

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**, in accordance with APOST Commission Administrative Code Rule 650-X-2-.09.

- It is your responsibility to complete this form and provide all the required information.
- This application may be typed or handwritten; each page must also be initialed by the applicant in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, type/write “N/A” (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form (page 13) and identify the additional information by the question number.

Disqualification

There are very few **automatic** basis for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. 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: You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the Alabama Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions.

Signature: _____

Date: _____

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 1: PERSONAL					
1. YOUR FULL NAME					
LAST		FIRST		MIDDLE	
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)					<input type="checkbox"/> N/A
3. ADDRESS WHERE YOU LIVE					
NUMBER / STREET				APT / UNIT	
CITY			STATE	ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)					
5. CONTACT NUMBERS					
HOME ()		WORK ()		EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. CONTACT EMAIL			7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
8. CITIZENSHIP					
Are you a U.S. citizen?					<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship?					<input type="checkbox"/> Yes <input type="checkbox"/> No
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)					
10. BIRTHDATE (MM/DD/YYYY)		11. SOCIAL SECURITY NUMBER		12. DRIVER'S LICENSE	
		— —		NUMBER:	STATE: EXPIRES:
13. PHYSICAL DESCRIPTION					
HEIGHT:		WEIGHT:		HAIR COLOR:	EYE COLOR:

SECTION 2: Spouse or Domestic Partner					
14. IMMEDIATE FAMILY					
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable. Mark "Deceased," if appropriate. If more space is needed, continue on page 13 – reference corresponding numbers. 					
14.A Spouse / Registered Domestic Partner					<input type="checkbox"/> Deceased <input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14.B Former Spouse / Former Registered Domestic Partner					<input type="checkbox"/> Deceased <input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		DATE OF DISSOLUTION / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 2: REFERENCES

15. LIST OF REFERENCES

- List **3** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.

15.1	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	How do you know this person?				How long have you known this person?		
15.2	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	How do you know this person?				How long have you known this person?		
15.3	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	How do you know this person?				How long have you known this person?		

SECTION 3: EDUCATION

- NOTE:** You will be required to furnish transcripts or other proof to support all your educational claims in Section 3.
If more space is needed, continue your response on page 13.

16. Check Applicable

<input type="checkbox"/> High School Diploma:	MM/YYYY	<input type="checkbox"/> GED:	MM/YYYY	<input type="checkbox"/> ACT score required for non-accredited institutions:	MM/YYYY
	/		/		/

17. LIST high school(s) attended

17.1	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
	CITY		STATE	
17.2	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
	CITY		STATE	

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

18.1	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)		TYPE OF DEGREE EARNED		
	CITY		STATE	ZIP	MAJOR / AREA OF STUDY
18.2	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)		TYPE OF DEGREE EARNED		
	CITY		STATE	ZIP	MAJOR / AREA OF STUDY

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SECTION 4: EXPERIENCE AND EMPLOYMENT

19. Have you ever attended a **POST** Basic Course/Academy: Regular, Specialized Investigators', Reserve, or Dispatcher? ☐ Yes ☐ No
IF YES, provide the following information:

20.1	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				()
20.2	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				()

21. Have you **ever** applied for **any** position at another law enforcement agency (city, county, state, or federal)? ☐ Yes ☐ No

- If you answered "YES" to Question 21, 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 status. Check all boxes that apply for each agency.**
- *If more space is needed, continue your response on page 13.*

22.1	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	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:				
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer				
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired				

22.2	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	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:				
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer				
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired				

22.3	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	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:				
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer				
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired				

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 5: EXPERIENCE AND EMPLOYMENT

23. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- 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**.
- If more space is needed, continue your response on page 27.*

23.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	JOB TITLE / RANK			EMAIL		
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS			REASON FOR WANTING TO LEAVE			
1)			2)			
Would there be a problem if we contact your current employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, explain:						

23.2	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	JOB TITLE / RANK			EMAIL		
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)			2)			

23.3	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

23.4	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	JOB TITLE / RANK			EMAIL		
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)			2)			

23.5	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<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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24. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, and suspensions, reductions in pay, reassignments, or demotions.).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you ever quit without giving notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Have you ever resigned in lieu of termination?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Were you ever been the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever been counseled at work due to lateness or absences?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days	

If you answered "YES" to any of **Questions 24–34**, explain (include when, where, and circumstances – *reference corresponding numbers*).

SECTION 6: MILITARY EXPERIENCE

35. Are you required to register for the Selective Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, have you registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, explain: _____	
36. Have you ever served in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No

37. If you answered "No" to Question 44, SKIP to Section 7. If you answered "YES" to Question 44, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/
TYPE OF DISCHARGE		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		
Re-entry Code (1–4) if applicable – <i>refer to your DD-214</i> : _____		

38. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____	
39. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you ever taken military property without permission for personal use, to sell, or to give away?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 6: MILITARY EXPERIENCE continued

If you answered "YES" to any of Questions 35–41, explain (include dates and circumstances).

SECTION 7: LEGAL

► Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- If more space is needed, continue your response on page 13.

42. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? ☐ Yes ☐ No

IF YES, explain each incident:

42.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
42.2	DISPOSITION OR PENALTY		
42.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
42.3	DISPOSITION OR PENALTY		

PERSONAL HISTORY STATEMENT – Peace Officer

43.	Have you ever been placed on court probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
44.	Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45.	Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46.	Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47.	Have you or your spouse/partner ever been referred to Child Protective Services (DHR)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48.	Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49.	Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52.	Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to any of **Questions 43–52**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

► Involvement in Criminal Acts – Part 2

53. **At any time in your life**, have you **EVER** committed any of the following acts?

NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

53.1	Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53.3	Blackmail or extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 8: LEGAL <i>continued</i>		
53.4	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.6	Elder abuse and/or neglect (physical and/or financial)	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.7	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.8	Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.9	Forcible rape	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.11	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.12	Grand theft (value of over \$500, or any firearm)	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.13	Hit & run (with injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.14	Hate crime	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.15	Illegal sex acts with another	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.16	Insurance fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.17	Murder, homicide, or attempted murder	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.18	Perjury (lying under oath)	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.19	Possession of an explosive/destructive device	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.20	Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.21	Stalking	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.22	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.23	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.24	Any other act amounting to a felony	<input type="checkbox"/> Yes <input type="checkbox"/> No

- If you answered "YES" to **ANY** of the item(s) in **Question 53**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 53.3) for each explanation.*
- *If more space is needed, continue your response on page 13.*

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 8: LEGAL *continued*

► Illegal Use of Drugs

- For the purpose of responding to the following questions, “illegal drugs” include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.”
- Your responses should include — **but not be limited to** — your use of any of the following:
 - Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*)
 - Barbiturates (*Downers*)
 - Cocaine / Crack Cocaine
 - Designer Drugs (*Ecstasy, Synthetic Heroin, Kratom, etc.*)
 - GHB (*Date Rape Drug*)
 - Hallucinogens (*Peyote, LSD, Mushrooms*)
 - Hashish / Hashish Oil
 - Heroin / Opium
 - Marijuana (*with or without a prescription*)
 - Mescaline
 - Morphine
 - PCP / Angel Dust
 - Quaaludes
 - Steroids
 - Tetrahydrocannabinol (THC)
 - Glue, paint, or any substance containing toluene

54. **Within the past year**, have you used any drug(s) as indicated above? ☐ Yes ☐ No

IF YES, give details including **drug(s) used, most recent date used**, and **circumstances**:

55. **Prior to the past year**:

☐ I have **never** used any drug recreationally.

☐ I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*)

IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used**, and **circumstances**:

56. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription:

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s)**, and **circumstances**.

SECTION 9: MOTOR VEHICLE INFORMATION

57. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

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

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

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59. Have you ever been refused a driver's license by any state? ☐ Yes ☐ No

IF YES, explain (include when, where, and circumstances):

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

IF YES, explain (include when, where, and circumstances):

61. List your current liability insurance on your vehicle(s).

61.1	TYPE OF COVERAGE		VEHICLE MAKE		YEAR (YYYY)		VEHICLE LICENSE	
	<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit							
	INSURANCE COMPANY			POLICY NUMBER			EXPIRATION DATE (MM/DD/YYYY)	
							/ /	
ADDRESS (NUMBER/STREET)			CITY		STATE	ZIP	CONTACT NUMBER	
							()	

62. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

☐ Failed to Appear ☐ Failed to Complete Traffic School ☐ Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

63. Have you been involved as the driver in a motor vehicle accident *within the past three years*? ☐ Yes ☐ No

IF YES, give details below.

63.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY		STATE
	/				
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
63.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY		STATE
	/				
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
63.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY		STATE
	/				
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	

64. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ☐ Yes ☐ No

IF YES, GIVE REASON

DATE (MM/YYYY)

INSURANCE COMPANY

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 10: OTHER TOPICS		
65.	Have you ever been refused a permit to carry a concealed weapon?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
66.	Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67.	Have you ever hit or physically overpowered a spouse or romantic partner?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.	Since the age of 15 , have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69.	Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "YES" to any of **Questions 91–95**, give details including dates and circumstances – *reference corresponding numbers*).

SECTION 11: CERTIFICATION	
70. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.	
Signature in Full: ►	Date:

Use the following page to continue any of your responses.

Be sure to reference corresponding numbers.

PERSONAL HISTORY STATEMENT – Peace Officer

ADDITIONAL COMMENTS

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.*
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.