



CITY OF BLAIR POLICE DEPARTMENT APPLICANT PERSONAL HISTORY STATEMENT



| | |
|---|-----------------------------------|
| Applicant Printed Name (Last, First, Middle): | Date of Application: |
| Social Security Number: | Contact Number and Email Address: |

INSTRUCTIONS TO THE APPLICANT

The information in this Personal History Statement will be used in the investigation into your background and will assist in determining your suitability for the position of Law Enforcement Officer. The Personal History Statement must be complete and accurate.

1. **All information and statements are subject to verification.**
2. **Deliberate inaccuracies or omissions may bar or remove you from employment.**
3. **All time periods must be accounted for on the Personal History Statement.**
4. **Failure to provide all requested documents may be cause for disqualification.**

Any negative factors in your background will be evaluated in terms of the circumstances and facts surrounding the occurrence and the degree of relevance for the position of a Law Enforcement Officer.

All information on the Personal History Statement should be printed in **black ink** or **typed**. If a question does not apply to you, write N/A (not applicable) in the space provided. If you need additional space to respond to a question, use the Additional Responses page and identify the additional information by category. *this document is a total of 17 pages* Please return all 17 pages, including blank pages.

You are responsible for obtaining correct addresses and phone numbers. When listing addresses, include all of the following: full-street address, apartment number (if applicable), city, state and zip code. Include the area code with all telephone numbers.

All applicant Personal History Statements must be returned with copies of the following documents:

| | For Office Use Only: | |
|-------------------------------------|----------------------|--|
| Birth Certificate | | |
| Social Security Card | | |
| Driver's License | | |
| High School Diploma/GED Certificate | | |
| College Diploma (if applicable) | | |
| DD214 Member 4 | | |

B. STARTING WITH YOUR PRESENT ADDRESS, LIST ALL MAILING ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS. INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE.

IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSE PAGE OR A SEPARATE SHEET OF PAPER.

| DATES: FROM / TO: | STREET ADDRESS: | CITY: | STATE: | ZIP CODE: | RENTAL COMPANY OR LANDLORD: |
|----------------------|-----------------|-------|--------|-----------|--------------------------------|
| / PRESENT | | | | | |
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2. REFERENCES

LIST FIVE (5) REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL FOR AT LEAST THE LAST FIVE (5) YEARS.

| | | | |
|---|-------------|-------------------------|-------------------------|
| 1. NAME (LAST, FIRST, MIDDLE INITIAL): | | LENGTH OF RELATIONSHIP: | NATURE OF RELATIONSHIP: |
| ADDRESS: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS | HOME PHONE: | EMAIL: | OCCUPATION: |
| STREET ADDRESS: | CITY: | STATE: | ZIP CODE: |
| 2. NAME (LAST, FIRST, MIDDLE INITIAL): | | LENGTH OF RELATIONSHIP: | NATURE OF RELATIONSHIP: |
| ADDRESS: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS | HOME PHONE: | EMAIL: | OCCUPATION: |
| STREET ADDRESS: | CITY: | STATE: | ZIP CODE: |
| 3. NAME (LAST, FIRST, MIDDLE INITIAL): | | LENGTH OF RELATIONSHIP: | NATURE OF RELATIONSHIP: |
| ADDRESS: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS | HOME PHONE: | EMAIL: | OCCUPATION: |
| STREET ADDRESS: | CITY: | STATE: | ZIP CODE: |

| | | | |
|---|-------------|-------------------------|-------------------------|
| 4. NAME (LAST, FIRST, MIDDLE INITIAL): | | LENGTH OF RELATIONSHIP: | NATURE OF RELATIONSHIP: |
| ADDRESS: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS | HOME PHONE: | EMAIL: | OCCUPATION: |
| STREET ADDRESS: | CITY: | STATE: | ZIP CODE: |
| 5. NAME (LAST, FIRST, MIDDLE INITIAL): | | LENGTH OF RELATIONSHIP: | NATURE OF RELATIONSHIP: |
| ADDRESS: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS | HOME PHONE: | EMAIL: | OCCUPATION: |
| STREET ADDRESS: | CITY: | STATE: | ZIP CODE: |

3. EDUCATION

A. INDICATE BY CHECKING THE BOXES BELOW IF YOU HAVE ANY OF THE FOLLOWING:
 HIGH SCHOOL DIPLOMA G.E.D. CERTIFICATE COLLEGE DEGREE

B. LIST ALL HIGH SCHOOLS, COLLEGES, TRADE SCHOOLS AND UNIVERSITIES YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER

| DATES | NAME | ADDRESS | DIPLOMA OR CREDIT HRS. |
|-------|------|---------|------------------------|
| | | | |
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C. HAVE YOU EVER BEEN SUSPENDED, DISCIPLINED, OR EXPELLED FROM ANY HIGH SCHOOL OR INSTITUTION OF HIGHER LEARNING.....? YES NO
 IF YES, EXPLAIN ON ADDITIONAL RESPONSE PAGE.

4. AVAILABILITY

| | |
|---|--|
| A. WHAT IS THE EARLIEST DATE YOU WOULD BE AVAILABLE FOR EMPLOYMENT? | |
| B. HOW MUCH NOTICE DO YOU NEED PRIOR TO EMPLOYMENT? | |

5. EMPLOYMENT HISTORY

| | |
|--|--|
| A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT.....? IF YES, EXPLAIN ON ADDITIONAL RESPONSE PAGE. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B. MAY AN INVESTIGATING AGENCY CONTACT YOUR PRESENT EMPLOYER.....? IF NO, EXPLAIN ON ADDITIONAL RESPONSE PAGE. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| C. HAVE YOU EVER ENDED YOUR EMPLOYMENT PENDING INVESTIGATION OR DISCIPLINARY ACTION? IF YES, EXPLAIN ON ADDITIONAL RESPONSE PAGE. | <input type="checkbox"/> YES <input type="checkbox"/> NO |

EMPLOYMENT

A. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED DURING THE LAST TEN (10) YEAR PERIOD, OMIT NOTHING. KEEP IN PROPER SEQUENCE. LIST PERIODS OF SCHOOL, MILITARY SERVICE, UNEMPLOYMENT, TEMPORARY ASSIGNMENTS, VOLUNTEER SERVICE AND PART-TIME EMPLOYEMENT. IF YOU NEED MORE ROOM, USE THE ADDITIONAL RESPONSES PAGE OR A SEPARATE SHEET OF PAPER.

| | | | |
|--------------------------------|-------------|-------------------|----------------|
| 1. DATES OF EMPLOYMENT: | | JOB TITLE: | |
| FROM: | TO: PRESENT | | |
| NAME OF BUSINESS: | | SUPERVISOR: | |
| | | PHONE: | EMAIL: |
| ADDRESS | | COWORKER: | |
| CITY | STATE | PHONE: | EMAIL: |
| ZIP CODE | | | |
| PHONE: | | STARTING SALARY: | ENDING SALARY: |
| DESCRIBE YOUR DUTIES: | | | |
| | | | |
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| REASON FOR LEAVING: | | | |
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| 2. DATES OF EMPLOYMENT: | | JOB TITLE: | |
| FROM: | TO: | | |
| NAME OF BUSINESS: | | SUPERVISOR: | |
| | | PHONE: | EMAIL: |
| ADDRESS | | COWORKER: | |
| CITY | STATE | PHONE: | EMAIL: |
| ZIP CODE | | | |
| PHONE: | | STARTING SALARY: | ENDING SALARY: |
| DESCRIBE YOUR DUTIES: | | | |
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| REASON FOR LEAVING: | | |
| 3. DATES OF EMPLOYMENT: FROM: _____ TO: _____ | | JOB TITLE: |
| NAME OF BUSINESS: | | SUPERVISOR: |
| | | PHONE: _____ EMAIL: _____ |
| ADDRESS _____ CITY STATE ZIP CODE | | COWORKER: |
| | | PHONE: _____ EMAIL: _____ |
| PHONE: _____ | STARTING SALARY: | ENDING SALARY: |
| DESCRIBE YOUR DUTIES: | | |
| | | |
| | | |
| | | |
| REASON FOR LEAVING: | | |
| 4. DATES OF EMPLOYMENT: FROM: _____ TO: _____ | | JOB TITLE: |
| NAME OF BUSINESS: | | SUPERVISOR: |
| | | PHONE: _____ EMAIL: _____ |
| ADDRESS _____ CITY STATE ZIP CODE | | COWORKER: |
| | | PHONE: _____ EMAIL: _____ |
| PHONE: _____ | STARTING SALARY: | ENDING SALARY: |
| DESCRIBE YOUR DUTIES: | | |
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|---|------------------------|----------------------|--------------|
| REASON FOR LEAVING: | | | |
| 5. DATES OF EMPLOYMENT: FROM: _____ TO: _____ | | JOB TITLE: | |
| NAME OF BUSINESS: | | SUPERVISOR: | |
| | | PHONE: _____ | EMAIL: _____ |
| ADDRESS _____ CITY STATE ZIP CODE | | COWORKER: | |
| | | PHONE: _____ | EMAIL: _____ |
| PHONE: _____ | STARTING SALARY: _____ | ENDING SALARY: _____ | |
| DESCRIBE YOUR DUTIES: | | | |
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| REASON FOR LEAVING: | | | |
| | | | |
| 6. DATES OF EMPLOYMENT: FROM: _____ TO: _____ | | JOB TITLE: | |
| NAME OF BUSINESS: | | SUPERVISOR: | |
| | | PHONE: _____ | EMAIL: _____ |
| ADDRESS _____ CITY STATE ZIP CODE | | COWORKER: | |
| | | PHONE: _____ | EMAIL: _____ |
| PHONE: _____ | STARTING SALARY: _____ | ENDING SALARY: _____ | |
| DESCRIBE YOUR DUTIES: | | | |
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REASON FOR LEAVING:

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|---|----------------------------|
| 7. DATES OF EMPLOYMENT: FROM: _____ TO: _____ | JOB TITLE: _____ |
|---|----------------------------|

| | |
|-------------------------|--|
| NAME OF BUSINESS: _____ | SUPERVISOR: PHONE: _____ EMAIL: _____ |
|-------------------------|--|

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|---|--|
| ADDRESS _____ CITY STATE ZIP CODE _____ | COWORKER: PHONE: _____ EMAIL: _____ |
|---|--|

| | | |
|--------------|------------------------|----------------------|
| PHONE: _____ | STARTING SALARY: _____ | ENDING SALARY: _____ |
|--------------|------------------------|----------------------|

DESCRIBE YOUR DUTIES:

REASON FOR LEAVING:

| | |
|---|----------------------------|
| 8. DATES OF EMPLOYMENT: FROM: _____ TO: _____ | JOB TITLE: _____ |
|---|----------------------------|

| | |
|-------------------------|--|
| NAME OF BUSINESS: _____ | SUPERVISOR: PHONE: _____ EMAIL: _____ |
|-------------------------|--|

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|---|--|
| ADDRESS _____ CITY STATE ZIP CODE _____ | COWORKER: PHONE: _____ EMAIL: _____ |
|---|--|

| | | |
|--------------|------------------------|----------------------|
| PHONE: _____ | STARTING SALARY: _____ | ENDING SALARY: _____ |
|--------------|------------------------|----------------------|

DESCRIBE YOUR DUTIES:

REASON FOR LEAVING:

B. HAVE YOU EVER APPLIED FOR ANY POSITION WITH ANY LAW ENFORCEMENT AGENCY? YES NO
IF YES, COMPLETE BELOW. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSE PAGE.

| DATE | POSITION | LAW ENFORCEMENT AGENCY | DISPOSITION |
|------|----------|------------------------|-------------|
| | | | |
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C. HAVE YOU EVER BEEN DENIED LAW ENFORCEMENT CERTIFICATION STATUS, HAD CERTIFICATION REVOKED AND/OR CURRENTLY SUSPENDED IN THIS STATE OR ANY OTHER JURISDICTION? YES NO

D. HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY? YES NO
WERE YOU CERTIFIED? YES NO
IF YES, COMPLETE BELOW.

| NAME OF ACADEMY ATTENDED: | DATES ATTENDED: |
|---------------------------|-----------------|
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6. LEGAL HISTORY

THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES, AS **BOTH** A JUVENILE AND AN ADULT. **DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS.**
EXPLAIN ALL "YES" ANSWERS IN DETAIL ON THE SECTION PROVIDED BELOW.

| | |
|---|--|
| A. HAVE YOU EVER HAD ANY CONTACT WITH ANY LAW ENFORCEMENT OFFICER IN AN OFFICIAL CAPACITY.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| C. HAVE YOU EVER BEEN ACCUSED OF CRIME.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| D. HAVE YOU EVER BEEN CHARGED WITH A CRIME.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| E. HAVE YOU EVER BEEN ARRESTED.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| F. HAVE YOU EVER BEEN CONVICTED OF A CRIME.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| G. HAVE YOU EVER BEEN BOOKED INTO JAIL.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| H. HAVE YOU EVER RECEIVED A CRIMINAL CITATION.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I. HAVE ANY MEMBERS OF YOUR IMMEDIATE FAMILY EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL, OR PRISON.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| J. HAS LAW ENFORCEMENT EVER BEEN CALLED TO YOUR HOME FOR ANY REASON.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| K. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME INVOLVING PHYSICAL VIOLENCE OR THREAT OF ABUSE OR SEXUAL ABUSE.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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|--|--|
| L. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME INVOLVING PHYSICAL VIOLENCE OR SEXUAL ABUSE OF A CHILD.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| M. HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR A CRIME OF DOMESTIC VIOLENCE.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| N. HAVE YOU EVER APPLIED FOR, OR BEEN A RESPONDENT OF A PROTECTION/RESTRAINING ORDER.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| O. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME THAT INVOLVED A THREAT OR ACTUAL USE OF PHYSICAL VIOLENCE.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| SECTION # (A-O) | DATE | REASON/CHARGE | LAW ENFORCEMENT AGENCY/CITY/STATE | DISPOSITION/SENTENCE |
|-----------------|------|---------------|-----------------------------------|----------------------|
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7. DRIVING HISTORY

A. HAVE YOU EVER HAD A DRIVER'S LICENSE OR YOUR DRIVING PRIVILEGES CANCELED, REFUSED, REVOKED, OR SUSPENDED.....? YES NO

IF YES, EXPLAIN ON THE ADDITIONAL RESPONSE PAGE, INCLUDING DATES AND REASON FOR THE ACTION

B. LIST ALL VALID DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD:

| ISSUE DATE | TYPE OF LICENSE | EXPIRATION DATE | STATE | LICENSE NUMBER |
|------------|-----------------|-----------------|-------|----------------|
| | | | | |
| | | | | |

C. HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL.....? YES NO

IF YES, COMPLETE BELOW

| | | |
|---------------------------------|----------------------------------|--------------------------------|
| WHEN DID YOU ATTEND THE SCHOOL? | WHERE DID YOU ATTEND THE SCHOOL? | WHY DID YOU ATTEND THE SCHOOL? |
| | | |

D. LIST EACH AND EVERY TRAFFIC CITATION, SUMMONS, AND WRITTEN WARNING YOU HAVE RECEIVED WITHIN THE LAST SEVEN (7) YEARS. LIST THE OFFENSES IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT.

IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSE PAGE.

| MONTH/YEAR | CHARGE | CITY OR STATE | DISPOSITION/RESULT |
|------------|--------|---------------|--------------------|
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****IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSE PAGE.****

- E. HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.....? YES NO
- F. HAVE YOU EVER BEEN INVOLVED WITH CARELESS OR RECKLESS DRIVING.....? YES NO
- G. HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT THAT WAS YOUR FAULT.....? YES NO

8. GAMBLING

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSE PAGE.

- A. DO YOU NOW, OR HAVE YOU EVER HAD ANY GAMBLING DEBTS.....? YES NO
- B. HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE.....? YES NO
- C. HAVE YOU EVER WORKED FOR A GAMBLING OPERATION, OR BOOKED ANY BETS.....? YES NO

9. NARCOTICS

A. IF YOU HAVE TRIED, USED, OR INGESTED ANY OF THE DRUGS LISTED BELOW, CHECK THE "YES" BOX. IF YOU HAVE NOT, CHECK THE "NO" BOX. INCLUDE THE DATES AND NUMBER OF TIMES USED.

| Type of Drug | Yes or No | Date and Age First Used | Date and Age Last Used | Approximate # of Times Used |
|---|--|-------------------------|------------------------|-----------------------------|
| Marijuana | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Hash, Hashish Oil or THC | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Cocaine | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Crack, Rock, Ice | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Barbiturates, Hypnotics, or other "Downers" | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Amphetamines (Cross Tops, Whites Bennies, "Uppers") | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Methamphetamines (Speed, Crank, Crystal Meth) | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| LSD, Mushrooms, Mescaline, PCP, Peyote or any other Hallucinogens | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| PCP (Angel Dust, Sherm) | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Heroin or other Opiates | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

| Type of Drug | Yes or No | Date and Age First Used | Date and Age Last Used | Approximate # of Times Used |
|---|--|-------------------------|------------------------|-----------------------------|
| Steroids | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Drugs to stay awake | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Opium | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Morphine | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Sniffed or huffed any volatile substance such as glue, paint, solvents, aerosol sprays, household cleaners or any other substance for the purpose of getting high or altering your state of mind. | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Salvia or K-2 | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Bath Salts | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Any prescribed drug not prescribed to you. | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Any other illegal or controlled substance not mentioned. | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

B. IF YOU HAVE EVER PURCHASED, SOLD, OR HAD IN YOUR POSSESSION ANY OF THE DRUGS LISTED ABOVE IN SECTION (A), EXPLAIN IN DETAIL BELOW. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSE PAGE.

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10. ORGANIZATION MEMBERSHIP

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

- A.** ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF NEBRASKA.....? YES NO
- B.** ARE YOU NOW IN A GROUP WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS.....? YES NO
- C.** HAVE YOU EVER PARTICIPATED IN ANY GROUP OR ORGANIZATION THAT IS AFFILIATED WITH OR IDENTIFIED AS A STREET GANG, PRISON GANG, OUTLAW MOTORCYCLE GANG, OR ORGANIZED CRIMINAL ENTERPRISE.....? YES NO

11. MILITARY STATUS

- A.** HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION.....? YES NO

IF YES, LIST EACH SERVICE PERIOD SEPARATELY BELOW.

| MONTH/YEAR ENTERED | BRANCH/ORGANIZATION | DISCHARGE DATE | TYPE OF DISCHARGE | RANK |
|--------------------|---------------------|----------------|-------------------|------|
| | | | | |
| | | | | |

| | |
|---|---------------------------------|
| B. LIST ALL MILITARY SERVICE NUMBERS: | |
| C. SELECTIVE SERVICE NUMBER: | CURRENT MILITARY STATUS: |
| D. DID YOU EVER RECEIVE ANY DISCIPLINARY ACTION WHILE SERVING IN THE MILITARY.....? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN ON THE ADDITIONAL RESPONSE PAGE. | |
| E. ARE YOU CURRENTLY IN THE MILITARY.....? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE BELOW. | |

| | | | |
|--------------------------------|-----------------------------|-----------------------------------|---------------|
| F. CURRENT UNIT'S NAME: | IMMEDIATE COMMANDER: | ADDRESS, CITY, STATE, ZIP: | PHONE: |
|--------------------------------|-----------------------------|-----------------------------------|---------------|

G. ARE YOU REQUESTING VETERANS PREFERENCE AS STIPULATED IN NEBRASKA STATUTES 48-225 to 48-231?
 YES NO

IF YOU ARE REQUESTING VETERANS PREFERENCE, PLEASE ATTACH THE DD214 MEMBER-4, AND ANY OTHER REQUIRED DOCUMENTS TO THIS APPLICATION. YOU MUST ATTACH THE DD-214 MEMBER-4 (AND A COPY OF THE VETERANS DISABILITY VERIFICATION FROM THE UNITED STATES DEPARTMENT OF VETERANS AFFAIRS IF APPLICABLE) TO THIS APPLICATION TO RECEIVE VETERANS PREFERENCE.

IF YOU DO NOT ATTACH THE DOCUMENTS FOR EACH APPLICATION YOU SUBMIT, YOU WILL NOT RECEIVE PREFERENCE.

12. FINANCIAL HISTORY

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

A. HAVE YOU EVER DECLARED BANKRUPTCY.....? YES NO

B. HAVE ANY OF YOUR BILLS BEEN TURNED OVER TO A COLLECTION AGENCY.....? YES NO

C. HAVE YOU EVER PURCHASED GOODS THAT WERE LATER REPOSSESSED.....? YES NO

D. HAVE YOUR WAGES EVER BEEN GARNISHED.....? YES NO

E. HAVE YOU EVER BEEN DELINQUENT ON ANY INCOME OR STATE TAXES.....? YES NO

F. SINCE THE AGE OF SIXTEEN, HAVE YOU EVER STOLEN MONEY OR PROPERTY FROM AN EMPLOYER OR STOLEN MONEY OR PROPERTY FROM SOMEONE ELSE.....? YES NO

G. HAVE YOU EVER WRITTEN AN INSUFFICIENT FUNDS CHECK YOU DID NOT MAKE GOOD.....? YES NO

H. DO YOU HAVE OR SHARE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION TO INCLUDE OTHER HOUSEHOLD MEMBER (S)? YES NO

IF YES, WHAT IS THE SOURCE OF THE INCOME: _____
 WHAT IS THE AMOUNT OF THE INCOME: \$ _____ PER _____

I. LIST ALL MONTHLY FINANCIAL OBLIGATIONS INCLUDING: RENT, MORTGAGES, VEHICLE PAYMENTS, LOANS, CHARGE ACCOUNTS, INSURANCE, CREDIT CARDS, CHILD SUPPORT PAYMENTS, AND ANY OTHER DEBTS OR MONTHLY PAYMENTS.
 IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSE PAGE.

| NAME OF MONTHLY PAYMENT/INSTITUTION (E.G. CHASE BANK, STATE FARM, JOAN SMITH) | REASON FOR PAYMENT/ITEM PURCHASED (E.G. MORTGAGE, INSURANCE, CHILD SUPPORT) | AMOUNT OF PAYMENT |
|--|--|-------------------|
| | | \$ |
| | | \$ |

| NAME OF MONTHLY PAYMENT/INSTITUTION (E.G. CHASE BANK, STATE FARM, JOAN SMITH) | REASON FOR PAYMENT/ITEM PURCHASED (E.G. MORTGAGE, INSURANCE, CHILD SUPPORT) | AMOUNT OF PAYMENT |
|--|--|-------------------|
| | | \$ |
| | | \$ |
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| | | \$ |
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| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| TOTAL OF MONTHLY PAYMENTS | | \$ |

13. QUALIFICATIONS AND SKILLS

A. LIST ANY SPECIAL LICENSES OR CERTIFICATIONS YOU HOLD (E.G. PILOT, EMT, INSTRUCTOR, ETC.):

| NAME OF LICENSE | DATE OF ISSUE | DATE OF EXPIRATION | NAME OF LICENSING AUTHORITY |
|-----------------|---------------|--------------------|-----------------------------|
| | | | |
| | | | |
| | | | |

B. LIST ANY FOREIGN LANGUAGE SKILLS, INDICATE YOUR DEGREE OF FLUENCY IN EACH CATEGORY (EXCELLENT, GOOD, FAIR):

| NAME OF LANGUAGE | SPEAKING | UNDERSTANDING | READING/WRITING |
|------------------|----------|---------------|-----------------|
| | | | |
| | | | |

C. LIST ANY ADDITIONAL SKILLS OR QUALIFICATIONS YOU POSSESS:

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| |

14. ADDITIONAL QUESTIONS

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSE PAGE.

A. HAVE YOU BEEN A DEFENDANT (OTHER THAN DIVORCE RELATED) IN A CIVIL SUIT.....? YES NO

B. IS THERE ANYTHING WHICH WOULD PREVENT YOU FROM FULLY PERFORMING DUTIES OF A LAW ENFORCEMENT OFFICER INCLUDING WORKING ON WEEKENDS, EVENINGS, HOLIDAYS OR NIGHT SHIFTS.....? YES NO

C. IF IT BECAME NECESSARY FOR YOU TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A POLICE OFFICER, IS THERE ANYTHING THAT WOULD PREVENT YOU FROM DOING SO.....? YES NO

D. IS ANYONE IN YOUR IMMEDIATE FAMILY EMPLOYED BY ANY STATE OR LOCAL GOVERNMENT AGENCY OR ORGANIZATION? YES NO
IF YES, INDICATE NAME, RELATION, AND AGENCY:

E. HAVE YOU EVER BEEN THE SUBJECT OF A PROTECTION/HARRASSMENT ORDER? YES NO
IF YES, INDICATE DATE, AND COUNTY FILED IN AND EXPLAIN ON ADDITIONAL RESPONSE PAGE:

15. ADDITIONAL RESPONSES

USE THIS SECTION TO ADD OR CLARIFY ANY PART OF THIS QUESTIONNAIRE. PLEASE INDICATE THE SECTION NUMBER (SUCH AS EMPLOYMENT HISTORY #5) AND THE SPECIFIC QUESTIONS BY LETTER/NUMBER.

| SECTION NAME AND QUESTION LETTER | EXPLANATION (S) |
|----------------------------------|-----------------|
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IMPORTANT: NOTARIZED SIGNATURE REQUIRED

Please read the statements below and sign before a notary public prior to submitting your Personal History Statement to the Appropriate Law Enforcement agency.

I _____ affirm that this Personal History Statement contains no misrepresentations, (Printed Name) falsifications, omissions, or concealment of material fact and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this questionnaire are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact my application may be rejected and my name removed from the eligibility list. If already appointed, I may be dismissed.

I authorize the City of Blair to make inquiry of prior, current, and potential employers, references, associates and family members listed on the questionnaire regarding my integrity, reputation and character. I further authorize any information obtained by any other law enforcement agency, during any investigation or polygraph exam, to be released to the inquiry agency.

I realize that it is necessary for the City of Blair Police Department to thoroughly investigate all aspects of my personal background and qualifications, and by applying for employment, I expressly waive all my legal rights and causes of action to the extent that the City of Blair Police Department investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

In the event I am currently serving as a law enforcement officer in any jurisdiction, I understand that if the investigating agency becomes aware of my personal conduct that is illegal or potentially illegal, the investigating agency has my permission to disclose the information to my current employer.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the City of Blair, each of its and their agents, officers, servants and employees for any statements, acts or omissions in the course of the investigation into my background, family, personal habits and reputation, and my mental and physical health in the event I am given a conditional offer of employment.

Signature of Applicant

State of Nebraska _____)
Washington County _____) :ss

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF

_____, 20____.

(Seal)

Notary Public