

**PERSONAL HISTORY STATEMENT**

**SHELBY COUNTY SHERIFF'S OFFICE**  
**Bureau of Professional Standards & Integrity**  
**Background Information Form**

**Section I Numbers MUST Be Answered – PRINT ONLY**

(Applicant (Last Name, First Name, MI):		Social Security Number:	
Maiden Name/Other Name Used:			
Address:			
City:	State:	Zip:	
DOB:	Sex:	Race:	Position:
Driver's License#:	State:	Exp. Date:	

**Section II To be Completed by SCSO ONLY**

1. NCIC Criminal History:	No Want _____	Wanted _____	
NCIC Criminal History:	Yes _____	No _____	
	Checked by: _____	Date _____	
2. D. L. History	Status _____	State _____	
	Checked by _____	Date _____	
3. Card Index File:	No Record _____	Arrest Record _____	R & I # _____
	Checked by _____	Date _____	
4. SCSO Files:	No Record _____	Arrest Record _____	R & I # _____
	Checked by _____	Date _____	
5. Local Warrants:	No Want _____	Wanted & # _____	
	Checked by _____	Date _____	
Comments:			
Reviewed by:	Date:	Processed by:	
		Date Received:	
Reviewed by:	Date:	Date Completed:	



## SHELBY COUNTY SHERIFF'S OFFICE

### AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Shelby County Sheriff's Office, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions including records of loans, the records of commercial or retail credit agencies (include credit reports and /or ratings); and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Shelby County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of any signature.

\_\_\_\_\_  
*Signature (Included maiden name if applicable)*

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

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### 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 with the Shelby County Sheriff's Office.
- Type or neatly print, in black ink, responses to all items and questions.
- Answer all questions completely.
- If a question does not apply to you, enter "N/A" in the appropriate space provided.
- Avoid errors by reading the directions carefully before making any entries on the form.
- Be sure your information is correct and in sequence before you begin.
- You are responsible for obtaining a correct and complete mailing address (including street numbers, apartment or suite numbers, street names, cities, states, and zip codes) for each former employer, each personal reference, and where indicated in the statement.
- If you are not sure of an address, check it by personal verification. Phone numbers should include area codes. If you are not certain, **LOOK IT UP!**
- If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, please submit this information on additional sheets of 8 ½" x 11" paper (**NO SCRAP SHEETS**) and attach them to this form.

### Disqualification

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

# PERSONAL HISTORY STATEMENT

## SECTION 1: PERSONAL

1. YOUR FULL NAME				
LAST	FIRST	MIDDLE		
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY				
3. ADDRESS WHERE YOU RESIDE				
STREET			APT / UNIT	
CITY			STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE				
5. CONTACT NUMBERS				
HOME ( )	WORK ( )	EXT	OTHER ( )	<input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS				
HOME			BUSINESS	
7. Are you a U.S. citizen or eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Public Safety applicants only</i> , if not a U.S. citizen, are you a resident alien who is eligible <b>and has applied</b> for U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
8. BIRTH PLACE – CITY / COUNTY / STATE / COUNTRY			9. BIRTHDATE	10. SOCIAL SECURITY NUMBER
11. DRIVER'S LICENSE			12a. SEX	12b. RACE/ETHNICITY
NO.	STATE	EXP	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN/PAC ISLANDER <input type="checkbox"/> OTHER
			12c. PHYSICAL DESCRIPTION	
			HEIGHT	WEIGHT
			HAIR COLOR	EYE COLOR

## SECTION 2: RELATIVES AND REFERENCES

13. IMMEDIATE FAMILY MEMBERS

Provide all applicable information in the spaces below. If you need more space for any response, please submit this information on additional sheets of 8 1/2" x 11" paper.

NAME	ADDRESS	CITY	STATE	ZIP
Relationship	HOME PHONE	WORK PHONE		CELL PHONE
NAME	ADDRESS	CITY	STATE	ZIP
Relationship	HOME PHONE	WORK PHONE		CELL PHONE
NAME	ADDRESS	CITY	STATE	ZIP
Relationship	HOME PHONE	WORK PHONE		CELL PHONE
NAME	ADDRESS	CITY	STATE	ZIP
Relationship	HOME PHONE	WORK PHONE		CELL PHONE
NAME	ADDRESS	CITY	STATE	ZIP
Relationship	HOME PHONE	WORK PHONE		CELL PHONE
NAME	ADDRESS	CITY	STATE	ZIP
Relationship	HOME PHONE	WORK PHONE		CELL PHONE
NAME	ADDRESS	CITY	STATE	ZIP
Relationship	HOME PHONE	WORK PHONE		CELL PHONE
NAME	ADDRESS	CITY	STATE	ZIP
Relationship	HOME PHONE	WORK PHONE		CELL PHONE

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT**

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

Has any member of your immediate family or close relative (including in-laws), ever been arrested?						
Name	Date of Birth	Relationship	Date of Incarceration	Place	Charge	Disposition

14. REFERENCES

List 5 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

NAME		ADDRESS	CITY AND STATE	ZIP
Relationship	HOME PHONE		WORK PHONE	CELL PHONE
NAME		ADDRESS	CITY AND STATE	ZIP
Relationship	HOME PHONE		WORK PHONE	CELL PHONE
NAME		ADDRESS	CITY AND STATE	ZIP
Relationship	HOME PHONE		WORK PHONE	CELL PHONE
NAME		ADDRESS	CITY AND STATE	ZIP
Relationship	HOME PHONE		WORK PHONE	CELL PHONE
NAME		ADDRESS	CITY AND STATE	ZIP
Relationship	HOME PHONE		WORK PHONE	CELL PHONE

**SECTION 3: EDUCATION**

15. Have you ever attended a **POST / CORRECTIONS** Basic Academy? .....  Yes  No

If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ( )
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ( )

16. Have you ever been placed on academic discipline, suspended, or expelled 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.

# PERSONAL HISTORY STATEMENT

## SECTION 4: RESIDENCE

17. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. 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.

A) ADDRESS WHERE YOU NOW LIVE				APT / UNIT	FROM	TO
						<b>Present</b>
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		CONTACT NUMBER (    )	

Names of those with whom you live:

B) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		CONTACT NUMBER (    )	

Names of those with whom you lived:

Reason for moving:

C) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		CONTACT NUMBER (    )	

Names of those with whom you lived:

Reason for moving:

D) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		CONTACT NUMBER (    )	

Names of those with whom you lived:

Reason for moving:

E) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		CONTACT NUMBER (    )	

Names of those with whom you lived:

Reason for moving:

F) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		CONTACT NUMBER (    )	

Names of those with whom you lived:

Reason for moving:

G) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		CONTACT NUMBER (    )	

Names of those with whom you lived:

Reason for moving:

# PERSONAL HISTORY STATEMENT

## SECTION 5: EXPERIENCE AND EMPLOYMENT

18. 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.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER (    )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:			

B) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER (    )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER (    )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

**PERSONAL HISTORY STATEMENT**

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

18. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER (   )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER (   )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

K) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER (   )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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**PERSONAL HISTORY STATEMENT**

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

18. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT

Check applicable:    Student    Between jobs    Leave of absence    Travel    Other

FROM	TO
------	----

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

19. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) .....  Yes    No
20. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? .....  Yes    No
21. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....  Yes    No
22. Have you ever quit without giving proper notice? .....  Yes    No
23. Have you ever resigned at the request of your employer? .....  Yes    No
24. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? .....  Yes    No
25. Have you ever been the subject of a written complaint at work? .....  Yes    No
26. Have you ever been counseled at work due to lateness or absences? .....  Yes    No
27. Have you ever received an unsatisfactory performance review? .....  Yes    No
28. Have you ever sold, released, disclosed, or given away legally confidential information? .....  Yes    No
29. Have you ever called in sick when you were neither sick nor caring for a sick family member? .....  Yes    No
- If yes, how many sick days have you used in the past five years which were **not** due to illness? \_\_\_\_\_

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT**

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

If you answered yes to any of **Questions 19–29**, explain (include when, where and circumstances; indicate corresponding number:

30. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)? .....  YES  NO

- If yes, 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.**

A) NAME OF AGENCY				DATE APPLIED	
STREET ADDRESS			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:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer withdrawn					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					
B) NAME OF AGENCY				DATE APPLIED	
STREET ADDRESS			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:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer withdrawn					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					
C) NAME OF AGENCY				DATE APPLIED	
STREET ADDRESS			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:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer withdrawn					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT**

**SECTION 6: MILITARY EXPERIENCE**

31. Are you required to register for the Selective Service? (all males born on or after January 1, 1960) .....  Yes  No  
If yes, have you registered? (typically done in high school, at a US Post Office, or when getting a driver's license).....  Yes  No  
Selective Service Number: \_\_\_\_\_ (you may locate this number at <https://www.sss.gov/RegVer/wfVerification.aspx>)

If not registered, explain:

32. BRANCH OF SERVICE

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

33. 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:

34. Are you currently participating in one of the following?  Military Reserve  National Guard If checked, date obligation ends:

35. 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

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

If you answered yes to **Questions 35 and/or 36**, explain (include dates and circumstances)

**SECTION 7: LEGAL**

**Disclosure of Arrests and Convictions**

As an applicant for the Shelby County Sheriff's Office, you are required to disclose any of the following which occurred on or after your 15th birthday, *even if the records were **sealed, expunged, dismissed or pardoned***:

- ALL detentions or arrests, or misdemeanor citations, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

37. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** .....  Yes  No

If yes, explain each incident.

A) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

B) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

**PERSONAL HISTORY STATEMENT**

**SECTION 7: LEGAL *continued***

C) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

D) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

- 38. Have you ever been placed on court probation as an adult? .....  Yes  No
- 39. 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
- 40. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....  Yes  No
- 41. Have the police ever been called to your home for any reason? .....  Yes  No
- 42. Have you or your spouse/partner ever been referred to Child Protective Services? .....  Yes  No
- 43. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....  Yes  No
- 44. 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
- 45. Have you ever **fraudulently** received welfare, unemployment compensation, worker's compensation, or other state or federal assistance? .....  Yes  No
- 46. Have you ever filed a false insurance claim or worker's compensation claim? .....  Yes  No

If you answered yes to any of **Questions 38–46**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

47. UNDETECTED ACTS – PART 1
- Within the past **seven** years, have you ever committed any of the following misdemeanors?
- A) Annoying / obscene phone calls.....  Yes  No
  - B) Carrying a concealed weapon without a permit.....  Yes  No
  - C) Contributing to the delinquency of a minor.....  Yes  No
  - D) Driving under the influence of alcohol and/or drugs.....  Yes  No
  - E) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself).....  Yes  No
  - F) Hit & run collision (no injuries).....  Yes  No

**Initial this page to indicate that you have provided complete and accurate information:** \_\_\_\_\_

**PERSONAL HISTORY STATEMENT**

**SECTION 7: LEGAL *continued***

G) Impersonating a peace officer (pretending to be a police officer) .....  Yes  No

H) Indecent exposure (including flashing or mooning).....  Yes  No

I) Petty theft (value up to \$400, including shoplifting/switching price tags) .....  Yes  No

J) Possession of falsified or altered identification, including use of another person's ID (for any reason) .....  Yes  No

K) Prostitution or soliciting a prostitute .....  Yes  No

L) Resisting arrest (including running from the police) .....  Yes  No

M) Trespassing.....  Yes  No

N) Vandalism (including "tagging," malicious mischief and/or property damage).....  Yes  No

O) Intentionally writing a bad check .....  Yes  No

P) Filing a false police report .....  Yes  No

If you answered yes to **any** item(s) in **Question 47**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (47-A, etc.) for each explanation.

48. UNDETECTED ACTS – PART 2

*At any time in your life* have you **ever** committed any of the following?

A) Arson (intentionally destroying property by setting a fire).....  Yes  No

B) Assault with a deadly weapon .....  Yes  No

C) Theft of a vehicle and/or vehicle parts .....  Yes  No

D) Burglary (entering a structure or vehicle to commit theft or other crime) .....  Yes  No

E) Child molestation (performing unlawful acts with a child).....  Yes  No

F) Accessing and/or possessing child pornography .....  Yes  No

G) Elder abuse/neglect .....  Yes  No

H) Embezzlement (theft of money or other valuables entrusted to you) .....  Yes  No

I) Felony drunk driving (involving injuries).....  Yes  No

J) Forcible rape or other act of unlawful intercourse.....  Yes  No

K) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....  Yes  No

L) Hit & run (with injuries) .....  Yes  No

M) Hate crime .....  Yes  No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT**

**SECTION 7: LEGAL** *continued*

- N) Insurance fraud.....  Yes  No
- O) Grand theft (value of over \$400, or any firearm).....  Yes  No
- P) Murder, homicide, or attempted murder.....  Yes  No
- Q) Perjury (lying under oath).....  Yes  No
- R) Possession of an explosive/destructive device.....  Yes  No
- S) Robbery (theft from another person using a weapon, force, or fear) .....  Yes  No
- T) Stalking .....  Yes  No
- U) Blackmail or extortion.....  Yes  No
- V) Any other act amounting to a felony .....  Yes  No

If you answered yes to **any** item(s) in **Question 48**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (48-A, etc.) for each explanation.

**Questions 49 and 50** ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- |   |  |                              |
|---|--|------------------------------|
| - Amphetamines / Methamphetamines<br>( <i>Uppers, Speed, Crank, etc</i> ) | - Glue   | - Mescaline                  |
| - Barbiturates ( <i>Downers</i> )   | - Hallucinogenics<br>( <i>Peyote, LSD, Mushrooms</i> ) | - Morphine                   |
| - Cocaine / Crack Cocaine   | - Hashish / Hashish Oil                                | - PCP / Angel Dust           |
| - Designer Drugs<br>( <i>Ecstasy, Synthetic Heroin, etc.</i> )            | - Heroin / Opium                                       | - Quaaludes                  |
| - GHB ( <i>Date Rape Drug</i> )   | - Marijuana  | - Steroids                   |
|   |  | - Tetrahydrocannabinol (THC) |

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

If yes, give details, including drug(s) used, number of times, over what time period(s), and circumstances:

50. **Prior to the past six months** (check all that apply):

- 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 checked, give details including drug(s) used, estimated number of times, over what time period(s), and circumstances.

- I used drugs on a **regular** basis (*from one to several times a week or more*).

If checked, ONLY indicate the time period(s) of drug use. DO NOT include the drug(s) used or frequency of use.



**PERSONAL HISTORY STATEMENT**

**SECTION 8: MOTOR VEHICLE OPERATION *continued***

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

A) NATURE OF VIOLATION	DATE VIOLATION OCCURRED Month      Year	LOCATION (CITY, STATE)
		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
B) NATURE OF VIOLATION	DATE VIOLATION OCCURRED Month      Year	LOCATION (CITY, STATE)
		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
C) NATURE OF VIOLATION	DATE VIOLATION OCCURRED Month      Year	LOCATION (CITY, STATE)
		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

D) 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:

57. Have you been involved as the driver in a motor vehicle accident within the past seven years? .....  Yes     No  
 If yes, give details:

A) DATE	LOCATION	
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
B) DATE	LOCATION	
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
C) DATE	LOCATION	
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

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

If yes, give reason:  

DATE Month      Year	LOCATION (CITY, STATE)
-------------------------	------------------------

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

If yes, give reason:  

	INSURANCE COMPANY
DATE Month      Year	ADDRESS



**PERSONAL HISTORY STATEMENT**

**SECTION 8: MOTOR VEHICLE OPERATION *continued***

Use this space for additional information you would like to include regarding your driving record.

**SECTION 9: OTHER TOPICS**

- 60. Have you ever been refused a permit to carry a concealed weapon? .....  Yes       No
- 61. 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 or unlawful activity generally and/or directed against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual orientation, or disability? .....  Yes       No
- 62. 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 or unlawful activity generally and/or directed against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual orientation, or disability? .....  Yes       No
- 63. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? .....  Yes       No
- 64. Have you ever hit or physically overpowered a spouse or romantic partner? .....  Yes       No

If you answered yes to any of **Questions 60–64** give details including dates and circumstances; indicate corresponding number.

**SECTION 10: CERTIFICATION**

65. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, 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. **If I am denied employment, I understand that I WILL NOT be advised as to the reason for the rejection.**

SIGNATURE IN FULL

DATE