

Instructions to the Applicant

Please read the following information before completing the application.

The application process with the Moore Police Department is quite lengthy and strictly regulated by several local, state and federal employment guidelines and regulations. While the City has made every effort to simplify and expedite the selection process, many equal opportunity, affirmative action and merit system provisions must be monitored.

In accordance with the City Charter Section 8.6 entitled Nepotism: "Neither the City Manager, the City Council, nor any other authority of City Government, may appoint or elect any person related to any Councilman, to the City Manager, or to himself: or, in the case of plural authority, to one of its members, by affinity or consanguinity within the third degree, to any office or position of profit in the City Government." And in accordance with the City's Personnel Policy and Procedures manual Section 3.13 entitled Nepotism: "No employee will work in the same department of the City with a relative by marriage or consanguinity in the third degree."

The following information is to be turned in with your application:

- Certified High School Transcript or GED Transcript
- Certified College Transcript
- DD 214 and DD214 member 4 (if applicable)
- Current Credit History report (can be obtained free online)
- Passport style photo (we only need one, write name on the back of photo, can be obtained from Walgreens, etc.)
- Certified birth certificate

Answer all questions completely if the question is not applicable mark it N/A

- All information is subject to investigation and verification.
- All information is subject to the Oklahoma Open Records Act if employed.
- Any willful falsification of information given will result in immediate discharge if employed.
- If all parts of the application are not complete you will be eliminated from the hiring process.
- On the back page of the application please list and describe any tattoos you have.

If you require assistance in completing this application, please email the recruiting office at mpdhiring@cityofmoore.com. Thank you for your interest in serving and protecting the Citizens of Moore.

•The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Moore Police Officer**.

•Type or neatly print, in black ink, responses to all items and questions. When printing the application print on the front side of the paper only. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.

•If you need more space for any response, use the last page of this form (page 25) and identify the additional information by the question number.

Disqualification

There are very few *automatic* reasons 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.

Be as complete, honest and specific as possible in your responses.

Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 1: PERSONAL			
1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET			APT / UNIT
CITY			STATE ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
CELL ()	WORK ()	EXT	OTHER ()
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, 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			
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)			9. BIRTHDATE
			10. SOCIAL SECURITY NUMBER - -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES
13. 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 or if the individual is deceased. If more space is needed, continue your response on page 25.

<input type="checkbox"/> N/A	A. Father
NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
WORK PHONE ()	CELL PHONE () EMAIL

<input type="checkbox"/> N/A	B. Step-father
NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
WORK PHONE ()	CELL PHONE () EMAIL

<input type="checkbox"/> N/A	C. Mother
NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
WORK PHONE ()	CELL PHONE () EMAIL

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SECTION 2: RELATIVES AND REFERENCES *continued*
13. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A	D. Step-mother				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			

<input type="checkbox"/> N/A	E. Spouse / Registered Domestic Partner				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> N/A	F. Father-in-law				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			

<input type="checkbox"/> N/A	G. Mother-in-law				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			

<input type="checkbox"/> N/A	H. Former Spouse(s) / Former Registered Domestic Partner(s)				
1) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

2) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

N/A **I. Brothers and Sisters** – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		

N/A **J. Children**

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

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SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY (Section J. Children) *continued*

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	

14. REFERENCES

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

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SECTION 2: RELATIVES AND REFERENCES (Section 14. References) <i>continued</i>					
D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
I) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

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SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

15. Check applicable: High School Diploma from an accredited U.S. institution GED

16. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE?
CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B) NAME	FROM	TO	DID YOU GRADUATE?
CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No	

17. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

18. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Have you ever attended a Basic Academy? Yes No

If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE?
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	<input type="checkbox"/> Y <input type="checkbox"/> N
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE?
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	<input type="checkbox"/> Y <input type="checkbox"/> N

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SECTION 3: EDUCATION *continued*

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? Yes No

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

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. 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 on page 25.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO
					Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					

B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

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SECTION 4: RESIDENCE *continued*

21. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

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SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

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

A) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:		

B) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

C) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

E) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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G) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

K) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

26. 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
27. Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

29. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. 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
32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. 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?		

If you answered yes to any of **Questions 26–36**, explain (include when, where and circumstances; indicate corresponding number):

37. 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?

38. Has your work performance ever been affected by your use of alcohol or drugs? Yes No

WHEN?	NAME OF EMPLOYER
-------	------------------

39. 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

WHEN?	NAME OF EMPLOYER
-------	------------------

40. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)? Yes No

- If yes, 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.**
- If more space is needed, continue your response on page 25.

A) NAME OF AGENCY		DATE APPLIED	
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ()
POSITION APPLIED FOR		EMAIL	

Check each step in the process that you completed, and your status:

STEPS: Application Written Physical ability Oral Polygraph/CVSA Background Chief's oral Conditional job offer

STATUS: Hired On List Withdrawn Disqualified

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

40. Have you **ever** applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			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 ability <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					

C) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			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 ability <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					

SECTION 6: MILITARY EXPERIENCE

41. Are you required to register for the Selective Service? Yes No
If yes, have you registered? Yes No
If no, explain:

42. BRANCH OF SERVICE	43. DATES OF SERVICE From To
44. 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:	
45. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:	
46. 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	
47. 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 46 and/or 47**, explain (include dates and circumstances):

Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 7: FINANCIAL

48. 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?	<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>		

49. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Have any of your bills ever been turned over to a collection agency?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Have you ever had purchased goods repossessed?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. Have your wages ever been garnished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you ever failed to file income tax or cheated/lie on an income tax form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57. Have you ever defaulted on (failed to pay) a loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58. 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
59. 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
60. 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
61. Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 49–61**, explain (include when, where, and why; indicate corresponding number):

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

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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.**

62. **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 25.

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	

63. Have you ever been placed on court probation as an adult?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. 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
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Have the police ever been called to your home for any reason?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67. Have you or your spouse/partner ever been referred to Child Protective Services?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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SECTION 8: LEGAL <i>continued</i>	
68. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. 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
70. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71. Have you ever filed a false insurance or workers' compensation claim?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of **Questions 63–71**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

72. INVOLVEMENT IN CRIMINAL ACTS – PART 1	
Within the past <u>seven</u> years <u>OR</u> at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors? NOTE: You may <u>not</u> 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	<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.....	<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	<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)	<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 \$950, 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

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

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SECTION 8: LEGAL *continued*

72. INVOLVEMENT IN CRIMINAL ACTS – PART 1 *continued*

- q) Possession of falsified or altered identification, including use of another person's ID (for any reason) Yes No
- r) Possession of stolen property (including vehicles) Yes No
- s) Prostitution or soliciting a prostitute..... Yes No
- t) Resisting arrest (including running from the police)..... Yes No
- u) Trespassing..... Yes No
- v) Vandalism (including "tagging," malicious mischief and/or property damage)..... Yes No
- w) Intentionally writing a bad check Yes No
- x) Filing a false police report Yes No
- y) Any other act amounting to a misdemeanor within the past seven years..... Yes No

If you answered yes to **any** item(s) in **Question 72**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (72-A, etc.) for each explanation.

73. INVOLVEMENT IN CRIMINAL 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) Yes No
- B) Assault with a deadly weapon..... Yes No
- C) Theft of a vehicle and/or vehicle parts..... Yes No
- D) Burglary (entering a structure or vehicle to commit theft or other crime)..... Yes No
- E) Child molestation (performing unlawful acts with a child) Yes No
- F) Accessing and/or possessing child pornography..... Yes No

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

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SECTION 8: LEGAL *continued*

Questions 74 and 75 ask about your current and past recreational drug use. Questions 74 - 76 are optional at this time, the questions will have to be answered upon a conditional offer of employment. 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
(<i>Uppers, Speed, Crank, etc</i>) | - Glue | - Mescaline |
| - Barbiturates (<i>Downers</i>) | - Hallucinogens
(<i>Peyote, LSD, Mushrooms</i>) | - Morphine |
| - Cocaine / Crack Cocaine | - Hashish / Hashish Oil | - PCP / Angel Dust |
| - Designer Drugs
(<i>Ecstasy, Synthetic Heroin, etc.</i>) | - Heroin / Opium | - Quaaludes |
| - GHB (<i>Date Rape Drug</i>) | - Marijuana | - Steroids |
| | | - Tetrahydrocannabinol (THC) |

74. **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:

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

- 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 checked, give details including drug(s) used, most recent date used, and circumstances.

76. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

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

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

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SECTION 9: MOTOR VEHICLE OPERATION

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

78. 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

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

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

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

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

81. 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 ()

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

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SECTION 9: MOTOR VEHICLE OPERATION *continued*

82. List all traffic citations, excluding parking citations, you have received within the past seven years:

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:

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

A) 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	
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	

84. 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
-----------------------------	----------------------------------	------	-------	-----

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

IF YES, GIVE REASON:

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

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

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SECTION 9: MOTOR VEHICLE OPERATION *continued*

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

SECTION 10: OTHER TOPICS

- 86. Have you ever been refused a permit to carry a concealed weapon? Yes No
- 87. 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
- 88. 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
- 89. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No
- 90. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No

If you answered yes to any of **Questions 86–90**, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

91. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL	DATE
-------------------	------

Initial this page to indicate that you have provided complete and accurate information: _____

**Authorization to Release Information
(Employment, Credit, and Educational Records)**

To Whom It May Concern:

I hereby authorize any sworn Police Officer or other authorized representative of the Moore Police Department or City of Moore Personnel Department staff member bearing this release, or a photostatic copy thereof, within one year of its date, to obtain information from your files pertaining to my employment, credit, or educational records including but not-limited to academics, achievements, attendance, athletics, personal (non-medical) history, and disciplinary records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of the Moore Police Department or Moore Personnel Department. Consent is granted for the Moore Police Department and Moore Personnel Department to furnish such information as is described above, as third parties in the course of fulfilling its official responsibilities.

I hereby release you as the custodian of such records at any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency or any business establishment including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I hereby acknowledge that information obtained in the background investigation is confidential and will not be released to the applicant. I acknowledge that this is important in order to obtain objective and unbiased information. I also will not attempt to obtain from the City a copy of any background information.

A copy of this authority to release will be as valid as the original. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Type or Print Name: _____

Current Address: _____ City/State/Zip _____

Phone Number (____) _____ Cellular Phone (____) _____

Signature _____ Date _____

Subscribed and sworn to before me this ____ day of _____, 20__

(Notary Public)

(Commission Expiration Date)

Authorization to Release Medical Workers Compensation Information

To Whom It May Concern:

I hereby authorize any physician or other authorized medical representative under contract with the City of Moore bearing this release, or photostatic copy thereof, within one year of its date, to obtain information from your files pertaining to my medical records, charts, or any medical history information to determine whether I can do the essential functions of the position of Police Officer with the City of Moore. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of any medical group, medical or psychological practitioner or professional for the City of Moore. Consent is granted for the purpose of performing such post offer medical or psychological exam as required by the Moore Police Department. Such information is confidential and will not be released to the City except as covered by the Americans with Disability Acts as required by State Law.

I hereby release you as the custodian of such records and any hospital or other repository of medical records, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

A copy of this authority to release will be as valid as the original. Should there be any questions as to the validity of this release you may contact me as indicated below.

Type or Print Name: _____

Current Address: _____ City/State/Zip _____

Phone Number (____) _____ Cellular Phone (____) _____

Signature _____ Date _____

Subscribed and sworn to before me this ____ day of _____, 20__

(Notary Public)

(Commission Expiration Date)

**City of Moore Police Department
Confidential Information Agreement Form**

I, _____ (Print Name) understand that a thorough investigation will be conducted to determine my qualifications for the position of Police Officer with the City of Moore. Further, that to a great extent, my employment will depend on information obtained in confidential interviews with persons whom I have associated. Therefore, I understand that such information is confidential and the City cannot reveal the reasons why an applicant is removed from the selection process and/or not offered employment.

I further understand that if the reason(s) for my non-acceptance are of a temporary nature whereby I should be accepted at a later date, that I will be notified.

I have read and fully understand the foregoing statement.

Applicant

Date

Subscribed and sworn to before me this ____ day of _____, 20__

(Notary Public)

(Commission Expiration Date)

City of Moore Police Department
Authorization to Release Information

Name: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

To Whom It May Concern:

I am an applicant for a position with the Moore Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above Department.

I hereby authorize my representative of the Moore Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Moore Police Department, whether said records "are public, private or confidential in nature." The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life; for the specific purpose of pursuing a background investigation that may provide pertinent data for the Moore Police Department to consider in determining my suitability for employment in that Department. It is my specific intent to provide access to personnel information however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorney at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____ organization, including its officers, employees, or related personnel, both heirs, family, or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Moore Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Moore Police Department's acceptance and processing of my application for employment, I agree to hold the _____ its agents and employees harmless from any and all claims of liability associated with my application for employment or in any way connected with

the decision whether or not to employ me with the Moore Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Moore Police Department in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of one (1) year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges for fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reasons of complying with this request.

Dated this _____ day of _____ 20_____

Signature of Applicant

On this _____ day of _____ 20____ personally appeared before me, _____ known to be the individual who executes this release and acknowledges the same to me that he/she fully understands its contents and meaning and duly executes the same as his/her free act and deed and for the sole consideration therein expressed.

(Notary Public)

(Commission Expiration Date)