

Application / Personal History Statement

- 1) Complete your Personal History Statement using a typewriter or legible printing in *black* ink.
- 2) Answer all questions. If a question does not apply to you, enter “N/A” in the space provided.
- 3) Avoid errors by reading the directions carefully. Be certain that your information is correct.
- 4) You are responsible for obtaining correct addresses and phone numbers. Failure to provide accurate information could affect the background investigation.
- 5) Attach extra sheets as needed. Be certain to number your responses.
- 6) Provide copies of any support documents (birth certificate, diplomas, licenses, DD214, etc.).
- 7) This statement must be complete. Omissions or falsifications may disqualify you.

The impact of any negative information that you might provide is greatly outweighed by the impact of that same information if an investigator initially uncovers it.

Application / Personal History Statement

A. APPLICANT IDENTIFICATION: Information provided in this section is used for identification only.

1. Name _____
 Last First Middle

2. Address _____
 Number Street

 City State Zip

3. Telephone _____ 4. Date of Birth _____

5. Other names used (nickname, maiden name, etc.) _____

6. S.S. Number _____ 7. Birthplace _____

8. U.S. Citizen? _____ 9. Driver's License Number/State _____

10. Height _____ 11. Weight _____ 12. Eye Color _____

13. Hair Color _____ 14. Scars, marks, tattoos, etc _____

15. Email _____

B. WORK HISTORY: Beginning with your present or most recent job, list all employment held in the last ten years, including internships, part-time, temporary, or seasonal employment. Include all periods of unemployment. You may include other jobs prior to ten years if police-related. Attach extra pages if necessary. Please indicate if you would prefer that no inquiries be made at your current employer *at this time*.

1. Employer _____

Address _____
 No. Street City State Zip

Telephone _____

Supervisor _____ Title _____

Name of Co-worker _____

Date Started _____ Date Left _____

Reason for Leaving _____

2. Employer _____
Address _____
 No. Street City State Zip
Telephone _____
Supervisor _____ Title _____
Name of Co-worker _____
Date Started _____ Date Left _____
Reason for Leaving _____

3. Employer _____
Address _____
 No. Street City State Zip
Telephone _____
Supervisor _____ Title _____
Name of Co-worker _____
Date Started _____ Date Left _____
Reason for Leaving _____

4. Employer _____
Address _____
 No. Street City State Zip
Telephone _____
Supervisor _____ Title _____
Name of Co-worker _____
Date Started _____ Date Left _____
Reason for Leaving _____

C. MILITARY RECORD

1. Have you ever served in the U.S. Armed Forces? _____

2. Date of Service: From _____ To _____
Branch _____ Unit Designation _____
Military Service No. _____ Highest Rank _____
Type of Discharge _____

3. Were you ever disciplined while in the military service (include courts-martial, captain's masts, company punishments, etc.)? _____

Charge _____ Agency _____
Date _____ Age at Time _____
Disposition _____

Charge _____ Agency _____
Date _____ Age at Time _____
Disposition _____

Charge _____ Agency _____
Date _____ Age at Time _____
Disposition _____

D. EDUCATIONAL HISTORY

1. High School _____

From _____
No. Street City State Zip
To _____ Date Graduated _____

2. College _____

No. Street City State Zip

Units Completed _____ Major/Minor _____

From _____ To _____ Degree Received _____

College _____

No. Street City State Zip

Units Completed _____ Major/Minor _____

From _____ To _____ Degree Received _____

E. SPECIAL QUALIFICATIONS AND SKILLS

1. List any special licenses you hold (pilot, radio operator, scuba, etc.).

Licensing Authority _____
 Date of Issue _____ Expiration Date _____

Licensing Authority _____
 Date of Issue _____ Expiration Date _____

2. List any specialized machinery or equipment you can operate.

3. If you are fluent in a foreign language, indicate your degree of fluency.

Language: _____

	Good	Fair	Excellent
Language			
Reading			
Speaking			
Understanding			
Writing			

F. ARRESTS, CONVICTIONS, DETENTIONS, AND LITIGATIONS

1. Have you ever been arrested, convicted, detained by the police, or summonsed into criminal court? Yes No

 If yes, complete the following (list juvenile as well as adult occurrences):

Law Enforcement Agency: _____

 City State

Crime Charged _____ Date _____

Disposition _____ Date _____

Law Enforcement Agency _____

 City State

Crime Charged _____ Date _____

Disposition _____ Date _____

2. Have you ever been involved as a party in a civil litigation (including protection orders & divorce)? Yes No
If yes, give details.

G. TRAFFIC RECORD

1. Has your license ever been suspended or revoked? Yes No

If yes, give details.

2. Name of your automobile insurance carrier _____

Agent _____ Phone number _____

3. List all driving citations that you have received as a juvenile and adult, excluding parking tickets.

Month/Year	Charge	City/State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe in a brief narrative any traffic accidents in which you have been involved that resulted in any injury to anyone or occurred in the last ten years, giving approximate dates and locations.

H. MARITAL AND FAMILY HISTORY

1. Are you: Single Married Separated Divorced Widowed

2. Spouse's full name _____
Date married _____ City/State _____

3. Ex-spouse's full name _____
Date married _____ City/State _____
Date divorced _____ City/State _____
Present Address _____
 Street City State Zip
Telephone _____

4. List all children related to you or your spouse (natural or by marriage).

Name _____ Relation _____
Present address _____
 Street City State Zip

Name _____ Relation _____
Present address _____
 Street City State Zip

Name _____ Relation _____
Present address _____
 Street City State Zip

5. List other dependents or people living in your home.

Name _____ Relation _____
Present address _____
 Street City State Zip

Name _____ Relation _____
Present address _____
 Street City State Zip

Name _____ Relation _____
Present address _____
 Street City State Zip

6. List other relatives.

Father _____ Phone _____
Present address _____
 Street City State Zip

Mother _____ Phone _____
Present address _____
 Street City State Zip

Brother/Sister _____ Phone _____
Present address _____
Street City State Zip

Brother/Sister _____ Phone _____
Present address _____
Street City State Zip

Brother/Sister _____ Phone _____
Present address _____
Street City State Zip

Brother/Sister _____ Phone _____
Present address _____
Street City State Zip

I. REFERENCES OR ACQUAINTANCES: List five persons who know you well enough to provide current information about you. Do not include relatives or former employers.

Name _____
Home Phone _____ Work Phone _____
Address _____
Street City State Zip

Name _____
Home Phone _____ Work Phone _____
Address _____
Street City State Zip

Name _____
Home Phone _____ Work Phone _____
Address _____
Street City State Zip

Name _____
Home Phone _____ Work Phone _____
Address _____
Street City State Zip

Name _____
Home Phone _____ Work Phone _____
Address _____
Street City State Zip

J. FINANCIAL HISTORY: SOURCES OF INCOME

1. What is your present salary or wages? _____

2. Do you have income from any source other than your principal occupation? _____

3. Do you own real estate? Yes No
Where? _____
What is its value? _____

4. Do you own stocks or bonds? Yes No
What is their value? _____

5. Do you have a bank account? Yes No
Checking: Bank name _____
Address _____
Street City State Zip

Savings: Bank name _____
Address _____
Street City State Zip

6. Financial Obligations. Give names and addresses of the individuals, companies, or other debts to which you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include account numbers where applicable.

Name _____ Acct. Type _____
Address _____
Street City State Zip
Acct. # _____ Balance _____
Monthly Payment _____ Principal Item _____

Name _____ Acct. Type _____
Address _____
Street City State Zip
Acct. # _____ Balance _____
Monthly Payment _____ Principal Item _____

Name _____ Acct. Type _____
Address _____
Street City State Zip
Acct. # _____ Balance _____
Monthly Payment _____ Principal Item _____

Name _____ Acct. Type _____
Address _____
Street City State Zip
Acct. # _____ Balance _____
Monthly Payment _____ Principal Item _____

Name _____ Acct. Type _____
Address _____
Street City State Zip
Acct. # _____ Balance _____
Monthly Payment _____ Principal Item _____

Name _____ Acct. Type _____
Address _____
Street City State Zip
Acct. # _____ Balance _____
Monthly Payment _____ Principal Item _____

K. PERSONAL DECLARATIONS

1. Describe in your own words the frequency and extent of your use of intoxicating liquors.

2. Have you ever used marijuana or any other drug not prescribed by your physician?
If yes, when and what were the circumstances.

3. Have you ever sold or furnished narcotics to anyone? _____
If yes, explain in detail.

4. If it became necessary to take a human life in the course of your duties as a police officer,
would any religious or other beliefs keep you from doing so? _____
If yes, explain.

5. Do you have any religious or other beliefs that would prevent you from fully performing the duties of a police officer, including working on weekends, evenings, or night shifts? If yes, explain.

6. Are there any other incidents in your life or details not mentioned herein which may influence this Department's evaluation of your suitability for employment as a police officer? If so explain.

L. Declaration/Release

I, _____, hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. Any such acts will be grounds for rejection or termination of employment.

I authorize the Creston Police Department and its designees to investigate all statements contained in this application for employment as may be necessary. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Creston.

Signature of Applicant

Date

CRESTON POLICE DEPARTMENT
302 N. Pine St., Creston, IA 50801
614-782-8402 614-782-8404 fax

To Whom It May Concern,

I hereby authorize the Creston Police Department to obtain a credit check of my records through a supplier of their choosing. I do this with the understanding that they will use the information in connection with an application for employment that I have made.

I hereby release you and your organization from any liability that may or could result from furnishing the requested information. This release will expire one year from the date signed, unless another expiration date is noted below.

Signature

Date

Printed Name

Current Address

Social Security Number

Other Expiration Date

Creston Police Department

Employment Guidelines for Applicants

The following are some guidelines considered in determining if an applicant is suitable for employment with the Creston Police Department.

Criminal History

Felony Conviction	Lifetime
Domestic Violence Conviction	Lifetime
Misdemeanor Conviction	5 years
Perjury Conviction	10 years
Crimes Involving Violations of Trust	10 years

Drugs

Distribution/Manufacture of any Controlled Substance	Lifetime
Use of any Controlled Substance	5 years

Traffic History

DUI Conviction	5 years
Multiple DUI Convictions	Lifetime
Reckless Driving	5 years
Drive While Suspended/Barred/Revoked	5 years
Multiple Moving Citations	10 years
Excessive Parking Citations	5 years

Credit History

Pattern of non-payment, bounced checks, credit issues	5 years
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