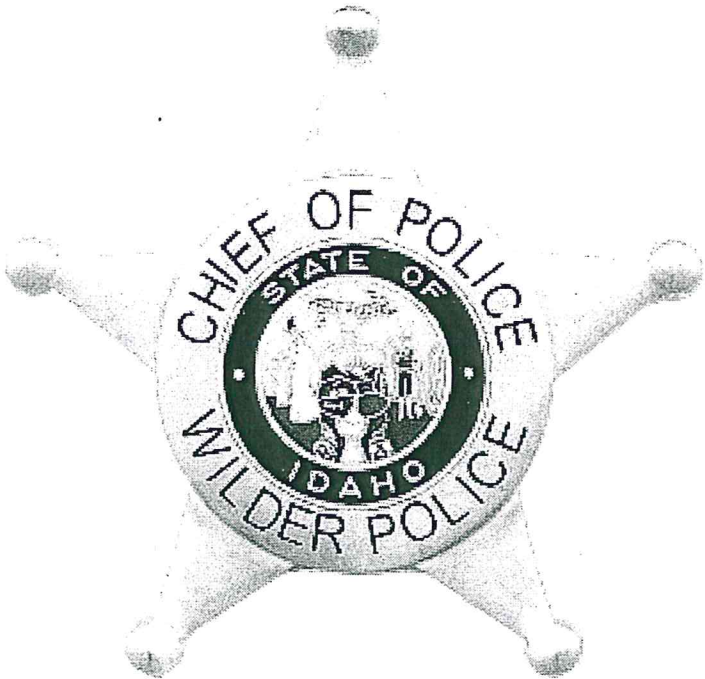


WILDER POLICE DEPARTMENT

Personal History statement



Service Before Self

WILDER POLICE DEPARTMENT

Personal History statement

Department Use Only:

Date application turned in: _____

Position open at this time? Yes No

Interview Arranged Yes No

Date and time for testing or interview: _____

Wilder Police Department

Personal History Statement

Personal

The following is requested for contact and verification purposes.

1. Please type or print your name:					
Last:		First:		Middle	
				Age:	
Other Names you have been known by:				Maiden Name:	
2. Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent					
Number Street		City		State	Zip
3. Please list home phone and an alternate number for contact:			Home:		Other: <input type="checkbox"/> Work <input type="checkbox"/> Cell
			()		()
Mailing address if different from above:					
Number or P.O. Box: Street:		City:		State:	Zip:
4. Birthdate			5. Citizenship: 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 documentation to confirm this? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Month	Day	Year	Place of Birth:		
6. 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.)		
-					
7. For purposes of identification please provide the following:					
Height:		Weight:		Hair Color:	Eye Color:
Scars, Tattoos or other distinguishing marks:					
Relatives, References and Acquaintances					
<i>During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of peace officer. Inquires will be confined to job related matters</i>					
8. Please provide the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A".					
Name of your:		Address including City, State & Zip		Phone:	
Father:				Home	
				Work	
Mother					
Father-in-Law					
Mother-in-Law					
Spouse/ Parent of Children in Common					
Spouse Maiden Name	Spouse date of Birth	Marriage date:	Place of Marriage	Other Names Used by Spouse:	

Wilder Police Department

Personal History Statement

Relatives, References and Acquaintances <i>cont.</i>				
Spouse Employer	Address	Job Title	How Long	Phone
Name of Former Spouse:	Date of Marriage:	Date of Divorce:	City, County, State of Divorce:	
Amount of Alimony/ Child Support:	Have you Ever Been Late With Alimony/ Child Support Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Times _____			
Name of Former Spouse:	Date of Marriage:	Date of Divorce:	City, County, State of Divorce:	
Amount of Alimony/ Child Support:	Have you Ever Been Late With Alimony/ Child Support Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Times _____			
Name of Your	Address We Can Contact (include City, State and Zip Code)		Telephone (including Area Code)	
Brother(s)/ Sister(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home:	
			Work:	
	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home:	
			Work:	
	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home:	
			Work:	
Step-Father	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home:	
			Work:	
Step-Mother	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home:	
			Work:	
Step-Brother(s) /Step-Sisters	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home:	
			Work:	
	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home:	
			Work:	
Other Relatives With Whom you have Had A Close Personal Relationship, Including Children and Their Ages				
Name	Relationship	Address	Telephone	

Wilder Police Department

Personal History Statement

9. List The Names of Persons With Whom You Have Lived During The Last Ten (10) Years (Exclude Family Members, Provide Current Address)		
From	To	<input type="checkbox"/> Home <input type="checkbox"/> Work
		Home
		Work
From	To	<input type="checkbox"/> Home <input type="checkbox"/> Work
		Home
		Work
From	To	<input type="checkbox"/> Home <input type="checkbox"/> Work
		Home
		Work
From	To	<input type="checkbox"/> Home <input type="checkbox"/> Work
		Home
		Work
From	To	<input type="checkbox"/> Home <input type="checkbox"/> Work
		Home
		Work
10. Please list six (6) individuals such as friends, co-workers, neighbors, classmates, teachers, and supervisors who have knowledge of you and your qualifications. Exclude relatives and individuals from question #9.		
Name	Address Where This Person Can Be Reached	Telephone (Including Area Code)
How Known	How Long	<input type="checkbox"/> Home <input type="checkbox"/> Work
		Home
		Work
How Known	How Long	<input type="checkbox"/> Home <input type="checkbox"/> Work
		Home
		Work
How Known	How Long	<input type="checkbox"/> Home <input type="checkbox"/> Work
		Home
		Work
How Known	How Long	<input type="checkbox"/> Home <input type="checkbox"/> Work
		Home
		Work
How Known	How Long	<input type="checkbox"/> Home <input type="checkbox"/> Work
		Home
		Work
11. Please list any individuals that you are acquainted with who are members of law enforcement agencies. Exclude individuals who are listed in questions #9 and #10..		
Name and Rank:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
		Home
Department	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work
		Home
Department	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work

Wilder Police Department

Personal History Statement

11 Continued.		
Name and Rank:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
		Home
Department	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work
		Home
Department	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work
		Home
Department	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work
		Home
Department	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work

EDUCATION

12. The Council on Peace Officer Standards and Training requires a peace officer to possess a high school diploma or equivalent. Please indicate below how you satisfy this requirement.
<input type="checkbox"/> I possess an high school diploma dated _____
<input type="checkbox"/> I passed the G.E.D. (General Educational Development) test _____ date location
<input type="checkbox"/> I possess a two-year college degree dated _____
<input type="checkbox"/> I possess a four-year college or university degree dated _____

13. 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 may be contacted. A review of your school records will be made.					
Name of School	Location City and State	Dates Attended		Major/ course of Study	Degree/ Diploma
		From Month/ Year	To Month/ Year		
14. 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.)					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes", please explain (include school, date, and circumstances). _____					

Wilder Police Department

Personal History Statement

Residence *Individuals, who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for a background investigation.*

15. Please list all of your residences back at least 10 years. There should be no gaps in residence dates. Begin with your current residence and list backward in chronological order.

Address	City, State, Zip	Dates		If rented give name address and telephone of the person responsible for collection of rent
		From Month/ Year	To Month/ Year	
With whom did you live (include relationship)		Reason for moving		
		With whom did you live (include relationship)		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		

Wilder Police Department

Personal History Statement

Experience and Employment

6. Beginning with your most current employment, please list in chronological order all jobs (including part-time, temporary and voluntary positions) you have held in the past 10 years. For the purposes of this personal history statement, voluntary work should be included as employment. For identification and verification, please indicate 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 sequence in the spaces provided.

Dates of employment	Name and complete address of employer, include zip code	Name of supervisor
From To Mo. Yr. Mo. Yr. ___/___ ___/___ <input type="checkbox"/> Present <input type="checkbox"/> Full-time n _____ Years <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary _____ Months		
	Name(s) of co-worker(s)	
	Job title and 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 complete address of employer, include zip code	Name of supervisor
From To Mo. Yr. Mo. Yr. ___/___ ___/___ <input type="checkbox"/> Present <input type="checkbox"/> Full-time n _____ Years <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary _____ Months		
	Name(s) of co-worker(s)	
	Job title and 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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Wilder Police Department

Personal History Statement

<p style="text-align: center;">Dates of employment</p> <p>From To Mo. Yr. Mo. Yr. _ / _ _ / _ <input type="checkbox"/> Present</p> <p><input type="checkbox"/> Full-time n _____ Years</p> <p><input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary _____ Months</p>	<p style="text-align: center;">Name and complete address of employer, include zip code</p> <p> </p> <p> </p> <p style="text-align: center;">Job title and duties (for identification purposes)</p> <p> </p> <p> </p>	<p style="text-align: center;">Name of supervisor</p> <p> </p> <p style="text-align: center;">Name(s) of co-worker(s)</p> <p> </p> <p> </p>		
Reason for leaving				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	From	Mo. Yr. /	To	Mo. Yr. /
<p style="text-align: center;">Dates of employment</p> <p>From To Mo. Yr. Mo. Yr. _ / _ _ / _ <input type="checkbox"/> Present</p> <p><input type="checkbox"/> Full-time n _____ Years</p> <p><input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary _____ Months</p>	<p style="text-align: center;">Name and complete address of employer, include zip code</p> <p> </p> <p style="text-align: center;">Job title and duties (for identification purposes)</p> <p> </p>	<p style="text-align: center;">Name of supervisor</p> <p> </p> <p style="text-align: center;">Name(s) of co-worker(s)</p> <p> </p> <p> </p>		
Reason for leaving				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	From	Mo. Yr. /	To	Mo. Yr. /
<p style="text-align: center;">Dates of employment</p> <p>From To Mo. Yr. Mo. Yr. _ / _ _ / _ <input type="checkbox"/> Present</p> <p><input type="checkbox"/> Full-time n _____ Years</p> <p><input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary _____ Months</p>	<p style="text-align: center;">Name and complete address of employer, include zip code</p> <p> </p> <p style="text-align: center;">Job title and duties (for identification purposes)</p> <p> </p>	<p style="text-align: center;">Name of supervisor</p> <p> </p> <p style="text-align: center;">Name(s) of co-worker(s)</p> <p> </p> <p> </p>		
Reason for leaving				

Wilder Police Department

Personal History Statement

<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		From	Mo. Yr. /	To	Mo. Yr. /
Dates of employment		Name and complete address of employer, include zip code		Name of supervisor	
From Mo. Yr. _ / _	To Mo. Yr. _ / _				
<input type="checkbox"/> Present					
<input type="checkbox"/> Full-time n _____ Years					
<input type="checkbox"/> Part-time					
<input type="checkbox"/> Voluntary _____ Months					
Reason for leaving					
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		From	Mo. Yr. /	To	Mo. Yr. /
Dates of employment		Name and complete address of employer, include zip code		Name of supervisor	
From Mo. Yr. _ / _	To Mo. Yr. _ / _				
<input type="checkbox"/> Present					
<input type="checkbox"/> Full-time n _____ Years					
<input type="checkbox"/> Part-time					
<input type="checkbox"/> Voluntary _____ Months					
Reason for leaving					
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		From	Mo. Yr. /	To	Mo. Yr. /
Dates of employment		Name and complete address of employer, include zip code		Name of supervisor	
From Mo. Yr. _ / _	To Mo. Yr. _ / _				
<input type="checkbox"/> Present					
<input type="checkbox"/> Full-time n _____ Years					
<input type="checkbox"/> Part-time					
<input type="checkbox"/> Voluntary _____ Months					
Reason for leaving					

Wilder Police Department

Personal History Statement

Months						
Reason for leaving						
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed			From	Mo. Yr. /	To	Mo. Yr. /
Dates of employment		Name and complete address of employer, include zip code		Name of supervisor		
From Mo. Yr. _/_	To Mo. Yr. _/_			Name(s) of co-worker(s)		
<input type="checkbox"/> Present				Job title and duties (for identification purposes)		
<input type="checkbox"/> Full-time n _____ Years						
<input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary _____ Months						
Reason for leaving						
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed			From	Mo. Yr. /	To	Mo. Yr. /
Dates of employment		Name and complete address of employer, include zip code		Name of supervisor		
From Mo. Yr. _/_	To Mo. Yr. _/_			Name(s) of co-worker(s)		
<input type="checkbox"/> Present				Job title and duties (for identification purposes)		
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<input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary _____ Months						
Reason for leaving						
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed			From	Mo. Yr. /	To	Mo. Yr. /
Dates of employment		Name and complete address of employer, include zip code		Name of supervisor		
From Mo. Yr. _/_	To Mo. Yr. _/_			Name(s) of co-worker(s)		
<input type="checkbox"/> Present				Job title and duties (for identification purposes)		
<input type="checkbox"/> Full-time n _____ Years						
<input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary _____ Months						
Reason for leaving						
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed			From	Mo. Yr. /	To	Mo. Yr. /
Dates of employment		Name and complete address of employer, include zip code		Name of supervisor		
From Mo. Yr. _/_	To Mo. Yr. _/_			Name(s) of co-worker(s)		
<input type="checkbox"/> Present				Job title and duties (for identification purposes)		
<input type="checkbox"/> Full-time n _____ Years						
<input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary _____ Months						

Wilder Police Department

Personal History Statement

<input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary _____ <div style="text-align: center;">Months</div>													
Reason for leaving													
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">From</td> <td style="width: 20%; text-align: center;">Mo. Yr. /</td> <td style="width: 20%; text-align: center;">To</td> <td style="width: 20%; text-align: center;">Mo. Yr. /</td> </tr> </table>	From	Mo. Yr. /	To	Mo. Yr. /							
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From	Mo. Yr. /	To	Mo. Yr. /										
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<input type="checkbox"/> Part-time													
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From	Mo. Yr. /	To	Mo. Yr. /										

Wilder Police Department

Personal History Statement

Experience and Employment (Cont.)

Would any problem result if your present employer were contacted during the course of the background investigation?

Yes No

If "yes", please explain below

18. Have you ever held employment under another name? Yes No

If "yes", please give details (include when, name of employer(s)).

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

If "yes", please explain (include when, name of employer(s) and why).

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

If "yes", please give details (include when, name of employer(s), why).

21. If you have never held employment, please explain why.

Wilder Police Department

Personal History Statement

Military Service

22. Have you ever served in the armed forces, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Branch	Service Number	Dates of Service	Type of Discharge	
23. If you are a male and have never served in the armed forces, please provide the following (if applicable):				
Selective Service Number	Approximate Date of Registration	Address at Time of registration		
24. Were you ever investigated for any criminal activity while in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on back of page.				
25. Are you <i>currently</i> participating in any military reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
26. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain below. Please be specific and continue on the back of the page with more detail.				
Date	Violation	Describe Incident and Penalty Received		
27. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.				
Name	Contact Address	Contact Phone	Years Known	
			From	To

Financial

28. The management of personal finances is relevant to an individual's qualifications for the position of peace officer. Therefore, please fill in the financial statement below. Be complete and accurate. 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 (Mortgage)	\$	
Spouse' Salary	\$		Rent	\$	
Other Income (Describe)	\$		Other Monthly Payments	\$	
	\$			\$	

Wilder Police Department

Personal History Statement

	\$			\$	
	\$			\$	
	\$		Estimated monthly cost of living (include utilities, food, gasoline, home and car maintenance, entertainment, etc.) and any other obligations	\$	
				\$	
Total Monthly Income	\$		Total Monthly Expenditures	\$	

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	\$	

29. Please list all banks or savings institutions where you have accounts, indicating whether accounts are savings or checking.

Institution	Branch	Address	Type of Account
			How Long
Institution	Branch	Address	Type of Account
			How Long
Institution	Branch	Address	Type of Account
			How Long
Institution	Branch	Address	Type of Account
			How Long

Wilder Police Department

Personal History Statement

Financial (Cont.)

30. Please supply more detailed information about your charge accounts, leases, contracts and other financial liabilities.

Firm	Address, City, State and Zip Code	Account Number	
Reason for debt	Monthly payments	Original amount owed	Current Balance
Reason for debt	Monthly payments	Original amount owed	Current Balance
Reason for debt	Monthly payments	Original amount owed	Current Balance
Reason for debt	Monthly payments	Original amount owed	Current Balance
Reason for debt	Monthly payments	Original amount owed	Current Balance
Reason for debt	Monthly payments	Original amount owed	Current Balance
Reason for debt	Monthly payments	Original amount owed	Current Balance
Reason for debt	Monthly payments	Original amount owed	Current Balance
Reason for debt	Monthly payments	Original amount owed	Current Balance

31. Have you ever filed for or declared bankruptcy; or filed for the wage earners plan? Yes No
 If "yes", please give details (include when, where, why).

Wilder Police Department

Personal History Statement

32. 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).

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

Legal

34. Have you ever been charged, arrested or convicted for any criminal offense? (Do not include traffic citations unless you were taken into custody) Yes No If "yes", provide the following information, starting with the most recent event. Explain in more detail on the back of the page. *(An arrest resulting in a withheld judgment, or the fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question. Please see the instructions for details.)*

Date	Charge(s)	Police agency/city or locality	Penalty

35. Have you ever been placed on court probation as an adult? Yes No
 If "yes", please give details (include when, where, why). Give dates of probation starting with the most recent.

36. Have you ever been detained, questioned, held on suspicion or fingerprinted, although not arrested, during the course of a criminal investigation conducted by a law enforcement agency? Yes No If "yes", explain in detail on back of page.

37. Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled to them, or received a "overpayment" which you were required to repay? Yes No If "yes", explain in detail on back of page.

38. Have you complied with the draft registration laws? Yes No If "no", please explain on back of page.

39. Were you ever required to appear before a juvenile court for an act, which would have been a crime if committed by an adult?
 Yes No If "yes", please explain below and include dates.

Wilder Police Department

Personal History Statement

Legal (Cont.)

40. Have you ever been reported to a law enforcement agency as a missing person or a runaway? Yes No
If "yes", please give details including date, law enforcement agency and circumstances.

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

Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Name of law enforcement agency
---	------	--------------------------------

Purpose

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42. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes No
If "yes", please give details including when, where, name and location of court, and circumstances.

--

43. Have you experimented with, or tried, any type of an illegal drug or narcotic? Yes No
If "yes", indicate with an "X" all drugs that you have experimented with, or tried, from the list below.
Experimentation includes, but is not limited to smoking, swallowing, tasting, inhaling, or injecting.

<input type="checkbox"/> Marijuana <input type="checkbox"/> Hashish <input type="checkbox"/> Hashish oil <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Rock <input type="checkbox"/> Ice <input type="checkbox"/> Amphetamines <input type="checkbox"/> Crosstops	<input type="checkbox"/> Whites <input type="checkbox"/> Bennies <input type="checkbox"/> Uppers <input type="checkbox"/> Methamphetamines <input type="checkbox"/> Speed <input type="checkbox"/> Crank <input type="checkbox"/> Crystal <input type="checkbox"/> Barbiturates <input type="checkbox"/> Black Beauties	<input type="checkbox"/> Downers <input type="checkbox"/> Reds <input type="checkbox"/> Quaaludes <input type="checkbox"/> PCP <input type="checkbox"/> Shermes <input type="checkbox"/> Angel Dust <input type="checkbox"/> LSD <input type="checkbox"/> Acid <input type="checkbox"/> Mescaline	<input type="checkbox"/> Peyote <input type="checkbox"/> Mushrooms <input type="checkbox"/> Glue <input type="checkbox"/> Opium <input type="checkbox"/> Heroin <input type="checkbox"/> Steroids Other (List) <input type="checkbox"/> _____ <input type="checkbox"/> _____
--	---	---	--

If you checked any of the above drugs, give details below:

Type of Drug or Narcotic	Month and Year First Used	Month and Year Last Used	Lifetime Total Times Used

44. Have you ever used a prescription drug not prescribed for you? Yes No
If "yes", explain on back of page.

45. Have you ever sold, provided or given illegal drugs or narcotics to anyone? Yes No
If "yes", explain on back of page.

46. Have you ever grown marijuana or manufactured any type of drug or narcotic? Yes No
If "yes", explain on back of page

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Wilder Police Department

Personal History Statement

47. Have you or anyone else ever injected an illegal drug or narcotic into your body? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on back of page.
48. Do you associate with any person who you suspect uses illegal drugs or narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on back of page
49. When was the last time you were present where illegal drugs, narcotics, or other illegal substances were being used? Month _____ Year _____ Circumstances: _____ Type of location: _____

Motor Vehicle Operation

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

50. Driver's License Number and State of Issue:	Class (Type of License)	Expiration Date
Name as it appears on license: _____	Other Names Used _____	
51. Please list other states where you have been licensed to operate a motor vehicle.		
State: _____	Years: _____	State: _____
State: _____	Years: _____	State: _____
State: _____	Years: _____	State: _____
State: _____	Years: _____	State: _____
Name on L:license: _____	Name on L:license: _____	Name on L:license: _____
Name on L:license: _____	Name on L:license: _____	Name on L:license: _____
License Number: _____	License Number: _____	License Number: _____
License Number: _____	License Number: _____	License Number: _____
52. Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain including when, where and why.		
53. Have you ever applied or obtained a driver's license under a fictitious name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain		

Wilder Police Department

Personal History Statement

Motor Vehicle Operation Continued

54. Idaho law requires that operators and owners be covered by automobile liability insurance or bond or deposit of \$50,000.00 cash or securities with the Idaho State Treasurer. Therefore please list the current liability insurance carrier for your motor vehicles.

Company	Address	Policy Number	Date of Exp

If you are Bonded or have deposited \$50,000.00 to meet your motor vehicle financial responsibility, please indicate.

Bond \$50,000.00

55. Please list all traffic citations you have received in the last five years (excluding parking citations). If additional room is needed, please continue on the back of this page using the same format.

Nature of Violation	Location (city & State)	Approximate Date	Indicate Whether Fined Or Action Taken On Driver's License.

56. Have you ever failed to appear in court on a traffic violation? Yes No

If "Yes" was a warrant issued Yes No N/A

57. Have you ever failed to pay a parking citation? Yes No If Yes Please explain, Use reverse side if necessary.

Wilder Police Department

Personal History Statement

MOTOR VEHICLE OPERATION (Cont)

58. Have you ever been involved in a motor vehicle accident as a driver? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give the following information:				
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury		
Police Investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency:	Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No Charge:		
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury		
Police Investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency:	Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No Charge:		
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury		
Police Investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency:	Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No Charge:		
59. Is there anything you wish to discuss about your driving record? Please use the space below. _____ _____ _____ _____				
60. List all vehicles you own, posses and/or that are registered to you:				
Year	Make	Model	Color	License (include State)
61. Has your license ever been suspended, revoked, or disqualified in Idaho or in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details including what, when where, why.				
62. Have you ever been refused insurance for any reason other than failure to pay a premium? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain including company name and address, date, and reason.				

Wilder Police Department

Personal History Statement

Law Enforcement Information

63. Have you ever been a successful or unsuccessful candidate for any law enforcement agency, including this department? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes", please list all agencies with which you have applied, starting with the most recent. Give complete addresses and an appropriate telephone number for each agency)		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Background investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Background investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS		
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Wilder Police Department

Personal History Statement

Wilder Police Department

Personal History Statement

USE THIS PAGE FOR ANY ADDITIONAL INFORMATION.
If you are responding to a question, please write the number of the question.

*I understand that any appointment tendered me will be contingent upon the results of a thorough background investigation. I hereby certify that all statements made in this personal history statement are true and complete and that I personally completed this form. I understand that any discrepancies, misstatements, omissions and/or falsifications will cause my name to be removed from the eligible list, or be cause for dismissal if an appointment was made.
I have read the above statement and prior to submitting my personal history statement and I have reviewed this document carefully for accuracy.*

Signature: _____

Date: _____

Wilder Police Department

Personal History Statement

Wilder Police Department

Personal History Statement

AUTHORIZATION FOR RELEASE OF RECORDS AND PERSONAL INFORMATION FOR PRE-EMPLOYMENT BACKGROUND INVESTIGATION

I, _____, do hereby authorize a review of and full disclosure of all records and information concerning myself to any duly authorized agent of the Wilder Police Department, regardless of whether the said records and information are of a public, private, or confidential nature. This shall include, but not be limited to, employment files, personnel records; background investigation files; disciplinary records; any and all internal affairs investigations, complaints or grievances filed by or against me; training files; arrest, criminal, probation and driving records; polygraph and psychological examination and opinions.

The intent of this authorization is to give my unqualified consent for disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records of attorneys or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Wilder Police Department. I also certify that any partnership, person, association, organization, governmental entity or agency, including their officials, employee(s), agents and assigns who may furnish such information concerning me shall not be held liable for giving records or information. I do hereby release said partnership, person, association, organization, governmental entity or agency, including their officials, employee(s), agents and assigns from any and all claims or causes of action whatsoever for damages, expenses, costs or attorneys fees which may be incurred as a result of furnishing such information.

By means of this authorization, I am giving my consent to Wilder Police Department to follow up inquiries into my personal history statement.

Once submitted, your personal history statement and all material and information gathered and/or discovered during the hiring process become the sole property of the Wilder Police Department.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

DATED this _____ day of _____, _____, at the hour of _____.

Printed Name (include maiden name)

Date of Birth: _____

Signature

Social Security # _____ - _____ - _____

Street Address

Telephone: _____

_____, _____ - _____
City State Zip Code

SUBSCRIBED AND SWORN TO before me, a Notary Public in the State of _____, this _____ day of _____, 20__.

Notary Public for _____

Residing at _____, _____

My commission expires: _____

Wilder Police Department

Personal History Statement

Wilder Police Department

Personal History Statement

Credit Report Authorization

Authorization for Release Consumer Disclosure Pursuant to Fair Credit Reporting Act (15 U.S.C. 1681b)

An investigative consumer report may be obtained for employment purposes. Prior to taking any adverse action based in whole or in part of the report, the Wilder Police Department shall provide you with a copy of the report and a copy of your rights under the Fair Credit Reporting Act.

I, _____ (print name), authorize the City of Wilder Police Department to procure my consumer credit report.

(Signature) (Date)

Wilder Police Department

Personal History Statement

Wilder Police Department

Personal History Statement

Do not return this page, fill out transcript requests and have them mailed to Wilder Police Department

Transcript Request

To the Registrar: _____
Name of High School/College Attended

Your Name: _____
Last /First/ Middle

Your Current Address: _____
Street Address

_____ City /State/ Zip Code

Name used when attending school (if different than above):

_____ Last /First/ Middle

Social Security #: _____ Date of Birth: _____

Date(s) attended or graduated: _____

Please forward one official copy of my transcript ATTACHED TO THIS FORM to:

Wilder Police Department P.O. Box 687 Wilder, Idaho 83676

Transcript Request

To the Registrar: _____
Name of High School/College Attended

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Last /First/ Middle

Your Current Address: _____
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Date(s) attended or graduated: _____

Please forward one official copy of my transcript ATTACHED TO THIS FORM to:

Wilder Police Department P.O. Box 687 Wilder, Idaho 83676

Wilder Police Department

Personal History Statement

Law Enforcement Information continued

Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Background investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS		
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Wilder Police Department

Personal History Statement

Law Enforcement Information continued

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64. Do you have any prior law enforcement experience? Include police reserves and/or military police. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Agency :	Rank, Title, Position:	Date:
Agency :	Rank, Title, Position:	Date:
Agency :	Rank, Title, Position:	Date:
65. Have you ever attended any law enforcement-training center? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Academy Name:	Dates from _____ to _____	Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City:	State: Zip code:
Academy Name:	Dates from _____ to _____	Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No