Town of Pine Bluffs
Police Department
P. O. Box 429
Pine Bluffs, WY 82082
Phone 307-245-3777
Fax 307-245-3883

BACKGROUND INSTRUCTION SHEET

The Pine Bluffs Police Department requires that ***you personally*** complete the Personal History Statement form. Please note that your ability to complete this form in a neat, and accurate fashion is a part of the background investigation process. It is ***your responsibility*** to make sure that you have read and understood each question, and that you have answered truthfully and completely.

The Pine Bluffs Police Department uses this form, among other things, to determine your legal qualifications for the position for which you are applying. In addition, the Pine Bluffs Police Department has an obligation to itself and to the citizens of its service area to ensure that persons who are not qualified for this position will be excluded lawfully from further consideration.

You may choose to either hand write in black ink or type the information in the spaces provided. ***If there is not enough room to answer a question, please attach additional sheet of white paper as needed. Additionally be sure to provide the number of the question you are answering, print you name at the top of each additional page(s), and sign you name at the bottom of each page. You may not*** attach portions of other Personal History Statement forms, resumes', or applications in **substitution** for information required on this form.

Please be as specific as possible in your answers. Also remember that there is no such thing as a perfect person or perfect candidate. As your prospective employer, we are not looking for perfection; rather, we want an open and honest opportunity to evaluate your qualifications fairly for this position.

You are responsible for the accuracy of information on this form. It is your responsibility to make certain that the information is complete and correct. Please note that deliberate misstatements or omissions on this form will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. Read questions ***thoroughly*** before answering.

Illegal Drugs

When responding to question about any prior use of illegal drugs, you should identify the drug or controlled substance used and when you first used, last used, or used only once. ***Do not*** furnish any identifying information about controlled substances that are lawfully prescribed to you, unless you were arrested fro driving under the influence of that prescribed drug.

Legal Questions

All Pine Bluffs Police Department applicants applying for employment are required to disclose their prior involvement in illegal acts. You are required to answer the questions about misdemeanors and felonies you may have committed at any time in your life. With respect to the questions about legal processes initiated against you (detentions, arrests, plea bargains, diversion and/or convictions), you may have a legal right to answer "NO" to certain questions. You should consult with your attorney if you feel you may be legally entitled to deny these processes under the law.

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Applicants for Pine Bluffs Police Department must complete this application package in its entirety.

_____
Name of Applicant

The following documentation is required with the application package. Please attach the document copies to this cover sheet and include with your application package. (Successful applicants will be required to submit ORIGINAL DOCUMENTS.)

1. Social Security Card Facsimile
2. Valid Driver's License Facsimile
3. Birth Certificate Copy
4. Proof of American Citizenship (*if applicable*)
5. DD 214 (*if prior military service*)
6. Certificates of Achievement (*optional and may pertain to education, public service, military, employment, etc.)*
7. Copies of Diplomas (*high school and post secondary education*)
8. Verification Documents of any Marriages/Divorces

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RELEASE AND WAIVER

To Whom It May Concern:

I am an applicant for a position with the Pine Bluffs Police Department. I hereby authorize any police officer or other authorized representative of the Pine Bluffs Police Department bearing this release or a copy of it, within one year of its date, to obtain copies of any information in your files concerning me, or information pertaining to my employment, including but no limited to documents concerning my credit history or education, academic achievement, attendance, athletics, personal history, work performance, background investigations, polygraph examinations, and any and all internal affairs investigations and discipline, ***including any files which are deemed to be confidential, and/or sealed.***

I thereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Pine Bluffs Police Department.

Consent is granted for the Pine Bluffs Police Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any rights or opportunity to read or review any information provided in the background investigation report prepared by the police department.

I thereby release you, as my employer, former employer or representative of either of them and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or related personnel, both individually and collectively, from any and all heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

Full Name (*signature*): _____ Date of Birth: _____

Full Name (*printed*): _____ Date: _____

Current Address (*street, city state, zip*): _____

Social Security # _____ Phone: (*Days*) _____ (*Evenings*) _____

_____

Notary Signature My commission expires

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AUTHORIZATION TO RELEASE MILITARY RECORDS

I have applied to the Pine Bluffs Police Department for a position as a police officer. Therefore, I hereby authorize the Pine Bluffs Police Department to investigate my past military record, character, physical, and mental condition, whether the same is of record or not.

As such, I authorize the National Personnel Records Center in St. Louis, Missouri, or any other custodian of my military record to release to the Pine Bluffs Police Department information or photocopies from my military personnel records. This includes, but is not limited to photocopies of my ***undeleted*** DD-214, DD-215, all official military personnel records, disciplinary actions (judicial and non-judicial), and the facts and circumstances surrounding my discharge or release from active duty.

I hereby release the United States Government and its employees, representatives, and agents from any an all charges and liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates as a result of compliance with this authorization and request to release information or any attempt to comply with it.

This release, or a photocopy of it, shall be valid for one calendar year from the date indicated below.

_____ _____
Branch of Service ***Full Name (printed or typed)***

_____ _____
Date of Service ***Social Security No./Service No.***

_____
Signature

Subscribed and sworn to in my presence this _____ day of _____, 20___.

_____
Notary Public

My Commission Expires: _____

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_____ _____
Branch of Service ***Full Name (printed or typed)***

_____ _____
Date of Service ***Social Security No./Service No.***

_____
Signature

Subscribed and sworn to in my presence this _____ day of _____, 20___.

_____
Notary Public

My Commission Expires: _____

PERSONAL HISTORY STATEMENT

PERSONAL

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

1. Name *(Please print or type)*:

Last	First	Middle

Other Names *(including nicknames)* you have used or been known by:

2. Please list the address at which you can be contacted:

Street	City	State	Zip Code

3. Please list telephone number(s) at which you can be contacted and times you are at each number:

( ) _____ from _____ a.m./p.m. to _____ a.m./p.m.

( ) _____ from _____ a.m./p.m. to _____ a.m./p.m.

4. Birth Date

Month	Day	Year

5. 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? ☐ Yes ☐ No

6. Place of Birth

State _____

County _____

City _____

7. Social Security Number

_____ _____ _____

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)

8. For the purpose of identification, please provide the following:

Height	Weight	Hair Color	Eye Color

Scars, tattoos, or other distinguishing marks:

RELATIVES, REFERENCES, & ACQUAINTANCES

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

9. **Please supply the appropriate information in the spaces provided below. If category is not applicable write "n/a".**			
Name:	**Complete address where person can be contacted. Include city, state, and zip code.**	**Telephone**	
Father			
Mother			
Father-in-Law			
Mother-in-Law			
Spouse / Fiance' / Fiancee'		Telephone	
		Date Married	
Former Spouse(s) / Fiance' / Fiancee'		Telephone	
		Date Divorced	
		Telephone	
		Date Divorced	
Brother(s) / Sister(s)		Telephone	Age
Stepfather		Telephone	
Stepmother		Telephone	
Stepbrother(s) / Stepsister(s)		Telephone	Age

Other *ADULT* relatives with whom you have a close personal relationship:		
Full name/relationship	**Complete address where person can be contacted. Include city, state, and zip code**	**Telephone**
10. Below, please list those individuals with whom you have resided during the last 10 years *(do not list anything prior to your 15th birthday).* ***Exclude family members.***		
11. Below, please list as references three-five individuals who have knowledge of you and your qualifications. ***Exclude relatives, former employers, and friends.***		
12. Please list three-five individuals who are social acquaintances *(i.e. person whom you have seen frequently during the past year)* and have knowledge of your qualifications. ***Exclude relatives, former employers, and friends.***		

EDUCATION

13. The Pine Bluffs Police Department requires that employees possess a high school diploma or its equivalent. Please indicate your current situation with regard to this requirement.

☐ I possess a high school diploma.

☐ I passed the G.E.D. (General Educational Development) test.

☐ I possess other equivalent. Explain: _____

☐ I do not currently have a high school diploma or its equivalent, but I plan to satisfy this requirement in the future as follows:
When: _____

How:

14. College Degrees: ☐ I possess a two-year college degree ☐ I possess a four-year college degree

Type of Degree(s)_____

15. 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	Location of School (City and State)	Dates Attended		School References (Teachers, Counselors)
		From	To	

16. Have you ever been suspended or expelled from any high school or post-secondary school? *(Post-secondary schools include colleges and universities, graduate schools, business and vocational schools, any formal education beyond the high school level).* ☐ Yes ☐ No

If yes, please explain *(include school, date, and circumstances)*:

17. Check any of the following professional certificates you possess that relate to your qualifications for this position:

☐ Reserve Academy ☐ Basic Police Academy ☐ Detention ☐ Firefighter ☐ EMT/Paramedic

List any other professional certificates you may hold: _____

18. Other than English, do you speak/understand any other languages fluently? ☐ Yes ☐ No

If yes, please list: _____

RESIDENCES

19. Individuals who have become acquainted with you by reason of your different locations are often helpful in providing useful information for the background investigation. Please list below all of your residences during the last 10 years *(list no information prior to your 15th birthday).* ***Begin with the most current residence.***

Address of Residence	City, State, Zip	Dates		If rented, give name and address of person collecting rent.
		To	From	

20. Below, list neighbors with respect to the residences you listed:

Name	Address	Telephone

21. Have you ever been denied the return of a security or damage deposit by any landlord?
☐ Yes ☐ No
If yes, explain:

EXPERIENCE & EMPLOYMENT

22. Your employment history is a critical part of your background investigation. Beginning with your most current employment, please list ***all jobs*** you have held in the ***past 10 years***. You must account for each and every job you have held, whether full time, part-time, or voluntary. Begin with your present or most recent job and work backwards. ***If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.***

Dates of Employment	Name & Address of Employer	Name of Supervisor
From Mo./Yr. ____/____ To Mo./Yr. ____/____		
		Name(s) of Co-worker(s)
☐ Full time		
☐ Part-time	Telephone Number:	
☐ Voluntary	Title or Duties (for identification purposes):	
Beginning Salary_____	Ending Salary_____	
Detailed Reason for Leaving:		
May we contact this employer? ☐ Yes ☐ No If no, please explain why: _____		
☐ Military Service ☐ Not Employed	From _____ / _____ To _____ / _____	

Continued on following pages...

Dates of Employment	Name & Address of Employer	Name of Supervisor
From Mo./Yr. To Mo./Yr. ____/____ ____/____ ☐ Full time ☐ Part-time ☐ Voluntary		Name(s) of Co-worker(s)
	Telephone Number:	
	Title or Duties (for identification purposes):	

Beginning Salary_____ Ending Salary_____

Detailed Reason for Leaving:

May we contact this employer? ☐ Yes ☐ No

If no, please explain why: _____

☐ Military Service ☐ Not Employed From _____ / _____ To _____ / _____

Dates of Employment	Name & Address of Employer	Name of Supervisor
From Mo./Yr. To Mo./Yr. ____/____ ____/____ ☐ Full time ☐ Part-time ☐ Voluntary		Name(s) of Co-worker(s)
	Telephone Number:	
	Title or Duties (for identification purposes):	

Beginning Salary_____ Ending Salary_____

Detailed Reason for Leaving:

May we contact this employer? ☐ Yes ☐ No

If no, please explain why: _____

☐ Military Service ☐ Not Employed From _____ / _____ To _____ / _____

Dates of Employment	Name & Address of Employer	Name of Supervisor
From Mo./Yr. To Mo./Yr. ____/____ ____/____ ☐ Full time ☐ Part-time ☐ Voluntary		Name(s) of Co-worker(s)
	Telephone Number:	
	Title or Duties (for identification purposes):	

Beginning Salary_____ Ending Salary_____

Detailed Reason for Leaving:

May we contact this employer? ☐ Yes ☐ No

If no, please explain why: _____

☐ Military Service ☐ Not Employed From _____ / _____ To _____ / _____

Dates of Employment	Name & Address of Employer	Name of Supervisor
From Mo./Yr. To Mo./Yr. ____/____ ____/____ ☐ Full time ☐ Part-time ☐ Voluntary		Name(s) of Co-worker(s)
	Telephone Number:	
	Title or Duties (for identification purposes):	

Beginning Salary_____ Ending Salary_____

Detailed Reason for Leaving:

May we contact this employer? ☐ Yes ☐ No

If no, please explain why: _____

☐ Military Service ☐ Not Employed From _____ / _____ To _____ / _____

Dates of Employment	Name & Address of Employer	Name of Supervisor
From Mo./Yr. To Mo./Yr. ____/____ ____/____ ☐ Full time ☐ Part-time ☐ Voluntary		Name(s) of Co-worker(s)
	Telephone Number:	
	Title or Duties (for identification purposes):	

Beginning Salary_____ Ending Salary_____

Detailed Reason for Leaving:

May we contact this employer? ☐ Yes ☐ No

If no, please explain why: _____

☐ Military Service ☐ Not Employed From _____ / _____ To _____ / _____

Dates of Employment	Name & Address of Employer	Name of Supervisor
From Mo./Yr. To Mo./Yr. ____/____ ____/____ ☐ Full time ☐ Part-time ☐ Voluntary		Name(s) of Co-worker(s)
	Telephone Number:	
	Title or Duties (for identification purposes):	

Beginning Salary_____ Ending Salary_____

Detailed Reason for Leaving:

May we contact this employer? ☐ Yes ☐ No

If no, please explain why: _____

☐ Military Service ☐ Not Employed From _____ / _____ To _____ / _____

23. If you have not had prior employment, please explain below:

23. Have you ever been involuntarily terminated from a job *(including layoffs, firings, forced or requested resignations, or probationary release)*? ☐ Yes ☐ No
If yes, please give details *(DO NOT list any separation which resulted from a medical inability)*:

24. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers? ☐ Yes ☐ No.
If yes, please give details *(include when, name of agency, circumstances)*:

25. While on duty or at work, have you ever consumed alcohol or illegally ingested any controlled substances that may have violated company rules and/or policies/regulations set by your employer?
☐ Yes ☐ No If yes, explain:

26. Have you ever engaged in any sexual activity on-duty or at work? ☐ Yes ☐ No
If yes, explain:

27. Have you had any extended work absences for reasons other than earned vacations?
☐ Yes ☐ No If yes, explain *(include when, name of employer, why)*:

28. Has any employer ever investigated you or your work performance as a result of a complaint from a co-worker, supervisor, subordinate, or member of the general public? ☐ Yes ☐ No
If yes, give the complete details of each incident:

Date _____ Nature of Complaint: _____

Date _____ Nature of Complaint: _____

Date _____ Nature of Complaint: _____

Were the complaints against you sustained? ☐ Yes ☐ No
If yes, what discipline was imposed?

29. Have you ever been the subject of any disciplinary action by an employer, including formal reprimands, warnings, or suspensions? ☐ Yes ☐ No If yes, give details:

30. List other persons employed in law enforcement who may be familiar enough with you as to offer an opinion on your suitability in law enforcement.

Name	Agency	Telephone

MILITARY SERVICE

31. Have you ever served in the armed forces, national guard, or military reserves? ☐ Yes ☐ No
If yes, please supply the following information:

Branch of Service _____

Service Number _____

Dates of Service _____ / _____ to _____ / _____

Type of Discharge _____ Rank when Discharged _____

Were you ever reduced in rank? ☐ Yes ☐ No
If yes, give reason:

Highest rank held _____

Unit last assigned _____

32. Please list current and past draft classifications in chronological order:

33. Are you *currently* participating in any military reserve or national guard program?
☐ Yes ☐ No

34. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, national guard, or military reserves? ☐ Yes ☐ No
If yes, give details *(include branch of service, when, where, circumstances)*:

35. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Below, please list those individuals who know you well enough to provide accurate information about you.

Name	Address	Telephone	From	To

FINANCIAL

36. The management of personal finances is relevant to an individual's qualifications for the position. Therefore, please fill in the financial statement below completely and accurately. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Income		Current Monthly Expenditures	
Monthly Salary	_____	Real Estate Payments	_____
Spouse's Salary	_____	Rent	_____
Other Monthly Income	_____	Other Monthly Payments	_____
			_____
			_____
			_____
			_____
		Estimated monthly cost of living *(Utilities, food, gasoline, home & car maintenance, entertainment, etc.)* and any other obligations	_____
Total Monthly Income	_____	Total Monthly Expenditures	_____

Continued on next page...

Current Assets		Current Liabilities	
Savings		Real Estate Indebtedness	
Checking		Long Term Loans	
Real Estate		Charge Accounts	
Stocks & Bonds		Other Liabilities (describe)	
Life Insurance (cash value)			
Autos			
Other Assets (describe)			
Total Assets		Total Liabilities	

37. Below, please supply more detailed information about your charge accounts, contracts, or other financial liabilities:

Name of Firm	Address	Account Number

38. Have you ever filed for or declared bankruptcy? ☐ Yes ☐ No
If yes, please give details *(include when, where, why)*:

39. Have any of your bills ever been turned over to a collection agency? ☐ Yes ☐ No
If yes, please give details *(include when, firms involved, circumstances)*:

40. Have you ever had purchased goods repossessed? ☐ Yes ☐ No
If yes, please give details *(include when, firms involved, circumstances)*:

41. Have your wages ever been garnished? ☐ Yes ☐ No
If yes, please give details *(include when, where, why)*:

42. Have you ever been or are you now delinquent on any court ordered payment(s)? *(i.e.: child support, alimony, etc.)* ☐ Yes ☐ No If yes, explain:

43. Please list any other financial situations or circumstances that you feel may need to be explained before the background investigation:

44. Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No
If yes, please give details *(include when, where, why)*:

LEGAL

Your involvement in any civil and criminal proceedings may have a direct bearing on your legal eligibility to hold a position with the Pine Bluffs Police Department. However, some arrests or even conviction(s) may not automatically disqualify you from further consideration for the position. Furnish the following information requested. All applicants should note that criminal records, including misdemeanor and certain other convictions that have been sealed or expunged by court order, need not be reported. However, felony convictions, whether expunged or pardoned, must be reported, as well as withheld convictions.

45. Have you ever been arrested or detained for investigation, or cited by **any law enforcement agency**, either as a juvenile or as an adult? ☐ Yes ☐ No
If yes, please fill in the information below. **Do not include traffic infractions in this category.**

Approximate Date	Police Agency	Circumstances

46. Have you ever been convicted of or pled guilty to any criminal offense, including military court martial? ☐ Yes ☐ No
If yes, give the nature of the offense, the arresting agency, approximate date of the conviction, and your sentence:

47. Have you ever been placed on court probation as an adult? ☐ Yes ☐ No
If yes, please give details *(include when, where, why)*:

48. Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult? ☐ Yes ☐ No
If yes, please give details *(include when, where, why)*:

49. Have you ever been reported to a law enforcement agency as a missing person or runaway?
☐ Yes ☐ No If yes, please give details *(include date, law enforcement agency, circumstances)*:

50. Have you ever been sued in court or have you ever sued anyone else in court? *(This includes incidents arising from your employment, divorce actions, small claims, or other suits. Do not list the nature of this case if it involved worker's compensation or disability claims.)* ☐ Yes ☐ No
If yes, explain:

51. Have you settled any civil suits out of court in which you, your insurance company, or anyone else on your behalf were required to make a cash payment to the other party? ☐ Yes ☐ No
If yes, explain:

52. Have you ever been the subject of any federal or state civil rights investigation? ☐ Yes ☐ No
If yes, explain:

53. Have you ever been the subject of a civil restraining order, protection order, or no contact order?
☐ Yes ☐ No If yes, explain:

54. To the best of your knowledge, are you currently under investigation by any law enforcement agency concerning any alleged violation of criminal law? ☐ Yes ☐ No
If yes, explain:

55. Check any misdemeanors that you have ever committed, ***whether detected or not.*** Please use an additional page to explain the circumstances of each offense.

☐ Hunting/Fishing without a license ☐ Harassing phone calls ☐ Possession of a controlled substance

☐ Poaching ☐ Petty theft/shoplifting ☐ Impersonating a police officer ☐ Concealing a weapon without a permit

☐ Indecent exposure ☐ Disorderly conduct ☐ Prostitution ☐ Illegal gambling ☐ Assault/battery

☐ Soliciting a prostitute ☐ Resisting arrest ☐ Hit and run (no injuries) ☐ Driving under the influence (DUI)

☐ Trespassing ☐ Joyriding ☐ Vandalism ☐ Domestic battery ☐ Possession of stolen property

☐ Possession of false identification ☐ Brandishing a weapon

☐ Other (explain): _____

56. Check any felonies you have ever committed, ***whether detected or not.*** Please use an additional page to explain the circumstances of each offense.

☐ Murder ☐ Rape ☐ Embezzlement ☐ Arson ☐ Robbery ☐ DUI ☐ Burglary

☐ Aggravated Assault ☐ Grand theft ☐ Forgery ☐ Auto theft ☐ Child abuse

☐ Domestic violence ☐ Other sexual assault ☐ Hit & Run with injuries ☐ Possession of stolen property

☐ Cultivation/manufacture/possession of controlled substances

☐ Other (explain): _____

57. Have you ever been required to register as a Sex Offender? ☐ Yes ☐ No
If yes, provide dates and location registered:

58. Have you ever struck someone else in anger? ☐ Yes ☐ No
If yes, explain:

59. Have you ever had contact with any child/family services agency? ☐ Yes ☐ No
If yes, explain

MOTOR VEHICLE OPERATION

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

60. Driver's License Number	State	Expiration Date

61. Please list below other states or countries where you have been licensed to operate a motor vehicle:

State / Country	State / Country	State / Country
Name under which license was granted	Name under which license was granted	Name under which license was granted

62. Have you ever been refused a driver's license by any state/country? ☐ Yes ☐ No
If yes, please explain *(include when, where, why)*:

63. Have your driving privileges ever been revoked for late or non-payment of child support?
☐ Yes ☐ No If yes, explain:

64. Have you ever operated a motor vehicle while YOU believe you were under the influence of alcohol and/or drugs? ☐ Yes ☐ No If yes, explain:

65. Wyoming law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Therefore, please list the current liability insurance you have with your motor vehicles:

Company	Address	Policy Number	Expiration Date

66. Has your automobile insurance ever been cancelled? ☐ Yes ☐ No
If yes, give reason:

67. Please list all traffic citations *(exclude parking citations)* you have received within the last 7 years:

Nature of Violation	Location (city)	Approximate Date	Indicate whether fined or driver's license taken

68. Have you ever been charged with Failure to Appear or Pay as a result of a citation you have received? ☐ Yes ☐ No If yes, give details:

69. Do you have any vehicle(s) currently licensed in Wyoming? ☐ Yes ☐ No

70. Have you been involved as a driver in a motor vehicle accident within the last seven years? ☐ Yes ☐ No If yes, please give details for each accident:

Date	Location	Injury ☐ Non-Injury ☐
Police Investigation? ☐ Yes ☐ No	Police Agency	
Date	Location	Injury ☐ Non-Injury ☐
Police Investigation? ☐ Yes ☐ No	Police Agency	
Date	Location	Injury ☐ Non-Injury ☐
Police Investigation? ☐ Yes ☐ No	Police Agency	
Date	Location	Injury ☐ Non-Injury ☐
Police Investigation? ☐ Yes ☐ No	Police Agency	
Date	Location	Injury ☐ Non-Injury ☐
Police Investigation? ☐ Yes ☐ No	Police Agency	

71. Has your driver's license ever been suspended, revoked, or placed on negligent operator's probation? ☐ Yes ☐ No If yes, please give details *(what, when, where, why)*:

72. Has your driver's license ever been suspended for failure to appear for a scheduled court date? ☐ Yes ☐ No If yes, explain:

73. Have you ever been refused insurance for any reason other than failure to pay a premium? ☐ Yes ☐ No If yes, please explain *(include company name, address, date, and reason)*:

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

GENERAL TOPICS

The following questions are general topics related to other issues that have not been addressed specifically anywhere else in this application.

75. Have you ever applied for a permit to carry a concealed weapon? ☐ Yes ☐ No
If yes, please provide the following information:

Permit granted? ☐ Yes ☐ No Date: _____

Name of Law Enforcement Agency:

Purpose:

76. Have you ever called in sick when you were, in fact, not sick or caring for a family member who was sick? ☐ Yes ☐ No If yes, explain:

77. Have you ever been implicated in the sexual harassment of a superior, co-worker, or subordinate employee? ☐ Yes ☐ No If yes, explain:

78. Has an employer of yours ever been sued as a result of your conduct or duties *(this would include vehicle collisions in your employer's vehicles, persons injured or killed as a result of your duties, claims or false arrest, unlawful imprisonment, excessive use of force, etc.)*? ☐ Yes ☐ No
If yes, explain:

79. Have you ever used, tried, experimented, possessed or in any way introduced into your body any illegal drug, controlled substance, or other prescription not lawfully prescribed to you?
☐ Yes ☐ No If yes, give details in the chart below:

Drug	Yes	No	Date First Used	Date Last Used	Used Once
Marijuana	☐	☐			☐
Hashish, Hashish Oil	☐	☐			☐
Cocaine	☐	☐			☐
Crack, Rock, Ice	☐	☐			☐
Barbiturates, Hypnotics, or "Downers"	☐	☐			☐
Amphetamines (Cross tops, Whites, Bennies, Uppers)	☐	☐			☐
Methamphetamine (Speed, Crank)	☐	☐			☐
LSD or other Hallucinogens	☐	☐			☐
PCP (Angel Dust, Mushrooms)	☐	☐			☐
Heroine or other Opiates	☐	☐			☐
Steroids	☐	☐			☐
Pharmaceutical drugs not prescribed for you	☐	☐			☐

QUESTIONNAIRE	YES	NO
Is there any other illegal drug, narcotic, or controlled substance not listed above that you have introduced into your body?	☐	☐
Have you introduced into your body a substance, which you thought was an illegal drug and then found out that it was not?	☐	☐
Have you ever injected an illegal drug into your body?	☐	☐
Have you ever sold any illegal drug?	☐	☐
Have you ever purchased any drug, narcotic, or controlled substance other than by a doctor's prescription?	☐	☐
Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic, or controlled substance?	☐	☐
Have you ever acted as a courier by transporting any illegal drug, narcotic, or controlled substance?	☐	☐
Have you ever acted as a middle-man, go-between, or "done a favor for a friend" by becoming involved in any illegal drug transaction?	☐	☐
Have you ever told anyone where to purchase illegal drugs?	☐	☐
Have you ever temporarily stored or "held" any illegal drug, narcotic, or controlled substance?	☐	☐
Have you ever had illegal drugs in your possession while at work?	☐	☐
Have you ever bought or sold any illegal drug at work?	☐	☐
Are any illegal drugs presently in your home or car?	☐	☐

80. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, or group of persons that is or was totalitarian, fascist, communist, or subversive in nature or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? ☐ Yes ☐ No
If yes, identify the organization and explain fully:

81. Do you have anything in your background that may disqualify you from becoming an employee ?
☐ Yes ☐ No If yes, explain:

82. Is there anything we have not discussed which YOU believe would have an effect on your background investigation? ☐ Yes ☐ No If yes, explain:

ALL APPLICANTS:

We will be conducting an extensive investigation into your suitability for employment with the Pine Bluffs Police Department. Please describe in complete detail anything else you feel is important for your background investigator to know:

I hereby certify that all statements and information made by me in completing this Personal History Statement are true to the best of my knowledge. I personally have completed this form and understand that deliberate errors or misstatements of material fact will subject me to disqualification or dismissal. I also understand that erroneous information will negate any conditional offers and may result in my termination at a later date if I am hired.

_____ _____

Signature in Full *Date Completed*