

PERSONAL HISTORY STATEMENT

PART 1

**Sedalia Police Department
300 West Third Street
Sedalia, Missouri 65301-3894**

Instructions

Read these Instructions Carefully Before Proceeding

These instructions are provided as a guide to assist you in properly completing this personal history statement. It is essential that the information you provide be accurate in all respects. This information will be used as the basis for a background investigation that will determine your eligibility for employment with the Sedalia Police Department.

1. There are two parts to your Personal History Statement. **Part 1** is due before testing. A test date will be set and **Part 1** will be due one week prior to testing. If you are selected to continue to the background phase, **Part 2** will be due within two weeks of notification of continuation.
2. Your personal history statement should be printed legibly in ink or typed. Answer all questions to the best of your ability.
3. If a question is not applicable to you, please enter N/A in the space provided.
4. Avoid possible errors by reading the directions carefully before making entries on the form. Be sure that your information is correct and in proper sequence before you begin.
5. You are responsible for obtaining correct addresses when applicable. If you are not sure of an address, check it by personal verification. Please be sure to include zip codes and area codes with all addresses and phone numbers. Your local library may have phone directories available for many areas if needed.
6. If there is insufficient space of the form for you to include all information required, attach extra sheets to the personal history statement. Be sure to reference any additional pages included by section number and question number with each response.
7. As you complete the personal history statement, you may be uncertain about how to answer a particular question. In that case, you should circle the question and the background investigator will discuss it with you at a later date.
8. If you are unable to receive your transcript(s) by the application deadline, please note on the statement. **All** transcripts must accompany the **Part 2** portion of the Personal History Statement.

SEDALIA POLICE DEPARTMENT

REASONS FOR DISQUALIFICATION AUTOMATIC

- **FALSE STATEMENT:** False statement of material fact/deception/fraud.
- **FELONIES:** No felony convictions.
- **PROTECTION ORDERS:** Active Orders of Protection.
- **DRIVING RECORD:** No DUI/DWI/Hit & Run within the past 5 years. Three or more chargeable or at fault accidents within the past 3 years. Drivers license suspension or revocation within the past 5 years. No valid Driver's License. No more than 3 moving violation convictions in the past 5 years (Police Officers).
- **PROBATION/PAROLE:** Currently on probation, parole or diversion. (Inclusive of deferred adjudication). Pardoned for any reason other than being innocent.
- **NARCOTICS/CONTROLLED SUBSTANCE USAGE:** Must be drug-free for 5 complete years.
- **SALE OF DRUGS:** Sale of illegal drugs or sale of legal drugs without a license is a permanent disqualifier.
- **MILITARY DISCHARGE/CONDUCT:** Discharge other than honorable (no conditions). Conviction/commission of court martial offense.
- **FAILURE TO COMPLETE:** Failure to complete the Personal History Statement after being afforded the opportunity to do such, including but not limited to transcripts, will be removed from the process and must reapply.
- **TATTOOS:** Any tattoos or brands must be approved by the Chief of Police.

POTENTIAL

- **FAILURE TO DISCLOSE INFORMATION:** Failure to disclose information in the Personal History Statement or during the interview that you were afforded the opportunity to disclose and it is discovered in the Truth Verification (CVSA) examination or background investigation. Based on the disclosure may be allowed to reapply.
- **MISDEMEANORS:** Convictions reduced from felony charges. Exception: When candidate received SIS (or equivalent) the information will be reviewed and investigated during a CVSA and background check.
- **NARCOTIC/CONTROLLED SUBSTANCE USAGE:** Use of hallucinogenic substances occurring over 10 years from application date will be subject to review.
- **UNACCEPTABLE BACKGROUND:** Work history, education history, military service, general reputation, and interpersonal relationships.
- **WORK HISTORY:** Suspension or termination from employment within the year. Eligible to reapply after one year from the date of termination or last date of suspension.

**Sedalia Police Department
Personal History Statement**

A. **Applicant Identification:** Information provided in this section is used only for identification purposes only.

1. Name (last/first/mi): _____

2. Address (street): _____

(City/state/zip code): _____

E-mail address: _____

3. Telephone Number: () _____

4. Date of Birth: _____

5. Place of Birth (city/county/state): _____

(Must provide a copy of your birth certificate with part 2).

6. Social Security Number: _____

7. Are you a citizen of the United States? Yes No

8. Drivers License Number: _____ State Issued: _____

(Must provide a copy of your driver license with part 1).

9. Height: _____ Weight: _____

10. Eye Color: _____ Hair Color: _____

11. Scars, tattoos, or other marks: _____

12. Nickname(s), maiden name, or other names by which you have been known or used previously: _____

B. **Residences:** Please list all addresses where you have lived during the past ten years beginning with most recent. List date by month and year.

<u>From</u>	<u>To</u>	<u>Complete Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. **Employment History:** Beginning with most recent job, list all employment since the age of 16. Please include all part-time, seasonal, or temporary employment. Also, include all periods of unemployment.

1. Date (from/to): _____ Employer: _____
 Complete Address: _____
 Phone Number: () _____ Email: _____
 Duties/Assignment: _____

 Supervisor: _____ Co-Worker: _____
 Reason for Leaving: _____
May we contact your present employer? _____ **yes** _____ **no**

2. Date (from/to): _____ Employer: _____
 Complete Address: _____
 Phone Number: () _____ Email: _____
 Duties/Assignment: _____

 Supervisor: _____ Co-Worker: _____
 Reason for Leaving: _____

3. Date (from/to): _____ Employer: _____
Complete Address: _____
Phone Number: () _____ Email: _____
Duties/Assignment: _____

Supervisor: _____ Co-Worker: _____
Reason for Leaving: _____
4. Date (from/to): _____ Employer: _____
Complete Address: _____
Phone Number: () _____ Email: _____
Duties/Assignment: _____

Supervisor: _____ Co-Worker: _____
Reason for Leaving: _____
5. Date (from/to): _____ Employer: _____
Complete Address: _____
Phone Number: () _____ Email: _____
Duties/Assignment: _____

Supervisor: _____ Co-Worker: _____
Reason for Leaving: _____
6. Date (from/to): _____ Employer: _____
Complete Address: _____
Phone Number: () _____ Email: _____
Duties/Assignment: _____

Supervisor: _____ Co-Worker: _____
Reason for Leaving: _____

D. **Military Record:**

1. Have you served in the United States Armed Forces? _____ Yes _____ No
(If Yes, proceed to next question / If No, proceed to Section E)

You Must include a copy of your discharge paperwork (if applicable with Part 2)

2. Date of Service: From _____ To _____
3. Branch of Service: _____
4. Military Service Number: _____
5. Highest Rank Held: _____
6. Type of Discharge: _____
7. Were you ever disciplined while in military service? (Include court martial, Article 15, captain's mast, company punishment, etc.) _____ Yes _____ No

<u>Charge Agency</u>	<u>Date</u>	<u>Age at Time</u>	<u>Disposition</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. If you receive a discharge other than honorable, please give complete details:

E. **Educational History:**

You must include copies of high school/GED diploma, college transcripts and diplomas with Part 2.

1.	High School Attended	City/State/Zip	Dates Attended	Graduated Yes / No
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

2. College/University Attended: _____
Address: _____
Dates Attended: _____ Hours/Credits Earned: _____
Major/Minor: _____ Degree Received: _____

College/University Attended: _____
Address: _____
Dates Attended: _____ Hours/Credits Earned: _____
Major/Minor: _____ Degree Received: _____

Academy Attended: _____
Address: _____
Dates Attended: _____ POST Hours: _____

Must include Missouri POST Certification with Part 2

3. List any other schools attended (vocational, trade, business, etc.) Give name and address of school, dates attended, course of study, certificate received, and any other pertinent information: _____

F. Special Qualifications and Skills:

1. List any special licenses you hold (examples: pilot, radio operator, scuba) Please indicate licensing authority and dates of issuance and expiration:

2. List any specialized machinery or equipment, which you can operate:

3. Indicate any skills you hold in foreign language. Please note your skill level for each area based on excellent, good, fair rating.

	<u>Reading</u>	<u>Speaking</u>	<u>Writing</u>
Spanish	_____	_____	_____
French	_____	_____	_____
German	_____	_____	_____
Other _____	_____	_____	_____

4. List any other special skills of qualifications you possess that might aid you in the performance as an employment of this agency: _____

G. Arrests, Detentions, and Litigation:

1. Have you ever been arrested, detained by police or summoned into a court procedure? _____ yes _____ no

If yes, please complete following including any involving a juvenile status:

<u>Alleged Crime</u>	<u>Police Agency</u>	<u>Date</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Have you been involved in civil litigation?? _____ yes _____ no

If yes, list details: _____

H. Driving History:

1. Has your driver's license ever been suspended or revoked?

_____ yes _____ no

If yes, give details: _____

2. To the best of your memory, list all driving citations issued to you excluding parking tickets:

<u>Date</u>	<u>Charge</u>	<u>Location</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Describe in brief detail any traffic accidents that you have been involved in (please include locations and approximate dates): _____

M. **Personal Declarations:** Please answer the following questions concerning various personal activities:

1. Describe your frequency and extent of alcohol consumption:

2. Have you ever used marijuana or any other non-prescribed drug? _____
If yes, give details? _____

3. Have you ever sold or furnish illegal drugs to anyone? _____
If yes, list details: _____

4. Do you have any religious or other beliefs that would prohibit you from doing the duties of a police officer including the use of a firearm in deadly force situations?

5. Is there any reason(s) that would inhibit your ability to act as a police officer including the working of a variety of shifts including weekends and nights?

6. Have you ever applied to any law enforcement agency including Sedalia?
If so, give locations, date, and application status:

7. Are there any incidents in your life or details not previously mentioned which may influence this department's evaluation of your suitability for employment as a police officer?

I, _____, hereby certify that there are no willful misrepresentations, omissions, or falsifications included in the personal history statement. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for the immediate rejection of my application or termination of employment if applicable.

Signature of Applicant

Date



DRIVER'S LICENSE RECORD REVIEW

Date: _____

Department: _____

Name of Applicant / Employee: _____

Street Address: _____

City / State / ZIP Code: _____

Driver License State: _____

Driver License Number: _____ Exp. Date: _____

Date of Birth: _____



City of Sedalia – Personnel Department
200 South Osage Avenue
Sedalia, MO 65301

Dear City of Sedalia:

Consumer reports may be obtained as part of the City of Sedalia's evaluation of my job application and/or employment. The reports may be procured by Insurance & Benefits Group Insurance Agency (IBG) and may include my driving record, an assessment of my insurability under the City's insurance coverage or other consumer reports.

By signing this disclosure, I hereby authorize the City to procure such reports and additional reports about me from time to time as it deems appropriate to evaluate my insurability or for other permissible purposes.

Sincerely,

Signature of Applicant / Employee

Printed Name of Applicant / Employee