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		

1. PERSONAL DATA

LAST NAME:	FIRST NAME:	MIDDLE NAME:

HOME PHONE:	BUSINESS PHONE:	CELLULAR PHONE:	EMAIL ADDRESS:

CURRENT ADDRESS: STREET ADDRESS: CITY: STATE: ZIP CODE:

AGE:	DATE OF BIRTH:	PLACE OF BIRTH:	SEX:	RACE:	HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:

SCARS, TATTOOS, PIERCINGS, BODY MODIFICATIONS OR OTHER DISTINGUISHING MARKS:

SOCIAL SECURITY NUMBER:	LIST ANY OTHER NAMES YOU HAVE EVER USED (INCLUDE MAIDEN NAME):

CHECK ONE: ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ SINGLE ☐ WIDOWED ☐ OTHER _____

A. LIST IN THE FOLLOWING ORDER: SPOUSE/DOMESTIC PARTNER, SIGNIFICANT OTHER, COHABITANT, FATHER, MOTHER, STEP-PARENT (S), BROTHER(S), SISTER(S), STEP SIBLINGS, CHILDREN, STEP-CHILDREN AND EX-SPOUSE(S). INCLUDE MAIDEN NAMES WHEN APPLICABLE AND IF DECEASED THE YEAR OF DEATH.

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

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP	AGE

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					
/					
/					
/					
/					
/					
/					
/					
/					

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: ☐ RESIDENCE ☐ BUSINESS	HOME PHONE:	EMAIL:	OCCUPATION:
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

2. NAME (LAST, FIRST, MIDDLE INITIAL):		LENGTH OF RELATIONSHIP:	NATURE OF RELATIONSHIP:
ADDRESS: ☐ RESIDENCE ☐ BUSINESS	HOME PHONE:	EMAIL:	OCCUPATION:
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

3. NAME (LAST, FIRST, MIDDLE INITIAL):		LENGTH OF RELATIONSHIP:	NATURE OF RELATIONSHIP:
ADDRESS: ☐ RESIDENCE ☐ BUSINESS	HOME PHONE:	EMAIL:	OCCUPATION:
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

4. NAME (LAST, FIRST, MIDDLE INITIAL):		LENGTH OF RELATIONSHIP:	NATURE OF RELATIONSHIP:
ADDRESS: ☐ RESIDENCE ☐ BUSINESS	HOME PHONE:	EMAIL:	OCCUPATION:
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
5. NAME (LAST, FIRST, MIDDLE INITIAL):		LENGTH OF RELATIONSHIP:	NATURE OF RELATIONSHIP:
ADDRESS: ☐ RESIDENCE ☐ 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.

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.	☐ YES ☐ NO
B. MAY AN INVESTIGATING AGENCY CONTACT YOUR PRESENT EMPLOYER.....? IF NO, EXPLAIN ON ADDITIONAL RESPONSE PAGE.	☐ YES ☐ NO
C. HAVE YOU EVER ENDED YOUR EMPLOYMENT PENDING INVESTIGATON OR DISCIPLINARY ACTION? IF YES, EXPLAIN ON ADDITIONAL RESPONSE PAGE.	☐ YES ☐ 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: FROM: TO: PRESENT	**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:		
2. 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:		
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:		

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:		
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:		

REASON FOR LEAVING:		
7. 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:		
8. 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:

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

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:

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?	☐ YES ☐ NO
B. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL?	☐ YES ☐ NO
C. HAVE YOU EVER BEEN ACCUSED OF CRIME?	☐ YES ☐ NO
D. HAVE YOU EVER BEEN CHARGED WITH A CRIME?	☐ YES ☐ NO
E. HAVE YOU EVER BEEN ARRESTED?	☐ YES ☐ NO
F. HAVE YOU EVER BEEN CONVICTED OF A CRIME?	☐ YES ☐ NO
G. HAVE YOU EVER BEEN BOOKED INTO JAIL?	☐ YES ☐ NO
H. HAVE YOU EVER RECEIVED A CRIMINAL CITATION?	☐ YES ☐ NO
I. HAVE ANY MEMBERS OF YOUR IMMEDIATE FAMILY EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL, OR PRISON?	☐ YES ☐ NO
J. HAS LAW ENFORCEMENT EVER BEEN CALLED TO YOUR HOME FOR ANY REASON?	☐ YES ☐ NO
K. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME INVOLVING PHYSICAL VIOLENCE OR THREAT OF ABUSE OR SEXUAL ABUSE?	☐ YES ☐ NO

L. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME INVOLVING PHYSICAL VIOLENCE OR SEXUAL ABUSE OF A CHILD.....?	☐ YES ☐ NO
M. HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR A CRIME OF DOMESTIC VIOLENCE.....?	☐ YES ☐ NO
N. HAVE YOU EVER APPLIED FOR, OR BEEN A RESPONDENT OF A PROTECTION/RESTRAINING ORDER.....?	☐ YES ☐ NO
O. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME THAT INVOLVED A THREAT OR ACTUAL USE OF PHYSICAL VIOLENCE.....?	☐ YES ☐ NO

SECTION # (A-O)	DATE	REASON/CHARGE	LAW ENFORCEMENT AGENCY/CITY/STATE	DISPOSITION/SENTENCE

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

****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	☐ YES ☐ NO			
Hash, Hashish Oil or THC	☐ YES ☐ NO			
Cocaine	☐ YES ☐ NO			
Crack, Rock, Ice	☐ YES ☐ NO			
Barbiturates, Hypnotics, or other "Downers"	☐ YES ☐ NO			
Amphetamines (Cross Tops, Whites Bennies, "Uppers")	☐ YES ☐ NO			
Methamphetamines (Speed, Crank, Crystal Meth)	☐ YES ☐ NO			
LSD, Mushrooms, Mescaline, PCP, Peyote or any other Hallucinogens	☐ YES ☐ NO			
PCP (Angel Dust, Sherm)	☐ YES ☐ NO			
Heroin or other Opiates	☐ YES ☐ NO			

Type of Drug	Yes or No	Date and Age First Used	Date and Age Last Used	Approximate # of Times Used
Steroids	☐ YES ☐ NO			
Drugs to stay awake	☐ YES ☐ NO			
Opium	☐ YES ☐ NO			
Morphine	☐ YES ☐ 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.	☐ YES ☐ NO			
Salvia or K-2	☐ YES ☐ NO			
Bath Salts	☐ YES ☐ NO			
Any prescribed drug not prescribed to you.	☐ YES ☐ NO			
Any other illegal or controlled substance not mentioned.	☐ YES ☐ NO			

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

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.....? ☐ YES ☐ NO

IF YES, EXPLAIN ON THE ADDITIONAL RESPONSE PAGE.

E. ARE YOU CURRENTLY IN THE MILITARY.....? ☐ YES ☐ 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
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
	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:

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)

A copy of this entire Personal History Statement (including blank pages) must be returned via personal service or mail to the City of Blair. The last page must be signed before a notary public. Notary services are available at most City Clerks Offices or local Police Departments.

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)
:ss
Washington County)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF

_____, 20___.

_____
(Seal) Notary Public