

Aberdeen Police Department

210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

Instructions to the Applicant

- 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 **Police Officer**.
- Type or neatly print, in ink, responses to all items and questions. 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 28) and identify the additional information by the question number.

DISQUALIFICATION:

There are very few *automatic* bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction may not, in and of themselves, automatically disqualify. 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.

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

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act and the Washington Fair Employment and Housing Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

A. APPLICANT IDENTIFICATION - Information provided in this section is used for identification purposes only.

1. Name: _____
Last First Middle

2. Other names, including nicknames, you have used or been known by: _____

3. Address: _____
Number Street Apt/Unit

4. _____
City State Zip Code

5. _____
Mailing address if different from above

6. Contact Numbers _____
Home Work Cell/Pager/Fax

7. Email Address: _____
Home Work

8. Please list any Myspace, chat rooms or personal ads you subscribe to, include your username and password.

Note: These may or may not be checked however we request you do not make any changes to these sites during the course of the background investigation.

9. Are you a US Citizen? Circle One Yes No

10. _____
Birth Place – City/County/State/Country Birthdate Social Security Number

11. _____
Driver's License No. State Exp

12. _____
Physical Description: Height Weight Hair Color Eye Color

13. _____
Scars, Tattoos or Other Distinguishing Marks

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B. RELATIVES AND REFERENCES – Immediate Family: 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 of page 28.

1. 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		

2. 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		

3. 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		

4. 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		

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B. RELATIVES AND REFERENCES (cont.)

5. Spouse:

Name	Home Address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
------------	--------------------------------------	------	-------	-----

Work Phone	Cell Phone	Email
------------	------------	-------

6. 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
------------	------------	-------

7. 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
------------	------------	-------

8. Former Spouse(s):

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
------------	------------	-------

Year of Dissolution	Is there, or has there been, a restraining or protection order in effect for this individual?
---------------------	---

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B. RELATIVES AND REFERENCES (cont.)

8. Former Spouse(s): (cont.)

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
------------	------------	-------

Year of Dissolution Is there, or has there been, a restraining or protection order in effect for this individual?

9. Brothers and Sisters – list all living siblings, including half siblings, step-siblings, etc.

a. Male Female Under age 18

Name	Home Address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
------------	--------------------------------------	------	-------	-----

Work Phone	Cell Phone	Email
------------	------------	-------

b. Male Female Under age 18

Name	Home Address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
------------	--------------------------------------	------	-------	-----

Work Phone	Cell Phone	Email
------------	------------	-------

c. Male Female Under age 18

Name	Home Address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

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B. RELATIVES AND REFERENCES (cont.)

9. Brothers and Sisters: (cont.)

c. (cont.)

Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
------------	--------------------------------------	------	-------	-----

Work Phone	Cell Phone	Email
------------	------------	-------

d. Male Female Under age 18

Name	Home Address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
------------	--------------------------------------	------	-------	-----

Work Phone	Cell Phone	Email
------------	------------	-------

e. Male Female Under age 18

Name	Home Address (Number / Street / Apt)	City	State	Zip
------	--------------------------------------	------	-------	-----

Home Phone	Work Address (Number / Street / Apt)	City	State	Zip
------------	--------------------------------------	------	-------	-----

Work Phone	Cell Phone	Email
------------	------------	-------

f. Male Female Under age 18

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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B. RELATIVES AND REFERENCES (cont.)

10. **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.

a. _____ Male Female
Name Age

Custodial Parent or Guardian (If other than you)

Address (Number / Street / Apt) City State Zip

Contact Number Email

b. _____ Male Female
Name Age

Custodial Parent or Guardian (If other than you)

Address (Number / Street / Apt) City State Zip

Contact Number Email

c. _____ Male Female
Name Age

Custodial Parent or Guardian (If other than you)

Address (Number / Street / Apt) City State Zip

Contact Number Email

d. _____ Male Female
Name Age

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B. RELATIVES AND REFERENCES (cont.)

10. Children (cont.)

d. (cont.)

Custodial Parent or Guardian (If other than you)

Address (Number / Street / Apt)

City

State

Zip

Contact Number

Email

e. _____

Name

Age

Male

Female

Custodial Parent or Guardian (If other than you)

Address (Number / Street / Apt)

City

State

Zip

Contact Number

Email

f. _____

Name

Age

Male

Female

Custodial Parent or Guardian (If other than you)

Address (Number / Street / Apt)

City

State

Zip

Contact Number

Email

11. **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

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B. RELATIVES AND REFERENCES (cont.)

11. REFERENCES

a. (continued)

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 Known?				

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 Known?				

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 Known?				

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 Known?				

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B. RELATIVES AND REFERENCES (cont.)

11. REFERENCES (cont.)

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 Known?

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 Known?

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 Known?

h. _____

Name	Home address (Number / Street / Apt)	City	State	Zip
Home phone	Work address (Number / Street / Apt)	City	State	Zip

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B. RELATIVES AND REFERENCES(cont.)

11. References (cont.)

h. (cont.)

Work phone	Cell phone	Email
------------	------------	-------

How do you know this person? (For example: Friend, Teacher, Family friend, Co-Worker) How Long Known?

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 Known?

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 Known?

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

Check applicable: High School Diploma GED

1. List high schools attended:

Name	From	To	Graduate?
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
City	State		

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C. EDUCATION (cont.)

1. High schools (cont.)

b. _____ Graduate? Yes
Name From To No

City State

2. List all colleges or universities attended:

a. _____
Name From To Credits Earned

City State Type of Degree Earned

b. _____
Name From To Credits Earned

City State Type of Degree Earned

c. _____
Name From To Credits Earned

City State Type of Degree Earned

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

a. _____ Did you complete the course? Yes
Name From To No

Type of school or training City State

b. _____ Did you complete the course? Yes
Name From To No

Type of school or training City State

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C. EDUCATION (cont.)

3. Trade, Vocational, Business School(cont.)

c.	_____	_____	_____	Did you complete the course?
	Name	From	To	Yes <input type="checkbox"/>
				No <input type="checkbox"/>
	_____	_____	_____	
	Type of school or training	City	State	

4. Have you ever attended a POST, Basic Academy? Yes No

a.	_____	_____	_____	Did you Graduate?
	Academy name	From	To	Yes <input type="checkbox"/> No <input type="checkbox"/>
	_____	_____	_____	
	Location (City / State)	Name of training officer/Academy Coordinator	Contact Number	

b.	_____	_____	_____	Did you Graduate?
	Academy name	From	To	Yes <input type="checkbox"/> No <input type="checkbox"/>
	_____	_____	_____	
	Location (City / State)	Name of training officer/Academy Coordinator	Contact Number	

D. 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 or 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 28.

1.	_____	_____	_____	Present
	Address where you now live (Number / Street / Apt)	From		
	_____	_____	_____	
	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			

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D. RESIDENCES (cont.)

2. _____
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 live

Reason for moving

3. _____
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 live

Reason for moving

4. _____
Former address (Number / Street / Apt) From To

City State Zip If renting: Property Manager, Rent Collector, or Owner

D. RESIDENCES (cont.)

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4. (cont.)

Address of Property Manager, Rent Collector, or Owner (Number / Street / Apt) Contact Number

City State Zip Email

Names of those with whom you live

Reason for moving

5.

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 live

Reason for moving

6.

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 live

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D. RESIDENCES (cont.)

6. (cont.)

Reason for moving

7.

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 live

Reason for moving

aa. Provide contact information for all housemates listed in Question 13 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 28.

1.

Name

Contact Number

Current address if different (Number / Street / Apt)

City

State

Zip

Nature of relationship (ex. Relative, landlord, friend, housemate only)

Email

2.

Name

Contact Number

Current address if different (Number / Street / Apt)

City

State

Zip

D. RESIDENCES (cont.)

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

aa. (cont.)

2. (cont.)

Nature of relationship (ex. Relative, landlord, friend, housemate only) Email

3.

Name Contact Number

Current address if different (Number / Street / Apt) City State Zip

Nature of relationship (ex. Relative, landlord, friend, housemate only) Email

4.

Name Contact Number

Current address if different (Number / Street / Apt) City State Zip

Nature of relationship (ex. Relative, landlord, friend, housemate only) Email

5.

Name Contact Number

Current address if different (Number / Street / Apt) City State Zip

Nature of relationship (ex. Relative, landlord, friend, housemate only) Email

6.

Name Contact Number

Current address if different (Number / Street / Apt) City State Zip

Nature of relationship (ex. Relative, landlord, friend, housemate only) Email

E. EXPERIENCE AND EMPLOYMENT

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1. 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 28.)
- 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 #	Ext.	
Job Title			Email		
Duties/Assignments	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Volunteer
Names of Co-workers			Reason for Leaving		
Would there be a problem if we contact your current employer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If yes, explain: _____

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

b. Name of Employer or Military Unit			From	To	
Address (Number/Street or Base)			Supervisor		
City	State	Zip	Contact #	Ext.	
Job Title			Email		
Duties/Assignments	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Volunteer
Names of Co-workers			Reason for Leaving		
Would there be a problem if we contact your current employer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If yes, explain: _____

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. EXPERIENCE AND EMPLOYMENT (cont.)

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

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1. Job Experience (cont.)

c. Name of Employer or Military Unit			From	To	
Address (Number/Street or Base)			Supervisor		
City	State	Zip	Contact #	Ext.	
Job Title			Email		
Duties/Assignments	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Volunteer
Names of Co-workers			Reason for Leaving		
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

If yes, explain: _____

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		

d. Name of Employer or Military Unit			From	To	
Address (Number/Street or Base)			Supervisor		
City	State	Zip	Contact #	Ext.	
Job Title			Email		
Duties/Assignments	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Volunteer
Names of Co-workers			Reason for Leaving		
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

If yes, explain: _____

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. EXPERIENCE AND EMPLOYMENT (cont.)

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1. Job Experience (cont.)

e. Name of Employer or Military Unit	From	To			
Address (Number/Street or Base)	Supervisor				
City	State	Zip	Contact #	Ext.	
Job Title	Email				
Duties/Assignments	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Volunteer
Names of Co-workers	Reason for Leaving				
Would there be a problem if we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain: _____					

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

f. Name of Employer or Military Unit	From	To			
Address (Number/Street or Base)	Supervisor				
City	State	Zip	Contact #	Ext.	
Job Title	Email				
Duties/Assignments	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Volunteer
Names of Co-workers	Reason for Leaving				
Would there be a problem if we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain: _____					

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

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E. EXPERIENCE AND EMPLOYMENT (cont.)

1. Job Experience (cont.)

g. Name of Employer or Military Unit	From	To			
Address (Number/Street or Base)	Supervisor				
City	State	Zip	Contact #	Ext.	
Job Title	Email				
Duties/Assignments	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Volunteer
Names of Co-workers	Reason for Leaving				
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

If yes, explain: _____

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

h. Name of Employer or Military Unit	From	To			
Address (Number/Street or Base)	Supervisor				
City	State	Zip	Contact #	Ext.	
Job Title	Email				
Duties/Assignments	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Volunteer
Names of Co-workers	Reason for Leaving				
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

If yes, explain: _____

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

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Aberdeen Police Department

210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

E. EXPERIENCE AND EMPLOYMENT (cont.)

2. Have you ever applied to any other law enforcement agency (city, county 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 28.

a. 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: Application Written Physical agility Oral Polygraph Background Chief's oral Conditional job offer
Status: Hired On List Withdrawn Disqualified

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: Application Written Physical agility Oral Polygraph Background Chief's oral Conditional job offer
Status: Hired On List Withdrawn 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: Application Written Physical agility Oral Polygraph Background Chief's oral Conditional job offer
Status: Hired On List Withdrawn Disqualified

E. EXPERIENCE AND EMPLOYMENT (cont.)

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

3. MILITARY EXPERIENCE

a. Are you required to register for the Selective Service? Yes No

If yes, have you registered?..... Yes No

If no, explain:

b. Branch of Service Dates of Service From/To

c. Type of Discharge Entry Level Honorable General Other than Honorable Bad Conduct Dishonorable
Re-entry Code (1-4) if applicable – refer to your DD-214:

d. Are you currently participating in one of the following? Military Reserve National Guard

If checked, date obligation ends:

e. Have you ever been disciplined while in the military service (Include court martial, captain’s masts, company punishment, etc.)? Yes No

If you answered yes to question E, explain (include dates and circumstances):

F. FINANCIAL

1. 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?..... Yes No

If yes, fill in amount:.....\$_____ per month

Explain:

c. How much do you spend each month?.....\$_____ per month

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.

G. LEGAL

1. Disclosure of Arrests and Convictions: As an applicant for a police officer position, you are required to disclose any of the following which occurred on or after your 15th birthday, even if the records were sealed, expunged, dismissed or

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

pardoned:

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

If more space is needed, continue of page 28.

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.

a. Approximate Date Arresting or Detaining Agency

Charge

Disposition or Penalty

b. Approximate Date Arresting or Detaining Agency

Charge

Disposition or Penalty

c. Approximate Date Arresting or Detaining Agency

Charge

Disposition or Penalty

d. Approximate Date Arresting or Detaining Agency

Charge

Disposition or Penalty

H. DRUG HISTORY:

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210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

Have you ever used, experimented with, furnished, bought, sold or possessed any of the following substances (without a valid prescription from a medical doctor)?

USE: Under the "use" column, note the following codes (if any) in your personal history with the particular substance: "U"=used; "E"=experimented; "B"=bought; "S"=sold; "F"=furnished to another person; "P"=possessed; "N/A"=not applicable.

DATE(S): Indicate (to the best of your ability) the date (month/year) of each incident involving the substance indicated. **Use additional space as necessary on page 28.** Failure to include **ANY** incident will be grounds for immediate dismissal in this process.

QUANTITY: Indicate the amount of substance (to the best of your ability) that was relevant to each date and use in the prior columns.

LOCATION: The location should indicate **WHERE** the substance was used- including, but not limited to: home, work, school, vehicle, friend's house, vacation location, party, etc.

Drug	Use	Date(s)	Quantity	Location
Marihuana				
Hashish				
Cocaine				
Ecstasy				
Heroin				
Opium				
Methamphetamine ("Crank")				
Mushrooms				
Barbiturates				

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PERSONAL HISTORY STATEMENT – POLICE OFFICER

Amphetamines				
Valium				
"Speed"				
LSD ("acid")				
PCP ("angel dust")				
Morphine				
Peyote				
Codeine				
Oxycodone or OxyContin				
Other drugs, controlled substances, or additional space if needed				

I. MOTOR VEHICLE OPERATION

1. List other states where you have been licensed to operate a motor vehicle:

State of Issue

Type of License

Name under which granted and license number if known

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210 East Market Street Aberdeen Washington 98520

PERSONAL HISTORY STATEMENT – POLICE OFFICER

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

If yes, give date, location and reasons. _____

3. List all traffic citations & infractions, excluding parking, you have received, giving approximate dates and location.

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. 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		

5. List any traffic accidents in which you have been involved in, giving approximate dates and location.

a. Date	Location (Number/Street)	City	State	Zip
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency		Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>

b. Date	Location (Number/Street)	City	State	Zip
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency		Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>

c. Date	Location (Number/Street)	City	State	Zip
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency		Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>

I. MOTOR VEHICLE OPERATION (cont.)

5.(cont.)

d. Date	Location (Number/Street)	City	State	Zip
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AUTHORIZATION TO RELEASE INFORMATION

TO: _____

I hereby request and authorize you to furnish the Aberdeen Police Department with any and all information they may request concerning my work record, education history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a police officer.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a police officer.

Applicant's Signature _____

Date _____

NOTE: THIS FORM MAY BE RETAINED IN YOUR FILES.