

BENTON COUNTY CORRECTIONS DEPARTMENT

PERSONAL HISTORY STATEMENT (OCTOBER 2024)

Full Legal Name:	First:	Middle:	Last:	Last 5 of SSN:	Date:
Position Applying For:					



Please read carefully and answer all questions truthfully and completely to the best of your ability. Failure to disclose any information asked about during the hiring process will be grounds for disqualification or termination.

INSTRUCTIONS

1. The entire completion of this form is mandatory.
2. All statements are subject to verification.
3. Deliberate inaccuracies or omissions may bar or remove you from further testing and employment.
4. All time periods in your background must be accounted for.
5. Deliberate untruthfulness, omissions or misrepresentation of information constitutes grounds for disqualification from further testing or employment. You are encouraged to be completely truthful, detailed and accurate completing this form and throughout all phases of the background investigation process.
6. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the continuation sheet on Page 14 and identify the additional information with the question number.

1. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever been named as a defendant in a previously adjudicated work-related civil lawsuit (regardless of outcome)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Is there a work-related civil lawsuit pending in which you have been named as a defendant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Do you have reason to believe a work-related lawsuit may be filed in the future in which you may be named as a defendant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, how many sick days have you used in the past five years which were not due to illness?		
15a. Have you ever viewed pornographic material at your workplace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15b. Have you ever engaged in sexual activity at work in violation of your employer's policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered YES to any of **Questions 1-15b**, explain (include when, where & circumstances; indicate corresponding number):

16. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often?		
17. Has your work performance ever been affected by your use of alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER	
18. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER	

19. Have you ever applied to any other law enforcement, fire service, or public safety-type agency (city, county, state or federal)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, list EVERY agency you have applied to and have advanced BEYOND an oral board (e.g., initial background investigation, etc.), 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. If more space is needed, continue your response on page 14. 		
A) NAME OF AGENCY		DATE APPLIED
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
CITY	STATE	ZIP
POSITION APPLIED FOR		CONTACT NUMBER ()
		EXT
		EMAIL
Check each step in the process that you completed, and your status:		
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer		
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> Other/Explain:		

B) NAME OF AGENCY	DATE APPLIED
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25. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard	If checked, date obligation ends:
26. 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to **Questions 26 and/or 27**, explain (include dates and circumstances):

SECTION 7: FINANCIAL

28. INCOME AND EXPENSES
For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income?.....	\$ _____ per month
B) Do you have income other than from your salary or wages (including spouse's income)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, fill in amount:.....	\$ _____ per month
Explain:	
C) How much do you spend each month?	\$ _____ per month
<i>Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.</i>	

29. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have any of your bills ever been turned over to a collection agency?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Have your wages ever been garnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you ever failed to file income tax or cheated/lie on an income tax form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you ever defaulted on (failed to pay) a loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you ever borrowed money to pay for a gambling debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you currently have any outstanding debts as a result of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

If you answered YES to any of Questions 28–41, explain (include when, where, and why; indicate corresponding number):

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

Please disclose any of the following which occurred on or after your 15th birthday, *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 14.

42. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** Yes No

If yes, explain each incident. If more space is needed, continue on Page 14.

A) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
B) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
C) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			

DISPOSITION OR PENALTY	
D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

43. Have you ever been placed on court probation as an adult?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Have you ever been a party in a non-work related civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.) as either a plaintiff or defendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. Have the police ever been called to your home for any reason?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have you or your spouse/partner ever been referred to Child Protective Services?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

51a. Other than those listed in Question #42 above, will your name appear in any police record system or police report as a VICTIM, WITNESS or SUSPECT? (Do not include when acting in the capacity of paid employment, such as an EMT or store loss prevention officer).	<input type="checkbox"/> Yes <input type="checkbox"/> No
51b. Are you currently, or have you ever within the past seven years, received unemployment benefits while also receiving other sources of income?	<input type="checkbox"/> Yes <input type="checkbox"/> No

___ If you answered yes to any of **Questions 43–51b**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

52. UNDETECTED ACTS – PART 1

Within the past **seven (7) years OR** at any time after you were first employed in law enforcement or the fire service, have you **ever** committed any of the following misdemeanors? **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.

A) Annoying / obscene phone calls or text messages; cyber bullying	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Battery (use of force or violence upon another)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Carrying a concealed weapon without a permit.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Contributing to the delinquency of a minor; providing alcohol to minors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Defrauding an innkeeper (not paying for food or room at a hotel/motel)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Hit & run collision (no injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Hunting/fishing without a license.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Illegal gambling; including online gambling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Indecent exposure (including flashing or mooning); sex within public view	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Petty theft (value up to \$400, including shoplifting/switching price tags).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Possession of alcohol as a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of stolen property (including vehicles)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Prostitution or soliciting a prostitute.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Resisting arrest (including running from the police).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Vandalism (including "tagging," malicious mischief and/or property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X) Filing a false police report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y) Any other act amounting to a misdemeanor within the past seven years.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Z) Cruelty to animals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AA) Street racing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 52**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (52-A, etc.) for each explanation.

53. UNDETECTED ACTS – PART 2
At any time in your life have you **ever** committed any of the following? **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.

A) Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing and/or possessing child pornography.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Elder abuse/neglect.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Hit & run (with injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Insurance fraud.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Grand theft (value of over \$400, or any firearm).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Perjury (lying under oath).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

R) Possession of an explosive/destructive device.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Any other act amounting to a felony.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Copyright infringement (including illegally downloading or copying software, audio files, movies, digital files, etc).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered **YES** to **any** item(s) in **Question 53**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (53-A, etc.) for each explanation.

Questions 54 and 55 ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- | | | |
|--|--|------------------------------|
| - Amphetamines / Methamphetamines
(Uppers, Speed, Crank, etc) | - Glue | - Mescaline |
| - Barbiturates (Downers) | - Hallucinogens
(Peyote, LSD, Mushrooms) | - Morphine |
| - Cocaine / Crack Cocaine | - Hashish / Hashish Oil | - PCP / Angel Dust |
| - Designer Drugs
(Ecstasy, Synthetic Heroin, etc.) | - Heroin / Opium | - Quaaludes |
| - GHB (Date Rape Drug) | - Marijuana | - Steroids |
| - Prescription drug(s) not prescribed to you | - Prescription drugs used for
recreation purposes | - Tetrahydrocannabinol (THC) |

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

If yes, give details, including drug(s) used and circumstances:

55. **Prior to the past six months** (check all that apply):

- I have **never** used, or experimented with, 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 checked, give details including drug(s) used, most recent date used, and circumstances.

56. Have you **ever** engaged in any of the activities listed below for drugs, prescription drugs, narcotics or illegal substances, including marijuana (check all that apply)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Sold | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished / Shared | <input type="checkbox"/> Carried or held for another |
| <input type="checkbox"/> Present when illegal drugs were being used | <input type="checkbox"/> Loaned money to someone else to purchase illegal drugs | <input type="checkbox"/> Traded/Bartered |

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

57. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED

58. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

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

If yes, explain (include when, where, and circumstances):

60. Has your driver's license ever been suspended or revoked? Yes No

If yes, explain (include when, where, and circumstances):

61. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY			POLICY NUMBER		EXPIRES	
ADDRESS (NUMBER / STREET		CITY	STATE	ZIP	CONTACT NUMBER ()	
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY			POLICY NUMBER		EXPIRES	
ADDRESS (NUMBER / STREET		CITY	STATE	ZIP	CONTACT NUMBER ()	
C) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY			POLICY NUMBER		EXPIRES	
ADDRESS (NUMBER / STREET		CITY	STATE	ZIP	CONTACT NUMBER ()	
D) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY			POLICY NUMBER		EXPIRES	
ADDRESS (NUMBER / STREET		CITY	STATE	ZIP	CONTACT NUMBER ()	

62. List all traffic citations, excluding parking citations, you have received within the past ten years. List the citation or infraction AS ORIGINALLY ISSUED. If the citation/infraction was reduced to a lesser violation for whatever reason, please explain in #65a below.

A) NATURE OF VIOLATION			LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			
B) NATURE OF VIOLATION			LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			
C) NATURE OF VIOLATION			LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			

D) 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:

63. Have you been involved as the driver in a motor vehicle accident/collision within the past ten years? Yes No
 If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
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POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
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B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
---------	----------------------------------	------	-------	-----

POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
---	------------------------	---

C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
---------	----------------------------------	------	-------	-----

POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
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64. Have you ever driven a vehicle without auto insurance, as required by law? Yes No

IF YES, GIVE REASON:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
-------------------------------------	----------------------------------	------	-------	-----

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

IF YES, GIVE REASON:

INSURANCE COMPANY

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
-------------------------------------	----------------------------------	------	-------	-----

65a. Use this space for additional information you would like to include regarding your driving record.

SECTION 10: OTHER TOPICS

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

67. 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

68. 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

69. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No

70. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No

71. Have you ever been involved in a domestic violence act with a relative, spouse, significant other, romantic partner or domestic partner, including but not limited to, an act of violence, threats, infliction of emotional distress and/or property damage? Yes No

72. Do you know of any reason that would disqualify you from being appointed to this job or prevent you from performing the essential duties of the job? Yes No

If you answered YES to any of Questions 66–72, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

CERTIFICATION

I hereby swear or affirm that there are no willful misrepresentations or omissions in, or falsifications of, the statements and answers in this Personal History Statement. I hereby certify that I have personally completed each page of this form and any supplemental pages(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I am aware that should an investigation disclose such misrepresentations, omissions, or falsifications in any documents I submit, or statements I make as part of the application, testing and/or hiring process, my application will be rejected and I will be disqualified from applying for any future position with the agency or agencies to which I have applied to. If, after my acceptance for employment, subsequent investigation should disclose misrepresentation, omission, or falsification, it will be just cause for my immediate dismissal. I understand that this is a continuing investigation and agree to notify the hiring agency of any information that may reflect any changes or additions in this Personal History Statement.

BY ENTERING YOUR FULL LEGAL NAME HERE, YOU ACKNOWLEDGE AND AGREE TO THE ABOVE CERTIFICATION: Name: _____ Date: _____

THE FOLLOWING SIGNATURE SECTION IS TO BE COMPLETED AT A LATER DATE IN THE PRESENCE OF A WITNESS/BACKGROUND INVESTIGATOR:

SIGNATURE IN FULL	DATE
WITNESS/BACKGROUND INVESTIGATOR:	DATE

ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)
- Identify the corresponding question and specific item being referenced.

