

# INSTRUCTIONS TO THE APPLICANT

## PERSONAL HISTORY STATEMENT

### **IMPORTANT: READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING!**

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

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for employment. It is essential that the information be accurate in all respects. **Answer all questions to the best of your ability.**

1. Your Personal History Statement should be **hand printed** legibly in ink. Accommodations will be made for any person who has a disability preventing him/her from hand printing this document.
2. Answer all questions **completely and thoroughly**. If a question does not apply to you, enter "N/A" in the space provided.
3. **You are responsible for obtaining correct addresses (including zip codes)**. If you are not sure of an address, check it by personal verification.
4. If there is insufficient space on the Personal History Statement for you to include all information required, attach extra sheets. Be sure to reference the relevant section and question before continuing your answer.
5. An accurate and complete form will help expedite your investigation.

### **DELIBERATE OMISSIONS OR DELIBERATE MISSTATEMENTS OF REQUIRED INFORMATION ARE GROUNDS FOR REJECTION. FAILURE TO PROPERLY COMPLETE THIS DOCUMENT MAY ALSO RESULT IN REJECTION OF YOUR APPLICATION.**

The following documents will be required following the successful completion of your testing:

Certified copy of your Birth Certificate  
Non-laminated copy of your Social Security Card  
High School Diploma or it's equivalent  
Copy of College Transcripts (certified preferred)  
Marriage License(s)  
Divorce Decree(s)  
Valid Driver's License or Photo Identification Card  
Military DD214  
Proof of Motor Vehicle Insurance

*Copies will be made and the original documents returned to you.*

This document and all attachments are official property of the county and **cannot be returned, reused or copied after being processed. You should retain a copy of this document for your future use or reference.**



## EDUCATION HISTORY

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated.

If you are listing colleges/universities and you did not graduate, indicate the actual number of credit hours you earned.

If you attended a technological or trade school indicate your course of study and whether you received a diploma or certificate.

NAME AND TYPE OF SCHOOL LOCATION (CITY AND STATE)	DATES ATTENDED FROM                  TO	DEGREE AND/OR CREDITS EARNED

Were you ever expelled from school? Yes \_\_\_ No \_\_\_

If yes,

SCHOOL	DATES	REASON

Have you ever been placed on academic probation? Yes \_\_\_ No \_\_\_

If yes,

SCHOOL	DATES	REASON

Have you ever had any professional license (nursing, law, medicine, real estate, etc.)? Yes \_\_\_ No \_\_\_  
 If so, has your license ever been denied, revoked, suspended, or otherwise restricted, other than by reason of failure to renew or to meet continuing education requirements? Yes \_\_\_ No \_\_\_. If yes, attach explanation concerning circumstances.

Have you ever practiced any profession without a current license or temporary permit when one was required in the jurisdiction? Yes \_\_\_ No \_\_\_. If yes, attach explanation concerning circumstances.

## SCHOOL ACTIVITIES

Clubs, sports, etc.: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Leadership positions: indicate position/organization/dates held \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Community activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Awards, commendations or items of special recognition: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current hobbies and activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List your past and present memberships in groups, associations, or clubs:

ORGANIZATION NAME	TYPE: SOCIAL, FRATERNAL, PROFESSIONAL, ETC.	OFFICES HELD	DATES FROM TO

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to perform? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT HISTORY

Have you ever been fired from or requested to leave a job? Yes \_\_\_ No \_\_\_. If yes, which? \_\_\_\_\_

Please explain **in detail** the circumstances surrounding your termination/request to leave. Please include dates, name, address and phone number of employer, supervisor's name and all of the facts. If you have been fired/requested to leave more than once, please list each incident separately (attach additional pages if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY (continued)**

Specifically, what was the allegation(s) made against you by your employer? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List your complete employment record starting with your last or present employer. **All employment for the last 10 years must be listed.** Please include both the month and year in the date column and complete address and phone number. Also, all periods of unemployment must be accounted for. Attach extra pages if necessary.

Dates of employment	Name, address, and phone number of employer	Name of supervisor
From                      To Mo.    Yr.    Mo.    Yr. /    /    /    /		Salary:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Your title or duties:	Name(s) of co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed                      From: ___ / ___    To: ___ / ___		
Dates of employment	Name, address, and phone number of employer	Name of supervisor
From                      To Mo.    Yr.    Mo.    Yr. /    /    /    /		Salary:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Your title or duties:	Name(s) of co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed                      From: ___ / ___    To: ___ / ___		
Dates of employment	Name, address, and phone number of employer	Name of supervisor
From                      To Mo.    Yr.    Mo.    Yr. /    /    /    /		Salary:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Your title or duties:	Name(s) of co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed                      From: ___ / ___    To: ___ / ___		



## 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 illegally sold, furnished, bought, possessed, injected or used:

DRUG	YES	NO	ACTIVITY*	APPROX. LAST DATE	FORM USED
Marijuana					
Hashish					
"Speed"					
Cocaine					
LSD					
PCP					
Peyote					
Mushrooms					
Quaaludes					
Tranquilizer					
Barbiturates					
Heroin					
Crank					
Any Designer Drug					
*Please indicate in this column whether you sold, furnished, bought, possessed, and/or used the substance indicated.					

Within the last year have you inhaled (paint, glue, etc.)? Yes\_\_\_ No\_\_\_ When was the last time? \_\_\_\_\_

Have you ever been involved, in any way, in the manufacturing of an illegal drug? Yes\_\_\_ No\_\_\_ What drug? \_\_\_\_\_ Describe your involvement: \_\_\_\_\_

Do others use illegal drugs in your presence? Yes\_\_\_ No\_\_\_ If yes, how often? \_\_\_\_\_ When was the last time? \_\_\_\_\_

Within the last year, have you used cough medicine or any other liquid to get high? Yes\_\_\_ No\_\_\_ If yes, explain: \_\_\_\_\_

## PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives or past/present employers!

REFERENCE # 1	
Name:	Occupation:
Home Address:	
Home Phone #:	Work Phone #:
How long have you known this person?	
Briefly describe your relationship with this person:	

  

REFERENCE # 2	
Name:	Occupation:
Home Address:	
Home Phone #:	Work Phone #:
How long have you known this person?	
Briefly describe your relationship with this person:	

  

REFERENCE # 3	
Name:	Occupation:
Home Address:	
Home Phone #:	Work Phone #:
How long have you known this person?	
Briefly describe your relationship with this person:	

  

REFERENCE # 4	
Name:	Occupation:
Home Address:	
Home Phone #:	Work Phone #:
How long have you known this person?	
Briefly describe your relationship with this person:	

  

REFERENCE # 5	
Name:	Occupation:
Home Address:	
Home Phone #:	Work Phone #:
How long have you known this person?	
Briefly describe your relationship with this person:	



## MARITAL AND FAMILY HISTORY

If you are Married:		
Spouse's Name:	Date of Birth:	
Address:		
Date of Marriage:	Home Phone #:	Work Phone #:

If you are Separated:		
Spouse's Name:	Date of Birth:	
Address:		
Date of Separation:	Home Phone #:	Work Phone #:

If you are Divorced:		
Former Spouse's Name:	Date of Birth:	
Current Address:		
Home Phone #:	Work Phone #:	Date of Decree:
Court and state where issued:		
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 Birth:	
Date of Death:		

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 AND PHONE NUMBER

**MARITAL AND FAMILY HISTORY (Continued)**

List other family members (including those related by marriage). If deceased, indicate the year of death. Please list entire address (including city, state, & zip) and phone number.

FULL NAME	DATE OF BIRTH	RELATIONSHIP	OCCUPATION	ADDRESS AND PHONE NUMBER

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

FULL NAME	DATE OF BIRTH	RELATIONSHIP	OCCUPATION/ WORK NUMBER	TIME TOGETHER

**LITIGATION**

Have you ever been involved in any type of lawsuit? Yes \_\_\_ No \_\_\_

Were you sued? Yes \_\_\_ No \_\_\_

Have you ever sued anyone? Yes \_\_\_ No \_\_\_

Has any one ever threatened to take you to court for non-payment of a bill? Yes \_\_\_ No \_\_\_

If you answered yes to any of the above-listed questions, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## DRIVING RECORD

Have you ever been involved in an accident and then left the accident scene without identifying yourself?  
 Yes\_\_\_ No\_\_\_ Explain \_\_\_\_\_

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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 had your drivers license placed on probation for receiving an excessive number of traffic violations? Yes\_\_\_ No\_\_\_

Have you ever had a hearing for probation/suspension? Yes\_\_\_ No\_\_\_

Have you ever had your drivers license suspended? Yes\_\_\_ No\_\_\_

DATE OF SUSPENSION	TYPE OF SUSPENSION	DATE LIFTED

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\_\_\_

Within the last three years, have you operated a motor vehicle without having the proper insurance?  
 Yes\_\_\_ No\_\_\_

Have you ever knowingly driven a motor vehicle after your drivers license was suspended or revoked?  
 Yes\_\_\_ No\_\_\_

Do you have a valid drivers license in more than one state? Yes\_\_\_ No\_\_\_ If yes, please list states: \_\_\_\_\_

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Have you ever been denied a drivers license for any reason? Yes\_\_\_ No\_\_\_

How many motor vehicle accidents have you been involved in as a driver? \_\_\_\_\_  
 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 operated a motor vehicle while under the influence of an intoxicating beverage or controlled substance? Yes\_\_\_ No\_\_\_ Explain \_\_\_\_\_

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With what company do you carry automobile insurance? \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street Address
City
State
Zip

## DRIVING RECORD (continued)

Policy Number: \_\_\_\_\_ Effective dates: \_\_\_\_\_

Name of your local agent: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street City State Zip

List all vehicles owned by you and your spouse:

1) \_\_\_\_\_  
Year Make Model License Plate # State of Issue Year

2) \_\_\_\_\_  
Year Make Model License Plate # State of Issue Year

3) \_\_\_\_\_  
Year Make Model License Plate # State of Issue Year

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

DATE	LOCATION	BRIEF DESCRIPTION

List to the best of your memory all driving citations and/or summons you have received.

DATE RECEIVED	TYPE OF VIOLATION	ISSUING AGENCY	DISPOSITION (PAID, N.G. ETC.)

**CRIMINAL INVOLVEMENT/ARRESTS/DETENTIONS**

List all crimes detected and undetected that you have been involved in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever taken without authority any property/money from an employer or place of business?  
Yes\_\_\_ No\_\_\_

Have you ever been arrested for other than misdemeanor traffic violations? Yes\_\_\_ No\_\_\_

Have you ever been summoned into court for a criminal offense other than for misdemeanor traffic violations?  
Yes\_\_\_ No\_\_\_

If you answered yes to any of the above-listed questions, please explain each incident in detail including the final outcome (list juvenile as well as adult occurrences): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If more room is needed, please attach additional pages.**

**MILITARY SERVICE**

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: \_\_\_\_\_  
mo/day/year mo/day/year

Awards (type and date awarded):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Schools/Training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

While in the military, 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 or National or State Guard organization? Yes\_\_\_ No\_\_\_

Branch of service: \_\_\_\_\_ Grade & Service #: \_\_\_\_\_ Are you: Active\_\_\_ Inactive\_\_\_ Standby\_\_\_

Organization/Station/Unit and Location: \_\_\_\_\_

## FINANCIAL INFORMATION

This section will be used to evaluate the behavior exhibited by you in meeting your financial obligations.

Please supply information about your charge accounts, contracts or other financial liabilities:

NAME OF FIRM	ADDRESS	ACCOUNT NUMBER

Have you ever filed for or declared bankruptcy? Yes \_\_\_ No \_\_\_ If yes, explain (include when, where, why):

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Have any of your bills ever been turned over to a collection agency? Yes \_\_\_ No \_\_\_ If yes, explain (include when, firms involved, circumstances):

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Have you ever had purchased goods repossessed? Yes \_\_\_ No \_\_\_ If yes, explain (include when, firms involved, circumstances):

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Have your wages ever been garnished? Yes \_\_\_ No \_\_\_ If yes, explain (include when, where, why):

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Have you ever been delinquent on income or other tax payments? Yes \_\_\_ No \_\_\_ If yes, explain (include when, where, why):

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Has credit ever been denied to you or cancelled on you? Yes \_\_\_ No \_\_\_ If yes, explain:

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**MISCELLANEOUS INFORMATION**

Have you ever made an application for employment with this or any other law enforcement or law enforcement related agency? Yes\_\_ No\_\_

NAME OF AGENCY	DATE OF APPLICATION	STATUS OF APPLICATION: PENDING, REJECTED, NOT PURSUED, ETC.

If there are additional agencies list them on a separate sheet.

Have you ever been de-certified as a Peace Officer or Detention Officer? Yes\_\_ No\_\_ If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Do you have any relative currently employed with Campbell County? Yes\_\_ No\_\_ If yes, give their name and position.

\_\_\_\_\_

\_\_\_\_\_

How have you prepared yourself to be an employee of the Campbell County Sheriff's Department? \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If it should become necessary in the performance of your duties, could you use deadly force in defense of your life or the life of someone else? \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why is becoming an employee with the Department important to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 of my application, or if hired, termination of my employment.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

revised: 04/2001