

## Dacono Police Department Personal History Statement

### Personal

The following information is requested of you for verification and contact purposes.

1. Your name (please print or type)				
Last	First	Middle		
Other Names (including nicknames) you have used or been known by:				
2. Please list addresses at which you can be contacted:				
Number	State	City	State	Zip Code
3. Please list the local telephone number (s) at which you can be contacted.		Hrs. you can be reached	Hrs. you can be contacted	
4. Birthdate (Month) (Day) (Year)				
5. Social Security Number		6. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation?		
7. For the purpose of identification, please provide the following:				
Height	Weight	Hair Color	Eye Color	
Scars, Tattoos, or other distinguishing marks:		Birthplace (City and State)		

### Relatives and References

During the course of the background investigation, persons who you know will be asked to comment upon your suitability for the position of Peace Officer. Inquiries will be confined to job-related matters.

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write "N/A".		
If living, name of your:	Address where person can be contacted (include City, State, and Zip Code)	Telephone at which person can be contacted
Father		( ) Home ( ) Work ( ) Other
Mother		( ) Home ( ) Work ( ) Other
Father-in-Law		( ) Home ( ) Work ( ) Other
Mother-in-Law		( ) Home ( ) Work ( ) Other

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**Relatives and References (Continued)**

If living, name of your:	Address where person can be contacted (include City, State, and Zip Code)	Telephone at which Person can be contacted:
Spouse		( ) Home ( ) Work ( ) Other
Former Spouse		( ) Home ( ) Work ( ) Other
Brother (s) and Sister (s)		( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other

Other relatives with whom you have a close personal relationship (including children):

	Relationship	( ) Home ( ) Work ( ) Other
	Relationship	( ) Home ( ) Work ( ) Other
	Relationship	( ) Home ( ) Work ( ) Other
	Relationship	( ) Home ( ) Work ( ) Other

9. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

Name	Address where person can be contacted	Telephone at which Person can be contacted
		( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other

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**Relatives and References (Continued)**

9. (Continued)

Name	Address where person can be contacted	Telephone at which Person can be contacted
		( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other

10. Below, please list those individuals with whom you have resided during the last 5 years. Exclude family members.

		( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other

**Education**

11. The Commission of Peace Officer Standards and Training requires a Peace Officer to possess a U.S. high school diploma or its equivalent. Please indicate your situation with regard to this requirement by checking one of the appropriate boxes.

- I possess a high school diploma from a U.S. institution
- I possess the G.E.D. (General Educational Development) certificate.
- I possess an educational certificate.
- I possess a two-year college degree.
- I possess a four-year college or university degree.
- I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirements in the future as follows:

When: \_\_\_\_\_

How: \_\_\_\_\_

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**Education (Continued)**

12. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Address (City, State, and Zip Code)	Dates Attended		School References (teachers, counselors, etc.)
		From Mo/ Yr	To Mo/Yr	

<p>13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and four-year colleges, universities, and business and vocational schools- any formal education beyond the high school level.)</p> <p><input type="checkbox"/> [ ] YES                      [ ] NO</p> <p>If YES, please explain (include school, date, and circumstances.)</p> <p> </p> <p> </p> <p> </p> <p> </p>
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## Dacono Police Department Personal History Statement

### Experience and Employment

15. Beginning with your most recent employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 7 years. (For the purposes of this personal history statement, volunteer work should be included as employment). For identification and verification, please include the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in the spaces provided.

Dates of Employment		Name and Address of Employer		Name of Supervisor	
From	To		Salary		
Mo / Yr	Mo/ Yr		Telephone No.	Name of Co-worker	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Title or duties (for Identification purposes)			
Reason for Leaving					
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From	Mo / Yr	To	Mo / Yr

Dates of Employment		Name and Address of Employer		Name of Supervisor	
From	To		Salary		
Mo / Yr	Mo/ Yr		Telephone No.	Name of Co-worker	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Title or duties (for Identification purposes)			
Reason for Leaving					
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From	Mo / Yr	To	Mo / Yr

## Dacono Police Department Personal History Statement

### Experience and Employment ( Continued)

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Dates of Employment		Name and Address of Employer	Name of Supervisor	
From	To		Salary	
Mo / Yr	Mo/ Yr		Telephone No.	Name of Co-worker
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Title or duties (for Identification purposes)		
Reason for Leaving				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From	Mo / Yr	To      Mo / Yr

Dates of Employment		Name and Address of Employer	Name of Supervisor	
From	To		Salary	
Mo / Yr	Mo/ Yr		Telephone No.	Name of Co-worker
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Title or duties (for Identification purposes)		
Reason for Leaving				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From	Mo / Yr	To      Mo / Yr

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## Dacono Police Department Personal History Statement

### Experience and Employment ( Continued)

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Dates of Employment		Name and Address of Employer	Name of Supervisor		
From	To		Salary		
Mo / Yr	Mo/ Yr		Telephone No.	Name of Co-worker	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Title or duties (for Identification purposes)			
Reason for Leaving					
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From	Mo / Yr	To	Mo / Yr

Dates of Employment		Name and Address of Employer	Name of Supervisor		
From	To		Salary		
Mo / Yr	Mo/ Yr		Telephone No.	Name of Co-worker	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Title or duties (for Identification purposes)			
Reason for Leaving					
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From	Mo / Yr	To	Mo / Yr

16. May we contact your present employer during the course of this background investigation?  Yes     No  
 If "yes", when should the contact be made? \_\_\_\_\_

17. If you have had no prior employment, please explain in the space below.  
 \_\_\_\_\_

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**Experience and Employment ( Continued)**

18. Have you had any extended work absences for reasons other than earned vacations?  Yes  No

If "yes", please explain (include when, name of employer, why) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

19. Have you ever been fired or asked to resign from your place of employment?  Yes  No

If "yes", please explain (include when, name of employer, why) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

20. Have you applied with any other law enforcement agency in or out of state?  Yes  No

If "yes", please explain (include when, name of employer, why) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

21. Have you ever:

A. Taken tools, merchandise, or equipment from work without paying for or returning it?  Yes  No

B. Taken cash from an employer regardless of amount?  Yes  No

If you answered "yes" to any part of question 21, explain below: \_\_\_\_\_

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## Dacono Police Department Personal History Statement

### Military Service

22. If you are a male under age 26, please provide the following:		
Selective Service Number	Approximate Date of Registration	Address at Time of Registration

23. Have you ever served in the armed forces, National Guard or military reserves? <span style="float: right;">[ ] Yes    [ ] No</span>			
If "yes", please supply the following information:			
Branch of Service	Service Number	Dates of Service ____/____ to ____/____	Type of Discharge
24. Are you currently participating in any military reserve or National Guard program? <span style="float: right;">[ ] Yes    [ ] No</span>			
25. Were you ever court martialed, tried on charges, been the subject of a summary court, deck court, captain's mast, company punishment, or any disciplinary action while a member of the armed forces? <span style="float: right;">[ ] Yes    [ ] No</span>			
A. Did you ever sell, give or furnish confidential government information to unauthorized persons? <span style="float: right;">[ ] Yes    [ ] No</span>			
If you answered "yes" to any part of question 25, explain below: _____			
_____			
_____			
_____			

26. List past commanding officers or military acquaintances who know you well enough to provide accurate information about you. Please list those individuals who know you well enough to provide accurate about you.

Name	Contact Address	Contact Telephone	Years Known

## Dacono Police Department Personal History Statement

### Legal

27. Have you ever been arrested or convicted for any crime (excluding traffic citations)? <span style="float: right;">[ ] Yes    [ ] No</span> (Use additional sheets of paper if necessary).
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Approx. Date	Police Agency (City and State)	Circumstances

28. Have you ever been placed on court probation as an adult? <span style="float: right;">[ ] Yes    [ ] No</span> If "yes", please give details (include when, where, why)
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29. Have you ever been required to appear before a court of law excluding traffic? <span style="float: right;">[ ] Yes    [ ] No</span> If "yes", please give details (include when, where, why)
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**Legal (Continued)**

30. Have you ever been reported to a law enforcement agency as a missing person or runaway? <span style="float: right;">[ ] Yes    [ ] No</span> If "yes", give details (include date, law enforcement agency, circumstances)
31. Are you now or have you ever been involved as a plaintiff or defendant in a civil court? <span style="float: right;">[ ] Yes    [ ] No</span> If "yes", please give details (include when, where, name and location of court, circumstances)

32. Have you ever used, tried or experimented with any of the following drugs?

Substance	Yes    No	Approximate Date	Approximate # of Times
Marijuana / Hashish	Yes    No		
Amphetamines, Crystal, Speed, Ice	Yes    No		
Barbiturates, Barbs, Downers	Yes    No		
Hallucinogens, LSD, Psilocybin, Peyote	Yes    No		
Cocaine, Crack	Yes    No		
Morphine	Yes    No		
Heroin	Yes    No		
Steroids	Yes    No		

## Dacono Police Department Personal History Statement

### Legal (Continued)

33. Have you ever.....		
A. Personally sold, given, or furnished illegal drugs or narcotics to another?	[ ] Yes	[ ] No
B. Assisted in the transportation of illegal drugs or narcotics?	[ ] Yes	[ ] No
C. Sold, given, or furnished a drug prescribed for you to anyone else?	[ ] Yes	[ ] No
D. Forged a doctor's prescription for drugs?	[ ] Yes	[ ] No
E. Been warned about usage of or possession of alcohol or drugs on the job?	[ ] Yes	[ ] No
F. Missed work due to alcohol or drug use?	[ ] Yes	[ ] No

### Motor Vehicle Operation

Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

34. Applicant's driver's license number	State	Expiration Date	
Name under which license was granted.			
35. Please list other states where you have been licensed to operate a motor vehicle.			
State:	State:	State:	
Name under which license was granted	Name under which license was granted	Name under which license was granted	
36. Have you ever been refused a driver's license by any state? <span style="float: right;">[ ] Yes      [ ] No</span>			
If "yes", explain (include when, where, why).			
37. Please list all traffic citations (include parking citations) you have received in the last 5 years.			
Nature of Violation	Police Agency	Approximate Date	Disposition

## Dacono Police Department Personal History Statement

### Motor Vehicle Operation (Continued)

38. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years?  Yes     No

If "yes", please give details for each accident.

Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	

39. If there is anything you wish to discuss about your driving record, please use the space below.

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40. Has your license ever been suspended, revoked, or placed on negligent operators probation?  Yes     No

If "yes", please give details (include what, when, where, why)

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**General Information**

41. Do you currently associate with anyone, including family members, who have committed, or continue to commit crimes, regardless of whether or not the person has been apprehended? <span style="float: right;">[ ] Yes      [ ] No</span>
42. Are you or have you ever been a member of any organization that advocates or practices unlawful acts of force or violence to prevent others from exercising their Constitutional rights or seeks to overthrow the government of the United States? <span style="float: right;">[ ] Yes      [ ] No</span>
43. Have you ever had a polygraph and/or urinalysis test? <span style="float: right;">[ ] Yes      [ ] No</span>
44. Is there anything in your background that you have not disclosed or have not fully explained? <span style="float: right;">[ ] Yes      [ ] No</span> If YES, please explain below:  _____ _____ _____ _____ _____

**AFFIDAVIT**

“I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY’S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY’S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONTITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT’S PRESIDENT, AND THEN ONLY WHEN WRITTEN AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.”

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_