



CITY OF CACHE

404 West C Ave, Cache OK, 73527

P: 580-429-3354 F: 580-429-3092

The Cache Police Department is currently accepting applications for Full-time and Reserve officers.

Preferred Experience

- CLEET certified preferred (but not required)
- Must be a high school graduate or have a G.E.D.
- Must be at least 21 years of age
- Must have a valid driver license
- Must be able to pass drug screening
- Must have or be able to take and pass the Minnesota Multiphasic Personality Inventory (MMPI)
- Must pass a background investigation
- Must be able to handle high stress situations
- Must have excellent verbal communication skills
- Must be able to establish and maintain positive and effective working relationships with other officers and agencies
- Must handle sensitive information with integrity and confidentiality
- Must have no Felony convictions, Protective Orders, Domestic Violence incidents
- No conviction for a crime of moral turpitude
- Must be citizen of the United States
- Have good moral character
- Must be able to work with small communities and a rural environment
- Availability to work any shifts including nights, weekends, and holidays.

Applications can be picked up at City Hall or Website, please drop off at City Hall or Email zphelps@cache.gov.



Instructions to the Applicant

The information you provide in this application will be used in the background investigation to assist in determining your suitability for the position of **Peace Officer**.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given by the hiring department, type or neatly print in black ink.
- You must respond to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response.
- If you need more space for any response, use the supplemental information page on the last pages of this form (page 23 and 24) and identify the additional information by the question number.
- Following instructions given by the hiring department, provide the completed form to your background investigator or the agency to which you are applying.

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: You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions.

Signature: _____

Date: _____

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 1: PERSONAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)			<input type="checkbox"/> N/A
3. ADDRESS WHERE YOU LIVE			
NUMBER / STREET		APT / UNIT	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. CONTACT EMAIL		7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)	

8. CITIZENSHIP			
Are you a U.S. citizen?			<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship?			<input type="checkbox"/> Yes <input type="checkbox"/> No
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)			
10. BIRTHDATE (MM/DD/YYYY)		11. SOCIAL SECURITY NUMBER	
		- -	
		12. DRIVER'S LICENSE	
		NUMBER:	STATE: EXPIRES:
13. PHYSICAL DESCRIPTION			
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY						
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable. Mark "Deceased," if appropriate. If more space is needed, continue on page 25 – reference corresponding numbers. 						
14.A Spouse / Registered Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()		EMAIL		
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)				Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>		

PERSONAL HISTORY STATEMENT – Peace Officer

14.B Former Spouse / Former Registered Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP		
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP		
WORK PHONE ()	CELL PHONE ()	EMAIL				
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)	DATE OF DISSOLUTION / (MM/YYYY)	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>				

15. LIST OF REFERENCES

• List 3-5 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.

15.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?		How long have you known this person?		

15.2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?		How long have you known this person?		

15.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?		How long have you known this person?		

15.4	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?		How long have you known this person?		

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 2: RELATIVES AND REFERENCES *continued*

15.5	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	How do you know this person?				How long have you known this person?		

Supplemental references information included on page 25

SECTION 3: EDUCATION

• **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
 • *If more space is needed, continue your response on page 25.*

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> High School Equivalency Test:	/
<input type="checkbox"/> California High School Proficiency Certificate:	/		

17. LIST HIGH SCHOOL(S) ATTENDED

17.1	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
		CITY	STATE	
17.2	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
		CITY	STATE	

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

18.1	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
		ADDRESS (NUMBER / STREET)	DEGREE EARNED		
			<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:		
		CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.2	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
		ADDRESS (NUMBER / STREET)	DEGREE EARNED		
			<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:		
		CITY	STATE	ZIP	MAJOR / AREA OF STUDY

PERSONAL HISTORY STATEMENT – Peace Officer

18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	CITY	STATE	ZIP	DEGREE EARNED <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: MAJOR / AREA OF STUDY

19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supplemental education information included on page 25

SECTION 3: EDUCATION

20. Have you ever attended a CLEET Basic Course/Academy: or Reserve Academy Yes No
 IF YES, provide the following information:

20.1	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.2	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supplemental CLEET basic course information included on Page 25

21. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or CLEET basic course/academy? Yes No

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or CLEET basic course academy. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

22. Since the age of 18, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any CLEET exam? Yes No

IF YES, explain circumstances.

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 4: RESIDENCE HISTORY

23. LIST OF RESIDENCES

- List all residences **during the last 3 years.**
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). Do **NOT** use PO 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.
- *If more space is needed, continue your response on page 25.*

23.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY) /	TO (MM/YYYY)
					Present
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Name(s) of those with whom you live:					

23.2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Name(s) of those with whom you lived:					
Reason for moving:					

23.3	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Name(s) of those with whom you lived:					
Reason for moving:					

PERSONAL HISTORY STATEMENT – Peace Officer

23.4	FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY) /	TO (MM/YYYY) /
	CITY	STATE	ZIP
	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)		CONTACT NUMBER ()
	CITY	STATE	ZIP
	EMAIL		
	Name(s) of those with whom you lived:		
	Reason for moving:		

23.5	FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY) /	TO (MM/YYYY) /
	CITY	STATE	ZIP
	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)		CONTACT NUMBER ()
	CITY	STATE	ZIP
	EMAIL		
	Name(s) of those with whom you lived:		
	Reason for moving:		

Supplemental residence information included on page 25

SECTION 4: RESIDENCE HISTORY *continued*

24. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 24** with whom you have resided **during the past 10 years or since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- If more space is needed, continue your response on page .

24.1	NAME OF HOUSEMATE	CONTACT NUMBER ()
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY
		STATE
		ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL

24.2	NAME OF HOUSEMATE	CONTACT NUMBER ()
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY
		STATE
		ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL

PERSONAL HISTORY STATEMENT – Peace Officer

24.3	NAME OF HOUSEMATE			CONTACT NUMBER ()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL		

Supplemental housemate information included on page 25

25. Have you ever been evicted or asked to leave a residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Have you ever left a residence owing rent, utilities, or other household expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to **Questions 25 and/or 26**, explain (include when, where, and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

27. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- 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**.
- *If more space is needed, continue your response on page 25.*

PERSONAL HISTORY STATEMENT – Peace Officer

28.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT.
				()	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE	
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		()			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		()			
2)		()			
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, explain: 					

27.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:	/	/

27.3	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT.
				()	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	DUTIES / ASSIGNMENTS			REASON FOR LEAVING	
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		()			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		()			
2)		()			

27.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:	/	/

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

28.5	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)	
				/	/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT	
				()		
	CITY		STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
DUTIES / ASSIGNMENTS			REASON FOR LEAVING			
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL		
		()				
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL		
1)		()				
2)		()				

27.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:	/	/

27.7	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)	
				/	/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT	
				()		
	CITY		STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
DUTIES / ASSIGNMENTS			REASON FOR LEAVING			
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL		
		()				
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL		
1)		()				
2)		()				

27.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:	/	/

27.9	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)	
				/	/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT	
				()		
	CITY		STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
DUTIES / ASSIGNMENTS			REASON FOR LEAVING			
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL		
		()				

PERSONAL HISTORY STATEMENT – Peace Officer

NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL
1)	()		
2)	()		

27.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

28. 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

29. Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes No

30. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes No

31. Have you ever quit without giving proper notice? Yes No

32. Have you ever resigned in lieu of termination? Yes No

33. 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

34. Were you ever the subject of a written complaint at work that resulted in disciplinary action against you? Yes No

35. Have you ever been counseled at work due to lateness or absences? Yes No

36. Did you ever receive an unsatisfactory performance review? Yes No

37. Have you ever sold, released, or given away legally confidential information? Yes No

38. 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? ___ Days

39. While working (i.e. on duty), have you ever engaged in sexual intercourse or the unwarranted touching of the intimate body parts of another person? (NOTE: Do not include *lawful* contact such as pat searches in law enforcement duties and/or training.) .. Yes No

40. While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? (NOTE: Do not include *lawful* exchange of investigative content and/or evidence pursuant to official law enforcement investigations.) Yes No

If you answered "YES" to any of **Questions 28–40**, explain (include when, where, and circumstances – *reference corresponding numbers*).

PERSONAL HISTORY STATEMENT – Peace Officer

41. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? Yes No
 If YES, how often? _____

42. Has your work performance ever been affected by your use of alcohol or drugs? Yes No
 IF YES, when? _____ Name of employer: _____

43. *In the **past three years***, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No
 IF YES, when? _____ Name of employer: _____

44. Have you **ever** applied for **any** position at this or any other law enforcement agency (city, county, state, or federal)? Yes No

• If you answered "YES" to Question 44, 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.**

44.1	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR					

44.2	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR					

44.3	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR					

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 6: MILITARY EXPERIENCE

45. Are you required to register for the Selective Service?..... Yes No
 IF YES, have you registered? Yes No
 IF NO, explain:

46. Have you ever served in the military? Yes No

47. If you answered "YES" to Question 45, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/
TYPE OF DISCHARGE		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		
Re-entry Code (1–4) if applicable – refer to your DD-214:		

48. Are you currently participating in one of the following?
 Military Reserve
 National Guard
 IF CHECKED, date obligation ends (MM/DD/YY):

49. 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

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

51. Have you ever taken military property without permission for personal use, to sell, or to give away? Yes No

If you answered "YES" to any of **Questions 48-51**, explain (include dates and circumstances).

SECTION 7: FINANCIAL

52. INCOME AND EXPENSES

53. Have your wages ever been garnished? Yes No

54. Have you ever failed to file income tax or cheated/lie on an income tax form? Yes No

55. Have you ever borrowed money to pay for a gambling debt? Yes No
 IF YES, do you currently have any outstanding debts as a result of gambling? Yes No

56. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes No

57. Have you written three or more bad checks in a one-year period? Yes No

PERSONAL HISTORY STATEMENT – Peace Officer

If you answered "YES" to any of **Questions 53-57**, explain (include when, where, and why – *reference corresponding numbers*).

SECTION 8: LEGAL

► Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- *If more space is needed, continue your response on page 25.*

58. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?

..... Yes No

IF YES, explain each incident:

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY

PERSONAL HISTORY STATEMENT – Peace Officer

69. Have you committed any of the following acts *within the past seven (7) years?* (You do NOT have to report any acts committed *prior to age 15.*)

- You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/ Police Cadet.
- **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

70. Animal abuse and/or neglect Yes No
71. Annoying, obscene, or harassing contacts by telephone or other electronic communication device Yes No
72. Battery (use of force or violence upon another) Yes No
73. Brandishing a weapon (any type of weapon) Yes No
74. Carrying a concealed weapon without a permit Yes No
75. Contributing to the delinquency of a minor Yes No
76. Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs Yes No
77. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)..... Yes No
78. Hit & run collision (no injuries) Yes No
79. Illegal hunting and/or fishing (for example, without a license, out of season) Yes No
80. Impersonating a peace officer (pretending to be a police officer) Yes No
81. Indecent exposure and/or lewd or obscene conduct Yes No
82. Joyriding (using a car or other vehicle without owner's permission) Yes No
83. Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) Yes No
84. Petty theft (value up to \$950, including shoplifting/switching price tags) Yes No
85. Possession of alcohol as a minor (under the age of 21) Yes No
86. Possession of falsified or altered identification, including use of another person's ID (for any reason).... Yes No
87. Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) Yes No
88. legal gambling Yes No
89. Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors) Yes No
90. Reckless driving Yes No
91. Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police) Yes No
92. Trespassing Yes No

PERSONAL HISTORY STATEMENT – Peace Officer

▶ Involvement in Criminal Acts – Part 2 <input type="checkbox"/>		
93. At any time in your life , have you EVER committed any of the following acts?		
NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.		
94	Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes <input type="checkbox"/> No
95	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	<input type="checkbox"/> Yes <input type="checkbox"/> No
96	Blackmail or extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No
97	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes <input type="checkbox"/> No
98	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	<input type="checkbox"/> Yes <input type="checkbox"/> No
99	Elder abuse and/or neglect (physical and/or financial)	<input type="checkbox"/> Yes <input type="checkbox"/> No
100	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes <input type="checkbox"/> No
101	Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
102	Felony illegal sex acts	<input type="checkbox"/> Yes <input type="checkbox"/> No
103	Forcible rape	<input type="checkbox"/> Yes <input type="checkbox"/> No
104	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
105	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> Yes <input type="checkbox"/> No
106	Grand theft (value of over \$950, automobile, any firearm)	<input type="checkbox"/> Yes <input type="checkbox"/> No
107	Hit & run (with injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
108	Hate crime	<input type="checkbox"/> Yes <input type="checkbox"/> No
109	Insurance fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No
110	Murder, homicide, attempted murder, or assault with intent to commit murder	<input type="checkbox"/> Yes <input type="checkbox"/> No
111	Perjury (lying under oath)	<input type="checkbox"/> Yes <input type="checkbox"/> No
112	Possession of an explosive/destructive device	<input type="checkbox"/> Yes <input type="checkbox"/> No
113	Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes <input type="checkbox"/> No
114	Stalking	<input type="checkbox"/> Yes <input type="checkbox"/> No
115	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes <input type="checkbox"/> No
116	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes <input type="checkbox"/> No
117	Any other act amounting to a felony	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL HISTORY STATEMENT – Peace Officer

- If you answered "YES" to **ANY** of the items 70-117, fully explain circumstances, including dates and resolution. *Reference the corresponding number for each explanation.*

▶ Illegal Use of Drugs

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high."
- Your responses should include — **but not be limited to** — your use of any of the following:
 - ▶ Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*) ▶ Marijuana (*with or without a prescription*)
 - ▶ Barbiturates (*Downers*) ▶ Mescaline
 - ▶ Cocaine / Crack Cocaine ▶ Morphine
 - ▶ Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*) ▶ PCP / Angel Dust
 - ▶ GHB (*Date Rape Drug*) ▶ Quaaludes
 - ▶ Hallucinogens (*Peyote, LSD, Mushrooms*) ▶ Steroids
 - ▶ Hashish / Hashish Oil ▶ Tetrahydrocannabinol (THC)
 - ▶ Heroin / Opium ▶ Glue, paint, or any substance containing toluene

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

IF YES, give details including **drug(s) used, most recent date used, and circumstances:**

119. Prior to the past six months:

- 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 YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used, and circumstances:**

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 8: LEGAL

120. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription? Yes No **If YES, indicate which activities (mark all that apply):**

- Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s), and circumstances.**

121. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? Yes No

IF YES, explain:

SECTION 9: MOTOR VEHICLE INFORMATION

122. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY) / /	NAME UNDER WHICH LICENSE WAS GRANTED

85. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

86. Have you ever been refused a driver's license by any state? Yes No

IF YES, explain (include when, where, and circumstances):

PERSONAL HISTORY STATEMENT – Peace Officer

125. Has your driver's license ever been suspended or revoked? Yes No
 IF YES, explain (include when, where, and circumstances):

126. Have you received a traffic citation, excluding parking citations, **within the past seven years?** Yes No
 IF YES, give details below.

126.1	DATE OF VIOLATION (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	NATURE OF VIOLATION	LAW ENFORCEMENT AGENCY	Resolution? Fined <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/>	
126.2	DATE OF VIOLATION (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	NATURE OF VIOLATION	LAW ENFORCEMENT AGENCY	Resolution? Fined <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/>	
126.3	DATE OF VIOLATION (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	NATURE OF VIOLATION	LAW ENFORCEMENT AGENCY	Resolution? Fined <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/>	

127. 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.

128. Have you been involved as the driver in a motor vehicle accident **within the past seven years?** Yes No
 IF YES, give details below.

128.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
128.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

SECTION 9: MOTOR VEHICLE INFORMATION *continued*

PERSONAL HISTORY STATEMENT – Peace Officer

128.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

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

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

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

IF YES, GIVE REASON	DATE (MM/YYYY)
	/

SECTION 10: OTHER TOPICS

131. Have you ever been refused a permit to carry a concealed weapon? Yes No

132. 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 against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... Yes No

133. Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you? Yes No

134. **Since the age of 15**, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No

135. 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 against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

