

MERRIAM POLICE DEPARTMENT

**PERSONAL HISTORY STATEMENT**

INSTRUCTIONS

**READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

- Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
- If a question is not applicable to you, enter N/A in the space provided.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications **will** result in disqualification.
- The Americans With Disabilities Act prohibits employers from making medically-related inquiries prior to a Conditional Offer of Employment. Therefore, if you are completing this personal history statement before you have received a Conditional Offer of Employment, do not divulge information concerning physical or medical conditions, either past or current.

**BRING YOUR COMPLETED HISTORY STATEMENT WITH YOU FOR YOUR APPOINTMENT.**



PERSONAL HISTORY STATEMENT

C. **EXPERIENCE AND EMPLOYMENT** – Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
DUTIES \_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

2. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
DUTIES \_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

3. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
DUTIES \_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

PERSONAL HISTORY STATEMENT

4. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
DUTIES \_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

5. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
DUTIES \_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

6. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
DUTIES \_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

PERSONAL HISTORY STATEMENT

D. **MILITARY HISTORY**

1. HAVE YOU SERVED IN THE U.S. ARMED FORCES? \_\_\_\_ YES \_\_\_\_ NO

2. DATE OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_

BRANCH OF SERVICE \_\_\_\_\_

UNIT DESIGNATION \_\_\_\_\_

MILITARY SERVICE NUMBER \_\_\_\_\_

HIGHEST RANK HELD \_\_\_\_\_

TYPE OF DISCHARGE \_\_\_\_\_

3. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE? (INCLUDE COURT-MARTIAL, CAPTAIN'S MASTS, COMPANY PUNISHMENT, ETC.) \_\_\_\_ YES \_\_\_\_ NO

| <b><u>CHARGE</u></b> | <b><u>AGENCY</u></b> | <b><u>DATE TIME</u></b> | <b><u>DISPOSITION</u></b> |
|----------------------|----------------------|-------------------------|---------------------------|
| _____                | _____                | _____                   | _____                     |
| _____                | _____                | _____                   | _____                     |
| _____                | _____                | _____                   | _____                     |
| _____                | _____                | _____                   | _____                     |
| _____                | _____                | _____                   | _____                     |

IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS:

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

PERSONAL HISTORY STATEMENT

E. EDUCATIONAL HISTORY

| 1. | <u>HIGH SCHOOL<br/>ATTENDED</u> | <u>CITY &amp; STATE</u> | <u>DATES ATTENDED</u> |           | <u>GRADUATED</u> |           |
|----|---------------------------------|-------------------------|-----------------------|-----------|------------------|-----------|
|    |                                 |                         | <u>FROM</u>           | <u>TO</u> | <u>YES</u>       | <u>NO</u> |
|    | _____                           | _____                   | _____                 | _____     | _____            | _____     |
|    | _____                           | _____                   | _____                 | _____     | _____            | _____     |
|    | _____                           | _____                   | _____                 | _____     | _____            | _____     |

2. (a) COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_  
UNITS COMPLETED \_\_\_\_\_ MAJOR/MINOR \_\_\_\_\_  
DEGREE RECEIVED, IF ANY, & DATE \_\_\_\_\_

(b) COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_  
UNITS COMPLETED \_\_\_\_\_ MAJOR/MINOR \_\_\_\_\_  
DEGREE RECEIVED, IF ANY, & DATE \_\_\_\_\_

(c) COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_  
UNITS COMPLETED \_\_\_\_\_ MAJOR/MINOR \_\_\_\_\_  
DEGREE RECEIVED, IF ANY, & DATE \_\_\_\_\_

(D) COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_  
UNITS COMPLETED \_\_\_\_\_ MAJOR/MINOR \_\_\_\_\_  
DEGREE RECEIVED, IF ANY, & DATE \_\_\_\_\_

3. LIST OTHER SCHOOLS ATTENDED. (TRADE, VOCATIONAL, BUSINESS, ETC.) GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATE, AND ANY OTHER PERTINENT INFORMATION.

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

PERSONAL HISTORY STATEMENT

**F. SPECIAL QUALIFICATIONS AND SKILLS**

1. LIST ANY SPECIAL LICENSES YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC.), SHOWING LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE, AND DATE OF EXPIRATION.

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2. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT WHICH YOU CAN OPERATE.

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3. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE IN EACH AREA YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD, FAIR).

**LANGUAGE   READING   SPEAKING   UNDERSTANDING   WRITING**

| <u>LANGUAGE</u> | <u>READING</u> | <u>SPEAKING</u> | <u>UNDERSTANDING</u> | <u>WRITING</u> |
|-----------------|----------------|-----------------|----------------------|----------------|
| _____           | _____          | _____           | _____                | _____          |
| _____           | _____          | _____           | _____                | _____          |
| _____           | _____          | _____           | _____                | _____          |
| _____           | _____          | _____           | _____                | _____          |
| _____           | _____          | _____           | _____                | _____          |

4. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

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PERSONAL HISTORY STATEMENT

G. LEGAL

1. HAVE YOU EVEN BEEN CONVICTED, ARRESTED, DETAINED BY POLICE OR SUMMONSED INTO COURT? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, COMPLETE THE FOLLOWING (LIST JUVENILE AS WELL AS ADULT OCCURRENCES).

| CRIME CHARGED | POLICE AGENCY CITY & STATE | DATE  | DISPOSITION OF CASE |
|---------------|----------------------------|-------|---------------------|
| _____         | _____                      | _____ | _____               |
| _____         | _____                      | _____ | _____               |
| _____         | _____                      | _____ | _____               |

2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN CIVIL LITIGATION? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, GIVE DETAILS \_\_\_\_\_

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

3. THEFT

HAVE YOU EVER BEEN INVOLVED IN SHOPLIFTING? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, LIST APPROXIMATE DATES AND NUMBER OF TIMES:

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

HAVE YOU EVER BEEN INVOLVED IN "MERCHANDISE PASSING?" (EXPLANATION: A RETAIL CLERK GIVES MERCHANDISE TO FRIENDS, RELATIVES OR OTHERS WITHOUT RECEIVING THE CORRECT AMOUNT OF MONEY.) \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER TAKEN PROPERTY VALUED AT OVER \$10.00 FROM AN EMPLOYER?

\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER TAKEN ANY MONEY FROM AN EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

**REMINDER: ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT**

PERSONAL HISTORY STATEMENT

4. ILLEGAL DRUG INVOLVEMENT

HAVE YOU EVER USED ANY ILLEGAL DRUGS (MARIJUANA, MUSHROOMS, LSD COCAINE, METHAMPHETAMINE, OR ANY OTHER NON-PRESCRIPTION DRUG)?

\_\_\_\_ YES    \_\_\_\_ NO

IF YES, LIST TYPE OF DRUG, NUMBER OF TIMES AND APPROXIMATE DATES:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

HAVE YOU EVER BOUGHT ANY ILLEGAL DRUGS?    \_\_\_\_ YES    \_\_\_\_ NO

IF YES, LIST TYPE OF DRUG, NUMBER OF TIMES AND APPROXIMATE DATES:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

HAVE YOU EVER SOLD ANY ILLEGAL DRUGS?    \_\_\_\_ YES    \_\_\_\_ NO

IF YES, LIST TYPE OF DRUG, NUMBER OF TIMES AND APPROXIMATE DATES:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**REMINDER: ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.**

PERSONAL HISTORY STATEMENT

H. **MOTOR VEHICLE OPERATION**

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?

\_\_\_\_ YES \_\_\_\_ NO

IF YES, GIVE DATE, LOCATION AND REASONS \_\_\_\_\_

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

2. WITH WHAT COMPANY DO YOU CARRY AUTO INSURANCE? \_\_\_\_\_

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

3. LIST TO THE BEST OF YOUR MEMORY ALL DRIVING CITATIONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, EXCLUDING PARKING TICKETS.

| <b><u>MONTH &amp; YEAR</u></b> | <b><u>CHARGE</u></b> | <b><u>CITY &amp; STATE</u></b> | <b><u>DISPOSITION</u></b> |
|--------------------------------|----------------------|--------------------------------|---------------------------|
| _____                          | _____                | _____                          | _____                     |
| _____                          | _____                | _____                          | _____                     |
| _____                          | _____                | _____                          | _____                     |
| _____                          | _____                | _____                          | _____                     |
| _____                          | _____                | _____                          | _____                     |
| _____                          | _____                | _____                          | _____                     |

4. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATION.

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

PERSONAL HISTORY STATEMENT

I. **RELATIVES, REFERENCES, ACQUAINTANCES**

1. ARE YOU?    \_\_\_ SINGLE    \_\_\_ MARRIED    \_\_\_ SEPARATED  
                  \_\_\_ DIVORCED    \_\_\_ WIDOWED

2. **IF MARRIED:**

DATE \_\_\_\_\_  
CITY & STATE \_\_\_\_\_  
SPOUSE'S NAME (WIFE'S MAIDEN NAME) \_\_\_\_\_

3. **IF EVER SEPARATED, DIVORCED OR WIDOWED:**

DATE OF MARRIAGE \_\_\_\_\_  
CITY & STATE \_\_\_\_\_  
SPOUSE'S NAME (WIFE'S MAIDEN NAME) \_\_\_\_\_  
PRESENT ADDRESS & PHONE \_\_\_\_\_  
\_\_\_\_\_

Circle One:        SEPARATED                      DIVORCED                      ANNULLED DATE OF ORDER  
OR DECREE \_\_\_\_\_  
COURT & STATE WHERE ISSUED \_\_\_\_\_

4. LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (NATURAL, STEP-CHILDREN, ADOPTED AND FOSTER CHILDREN).

| <b><u>NAME</u></b> | <b><u>RELATION</u></b> | <b><u>DATE OF BIRTH</u></b> | <b><u>ADDRESS</u></b> | <b><u>SUPPORTED BY WHOM</u></b> |
|--------------------|------------------------|-----------------------------|-----------------------|---------------------------------|
| _____              | _____                  | _____                       | _____                 | _____                           |
| _____              | _____                  | _____                       | _____                 | _____                           |
| _____              | _____                  | _____                       | _____                 | _____                           |
| _____              | _____                  | _____                       | _____                 | _____                           |
| _____              | _____                  | _____                       | _____                 | _____                           |
| _____              | _____                  | _____                       | _____                 | _____                           |
| _____              | _____                  | _____                       | _____                 | _____                           |
| _____              | _____                  | _____                       | _____                 | _____                           |
| _____              | _____                  | _____                       | _____                 | _____                           |

PERSONAL HISTORY STATEMENT

5. LIST ALL OTHER DEPENDENTS.

| <u>NAME</u> | <u>ADDRESS</u> | <u>RELATION</u> |
|-------------|----------------|-----------------|
| _____       | _____          | _____           |
| _____       | _____          | _____           |
| _____       | _____          | _____           |
| _____       | _____          | _____           |
| _____       | _____          | _____           |
| _____       | _____          | _____           |

6. LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER (INCLUDE MAIDEN NAME), BROTHERS & SISTERS. IF DECEASED, SO INDICATE.

| <u>NAME</u> | <u>ADDRESS</u> | <u>PHONE #</u> | <u>RELATION</u> | <u>AGE</u> |
|-------------|----------------|----------------|-----------------|------------|
| _____       | _____          | _____          | _____           | _____      |
| _____       | _____          | _____          | _____           | _____      |
| _____       | _____          | _____          | _____           | _____      |
| _____       | _____          | _____          | _____           | _____      |
| _____       | _____          | _____          | _____           | _____      |
| _____       | _____          | _____          | _____           | _____      |
| _____       | _____          | _____          | _____           | _____      |
| _____       | _____          | _____          | _____           | _____      |
| _____       | _____          | _____          | _____           | _____      |
| _____       | _____          | _____          | _____           | _____      |

PERSONAL HISTORY STATEMENT

**J. REFERENCES OR ACQUAINTANCES** – LIST FIVE PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

(1) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

(3) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

(4) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

(5) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

PERSONAL HISTORY STATEMENT

**K. FINANCIAL HISTORY**

- 1. WHAT IS YOUR PRESENT SALARY OR WAGE? \_\_\_\_\_
- 2. SOURCE OF INCOME? \_\_\_\_\_
- 3. DO YOU HAVE INCOME FROM ANY OTHER SOURCE THAN YOUR PRINCIPAL OCCUPATION?  
\_\_\_\_\_ YES    \_\_\_\_\_ NO

IF YES, HOW MUCH? \_\_\_\_\_  
HOW OFTEN? \_\_\_\_\_  
THE SOURCE? \_\_\_\_\_

- 4. DO YOU OWN ANY REAL ESTATE?    \_\_\_\_\_ YES    \_\_\_\_\_ NO  
VALUE: \_\_\_\_\_                      LOCATION: \_\_\_\_\_

- 5. DO YOU HAVE A BANK ACCOUNT?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

SAVINGS  
NAME AND ADDRESS OF BANK \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHECKING  
NAME AND ADDRESS OF BANK \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



PERSONAL HISTORY STATEMENT

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

\_\_\_\_\_  
DATE COMPLETED

\_\_\_\_\_  
SIGNATURE OF APPLICANT in *full*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My term expires: \_\_\_\_\_