



Sanger Police Department

Personal History Statement

Applicant: _____

Last

First

Middle

Date Given to Applicant: _____

Date Returned: _____

Equal Opportunity Employer

READ THESE INSTRUCTIONS CAREFULLY

These instructions are provided as a guide to assist you in properly completing your Personal History Statement.

IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE!!!

During your pre-employment process with the Sanger Police Department, it is important to dress appropriately (as you would for any job interview). Unless otherwise instructed, T-shirts, shorts, tennis shoes, sweat clothes, etc., are not to be worn to any of your review boards, appointments, psychological and polygraph. You need to let us know promptly if you cannot make an appointment due to an emergency.

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. Your Personal History Statement should be hand printed legibly in ink. Do not type it or have anyone else fill it out for you. Correct all mistakes completely and return all pages. Your Personal History Statement is part of the assessment process. The ability to follow instructions, and to prepare neat, accurate, thorough and legible documents, is an integral part of police work, and will be evaluated.
2. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
3. 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.
4. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification. On all phone numbers include area codes.
5. If there is insufficient space on the Personal History Statement form, attach extra sheets. Be sure to reference the relevant section and question before continuing your answer.

Your failure to properly and thoroughly complete this document may result in the rejection of your application. Deliberate omissions or a deliberate misstatement of required information is grounds for rejection.

In addition to the Personal History Statement, you are required to submit:

1. An official high school transcript and a copy of the diploma or G.E. D., if applicable;
2. An official college transcript and a copy of the diploma, if applicable;
3. Copies of any divorce or other civil papers that may apply;
4. A copy of the applicant's military Form DD214 discharge papers showing an Honorable Discharge, if applicable;
5. A copy of the applicant's Birth Certificate;
6. Letters of recommendation, if applicable; and
7. Copies of any Police related training, if applicable.

REQUIRED DOCUMENTS

The following documents must be submitted with your Personal History Statement.

- Certified Copy of Birth Certificate;
- Naturalization papers (if applicable);
- Photo copy of Drivers License;
- Photo copy of Social Security Card;
- Certified copy of High School transcript;
- Photo copy of High School diploma or G.E.D.;
- Certified copy of College or University transcript (from each school attended);
- Photo copy of College diploma (if applicable);
- Photo Copy of Marriage Certificate;
- Photo copy of Divorce decree;
- Photo copy of Military discharge paper (DD-214) showing the type of discharge;
- Photo copy of Social Security card;
- Photo copy of proof of liability insurance;
- Photo copies of any training that relate to the position for which you are applying;
- Photo copies of any litigation that you have been a party to;
- Photo copies of any TCLEOSE certificates (if applicable);
- A recent photograph

If for some reason you cannot submit the required documents, you may be removed from consideration for employment.

Comments:

PERSONAL HISTORY STATEMENT

Information provided in this section is used for identification purposes.

Name: _____
Last First Middle

Other names used: Maiden, Adoption, etc.

Home Address: _____
No. Street Name City State Zip

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____ U.S. Citizen: ___ Yes ___ No

Place of Birth: _____

Drivers License: _____
Number State of Issue Expiration Date

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Identifying Marks:

Scars: _____

Tattoos: _____

Name by which you prefer to be addressed: _____

Home Phone Number: (_____) _____ - _____

Work Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____

Other Phone Number : (_____) _____ - _____

EMPLOYMENT HISTORY

1. Have you ever been forced to resign from a place of employment? [] Yes [] No. If yes, explain:

2. Have you ever quit a job because you suspected you were about to be fired? [] Yes [] No. If yes, explain:

3. Have you ever been fired from a job? [] Yes [] No. If yes, explain:

4. Have you ever quit a job without giving notice? [] Yes [] No. If yes, explain:

5. Have you ever used alcohol on the job? [] Yes [] No. If yes, explain:

6. Have you ever used any illegal drugs on the job? [] Yes [] No. If yes, explain:

7. Have you ever missed work due to alcohol usage? [] Yes [] No. If yes, explain:

8. Have you ever missed work due to illegal drug usage? [] Yes [] No. If yes, explain:

9. Have you had any prior law enforcement related experience? [] Yes [] No. If yes, give location, type of experience, number of years, duty, training, rank, awards, and citations. Indicate past employment which you think will specifically qualify you for the position for which you have made this application.

Beginning with your present or most recent job, list all of the jobs you have had since the age of 17. Include all part-time, temporary or seasonal positions. Attach additional pages, if necessary.

A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF HOW LONG YOU ACTUALLY WORKED!

Circle appropriate job description(s) Full time Part time Temporary Seasonal

Employer: _____

Employer's Address: _____
Street# Address City State Zip

Employer's Telephone Number (_____) _____ - _____
Area Code

Employment began on: _____ Ended on: _____ = Total time _____

Positions (s) held with company/duties and responsibilities:

Title: _____

Duties/Responsibilities: _____

Time in position(s): _____

Did you receive job performance evaluations while with this company? [] Yes [] No

Name of final supervisor: _____ Are you eligible for rehire? [] Yes [] No

Reason for leaving this position: _____

INVESTIGATOR'S NOTES: _____



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Street# Address City State Zip

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Title: _____

Duties/Responsibilities: _____

Time in position(s): _____

Did you receive job performance evaluations while with this company? [] Yes [] No

Name of final supervisor: _____ Are you eligible for rehire? [] Yes [] No

PERIODS OF UNEMPLOYMENT

Record any period of unemployment since graduating from high school.

A PERIOD OF UNEMPLOYMENT IS ANY TIME YOU DID NOT HAVE A JOB

From (Month/Year)	To (Month/Year)	Length of Unemployment	Reason for being Unemployed

If you were a full time college student and held only seasonal employment during school breaks, just indicate your beginning and ending school dates.

EDUCATIONAL HISTORY

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours you are credited with.

If you attended a technological or trade school, indicate your course of study; also indicate if you were awarded a diploma or certificate.

Name and Type of School and Location	Dates Attended From/To	Dates Attended From/To	Degree/Credit Hours earned

Have you ever been expelled from any school you have attended? [] Yes [] No

School: _____ Dates: _____

Reason: _____

Have you ever been placed on academic probation? [] Yes [] No

School: _____ Dates: _____

Reason: _____

INVESTIGATOR'S NOTES: _____

ADDITIONAL EDUCATION AND PERSONAL INFORMATION

School Activities: (Clubs, Sports, Etc.) High School College (circle grade)

_____ 9th...10th...11th... 12th ... Frshmn. Soph. Jr. Sr.

_____ 9th...10th...11th... 12th ... Frshmn. Soph. Jr. Sr.

_____ 9th...10th...11th... 12th ... Frshmn. Soph. Jr. Sr.

_____ 9th...10th...11th... 12th ... Frshmn. Soph. Jr. Sr.

_____ 9th...10th...11th... 12th ... Frshmn. Soph. Jr. Sr.

Positions of Leadership: (Indicate position/organization/dates held): _____

Community Activities: _____

Awards, Commendation or Items of Special recognition:_____

INVESTIGATOR'S NOTES:_____

MILITARY SERVICE

Have you registered with selective service? [] Yes [] No. When?_____

Have you ever been rejected by any branch of the armed forces?[] Yes [] No

Have you ever been a member of any branch of the U.S. Armed Forces? [] Yes [] No

Branch of Service: _____ Highest Rank Obtained:_____

Date of Induction:_____ Date of Discharge:_____ Type of Discharge:_____

Awards: (Type)

Date Awarded:

_____	_____
_____	_____
_____	_____

Special Schools/Training:

While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special or general court-martial? Yes No

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident.

Charge: _____ Date: _____ Results: _____

Last duty station and name of commanding officer: _____

Are you currently a member of a U.S. Reserve, National or State Guard organization? Yes No

Branch of Service: _____ Grade & Service #: _____

Are you: Active Inactive Standby

Organization Station Unit and Location: _____

INVESTIGATOR'S NOTES: _____

ARREST OR DETENTION

Have you ever been charged or cited for any family violence offense? Yes No

If "Yes", Explain: (list juvenile as well as adult occurrences) _____

Have you ever been arrested by the Police Yes No

If "Yes" Explain (list juvenile as well as adult occurrences) _____

Have you ever been detained (other than a traffic ticket) by the Police? Yes No.
If "Yes", Explain: (list juvenile as well as adult occurrences) _____

Have you ever been summoned into court for a criminal offense? Yes No.
If "Yes", Explain: (list juvenile as well as adult occurrences) _____

INVESTIGATOR'S NOTES: _____

LITIGATION

Have you ever been involved in any type of law suit? (even as a witness) Yes No

Were you sued? Yes No

Have you ever sued anyone? Yes No

Have you ever filed bankruptcy Yes No

Has anyone ever threatened to take you to court for non-payment of a bill? Yes No

(Explain any "Yes" answers): _____

INVESTIGATOR'S NOTES: _____

DRIVING RECORD

How many moving citations have you received since you began driving? _____

How many moving citations have you received in the past three (3) years? _____

Have you ever driven a motor vehicle, since your 17th birthday, without a valid driver's license for that vehicle? Yes No

Have you ever driven a motor vehicle without the proper insurance as required by law? Yes No

Have you ever had your driver's license suspended? Yes No

Date of Suspension: _____ Type of Suspension: _____

Date Lifted: _____

Have you ever had your driver's license placed on probation for receiving an excessive number of traffic citations? Yes No

Have you ever had a hearing for probation/suspension, etc.? Yes No

Have you ever been placed as an assigned risk for vehicle insurance? Yes No

Have you ever had your insurance revoked due to the number of traffic citations you have received? Yes No

Have you ever knowingly driven a motor vehicle after your driver's license was suspended/or after it had been revoked? Yes No

Do you have a valid driver's license in more than one state? If so, list: _____

Have you ever been denied a driver's license for any reason? Yes No

Have you ever had to appear before a medical advisory board? Yes No

How many motor vehicle accidents have you been involved in as a driver? _____

Have you had any reason to believe you might have problems with depth perception? Yes No

Have you ever been involved in an accident and then left the accident scene without identifying yourself? [] Yes [] No

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage? [] Yes [] No

Have you ever struck an unattended vehicle and then left without leaving your identification? [] Yes [] No

With what company do you carry automobile insurance? _____

Company Address: _____
Street Address City State Zip

Policy Number: _____ Effective Dates: _____

Attach a copy of your current insurance card in the space below:

List to the best of your memory, all driving citations you have received:

Date Received	Type of Violation	Issuing Agency	Disposition (Paid, Not Guilty, Etc.)

List all accidents in which you have been involved as a driver:

Date	Location	Brief Description

INVESTIGATOR'S NOTES: _____

MARTIAL AND FAMILY HISTORY

Circle your current marital status:

Single Engaged Married Separated Divorced Widowed

If you are engaged: Name of Fiancée: _____

Wedding Date: _____ Date of Birth: _____ S.S.# _____ - ____ - _____

Address: _____ Home#: _____

Business#: _____ Business Address: _____

If you are married: Spouses Name: _____

Date of Marriage: _____ Date of Birth: _____ S.S.# _____ - ____ - _____

Address: _____ Home#: _____

Business#: _____ Business Address: _____

If you are separated: Former Spouse's Name: _____

Date of Separation: _____ Date of Birth: _____ S.S.# _____ - ____ - _____

Address: _____ Home#: _____

Business#: _____ Business Address: _____

If you are divorced*: Former Spouse's Name: _____

Date of Marriage: _____ Date Divorce Decree Issued: _____

Court and State Where Issued _____

Current Address: _____

Date of Birth: _____ Telephone Number: _____

*If you have more than one divorce, list those on a separate sheet of paper and attach.

If you are widowed: Former Spouse's Name: _____

Date of Marriage: _____ Date of Birth: _____ Date of Death: _____

Have you ever been married to more than one person at one time? [] Yes [] No

If you currently share a residence with any person(s) other than family member(s) list:

1) _____	_____	_____
	Full Name	Date of Birth
_____	_____	_____
Relationship	Occupation/Work Number	Time Lived Together
2) _____	_____	_____
	Full Name	Date of Birth
_____	_____	_____
Relationship	Occupation/Work Number	Time Lived Together
3) _____	_____	_____
	Full Name	Date of Birth
_____	_____	_____
Relationship	Occupation/Work Number	Time Lived Together
4) _____	_____	_____
	Full Name	Date of Birth
_____	_____	_____
Relationship	Occupation/Work Number	Time Lived Together

List all children related to you or to your spouse (Natural, Step-Children, Adopted or Foster)

Child's Full Name	Date of Birth	Relationship	Home Address (If different than your own)

RELATIVES

Please note: If relative is deceased give all information requested and indicate last residence and year of death.

Father (Name)	Date of Birth	Telephone	Address (Include City, State and Zip)	Employer/ Occupation
		H) B) C)		

Mother (Name)	Date of Birth	Telephone	Address (Include City, State and Zip)	Employer/ Occupation
		H) B) C)		

Step Parent (Name)	Date of Birth	Telephone	Address (Include City, State and Zip)	Employer/ Occupation
		H) B) C)		

Step Parent (Name)	Date of Birth	Telephone	Address (Include City, State and Zip)	Employer/ Occupation
		H) B) C)		

Sibling (Name)	Date of Birth	Telephone	Address (Include City, State and Zip)	Employer/ Occupation
		H) B) C)		

Sibling (Name)	Date of Birth	Telephone	Address (Include City, State and Zip)	Employer/ Occupation
		H) B) C)		

Sibling (Name)	Date of Birth	Telephone	Address (Include City, State and Zip)	Employer/ Occupation
		H) B) C)		

Sibling (Name)	Date of Birth	Telephone	Address (Include City, State and Zip)	Employer/ Occupation
		H) B) C)		

Parent-in-law (Name)	Date of Birth	Telephone	Address (Include City, State and Zip)	Employer/ Occupation
		H) B) C)		

Parent-in-law (Name)	Date of Birth	Telephone	Address (Include City, State and Zip)	Employer/ Occupation
		H) B) C)		

Sibling-in-law (Name)	Date of Birth	Telephone	Address (Include City, State and Zip)	Employer/ Occupation
		H) B) C)		

Sibling-in-law (Name)	Date of Birth	Telephone	Address (Include City, State and Zip)	Employer/ Occupation
		H) B) C)		

REFERENCES

Please list five character references, not including employers or relatives. A minimum of three of these references must have been acquainted with you for more than 5 years. Include both home and business addresses. P

Name	Years Known	Home Phone	Home Address
Professional/Personal	Occupation	Business Phone	Business Address

Name	Years Known	Home Phone	Home Address
Professional/Personal	Occupation	Business Phone	Business Address

Name	Years Known	Home Phone	Home Address
Professional/Personal	Occupation	Business Phone	Business Address

Name	Years Known	Home Phone	Home Address
Professional/Personal	Occupation	Business Phone	Business Address

Name	Years Known	Home Phone	Home Address
Professional/Personal	Occupation	Business Phone	Business Address

RESIDENCES

List all addresses where you have lived during the past **ten (10) years, beginning with your present address**. List date by **month and year**. Attach an additional page, if necessary. Include apartment complex names and the office telephone number.

From: _____ To: _____ Length of Residency (Yrs/Mos) _____

Address: _____

City State Zip

Name of Apartment Complex: _____

Telephone # of Complex Office: (____) _____ - _____

INVESTIGATOR'S NOTES: _____

.....

From: _____ To: _____ Length of Residency (Yrs/Mos) _____

Address: _____

City State Zip

Name of Apartment Complex: _____

Telephone # of Complex Office: (____) _____ - _____

INVESTIGATOR'S NOTES: _____

.....

From: _____ To: _____ Length of Residency (Yrs/Mos) _____

Address: _____

City State Zip

Name of Apartment Complex: _____

Telephone # of Complex Office: (____) _____ - _____

INVESTIGATOR'S NOTES: _____



From: _____ To: _____ Length of Residency (Yrs/Mos) _____

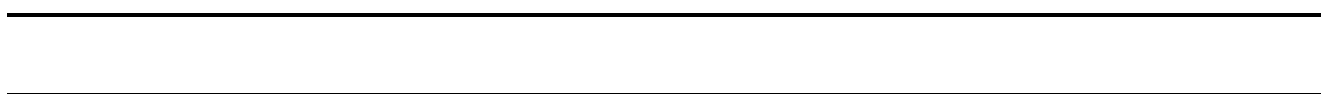
Address: _____

City State Zip

Name of Apartment Complex: _____

Telephone # of Complex Office: (____) _____ - _____

INVESTIGATOR'S NOTES: _____



From: _____ To: _____ Length of Residency (Yrs/Mos) _____

Address: _____

City State Zip

Name of Apartment Complex: _____

Telephone # of Complex Office: (____) _____ - _____

INVESTIGATOR'S NOTES: _____



From: _____ To: _____ Length of Residency (Yrs/Mos) _____

Address: _____

_____ City State Zip

Name of Apartment Complex: _____

Telephone # of Complex Office: (____) _____ - _____

INVESTIGATOR'S NOTES: _____



From: _____ To: _____ Length of Residency (Yrs/Mos) _____

Address: _____

_____ City State Zip

Name of Apartment Complex: _____

Telephone # of Complex Office: (____) _____ - _____

INVESTIGATOR'S NOTES: _____



From: _____ To: _____ Length of Residency (Yrs/Mos) _____

Address: _____

_____ City State Zip

Name of Apartment Complex: _____

Telephone # of Complex Office: (____) _____ - _____

INVESTIGATOR'S NOTES: _____



From: _____ To: _____ Length of Residency (Yrs/Mos) _____

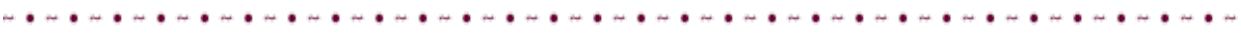
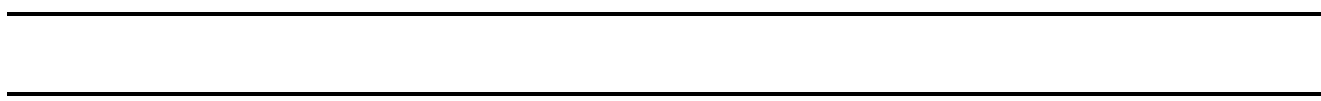
Address: _____

_____ City State Zip

Name of Apartment Complex: _____

Telephone # of Complex Office: (____) _____ - _____

INVESTIGATOR'S NOTES: _____



From: _____ To: _____ Length of Residency (Yrs/Mos) _____

Address: _____

_____ City State Zip

Name of Apartment Complex: _____

Telephone # of Complex Office: (____) _____ - _____

INVESTIGATOR'S NOTES: _____



FINANCIAL HISTORY

What is your present salary or wages? _____ (monthly-net)

List any income from any other source other than your principal occupation:

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vehicles:

Do you own or lease a car(s)? [] Yes [] No Make and Model: _____

Vehicle ID#(VIN) _____ LP# _____ ST _____

Year, Make and Model: _____

Vehicle ID#(VIN) _____ LP# _____ ST _____

Year, Make and Model: _____

Vehicle ID#(VIN) _____ LP# _____ ST _____

Year, Make and Model: _____

Vehicle ID#(VIN) _____ LP# _____ ST _____

Year, Make and Model: _____

INVESTIGATOR'S NOTES: _____

PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system. Example: experimented, tried, etc.

Have you ever used:

YES	NO	Type of Drug	# Times in Life	Last Date Used	Form Used
		Marijuana			
		Hashish			
		"Speed"			
		Cocaine			
		LSD			
		"XTC"			
		PCP			
		Peyote			
		Mushrooms			
		Quaaludes			
		Tranquilizers			
		Barbiturates			
		Heron			
		Any Designer Drug			

Have you ever sold any of the items specified above? [] Yes [] No

Which? _____ When? _____ # Times _____

Have you ever bought any of the items specified above? [] Yes [] No

Which? _____ When? _____ # Times _____

Have you ever had an illegal drug injection? [] Yes [] No Of what? _____

Have you ever inhaled paint, glue, any petroleum product? [] Yes [] No

When was the last time? _____

Have you ever abused any prescribed medication? [] Yes [] No Type: _____

How did you abuse (misuse)? _____

Have you ever been involved, in any way, in the manufacturing of an illegal drug?

Yes No

What drug? _____

Describe your involvement: _____

Have you ever lied to a doctor about symptoms in order to get a prescription, such as Valium or a pain killer, etc? Yes No Explain: _____

Do others use drugs in your presence? Yes No

INVESTIGATOR'S NOTES: _____
