



# ***City of Ralston***

## **Background/Personal History Statement**

### **INSTRUCTIONS TO THE APPLICANT**

The information in the Personal History Statement will be used in the investigation into your background to assist in determining your suitability for the salaried position applied for with the city. Please fill out the questionnaire **completely** and **accurately**.

**Keep in mind that:**

- 1. All statements are subject to verification.**
- 2. Inaccuracies or omissions may bar or remove you from employment.**
- 3. You must account for all time periods in your background.**

It is to your advantage to respond openly. Any negative factors in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job.

Please print in or type your responses. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, use page 18 on this form and identify the additional information by the category.

**When listing addresses, include: full street address, apartment numbers, City, State, and zip code. Include area codes with all phone numbers.**

Your signature below indicates that you fully understand the procedures and responsibilities stated above. Failure to follow the above instructions, may result in a lower overall score.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Email Address \_\_\_\_\_

# Personal History Statement

Name: Last/First/Middle		Social Security Number:	
Driver's License Number/State:	Home Telephone:	Work Telephone:	

**References:** List only persons you have known for at least six months. Do NOT list relatives, former employers, teachers, or doctors. List minimum of six references.

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:	Business Address, City, State, Zip Code	Business Telephone:	Years Acquainted:		

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:	Business Address, City, State, Zip Code	Business Telephone:	Years Acquainted:		

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:	Business Address, City, State, Zip Code	Business Telephone:	Years Acquainted:		

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:	Business Address, City, State, Zip Code	Business Telephone:	Years Acquainted:		

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:	Business Address, City, State, Zip Code	Business Telephone:	Years Acquainted:		

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:	Business Address, City, State, Zip Code	Business Telephone:	Years Acquainted:		

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:	Business Address, City, State, Zip Code	Business Telephone:	Years Acquainted:		

**References Continued:**

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:		Business Address, City, State, Zip Code		Business Telephone:	
				Years Acquainted:	

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:		Business Address, City, State, Zip Code		Business Telephone:	
				Years Acquainted:	

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:		Business Address, City, State, Zip Code		Business Telephone:	
				Years Acquainted:	

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:		Business Address, City, State, Zip Code		Business Telephone:	
				Years Acquainted:	

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:		Business Address, City, State, Zip Code		Business Telephone:	
				Years Acquainted:	

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:		Business Address, City, State, Zip Code		Business Telephone:	
				Years Acquainted:	

**Educational History:** List all schools you attended, beginning with high school.

Name of School:	Address, City, State, Zip Code	Dates Attended		Type of Degree Attained:
		From:	To:	

**Special Skills:** List any abilities you feel would advance your performance in the job you have applied for, to include fluency in any languages.

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**Former Residences:** List all of the addresses where you have lived in the last five (5) years. Begin with your present address and list backwards. Also list the companies or the individuals from whom you have rented or make payments to.

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name	Rental/Mortgage Company Address, City, State, Zip Code		
Explain any late payments, judgments, or forfeiture of deposit(s):			

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name	Rental/Mortgage Company Address, City, State, Zip Code		
Explain any late payments, judgments, or forfeiture of deposit(s):			

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name		Rental/Mortgage Company Address, City, State, Zip Code	
Explain any late payments, judgments, or forfeiture of deposit(s):			

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name		Rental/Mortgage Company Address, City, State, Zip Code	
Explain any late payments, judgments, or forfeiture of deposit(s):			

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name		Rental/Mortgage Company Address, City, State, Zip Code	
Explain any late payments, judgments, or forfeiture of deposit(s):			

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name		Rental/Mortgage Company Address, City, State, Zip Code	
Explain any late payments, judgments, or forfeiture of deposit(s):			

Former Residences: Continued

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name		Rental/Mortgage Company Address, City, State, Zip Code	
Explain any late payments, judgments, or forfeiture of deposit(s):			

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name		Rental/Mortgage Company Address, City, State, Zip Code	
Explain any late payments, judgments, or forfeiture of deposit(s):			

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name		Rental/Mortgage Company Address, City, State, Zip Code	
Explain any late payments, judgments, or forfeiture of deposit(s):			

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name		Rental/Mortgage Company Address, City, State, Zip Code	
Explain any late payments, judgments, or forfeiture of deposit(s):			

**Employment History:** List all employment you have ever had beginning with the most recent. Include military, full time, and part time employment. Include all periods of unemployment.

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, please state why:			

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, please state why:			



## Employment History: Continued

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

## Employment History: Continued

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

Employment History: Continued

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

### Employment History: Continued

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

## Employment History: Continued

Business Name:		Address, City, State, Zip Code	
From MO/YR:		Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

Employment History: Continued

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

**Past Military History:** List any current and past military experience/history. Start with your current assigned organization working backwards. Include all Reserve or National Guard time.

Branch:		Organization/HQ:	Address, City, State, Zip Code
From MO/YR:		Position Held:	Phone:
Duties:			
Commander:		Address, City, State Zip Code	Phone:
First Line Supervisor:		Address, City, State Zip Code	Phone:
List any disciplinary action received:			
List any commendations/awards:			
Type of Discharge:			

**Drivers License:** List all previous and current names under which drivers licenses have been issued to you.

Name:	State:	License Number:
Have your driving privileges ever been restricted?	No:	Yes: If yes, why?
Have your driving privileges ever been suspended, revoked or court impounded?	No:	Yes: If yes, why?
Have you ever been refused a drivers license?	No:	Yes: If yes, why?
Have your driving privileges ever been restricted?	No:	Yes: If yes, why?
Have you been involved in any traffic accidents in the last three (3) years?	No:	Yes: If yes, give date, location, and agency:

**Traffic History:** List all traffic tickets you were issued regardless of disposition

Violation:	Month	Year	City	County	State

I hereby certify that all of the above questions have been answered to the best of my knowledge. I also understand that any false answers, omissions, or deceptions may be the basis for my rejection or termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date