

STATE OF ARKANSAS

COMMISSION

ON

LAW ENFORCEMENT STANDARDS

AND TRAINING

PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT

Law Enforcement Agency _____

Month _____ Day _____ Year _____

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are Subject to verification. Incorrect statements may bar or remove you from employment. If space provided is Inadequate, add additional pages and identify information by item number. If a question does not apply to you, Indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

PERSONAL

1. NAME _____
First Middle Last Social Security Number

Nicknames or Aliases _____

2. Height _____ inches Weight _____ lbs.

3. Present Mailing Address: _____
Street and Number City State Zip Code

Permanent Mailing Address: _____
Street and Number City State Zip Code

Telephone Number: Home: _____ Business: _____

4. Date of Birth: _____ Place of Birth: _____

5. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other-Specify _____

6. List organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated.

7. List hobbies and/or special skills. _____

MARITAL

8. Marital Status (check one) ☐ Single ☐ Married ☐ Divorced
☐ Engaged ☐ Separated ☐ Widowed

9. Names of Spouse or Fiancée _____

10. If married, are you living with your spouse? _____ Yes _____ No

If not, state reasons: _____

11. Have you ever been separated or divorced? _____ Yes _____ No. If Yes, give date and location of court or jurisdiction. _____

12. Give the following information concerning your spouse's parents:

	NAME	ADDRESS
Father		
Mother		

13. List below every child born to you.

NAME	BIRTHDATE	PLACE OF BIRTH	WITH WHOM RESIDES

14. Are you now supporting all children born to you, adopted by you and stepchildren? _____ Yes _____ No

15. Have you ever been involved as defendant in a paternity proceeding? _____ Yes _____ No
If yes, give date and court or jurisdiction: _____

REFERENCES:

16. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities:

NAME	ADDRESS	TELEPHONE

FAMILY HISTORY:

17. List your parents, brothers and sisters:

	NAME	ADDRESS	TELE-PHONE
Father			
Mother			
Bro./Sis.			
Bro./Sis.			
Bro./Sis.			

18. Has any member of your immediate family ever been arrested for or convicted of a felony offense?

_____ Yes _____ No. If yes, complete the following:

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>DISPOSITION</u>

FINANCIAL:

19. Do you have life insurance and/or hospitalization insurance? _____ Yes _____ No

20. Have you a savings account? _____ Yes _____ No

Bank _____ City and State _____

Bank _____ City and State _____

21. Have you a checking account? _____ Yes _____ No

Bank _____ City and State _____

Bank _____ City and State _____

22. Do you own or have an interest in any type of business dealing in alcohol?

_____ Yes _____ No. If yes, give name, location and type of business.

23. Do you own or are you buying your own home? _____ Yes _____ No

Is there a mortgage on the property? _____ Yes _____ No

Bank or Company _____ City and State _____

24. Do you own or are you buying other real estate? _____ Yes _____ No

If yes, give name of agency holding mortgage:

Bank or Company _____ City and State _____

25. List motor vehicles that you own or are buying or leasing:

MAKE	MODEL	YEAR	AMOUNT OWED

26. What income other than salary do you have at present? Include spouse's salary.

27. List Credit References:

[illegible]

28. What is your total indebtedness at present? _____

29. Have your creditors treated you fairly? ☐ If not, explain:

30. Have you ever been sued? ☐ Yes ☐ No. If yes, give details:

RESIDENCES:

31. List Addresses for past 10 years starting with present address at top:

FROM MO. YR.	TO MO. YR.	ADDRESS/RESIDENCE	CITY & STATE	LANDLORD
	PRESENT			

WORK HISTORY:

32. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member?

☐ Yes ☐ No. If yes, give details below:

33. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service, give details:

34. Have your employers always treated you fairly? ☐ Yes ☐ No. If no, explain:

35. Do you object to wearing a uniform? _____ Yes ☐ No ☐

36. Do you object to working nights? ☐ Yes ☐ No ☐

37. Do you object to working shifts? ☐ Yes ☐ No ☐

38. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position		Starting Salary	Last Salary
Date Employed:		Name and title of supervisor	
Date Separated:		No. employees supervised by you:	
Full-time	Yrs. <input type="checkbox"/> Mos. <input type="checkbox"/>	Employer	
Part-time	Yrs. <input type="checkbox"/> Mos. <input type="checkbox"/>	Address	
If Part-time, # of hours worked per week:		Duties	
		Reason for leaving:	

B. Title of next to last position		Starting Salary	Last Salary
Date Employed:		Name and title of supervisor	
Date Separated:		No. employees supervised by you:	
Full-time	Yrs. <input type="checkbox"/> Mos. <input type="checkbox"/>	Employer	
Part-time	Yrs. <input type="checkbox"/> Mos. <input type="checkbox"/>	Address	
If Part-time, # of hours worked Per week:		Duties	
		Reason for leaving:	

C. Title of next position		Starting Salary	Last Salary
Date Employed:		Name and title of supervisor	
Date Separated:		No. employees supervised by you:	
Full-time	Yrs. <input type="checkbox"/> Mos. <input type="checkbox"/>	Employer	
Part-time	Yrs. <input type="checkbox"/> Mos. <input type="checkbox"/>	Address	
If Part-time, # of hours worked Per week:		Duties	
		Reason for leaving:	

D. Title of next position _____ Starting Salary Last Salary

Date Employed:	<input type="text"/>	Name and title of supervisor	<input type="text"/>
Date Separated:	<input type="text"/>	No. employees supervised by you:	<input type="text"/>
Full-time	Yrs. <input type="text"/> Mos. <input type="text"/>	Employer Address	<input type="text"/>
Part-time	Yrs. <input type="text"/> Mos. <input type="text"/>	Duties	
If Part-time, # of hours worked Per week: <input type="text"/>		Reason for leaving:	

39. Have you previously submitted an application for employment with this agency? ☐ Yes ☐ No
Approximate date:

MILITARY SERVICE

40. Were you ever in the U.S. Military Service or any other military organization? ☐ Yes ☐ No
Branch of Service Unit Date of Enlistment
Date of Discharge Service Number Highest Rank

41. List medals and decorations:

42. Type of Discharge:

43. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

44. List all schools attended:

Name of School	Location (City and State)	From Mo. & Yr.	To Mo. & Yr.	Year Completed
Grade				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High School				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College or University				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

45. Did you either graduate from high school or pass the high school equivalency test? ☐ Yes ☐ No

46. List college degrees received and major field of each. Include incomplete courses:

47. Were you ever expelled from any school or were you ever disciplined by any school official?

☐ Yes ☐ No. If yes, explain:

ARREST AND MILITARY DISCIPLINARY

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be Sufficient to disqualify you. (Exclude minor traffic violations.)

48. Have you ever been arrested or detained by police? ☐ Yes ☐ No. If yes, give details below:

Crime Charged Police Agency
Date Disposition of Case

Crime Charged Police Agency
Date Disposition of Case

49. Have you ever been placed on probation? ☐ Yes ☐ No. If yes, give details below:

50. Have you ever been required to pay a fine in excess of \$25.00? ☐ Yes ☐ No. If yes, give details below:

51. Have you ever been reported as a missing person or as a runaway? ☐ Yes ☐ No. If yes, give complete details, including jurisdiction, dates, and outcome:

52. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's Mast or company punishment, or any other disciplinary action while a member of the armed forces?

☐ Yes ☐ No. If yes, explain below:

53. List any disciplinary action taken against you in the National Guard or other reserve unit:

54. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answers will be checked with the FBI and other agencies.

Agency	<input type="text"/>	Date	<input type="text"/>	Purpose	<input type="text"/>
Agency	<input type="text"/>	Date	<input type="text"/>	Purpose	<input type="text"/>
Agency	<input type="text"/>	Date	<input type="text"/>	Purpose	<input type="text"/>

55. Can you operate a motor vehicle? ☐ Yes ☐ No
56. Do you possess a valid operator's license from the State of Arkansas? ☐ Yes ☐ No
Operator's License Number Date Issued
57. Do you possess an operator's license issued by any state other than Arkansas? ☐ Yes ☐ No
If yes, give state and number.
58. Was your license ever suspended or revoked? ☐ Yes ☐ No. If yes, state which and give reasons:
59. Was your license ever restored. ☐ Yes ☐ No. When?
60. Have you ever been refused an operator's license by any state? ☐ Yes ☐ No.
61. Have your driving privileges ever been restricted? ☐ Yes ☐ No. If yes, give details:
62. Has a motor vehicle being driven by you ever been involved in an accident? ☐ Yes ☐ No.
If yes, give complete details for each accident whether collision or non-collision:
Date: Police Investigation? ☐ Yes ☐ No
Location: Cause of Accident

Date: Police Investigation? ☐ Yes ☐ No
Location: Cause of Accident

63. List any convictions for minor traffic violations:

LOCATION	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

ATTITUDES

64. What do you consider to be the current social problems of greatest concern?

65. What are your experiences and beliefs concerning the use of alcoholic beverages?

66. What are your experiences and beliefs concerning the use of marijuana and/or other mind-altering drugs?

67. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

CAREER OBJECTIVES

68. Explain briefly your reasons for applying for this position:

I hereby certify that all statements made in this questionnaire are true and complete and understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in Full

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC, THIS _____ DAY
OF _____, 20 _____
MY COMMISSION EXPIRES _____

NOTICE – False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103.