

RALSTON POLICE DEPARTMENT

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 position of **Police Officer**. 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 of **Police Officer**.

Please print in **black ink** 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 _____

Personal History Statement

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

For the purpose of identification

Height:	Weight:	Hair Color:	Distinguishing Marks, Scars, or Tattoos:
Sex:	Eye Color:		

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:	

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:	

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:	

School Items: List school suspensions, expulsions, or discipline of any kind:

School References: List persons (Teachers, Counselors, etc.) in schools that you have attending in the last three years.

School Name:	School Address, City, State Zip Code:	School Telephone:	
Name: Last/First Middle	Title:	Business Telephone:	Year Acquainted:

School Name:	School Address, City, State Zip Code:	School Telephone:	
Name: Last/First Middle	Title:	Business Telephone:	Year Acquainted:

School Name:	School Address, City, State Zip Code:	School Telephone:	
Name: Last/First Middle	Title:	Business Telephone:	Year Acquainted:

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

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):			

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):			

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Former Residences: Continued

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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: () Yes () No			
If No, please state why:			

Business Name:		Address, City, State, Zip Code	
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	
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	
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	
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	
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	
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	
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	
To MO/YR:	Position Held:	Phone:	
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
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If No, please state why:			

Business Name:		Address, City, State, Zip Code	
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	
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	
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	
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	
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:	To 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:					

Branch:		Organization/HQ:		Address, City, State, Zip Code	
From MO/YR:	To 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:					

Other law enforcement agencies: List all agencies with which you have applied to or taken an exam for.

Date of Application/Test	Position Applied For:	Agency or Testing Entity:
Address, City, State, Zip Code:		
Are you in the hiring process?	If so, what stage?	If went through the process and not hired, why?

Date of Application/Test	Position Applied For:	Agency or Testing Entity:
Address, City, State, Zip Code:		
Are you in the hiring process?	If so, what stage?	If went through the process and not hired, why?

Date of Application/Test	Position Applied For:	Agency or Testing Entity:
Address, City, State, Zip Code:		
Are you in the hiring process?	If so, what stage?	If went through the process and not hired, why?

Date of Application/Test	Position Applied For:	Agency or Testing Entity:
Address, City, State, Zip Code:		
Are you in the hiring process?	If so, what stage?	If went through the process and not hired, why?

Other law enforcement agencies:

Date of Application/Test	Position Applied For:	Agency or Testing Entity:
Address, City, State, Zip Code:		
Are you in the hiring process?	If so, what stage?	If went through the process and not hired, why?

Date of Application/Test	Position Applied For:	Agency or Testing Entity:
Address, City, State, Zip Code:		
Are you in the hiring process?	If so, what stage?	If went through the process and not hired, why?

Date of Application/Test	Position Applied For:	Agency or Testing Entity:
Address, City, State, Zip Code:		
Are you in the hiring process?	If so, what stage?	If went through the process and not hired, why?

Date of Application/Test	Position Applied For:	Agency or Testing Entity:
Address, City, State, Zip Code:		
Are you in the hiring process?	If so, what stage?	If went through the process and not hired, why?

Financial History:

Have you ever declared bankruptcy?	No:	Yes:	If yes, explain.
Have any of your bills been turned over to a collection agency?	No:	Yes:	If yes, explain.
Have you ever purchased goods that later were repossessed?	No:	Yes:	If yes, explain.
Have your wages ever been garnished?	No:	Yes:	If yes, explain.
Have you ever been delinquent on any income or state taxes?	No:	Yes:	If yes, explain.

Civil Lawsuits: List any suits in which you were a defendant, other than divorce related.

Incident:	Month	Year	City	County	State

Additional Questions:

<p>Have you ever written an insufficient fund check you did not make good?</p>	<p>No:</p>	<p>Yes: If yes, list amount, who to, and date:</p>
<p>Have you ever tried marijuana, illegal drugs, or prescription drugs outside of doctors orders?</p>	<p>No:</p>	<p>Yes: If yes, name the substance, the frequency of use, dates of use, and last date used:</p>
<p>Have you ever pilfered money or property from an employer or stolen money or property from an employer or someone else?</p>	<p>No:</p>	<p>Yes: If yes, explain the circumstances, the item, and when:</p>
<p>Do you have any beliefs (e.g. moral, religious, etc) which would prevent you from fully performing the duties of police officer, including working on weekends, evenings, and holidays?</p>	<p>No:</p>	<p>Yes: If yes, explain:</p>
<p>If it became necessary for you to take a human life in the course of your duties as a police officer, would you have any beliefs (e.g. moral, religious, etc) that would prevent you from doing so?</p>	<p>No:</p>	<p>Yes: If yes, explain:</p>

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

TO: _____

Notwithstanding any rights I may otherwise have concerning release of such information, I request and authorize you to release all information concerning my **employment application and/or employment records** with you to Marc A. Leonardo, Chief of Police, Ralston, Nebraska, or his representative.

This request is related to an investigation to determine my suitability for employment with the City of Ralston.

Signature Date SSN

Address City State Zip

County of _____, on this _____ day of _____, 20____, before me a Notary Public in and for said County, personally came to the above named, personally known to me to be the person whose name is affixed to the above instrument, and who has acknowledged said instrument to be a voluntary act and deed.

Witness my hand and Notarial Seal the date last aforesaid.

Notary Public

My commission expires on the _____ day of _____, 20_____.

Photocopy same as original.

Dear Sir or Madam:

The Ralston Police Department is presently conducting a pre-employment background investigation of _____, D.O.B. _____, who has applied for a position with the City of Ralston. We ask your cooperation in furnishing this Department with any information showing **criminal, traffic tickets, arrests and/or convictions** involving this applicant. The indication of a clear record while residing in your jurisdiction is likewise requested.

Names of associates, addresses and the general reputation of the candidate in your community and any similar information which would help the Department evaluate the character of the applicant would be greatly appreciated.

Sincerely,

Chief of Police

Notwithstanding any rights I may otherwise have concerning release of such information, I request and authorize you to release any and all of the above-requested information to Marc A. Leonardo, Chief of Police, Ralston Police Department, Ralston, Nebraska, or his representative.

Signature Date

Address City State Zip

County of _____, on this _____ day of _____, 20____, before me a Notary Public in and for said County, personally came to the above named, personally known to me to be the person whose name is affixed to the above instrument, and who has acknowledged said instrument to be a voluntary act and deed.

Witness my hand and Notarial Seal the date last aforesaid.

Notary Public

My commission expires on the _____ day of _____, 20_____.

Photocopy same as original.

Dear Sir or Madam:

Notwithstanding any rights I may otherwise have concerning release of such information, I request hereby and authorize you to release the following **military service** information to Marc A. Leonardo, Chief of Police, Ralston Police Department, Ralston, Nebraska, or his representative, in connection with my application for employment with the City of Ralston.

1. Records of any physical, nervous or mental treatment.
2. Records of any disciplinary action, court martials, or official reprimands.
3. Records of any commendations, awards and promotions.

Name: _____ **Serial Number:** _____

Address: _____

Date and place of birth: _____

Date of entry: _____ **Place of entry:** _____

Signature Date

Address City State Zip

County of _____, on this _____ day of _____, 20____, before me a Notary Public in and for said County, personally came to the above named, personally known to me to be the person whose name is affixed to the above instrument, and who has acknowledged said instrument to be a voluntary act and deed.

Witness my hand Notarial Seal the date last aforesaid.

Notary Public

My commission expires on the _____ day of _____, 20_____.

Photocopy same as original.

TO: _____

Notwithstanding any rights I may otherwise have concerning release of such information, I request hereby and authorize you to release the following **credit history** information to Marc A. Leonardo, Chief of Police, Ralston Police Department, Ralston, Nebraska, or his representative, in connection with my application for employment with the City of Ralston.

This request is related to an investigation to determine my suitability for employment with the City of Ralston.

Signature Date

Address City State Zip

County of _____, on this _____ day of _____, 20____, before me a Notary Public in and for said County, personally came to the above named, personally known to me to be the person whose name is affixed to the above instrument, and who has acknowledged said instrument to be a voluntary act and deed.

Witness my hand Notarial Seal the date last aforesaid.

Notary Public

My commission expires on the _____ day of _____, 20_____.

Photocopy same as original.

Notwithstanding any rights I may otherwise have concerning release of such information, I request and authorize _____ to release to Marc A. Leonardo, Chief of Police, Ralston Police Department, Ralston, Nebraska, or his representative, information from my medical and mental health records maintained while I was a patient at/of _____

Patient's Name _____ D.O.B. _____

Address _____

I understand that I may revoke this consent at any time, and that upon fulfillment of the above-stated purpose, this consent will automatically expire without my express revocation.

I do not authorize further release to any other third party.

I understand that the hospital and its employees, and my attending physician and his associates who participated in my care, cannot be responsible for the confidentiality of information disclosed after said information has been released pursuant to this authorization, and I hereby release them from any liability arising from such disclosure.

Signature Date

Address City State Zip

County of _____, on this _____ day of _____, 20____, before me a Notary Public in and for said County, personally came to the above named, personally known to me to be the person whose name is affixed to the above instrument, and who has acknowledged said instrument to be a voluntary act and deed.

Witness my hand Notarial Seal the date last aforesaid.

Notary Public

My commission expires on the _____ day of _____, 20_____.

Photocopy same as original.