



Lubbock Police Department

PROBATIONARY POLICE OFFICER
APPLICANT

PERSONAL HISTORY STATEMENT
WORKBOOK

Last Name

First Name

Middle Name

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Instructions to the Applicant

This is not the personal history statement (PHS). You will be sent an e-mail invite to access and fill out the PHS on-line from a company called Background Solutions. You will not be sent an e-mail invite until you have passed both the written examination and the Physical Fitness test. The information you provide on the Personal History Statement (PHS) will be used in the background investigation to assist in determining your suitability for the position of Probationary Peace Officer, in accordance with Texas Commission on Law Enforcement (TCOLE), Texas Local Government Code Chapter 143, Local Civil Service Rules, and City of Lubbock Policy.

We provide you with this document, in which we label "Personal History Statement Workbook," to assist you in getting a head start in obtaining all the necessary information and documents you will need when filling out the on-line Personal History Statement.

This workbook will contain all the same information and documents you will need to obtain for the on-line PHS. The PHS is due 2 weeks after you pass the written and PT tests. You will be given the due date during a PHS briefing after you pass the written and PT tests. Two weeks is not a vast amount of time to gather all the information and documents needed. We highly recommend you use this workbook to your advantage. If you fill out this workbook it will save you time and a ton of stress meeting the given due dates/times.

Attachments needed for the PHS

College transcripts must bear the seal of the institution. College and High School Transcripts must remain in the sealed envelope from the High School or University. If the envelope is opened they are no longer certified. The Birth Certificate has to be an original or new original obtained from the health department, hospital, state etc... This document will be returned to you.

You MUST obtain **READABLE** photocopies of the following documents:

Driver's License	
Proof of Vehicle Liability Insurance	
DD-214 (if applicable)	
Marriage Certificate (if applicable)	
Entire Dissolution of Marriage Decrees and all related court orders (if applicable)	
If applicable Concealed Handgun License (CHL)	

You MUST obtain **CERTIFIED** copies of the following documents:

Birth Certificate	
Naturalization Papers (if applicable)	
GED Certificate (if applicable)	
High School Transcripts	
College Transcripts (if applicable)	

****YOU WILL BE GIVEN INSTRUCTIONS ON WHAT TO DO WITH THESE DOCUMENTS IN THE PHS BRIEFING AFTER YOU PASS THE WRITTEN AND PT TESTS****

ACADEMY CONTACT INFORMATION:

Lubbock Police Academy	Reese Center 508 Davis Drive Lubbock, TX 79416		
Lubbock Police Academy PO Box	PO Box 2000 Lubbock, TX 79457		
Administrative Secretary	Joanna Vargas	806-775-2964	jvargas@mylubbock.us
Recruiter	Officer Michael Chavez	806-775-2965	mchavez@mylubbock.us
Recruiting Sergeant	Sergeant Thomas Mora	806-775-2961	tmora@mylubbock.us

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Section 1: Personal Information

1. Your Full Name – Last		First	Middle		
2. Other names, including nicknames, you have used or been known by:					
3. Date of Birth (MM/DD/YEAR)	4. Birth Place – City	5. Birth Place – County		6. State of Birth	
7. Social Security Number	8. Driver’s License Number	9. DL State of Issue		10. DL Expiration Date	
11. Physical address where you reside – Number / Street / Apt.					
City		State		Zip Code	
12. Mailing Address if different from above					
City		State		Zip Code	
13. Contact Information – Home		Cell Phone		Work Phone	
14. E-Mail Address #1		E-Mail Address #2		E-Mail Address #3	
Race	Sex	Height (FT. IN.)	Weight (LBS)	Hair Color	Eye Color
15. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Dominant Hand		Concealed Handgun License <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Scars / Tattoos / Body Piercings / Other Distinguishing Marks <u>AND</u> all of their locations					
INCLUDE <u>ALL</u> SOCIAL MEDIA ACCOUNTS INCLUDING INACTIVE ACCOUNTS					
17. Facebook Account Log-In/Username					
18. MySpace Account Log-In/Username					
19. All other social media account log-in/Username, including but not limited to Twitter, Google +, etc....					

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Section 2: Residences

List of Residences

- List **ALL** residences since age 15 or during the last ten years if 26 years of age or older. Provide complete addresses (include markers such as Street, Drive, Place, Road, East, West, etc., and unit or apartment numbers). Do not use P.O. Boxes.
- If the residence is located on a military installation, identify name of the installation in address, nearest city, state, and zip code. **DO NOT LIST** military barracks roommates unless you shared individual quarters.

A) Address where you live now – Number / Street / Apt.			From	To Present
City	State	Zip		
Own / Lease / Guardian / Other		Complex Name		
City	State	Zip	Phone Number(s)	
Landlord's Name	Landlord's Fax Number	Landlord's E-mail	Landlord's current address	
City	State	Zip	Phone Number(s)	
Roommate's Name		Roommate's Date of Birth	Roommate's Current Address	
City	State	Zip	Phone Number(s)	

B) Former Address – Number / Street / Apt.			From	To
City	State	Zip		
Own / Lease / Guardian / Other		Complex Name		
City	State	Zip	Phone Number(s)	
Landlord's Name	Landlord's Fax Number	Landlord's E-mail	Landlord's current address	
City	State	Zip	Phone Number(s)	
Roommate's Name		Roommate's Date of Birth	Roommate's Current Address	
City	State	Zip	Phone Number(s)	

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Residences continued

List of residences continued

- If more address blocks are needed make additional copies of **this** page and insert them in order within this section.

(C) Former Address – Number / Street / Apt.			From	To
City	State		Zip	
Own / Lease / Guardian / Other		Complex Name		
City	State	Zip	Phone Number(s)	
Landlord’s Name	Landlord’s Fax Number	Landlord’s E-mail	Landlord’s current address	
City	State	Zip	Phone Number(s)	
Roommate’s Name		Roommate’s Date of Birth	Roommate’s Current Address	
City	State	Zip	Phone Number(s)	

(D) Former Address – Number / Street / Apt.			From	To
City	State		Zip	
Own / Lease / Guardian / Other		Complex Name		
City	State	Zip	Phone Number(s)	
Landlord’s Name	Landlord’s Fax Number	Landlord’s E-mail	Landlord’s current address	
City	State	Zip	Phone Number(s)	
Roommate’s Name		Roommate’s Date of Birth	Roommate’s Current Address	
City	State	Zip	Phone Number(s)	

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Section 3: Experience and Employment

Job Experience

- List ALL jobs you have had since age 17, including part-time, temporary, self-employment, and volunteer. (Begin with your most current)
- If you were self-employed, provide names and contact numbers for at least two customers.
- If you have military experience, including reserve duty, enter your military installation, 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	City	State	Zip
Job Duties	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer		
Current Work Schedule			
Supervisor's Full Name		Supervisor's Phone Number	
Co-Worker's Full Name		Co-Worker's Phone	
Reason for Leaving			
Would there be a problem if we contact your current employer?		If Yes, Explain:	

(B) Period of Unemployment	From	To
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> N/A <input type="checkbox"/> Other		

(C) Name of Employer or Military Unit		From	To
Address	City	State	Zip
Job Duties	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer		
Supervisor's Name		Supervisor's Phone	
Co-Worker's Name		Co-Worker's Phone	
Reason for Leaving			

(D) Period of Unemployment	From	To
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> N/A <input type="checkbox"/> Other		

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Experience and Employment Continued
 Job Experience Continued

(E) Name of Employer or Military Unit		From	To
Address	City	State	Zip
Job Duties		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer	
Supervisor's Name		Supervisor's Phone	
Co-Worker's Name		Co-Worker's Phone	
Reason for Leaving			

(F) Period of Unemployment	From	To
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> N/A <input type="checkbox"/> Other		

(G) Name of Employer or Military Unit		From	To
Address	City	State	Zip
Job Duties		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer	
Supervisor's Name		Supervisor's Phone	
Co-Worker's Name		Co-Worker's Phone	
Reason for Leaving			

(H) Period of Unemployment	From	To
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> N/A <input type="checkbox"/> Other		

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Experience and Employment Supplemental Page

Job Experience Continued

- If more experience and employment blocks are needed make additional copies of **this page** and insert them in order within this section.

(I) Name of Employer or Military Unit		From	To
Address	City	State	Zip
Job Duties		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer	
Supervisor's Name		Supervisor's Phone	
Co-Worker's Name		Co-Worker's Phone	
Reason for Leaving			

(J) Period of Unemployment	From	To
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> N/A <input type="checkbox"/> Other		

(K) Name of Employer or Military Unit		From	To
Address	City	State	Zip
Job Duties		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer	
Supervisor's Name		Supervisor's Phone	
Co-Worker's Name		Co-Worker's Phone	
Reason for Leaving			

(L) Period of Unemployment	From	To
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> N/A <input type="checkbox"/> Other		

Experience and Employment Continued

20. 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
21. Have you ever been fired, released during probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you ever been involved in a physical / verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Have you ever been accused of discrimination (such as sexual harassment, racial bias, etc.) by a co-worker, superior, subordinate, or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Have you ever been the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you ever been counseled at work due to tardiness or absences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Have you ever received an unsatisfactory performance evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever used sick leave when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much sick leave have you used in the past five years, which was not due to an illness? _____	

If you answered "Yes" to any of Questions 20-30, indicate the corresponding question number and explain (include when, where, and circumstances):	

31. In the past five 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?	
32. Has your work performance ever been affected by your use of alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	Name of Employer
33. In the past five 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
If yes, when?	Name of Employer

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Section 4: Law Enforcement Applications and Experience
 - If additional space is needed make copies of **this** page and insert them in order within this section.

34. Have you ever applied to any law enforcement agency (city, county, state, or federal)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

(A) Name of Law Enforcement Agency	Date Applied	Position Requested
Address		
City	State	Zip
Contact Number	Fax Number	Background Investigator (if known)
Status and Reason if not hired		

(B) Name of Law Enforcement Agency	Date Applied	Position Requested
Address		
City	State	Zip
Contact Number	Fax Number	Background Investigator (if known)
Status and Reason if not hired		

(C) Name of Law Enforcement Agency	Date Applied	Position Requested
Address		
City	State	Zip
Contact Number	Fax Number	Background Investigator (if known)
Status and Reason if not hired		

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Section 6: Marital History

41. Check all that apply:

Single Engaged Married Separated
 Divorced Widowed Living with someone

If currently married, whether separated or not, list spouse information below

Spouse's Full Name – Last (Maiden)		First	Middle
Date of Birth (MM/DD/YEAR)		Address if currently different from your own	
City	State		Zip
Place of Employment		Occupation	
Work Address			
City	State		Zip
Contact Number(s)		E-Mail Address	
Social Security Number		Date of Marriage (MM/DD/YEAR)	
Location of Marriage (City, County, and State)			

If currently engaged or living with someone, list their information below

Full Name – Last		First	Middle
Date of Birth (MM/DD/YEAR)		Address if currently different from your own	
City	State		Zip
Place of Employment		Occupation	
Work Address			
City	State		Zip
Contact Number(s)		E-Mail Address	

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Marital History

- **If ever divorced, annulled, or widowed, list the information below.**
- **For each additional case, make copies of this page and insert them in this section.**

Ex-Spouse's Full Name - Last (Maiden and Current)		First	Middle
Date of Birth (MM/DD/YEAR)		Address	
City	State	Zip	
Place of Employment		Occupation	
Work Address			
City	State	Zip	
Contact Number(s)		E-Mail Address	
Date of Marriage (MM/DD/YEAR)		Date of Order, Decree, or Death (MM/DD/YEAR)	
Location of Marriage (City, County, and State)			
Location of Order or Decree Issued (Court, City, County, and State)			
Reason(s) for Marriage being Dissolved			

42. Have you ever paid child support or alimony either ordered by the court or voluntarily?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, to Whom: Name, Address & Phone Number		Amount Paid Monthly \$	
<input type="checkbox"/> Directly <input type="checkbox"/> Court Clerk <input type="checkbox"/> Other, Explain _____			
Complete Name and Mailing Address of the Office if paid through the county clerk			
(Second Case if Applicable) If yes, to Whom		Amount Paid Monthly \$	
<input type="checkbox"/> Directly <input type="checkbox"/> Court Clerk <input type="checkbox"/> Other, Explain _____			
Complete Name and Mailing Address of the Office if paid through the county clerk			

43. Are you currently receiving child support or alimony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, by Whom		Amount Received Monthly \$	
<input type="checkbox"/> Directly <input type="checkbox"/> Court Clerk <input type="checkbox"/> Other, Explain _____			

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Section 7: **Relatives**

- **List all of the following family members: Parents, brothers, sisters, and children. This includes all actual, half, step, and adopted.**
- **Indicate if deceased.**
- **Children under 17 years of age will not normally be contacted for references. However, they do need to be listed.**

(A) Full Name - Last	First	Middle
What name do they commonly go by	Age if Under 17	Date of Birth (MM/DD/YEAR)
Address (Number/Street/Apt.)		
City	State	Zip
Place of Employment		
Occupation	Relation to Applicant	
Contact Number(s)	E-Mail Address	

(B) Full Name - Last	First	Middle
What name do they commonly go by	Age if Under 17	Date of Birth (MM/DD/YEAR)
Address (Number/Street/Apt.)		
City	State	Zip
Place of Employment		
Occupation	Relation to Applicant	
Contact Number(s)	E-Mail Address	

(C) Full Name - Last	First	Middle
What name do they commonly go by	Age if Under 17	Date of Birth (MM/DD/YEAR)
Address (Number/Street/Apt.)		
City	State	Zip
Place of Employment		
Occupation	Relation to Applicant	
Contact Number(s)	E-Mail Address	

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Relatives Continued

- **If more space is needed make additional copies of this page and insert them in this section.**

(D) Full Name - Last	First	Middle
What name do they commonly go by	Age if Under 17	Date of Birth (MM/DD/YEAR)
Address (Number/Street/Apt.)		
City	State	Zip
Place of Employment		
Occupation	Relation to Applicant	
Contact Number(s)	E-Mail Address	

(E) Full Name - Last	First	Middle
What name do they commonly go by	Age if Under 17	Date of Birth (MM/DD/YEAR)
Address (Number/Street/Apt.)		
City	State	Zip
Place of Employment		
Occupation	Relation to Applicant	
Contact Number(s)	E-Mail Address	

(F) Full Name - Last	First	Middle
What name do they commonly go by	Age if Under 17	Date of Birth (MM/DD/YEAR)
Address (Number/Street/Apt.)		
City	State	Zip
Place of Employment		
Occupation	Relation to Applicant	
Contact Number(s)	E-Mail Address	

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Section 8: **References**

- **List 6 People who know you well enough to provide current information about you.**
- **DO NOT duplicate references listed as relatives, employers, roommates, or co-workers.**

(A) Full Name – Last	First	Middle
What name do they commonly go by		
Address (Number/Street/Apt.)		
City	State	Zip
Place of Employment		Occupation
Relationship to the applicant		Length of time known
Contact Number(s)		E-Mail Address

(B) Full Name – Last	First	Middle
What name do they commonly go by		
Address (Number/Street/Apt.)		
City	State	Zip
Place of Employment		Occupation
Relationship to the applicant		Length of time known
Contact Number(s)		E-Mail Address

(C) Full Name – Last	First	Middle
What name do they commonly go by		
Address (Number/Street/Apt.)		
City	State	Zip
Place of Employment		Occupation
Relationship to the applicant		Length of time known
Contact Number(s)		E-Mail Address

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References Continued

(D) Full Name – Last	First	Middle
What name do they commonly go by		
Address (Number/Street/Apt.)		
City	State	Zip
Place of Employment		Occupation
Relationship to the applicant		Length of time known
Contact Number(s)		E-Mail Address

(E) Full Name – Last	First	Middle
What name do they commonly go by		
Address (Number/Street/Apt.)		
City	State	Zip
Place of Employment		Occupation
Relationship to the applicant		Length of time known
Contact Number(s)		E-Mail Address

(F) Full Name – Last	First	Middle
What name do they commonly go by		
Address (Number/Street/Apt.)		
City	State	Zip
Place of Employment		Occupation
Relationship to the applicant		Length of time known
Contact Number(s)		E-Mail Address

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Section 9: Education
 - If you need additional High School and College / University information spaces, copy this page and insert it in order within this section.

List all high schools that you have attended

Check Applicable			
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Home School Diploma	
A) Name of High School		From	To
Grades attended even if just in part (9 th , 10 th , 11 th , and/or 12 th)		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Address (Number, Street)			
City	State	Zip	
Contact Number(s)			

B) Name of High School		From	To
Grades attended even if just in part (9 th , 10 th , 11 th , and/or 12 th)		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Address (Number, Street)			
City	State	Zip	
Contact Number(s)			

List all Colleges or Universities that you have attended

A) Name of College or University		From	To
Type of degree earned		Credits Completed	
Address (Number, Street)			
City	State	Zip	
Contact Number(s)			

B) Name of College or University		From	To
Type of degree earned		Credits Completed	
Address (Number, Street)			
City	State	Zip	
Contact Number(s)			

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Education Continued

- **If you need additional Trade, Vocational, Business School / institute, or Law Enforcement Academy information blocks, copy this page and insert it in order within this section.**

List all trade, vocational, or business schools / institutes that you have attended.
(Attach copies of certificates received)

A) Name of School or Institute		From	To
Course of Study		Additional Pertinent Information	
Address (Number / Street)			
City	State	Zip	
Contact Number(s)			

B) Name of School or Institute		From	To
Course of Study		Additional Pertinent Information	
Address (Number / Street)			
City	State	Zip	
Contact Number(s)			

List all TCOLE or other law enforcement basic academies you have ever attended

A) Name of Agency		From	To
Name of Training Officer / Academy Coordinator		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (Number / Street)			
City	State	Zip	
Contact Number(s)			

B) Name of Agency		From	To
Name of Training Officer / Academy Coordinator		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (Number / Street)			
City	State	Zip	
Contact Number(s)			

Section 10: Motor Vehicle Operation

44. List all driver's license you have possessed	
A) Issuing State	D.L. Number
B) Issuing State	D.L. Number
C) Issuing State	D.L. Number

45. Has your driver's license ever been placed on probation, suspended, revoked, or in danger of suspension or revocation? If yes, give date, location, and details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

46. List your current motor vehicle insurance information.		
Motor Vehicle Insurance Company	Agent	
Address (Number / Street)		
City	State	Zip
Contact Number(s)	E-Mail Address	
Policy Number	Fax Number	Expiration Date
Is the policy in someone else's name?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what name is it under and why?		

Motor Vehicle Operation Continued

List ALL traffic citations, excluding parking citations, you have ever received: TO INCLUDE ALL MILITARY STOPS

A) Charge(s)		Law Enforcement Agency
Date citation was issued	Final Disposition <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Deferred <input type="checkbox"/> Dismissed	

B) Charge(s)		Law Enforcement Agency
Date citation was issued	Final Disposition <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Deferred <input type="checkbox"/> Dismissed	

C) Charge(s)		Law Enforcement Agency
Date citation was issued	Final Disposition <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Deferred <input type="checkbox"/> Dismissed	

D) Charge(s)		Law Enforcement Agency
Date citation was issued	Final Disposition <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Deferred <input type="checkbox"/> Dismissed	

E) Charge(s)		Law Enforcement Agency
Date citation was issued	Final Disposition <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Deferred <input type="checkbox"/> Dismissed	

G) Charge(s)		Law Enforcement Agency
Date citation was issued	Final Disposition <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Deferred <input type="checkbox"/> Dismissed	

47. Has a traffic citation ever resulted in a warrant, if yes explain below	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

48. Has a traffic citation ever caused your driver's license to be withheld due to these reasons? Check the appropriate box and explain below.	<input type="checkbox"/> Failure to Appear <input type="checkbox"/> Other <input type="checkbox"/> Failure to pay or satisfy sentence <input type="checkbox"/> N/A
--	---

Motor Vehicle Operation Continued

49. Have you ever been the driver in a motor vehicle accident? Yes No

If Yes, list below regardless if the accident was reported or not. List ALL accidents regardless of who was at fault for the accident.

A) Date	Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No	Reported to Law Enforcement <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City or County and State)		Law Enforcement Agency (If Reported)
Give complete details of the collision. If not reported to law enforcement, give reason(s) why.		

B) Date	Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No	Reported to Law Enforcement <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City or County and State)		Law Enforcement Agency (If Reported)
Give complete details of the collision. If not reported to law enforcement, give reason(s) why.		

C) Date	Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No	Reported to Law Enforcement <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City or County and State)		Law Enforcement Agency (If Reported)
Give complete details of the collision. If not reported to law enforcement, give reason(s) why.		

D) Date	Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No	Reported to Law Enforcement <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City or County and State)		Law Enforcement Agency (If Reported)
Give complete details of the collision. If not reported to law enforcement, give reason(s) why.		

Motor Vehicle Operation Continued

50. Have you ever driven a vehicle without auto insurance as required by law? If yes, explain each incident	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

A) Date(s)	Location(s)
Explanation:	

B) Date(s)	Location(s)
Explanation:	

51. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? If yes, explain each incident.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

A) Date	Insurance Company	
Address (Number/ Street)		
City	State	Zip
Contact Number(s)		E-Mail Address
Explanation		

B) Date	Insurance Company	
Address (Number/ Street)		
City	State	Zip
Contact Number(s)		E-Mail Address
Explanation		

52. Use this space for additional information that you would like to include regarding your driving record to include any warnings received for additional traffic related incidents/violations.

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Section 11: Legal

53. Have you EVER been detained for investigation, held on suspicion, questioned, arrested, indicted, criminally charged, convicted of any misdemeanor or felony offense, or been on probation or parole in this state or any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Do not include traffic violations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If Yes, explain each incident.

A) Approximate Date	Arresting or Detaining Agency
Location (City or County and State)	Charge(s)
Disposition or Penalty	

B) Approximate Date	Arresting or Detaining Agency
Location (City or County and State)	Charge(s)
Disposition or Penalty	

54. Have you ever been fingerprinted for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. Have you ever been a party in a civil lawsuit? (Example: small claims actions, dissolutions, child custody, paternity, support, etc.?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
56. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
57. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. Have you ever been the subject of an emergency protective order / restraining order / stay-away order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payments to the other party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
61. Have you filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. Have you ever applied for and been denied a handgun permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Have you ever been listed in any police report in any capacity; if yes where? (Do not include accident reports in this section)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of Questions 53-63, explain. (Include court case or document, dates, and circumstances; indicate the corresponding number with your explanation.) Use the supplement page for additional room if needed.

Legal Continued

64. Undetected Acts – Part 1

- **Within the past seven years OR at any time you were employed in law enforcement, have you ever committed any of the following misdemeanors?**

A) Annoying / obscene phone calls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Assault	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Displaying a weapon (any type of weapon)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Carrying an illegal weapon (illegal knife, club, or handgun)	<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) Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No
G) Theft of service	<input type="checkbox"/> Yes <input type="checkbox"/> No
H) Public Intoxication	<input type="checkbox"/> Yes <input type="checkbox"/> No
I) Driving while under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
J) Hit and run (no injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
K) Hunting / Fishing without a license	<input type="checkbox"/> Yes <input type="checkbox"/> No
L) Illegal gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No
M) Impersonating a peace officer	<input type="checkbox"/> Yes <input type="checkbox"/> No
N) Possession of alcohol as a minor	<input type="checkbox"/> Yes <input type="checkbox"/> No
O) Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes <input type="checkbox"/> No
P) Possession of stolen property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q) Prostitution or soliciting a prostitute	<input type="checkbox"/> Yes <input type="checkbox"/> No
R) Resisting arrest (including evading or eluding the police)	<input type="checkbox"/> Yes <input type="checkbox"/> No
S) Trespassing	<input type="checkbox"/> Yes <input type="checkbox"/> No
T) Criminal Mischief	<input type="checkbox"/> Yes <input type="checkbox"/> No
U) Intentionally writing a bad check	<input type="checkbox"/> Yes <input type="checkbox"/> No
V) Filing a false police report	<input type="checkbox"/> Yes <input type="checkbox"/> No
W) Any other misdemeanor	<input type="checkbox"/> Yes <input type="checkbox"/> No
X) Have you EVER viewed or downloaded child pornography?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Y) As an adult (17 or older) have you EVER committed any type of sexual act with a person that was under the age of 17?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any items in Question 64 (Undetected Acts Part 1), fully explain circumstances, including date(s), names or individuals involved, and resolution. Indicate the corresponding letter (A, B, etc.) for each explanation.

Section 12: Personal Declarations

67. In the last five years, have you consumed an alcoholic beverage to the extent you were not in control of your mental or physical capacities? If YES, give details and dates (month and year).	<input type="checkbox"/> Yes <input type="checkbox"/> No

68. In the last five years, has the consumption of alcohol interfered with your work? If YES, give details and dates (month and year).	<input type="checkbox"/> Yes <input type="checkbox"/> No

69. In the last five years, have you used marijuana or any other drug not prescribed to you by a physician? If YES, list each date (month and year), exact drug, and full details for each incident.	<input type="checkbox"/> Yes <input type="checkbox"/> No

70. If it became necessary to take a human life in the course of your duties as a police officer, would any beliefs prevent you from doing so? If YES, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

71. Is there anything that would prevent you from fully performing your duties including weekends, evenings, nights, and holidays? If YES, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

72. Have you ever falsified any information on an employment application? If YES, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

73. Are there any incidents in your life or details not mentioned herein which may influence this agency's evaluation of your suitability for employment? If YES, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

74. Have you ever been under administrative investigation as a peace officer, jailer, or prison guard for an internal affairs complaint and/or civil rights violations? If YES, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Section 13: **Memberships**

- **List all past or present memberships in social, fraternal, professional organizations, groups, or clubs.**

A) Name of Organization		From	To
Type of Organization		Address	
City	State	Zip	
Contact Number(s)		E-mail address	

B) Name of Organization		From	To
Type of Organization		Address	
City	State	Zip	
Contact Number(s)		E-mail address	

C) Name of Organization		From	To
Type of Organization		Address	
City	State	Zip	
Contact Number(s)		E-mail address	

D) Name of Organization		From	To
Type of Organization		Address	
City	State	Zip	
Contact Number(s)		E-mail address	

E) Name of Organization		From	To
Type of Organization		Address	
City	State	Zip	
Contact Number(s)		E-mail address	

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Section 14: **Financial**

75. Income

- For each of the following questions fill in the amounts to the nearest dollar.

A) What is your gross monthly income from your employer(s)?	\$	per
B) What is your spouse's gross monthly income?	\$	per
C) What is the monthly amount of any additional income? (Explain source(s) below)	\$	per
Source:		
What is your total gross monthly income? (Total from A, B, and C)	\$	per

76. Ownership

A) Real Estate Ownership Address			Value
			\$
City	State	Zip	
Mortgager		Mortgager Address	
City	State	Zip	
Mortgager Contact Number(s)		Mortgager E-mail Address	

B) Real Estate Ownership Address			Value
			\$
City	State	Zip	
Mortgager		Mortgager Address	
City	State	Zip	
Mortgager Contact Number(s)		Mortgager E-mail Address	

77. Bonds and Stocks

Bond Ownership / Type of Bond	Value
	\$
Bond Ownership / Type of Bond	Value
	\$
Corporate Stock Ownership / Name of Corporation	Value
	\$
Corporate Stock Ownership / Name of Corporation	Value
	\$

Financial Continued

78. Accounts

- Include active and past accounts during the last three years despite the status.

A) Bank or Credit Union Name	Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Address		Active From	To
City	State	Zip	
Contact Number(s)	E-mail Address	Fax Number	

B) Bank or Credit Union Name	Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Address		Active From	To
City	State	Zip	
Contact Number(s)	E-mail Address	Fax Number	

C) Bank or Credit Union Name	Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Address		Active From	To
City	State	Zip	
Contact Number(s)	E-mail Address	Fax Number	

D) Bank or Credit Union Name	Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Address		Active From	To
City	State	Zip	
Contact Number(s)	E-mail Address	Fax Number	

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Financial Continued

79. Obligations / Debts

- For each of the following questions fill in the amounts to the nearest dollar.
- Include current obligations and debts for all loans, rent, contracted services, memberships, phones, utilities, credit cards, child support payments, alimony, tuition payments, insurance payments, and any other debts or payments.

A) Name of Creditor		Account Number	
Address		Active From	To
City	State	Zip	
Contact Number(s)	E-Mail Address	Fax Number	
Type of account or obligation		Reason for debt or item purchased	
High Balance \$	Current Balance \$	Monthly Payment \$	

B) Name of Creditor		Account Number	
Address		Active From	To
City	State	Zip	
Contact Number(s)	E-Mail Address	Fax Number	
Type of account or obligation		Reason for debt or item purchased	
High Balance \$	Current Balance \$	Monthly Payment \$	

C) Name of Creditor		Account Number	
Address		Active From	To
City	State	Zip	
Contact Number(s)	E-Mail Address	Fax Number	
Type of account or obligation		Reason for debt or item purchased	
High Balance \$	Current Balance \$	Monthly Payment \$	

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Financial Continued
Obligations / Debts
 - If more blocks are needed make additional copies of this page and insert in this section.

D) Name of Creditor		Account Number	
Address			Active From To
City	State	Zip	
Contact Number(s)	E-Mail Address	Fax Number	
Type of account or obligation		Reason for debt or item purchased	
High Balance \$	Current Balance \$	Monthly Payment \$	

E) Name of Creditor		Account Number	
Address			Active From To
City	State	Zip	
Contact Number(s)	E-Mail Address	Fax Number	
Type of account or obligation		Reason for debt or item purchased	
High Balance \$	Current Balance \$	Monthly Payment \$	

F) Name of Creditor		Account Number	
Address			Active From To
City	State	Zip	
Contact Number(s)	E-Mail Address	Fax Number	
Type of account or obligation		Reason for debt or item purchased	
High Balance \$	Current Balance \$	Monthly Payment \$	

G) Name of Creditor		Account Number	
Address			Active From To
City	State	Zip	
Contact Number(s)	E-Mail Address	Fax Number	
Type of account or obligation		Reason for debt or item purchased	
High Balance \$	Current Balance \$	Monthly Payment \$	

