

PRELIMINARY PERSONAL HISTORY STATEMENT FOR POLICE CADET CANDIDATES

The information in this document will be used to compare your qualifications and credentials to those of other candidates under consideration for Public Safety positions. In order to ensure that your credentials receive the fullest consideration, you must provide as much detail as possible when completing this document. If you need additional space for any item, use the back of the sheet, and mark the item number.

NOTE THE FOLLOWING INFORMATION

The information which you provide in this document will be verified if you are given further consideration in the selection process. This verification will consist of a complete background investigation, including checks of local, state, and Federal criminal files, and driving, employment and education/training records.

Should the background or any other type of investigation indicate that information in this document has been falsified or misrepresented in any significant manner, you will no longer be considered for appointment. If an offer of employment has been made, it shall be revoked, and if your employment has begun, it shall be terminated immediately. **Should your response to a question be not applicable or none you must fill in some response on the form. Failure to note a response may disqualify you from further processing.**

Should you need additional space for any questions, please use the supplemental page provided.

Furthermore, you may be disqualified if it is found that you have failed to provide any requested information, or have presented less than a complete, accurate, and honest disclosure.

I HEREBY AFFIRM THAT THE INFORMATION IN THIS DOCUMENT IS ACCURATE AND COMPLETE; THAT I HAVE READ THE STATEMENTS PRESENTED ABOVE; AND THAT I UNDERSTAND THE CONSEQUENCES OF FALSIFYING, MISREPRESENTING, OR OMITTING ANY OF THE INFORMATION SOLICITED WITHIN THIS DOCUMENT.

(SIGNATURE)

(DATE)

Last, First Middle

(SOCIAL SECURITY NUMBER)

DATE OF BIRTH ____ / ____ / ____
 (MM) (DD) (YYYY)

ADDRESS: _____

PHONE (H): _____

PHONE (C) : _____

EMAIL: _____

HOW DID YOU HEAR ABOUT THE POSITION: _____

POSITION TITLE: **Police Cadet**

I. EDUCATION: Please provide a complete account of your educational history.

1. Did you graduate from High School? YES NO

2. Name and address of all High Schools you attended.

NAME OF HIGH SCHOOL	ADDRESS OF HIGH SCHOOL	DATES ATTENDED

3. If you did not graduate from High School, did you obtain a GED.?... YES NO

4. Have you graduated from a college or university?..... YES NO

A. List any college which attended or from which you graduated:

NAME OF COLLEGE	MAJOR	# OF CREDITS	TYPE OF DEGREE	YEAR (S)

5. Describe any specialized training (trade school, military training, law enforcement training, or specialized schooling) which you have that may be relevant to this position. Include any licenses and certifications with identifying numbers and expiration dates, if available.

TRADE SCHOOL/ ORG NAME	TYPE OF TRAINING	DESCRIPTION	CERTIFICATE OR LICENSE	EXPIRATION DATE

II. LANGUAGE SKILLS

Please describe your proficiency/skill in foreign or sign language as identified below. For skill level please choose excellent, good or fair and fill in blank under reading, speaking, understanding, and writing:

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING

III. EMPLOYMENT:

1. Please list current and past employment. Start with your current or most recent employment.

NAME OF EMPLOYER	DATES OF EMPLOYMENT	EMPLOYER ADDRESS	REASON FOR LEAVING

2. Have you ever been terminated from a job or asked to resign in lieu of termination?

YES NO

A. If YES, Identify name of employer, date, and the reason for the termination or requested resignation by your employer. Please provide supplemental information in Section X of this packet:

NAME OF EMPLOYER	DATE OF TERM/RESIGN	REASON	REMARKS

IV. CRIMINAL HISTORY: In this section, you must provide information related to criminal arrests and convictions. If you answer yes, please provide supplemental information in Section X of this packet.

1. Have you ever been arrested for any offense? YES NO

2. If YES, provide the following information (including dispositions of Nolle-Prosequi, Probation Before Judgment (PBJ), STET Docket or reduced charge).

DATE	OFFENSE	DISPOSITION	JURISDICTION

V. DRIVING RECORD. This section requires that you provide information related to traffic citations or arrests for violations of the Motor Vehicle Law.

1. List the number of your driver's license: _____

2. List the State and class of your license: _____

3. Is this a Commercial Driver's License (CDL)? YES NO

4. Have you ever been charged with Driving Under the Influence of Alcohol or Drugs, Driving While Intoxicated, or any similar offense involving the operation of a motor vehicle while under the influence of any substance? YES NO

If YES, provide the following information below (including dispositions of Nolle-Prosequi, Probation Before Judgment (PBJ), STET Docket or reduced charge). Please provide supplemental information in Section X of this packet.

5. List any traffic violations you have received, including dispositions. If you have none, write N/A

Date	Offense	Disposition	Jurisdiction

6. Have you ever had a drivers license suspended or revoked for ANY period? YES NO

If YES, provide the following (add additional information in Section X of this packet):

DATE OF ACTION	REASON FOR SUSP/REVOKE	JURISDICTION

VI. DRUG SALES: In this section, “drugs” shall be interpreted as illicit or controlled substances, or the unauthorized use or abuse of legal drugs. In this section, the sale of drugs includes the unauthorized sale of drugs to another person, with or without profit to you, delivery of drugs to another person, transporting drugs to be sold, trading drugs for anything of value, manufacturing drugs, growing drugs (plants), or being involved in any drug related transactions. If you answer yes in any block below, please provide supplemental information in Section X of this packet.

List any sale(s) of, or involvement with sale(s) of legal or illegal drugs. If none write N/A.

Transaction	Type of Drug	Amount	Number of times	Age at Time of Transaction
Unauthorized Sales				
Delivery of drugs				
Transporting for Sale				
Trading for item of value				
Manufacturing or Growing				
Other drug transactions				

VII. Drug Use: In this section, drug use will be defined as the current or past use of or addiction to illegal or controlled substances (e.g., abusing cocaine), or the unauthorized use of legal drugs (e.g., abusing Percoset without prescription). Also, drug use shall include the use of drugs gained by misrepresentation of symptoms to a physician.

The following is a *partial* list of drugs and non-controlled substances which could be abused under the above conditions. This is not a complete list. *Any other drugs or non-controlled substances which you have misused, abused, or was not prescribed to you.*

<u>SCHEDULE I</u>	<u>SCHEDULE II</u>	<u>SCHEDULE III</u>
MARIJUANA	PCP	KETAMINE
ECSTASY (XTC)	METHAMPHETAMINE	STEROIDS
CRACK	OXYCODONE	VICODIN
HALLUCIOGENS (LSD,etc.)	RITALIN	TESOTERONE
MESCALINE	AMPHETAMINES	
HEROIN	FENTANYL	
MUSHROOMS	COCAINE	
<u>SCHEDULE 1V</u>	<u>SCHEDULE V</u>	<u>NON-CONTROLLED</u>
DARVON	LOMOTIL	SPICE
AMBIEN	MOTOFEN	K2
VALIUM	LYRICA	BATH SALTS
TALWIN	PAREPECTOLIN	
SOMA	ROBITUSSIN AC	

1. List below your usage of ALL drugs. Please explain any usage in Section X of this packet. **If none write N/A:**

Name of Drug	Total Number of times Used	Amount per use	Age at Time of Use	Date of last usage

VIII. OTHER INFORMATION

1. Have you ever applied with any other law enforcement agency, detention center, correctional facility or fire department? YES NO

If YES, provide the dates of application(s) and the agencies or jurisdictions.

2. Have you ever been a member of any branch of the armed services? YES NO

If YES provide the information below:

BRANCH OF SERVICE _____

DATES OF SERVICE _____

TYPE OF DISCHARGE (EXPLAIN) _____

3. Have you ever been subjected to disciplinary action from any past or current employer?
 YES NO

If YES, describe give following information and provide supplemental information in Section X of this packet:

Employer's Name	Nature of offense	Dates of Discipline	Disciplinary Result

IX. REFERENCES:

Please provide THREE Personal References that have known you longer then 1 year. They may include Teachers, Coaches, Past and Current Supervisors, and family friends.

Do not include family members.

Name	Address	Phone Number	Relationship

X. SUPPLEMENTAL PAGE;

Please provide any supplemental information not covered in this packet which you think may be important to your hiring. If providing supplemental answers to questions found in this packet, please indicate the section number and then write your response.