family members?

76. YES NO Have you ever caused another person to fear you would hurt them? Explain:

---

---

---

77. YES NO Have you ever suggested to any person that you might be able to protect them from harm if they paid you money?

78. YES NO Have you every paid money or any item of value to help someone enter this country?

79. YES NO Have you ever forged, altered, or obtained any official documents illegally? (e.g. Driver's License, Insurance Card, Immigrant Documents)

80. YES NO Have you ever worked as a body guard, doorman, or bouncer?

81. YES NO Have you ever intentionally set someone's property on fire, for personal reasons, for profit, or for revenge? Explain:

---

---

---

82. YES NO Have you ever forged any checks, prescriptions, or other documents?  
Explain, give your age, what was forged, and for what purpose:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

83. YES NO Do you know any relatives, friends, or personal contacts who are involved  
in any type of criminal activity, such as prostitution, gambling, extortion,  
robbery, theft, burglary, arson, or the use and/or manufacture of drugs?  
\_\_\_\_\_  
\_\_\_\_\_

84. YES NO Have you ever taken anything from anyone by force or intimidation?  
Explain:\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

85. YES NO Have you ever bought anything you suspected was stolen? If so, what?  
\_\_\_\_\_

86. YES NO Have you ever exposed your genitals to another person in a public place?  
Explain:\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

87. YES NO By word or action, have you ever forced anyone to submit to any sexual  
act?  
Explain:\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

88. YES NO Have you ever had sexual contact with a person who subsequently protested that he or she was an unwilling participant?

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

89. YES NO Have you ever received any gift of money, or any item that would benefit you as a result of introducing individuals to each other for the purpose of sexual contact?

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

90. YES NO Have you ever been present when there were people involved in sexual contact?

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

91. YES NO Have you ever engaged in a sexual act for which you paid money or were paid money?

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

92. YES NO Have you ever done any window peeping? At what age and how many times?

\_\_\_\_\_

93. YES NO Have you **ever** sexually fondled a child or minor? Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

94. YES NO Have you ever sexually abused a child or a minor? Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

95. YES NO Have you ever physically abused a child or a minor? Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRAFFIC:**

96. YES NO How many traffic citations have been issued to you? \_\_\_\_\_

97. YES NO Have you ever had your driver's license placed on probation?  
Date \_\_\_\_\_ How long \_\_\_\_\_

98. YES NO Have you ever had your driver's license suspended?  
Date \_\_\_\_\_ How long \_\_\_\_\_

99. YES NO Do you currently have any unpaid traffic tickets or citations?

100. YES NO Have you ever had any warrants issued for unpaid traffic tickets?

101. YES NO Have you ever driven a vehicle while you were legally intoxicated?  
How many times: \_\_\_\_\_ Last date \_\_\_\_\_

102. YES NO Have you ever been sued or involved in litigation that arose from an accident that occurred while you were driving? Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

103. YES NO Have you ever driven a motor vehicle when you were uninsured?

104. YES NO Have you ever run from the police, either in a vehicle or on foot? Explain:

---

---

---

105. YES NO Have you ever been involved in an accident after you had been drinking alcoholic beverages? Explain:

---

---

---

106. YES NO Have you ever been involved in any unreported motor vehicle accident?

Explain: \_\_\_\_\_

---

---

107. What is the number of traffic accidents you have been involved in as a driver, whether or not reported to the police? \_\_\_\_\_

**ALCOHOL AND DRUGS:**

108. YES NO Do you drink alcoholic beverages?

109. How many days per week do you drink alcoholic beverages? \_\_\_\_\_

On those occasions, how many drinks do you normally have? \_\_\_\_\_

110. What are your usual drinking habits? Explain: \_\_\_\_\_

---

111. How often do you go to a club or bar? \_\_\_\_\_

112. How many times, in the past year, have you been intoxicated (faculties impaired)? \_\_\_\_\_

---

113. When was the last time you drank excessively? \_\_\_\_\_

114. YES NO Have you ever used an altered ID, or the ID of another person to purchase alcoholic beverages or to enter a club or bar?

115. YES NO Have you ever consumed alcoholic beverages during working hours against company policy?

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

116. When was the last time you lost time because of a hangover or intoxication? \_\_\_\_\_

\_\_\_\_\_

The following is a list of illegal drugs. If you ever possessed, sold, furnished, made available, or delivered any of the listed substances, indicate which ones. If you have never possessed, sold, furnished, made available, or delivered any of the substances, place a check next to the "NO" by each substance listed.

		TYPE OF DRUG:	# of times:	Last date:	Form of substance:
YES	NO	Marijuana	_____	_____	_____
YES	NO	Hashish	_____	_____	_____
YES	NO	Speed	_____	_____	_____
YES	NO	Ice	_____	_____	_____
YES	NO	Methamphetamines	_____	_____	_____
YES	NO	Ecstasy	_____	_____	_____
YES	NO	STP	_____	_____	_____
YES	NO	Cocaine	_____	_____	_____
YES	NO	Crack	_____	_____	_____
YES	NO	LSD	_____	_____	_____
YES	NO	PCP	_____	_____	_____
YES	NO	Peyote	_____	_____	_____
YES	NO	Mushrooms	_____	_____	_____
YES	NO	Quaalude	_____	_____	_____

The following is a list of illegal drugs, continued from page 22:

YES	NO	Tranquilizers (Non-prescribed)	_____	_____	_____
YES	NO	Barbiturates	_____	_____	_____
YES	NO	Heroin	_____	_____	_____
YES	NO	Opium	_____	_____	_____
YES	NO	Anabolic Steroids	_____	_____	_____
YES	NO	Ice	_____	_____	_____

Any other illegal drugs: \_\_\_\_\_

List: \_\_\_\_\_

117. YES NO Have you ever used a needle with any illegal drug? Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

118. YES NO Have you ever been involved, or assisted anyone, in the transportation of illegal drugs or substances? Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

119. YES NO Have you ever been involved, or assisted anyone, in the smuggling of an illegal substance into this country? Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

120. YES NO Have you ever been involved in any way in the manufacturing of an illegal drug or substance? Explain:  
\_\_\_\_\_  
\_\_\_\_\_



121. YES NO Have you ever been present during a drug buy? Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

122. YES NO Do you know any relatives, friends, or personal contacts who are involved criminally in selling, processing, manufacturing, or distributing narcotics?  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

123. YES NO Have you ever used a drug prescribed by a doctor for someone else?  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

124. YES NO Have you ever lied to a doctor about symptoms in order to get a prescription, such as valium or a pain killer, etc.? Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

125. YES NO Would you arrest a friend or family member for a drug violation if you were a police officer? If not, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

126. YES NO Have you ever driven a car while you were under the influence of a narcotic (legal or illegal)? Explain:  
\_\_\_\_\_

127. YES NO Do you use any drug or alcohol on a daily basis so that you can feel well enough to get through the day?

How many times? \_\_\_\_\_ Last time: \_\_\_\_\_

**MILITARY SERVICE:**

128. YES NO Have you ever been in the military service? What branch? \_\_\_\_\_

129. YES NO Were you ever AWOL? How long? \_\_\_\_\_

130. YES NO Were you ever given company punishment (Article 15 or Capt. Mast)?

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

131. YES NO Were you ever placed in confinement? How long? \_\_\_\_\_

132. YES NO Were you ever reduced in rank?

133. YES NO What type of discharge did you receive? \_\_\_\_\_

134. YES NO Were you ever given a court martial?

135. YES NO Did you ever sell anything on the black market?

When \_\_\_\_\_ What \_\_\_\_\_

136. YES NO Were you discharged prior to the end of your tour of duty? Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL / MARITAL STATUS:**

(Page 27 of 36 revised 02/21/02)

Marital Status:

\_\_\_\_\_ Single      \_\_\_\_\_ Married      \_\_\_\_\_ Engaged      \_\_\_\_\_ Separated      \_\_\_\_\_ Divorced

**Provide information listed on spouse, ex-spouse, fiancée, or cohabitant:**

Name \_\_\_\_\_

Maiden or former name, if any \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Occupation \_\_\_\_\_

Information concerning marriages: (List all marriages, including common-law)

Date of Marriage:    Location:                      Spouse's Name:                      Date of Birth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address(es) of spouse(s) if divorced or separated:

Name:                      Address (street, city, state):                      Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If ever separated, annulled, or divorced, indicate below the following information:

Type of Decree/Order:                      Date:                      Where Issued (Court & State)

---

---

---

List **all** your children, step-children, & adopted children, and give the following information:

Name \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Lives with \_\_\_\_\_ Supported by \_\_\_\_\_

Occupation \_\_\_\_\_

-----  
-----

Name \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Lives with \_\_\_\_\_ Supported by \_\_\_\_\_

Occupation \_\_\_\_\_

-----  
-----

Name \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Lives with \_\_\_\_\_ Supported by \_\_\_\_\_

Occupation \_\_\_\_\_

-----  
-----

Name \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Lives with \_\_\_\_\_ Supported by \_\_\_\_\_

Occupation \_\_\_\_\_

-----  
-----  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Lives with \_\_\_\_\_ Supported by \_\_\_\_\_  
Occupation \_\_\_\_\_

-----  
-----  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Lives with \_\_\_\_\_ Supported by \_\_\_\_\_  
Occupation \_\_\_\_\_

-----  
-----  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Lives with \_\_\_\_\_ Supported by \_\_\_\_\_  
Occupation \_\_\_\_\_

-----  
-----  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Lives with \_\_\_\_\_ Supported by \_\_\_\_\_  
Occupation \_\_\_\_\_

-----  
-----  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Lives with \_\_\_\_\_ Supported by \_\_\_\_\_  
Occupation \_\_\_\_\_

YES NO Are you supporting all children born to you, adopted by you, and stepchildren?  
If no, explain:

\_\_\_\_\_

Other dependents: If you claim income tax exemption for support dependents other than spouse and children, provide the following information: (Name, date of birth, address, relationship, percent of support provided)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List in order, parents, parents-in-law, stepparents, guardians, brothers, sisters, even though deceased, giving the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

-----

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

-----

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

-----

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

---

---

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

---

---

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

---

---

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

---

---

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

---

---



**REFERENCES:**

List five persons who know you well enough to provide current information about you.

**DO NOT LIST RELATIVES, FORMER EMPLOYERS, SPOUSES, OR EMPLOYEES OF THE CORPUS CHRISTI POLICE DEPARTMENT.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

-----

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

-----

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

-----

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

-----

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone numbers: Home\_\_\_\_\_ Work\_\_\_\_\_

Occupation\_\_\_\_\_ Years Known\_\_\_\_\_

-----  
Are you acquainted with any employees of the Corpus Christi Police Department? If so, whom:

\_\_\_\_\_  
\_\_\_\_\_

- 137. YES NO Do you sincerely seek a long-term career with this department?
- 138. YES NO Do you have any children that were born outside a legal union?
- 139. YES NO Do you support this child in any way, rent, etc.?
- 140. YES NO Are you now paying alimony or child support? Amount\_\_\_\_\_
- 141. YES NO Have you ever been ordered into court for non-payment of alimony or child support?
- 142. YES NO Are you currently living separated from your spouse?
- 143. YES NO If you are currently married, does your spouse want you to get into this type of work?
- 144. YES NO Do you know of or anticipate any family or personal problems that could interfere with this job?

Explain:\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 145. YES NO Are you aware of any problems that could prevent you from getting this job?

Explain:\_\_\_\_\_  
\_\_\_\_\_

- 146. YES NO Have you had problems in a personal relationship which have interfered with your current or prior jobs?

- 147. YES NO Have you ever gotten a “kick” or thrill out of hurting a person?
- 148. YES NO Have you ever enjoyed seeing another person suffer?
- 149. YES NO Do you enjoy taking part in a fight?
- 150. YES NO Do you feel that you are a coward?
- 151. YES NO Have you ever gotten a “kick” or thrill out of hurting an animal?
- 152. YES NO Have you ever enjoyed seeing an animal suffer?
- 153. YES NO Have you ever deliberately caused the death of an animal (other than hunting)?
- 154. YES NO Have you ever caused an animal to attack another person?
- 155. YES NO Have you ever caused an animal to attack another animal?
- 156. YES NO Have you knowingly (on purpose) falsified or misstated any information on your Personal History Statement?
- 157. YES NO Have you left out any information required on your Personal History Statement?
- 158. YES NO Have you intentionally left out any information about any relative required in the Personal History Statement?

159. YES NO **Are there any incidents in your life or details not mentioned herein which may influence this department’s evaluation of your suitability for employment with this department? If yes, explain: \_\_\_\_\_**

---



---



---

I, \_\_\_\_\_, DO HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witnessed By (signature)

\_\_\_\_\_  
Print Name