

St. Albans Police Department



Personal

History

<https://stalbans.govoffice.com/vertical/Sites/{6057F00C-4FBC-4942-B5A5-C142459B1038}/uploads/{E8BCE7EA-82CA-4EC1-B023-3DA9F42E02E6}.DOC>
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Telephone #

11. If you were raised by anyone other than your natural parents, give the following information:

Name of person you raised you: _____

Street _____

City _____

State _____

Zip _____

Last First Middle Telephone #

12. Brothers and Sisters:

Sex	Name	Age	Full Address

13. Present Marital Status:

Married Single Divorce Widowed Separated

14. Citizenship:

US Citizen By Birth Naturalization

Alien Alien Registration Number: _____

15. Marriage Data:

Date(s) of Marriage Place(s) of Marriage

A. _____

B. _____

16. Spouse's Name:

Name (include maiden name)

SSN

Date of Birth

17. Name and Address of Spouse's Employer:

Name

Street

City

State

Zip

Telephone #

18.

Children and Dependents

Sex	Name	DOB	Full Address

19. Are you receiving or responsible for paying any court ordered child support?

YES NO

To Whom Paid **From Whom received** **Amt Paid/Rec'd per Month**

22. Have you ever been in default resulting in repossession?

YES NO

If Yes, Explain below:

Educational Data

23. Provide the information requested below on all schools you have attended since the Ninth (9th) grade. Beginning with the most recent be sure to include colleges, universities, business or trade schools, and if relevant to the position for which you are applying, military school.

Name Of School	Address of School	Dates attended	Highest grade	Year of grad.

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24. Have you ever been suspended or expelled from any school or college for any academic or disciplinary reasons?

YES NO

If yes, give pertinent facts, (I.E. School, date and type of action below)

Military Data

25. Have you ever registered with the selective service as required by law?

YES NO

26. Are you now or have you been a member of a military service?

YES NO

27. Branch Primary MOS Date Entered Date Released Officer or Enlisted Service Number

Branch	Primary MOS	Date Entered	Date Released	Officer or Enlisted	Service Number

28. Are you now or have you ever been a member of a military reserve?

YES NO

29.	Branch	Primary MOS	Date Entered	Date Released	Officer or Enlisted	Service Number

30. During your service, were you ever disciplined (I.E. Were you ever court marshaled [Including article 15's], or did you ever appear before your commanding officer for disciplinary reasons?)

YES NO If yes, list pertinent facts below:

31. If you received other than an honorable discharge, Please list pertinent facts below:

32. Present selective service classification number:

Date of classification: Month _____ Day _____ Year _____

33.

Have you ever been denied entrance to any of the armed forces?

YES NO If yes, explain the basis of your denial.

Employment Data

34. Experience: Below, give a statement in chronological order of all your experience, beginning with your last employment. Any periods of unemployment, military service and part-time work should be included.

Date of Employment	Place of Employment	Full Name, Address and Telephone # of employer	Supervisor, position & Salary	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				

To:

From:

To:

35. Have you ever been fired from employment for any reason?

YES NO If yes, List pertinent facts.

36. Have you ever resigned (quit) after being informed that your employer intended to terminate you for any reason?

YES NO If yes, list pertinent facts.

37. Have you ever resigned after being informed that your employer intended to take any form of disciplinary action against you?

YES NO If yes, List pertinent facts.

Residence Data

38. List your residences for the last ten years, including your present local address. Give names of and present address of two nearest neighbors in each case, or the names of roommates; fellow-lodgers, landlords or realty companies: (List all military assignments separately, to include assignment and dates for same)

Dates Month/Year	Addresses Number/street/city/state	Neighbors Name/address/phone
From:		1.
To:		
		2.
From:		1.
To:		
		2.
From:		1.
To:		
		2.
From:		1.
To:		
		2.
From:		1.
To:		

2.

From: 1.

To:

2.

From: 1.

46. Do you now or have you in the past used or experimented with:

	YES	NO	Length of use	Last date used
Marijuana (in any form)				
Narcotics (of any kind)				
Cocaine				
Hallucinogens (LSD,PCP,MDA,etc)				
Dangerous Drugs (of any kind)				

47. Do you drink alcoholic beverages: Yes No

48. Do you belong to any organization and/or adhere to any belief which would in any way:

A. Limit or prohibit your use of weapons or firearms:

Yes

No

B. Restrict you from conforming to departmental standards of appearance and/or grooming which may from time to time be set?

Yes

No

If Yes, Explain below

49. Are you a member of or have you ever been a member of any communist or subversive organization or any political party or organization which advocates the overthrow of our constitutional form of government in the United States, or do you have membership in, or any affiliation with any group, association, or organization which advocates or lends support to any organization or movement advocating the overthrow or our constitutional form of government in the United States?

Yes

No

If so, give the name of the organization and complete details.

Signature Page

I consent to taking an employment polygraph, physical and or psychological examination and such future polygraph, physical and/ or psychological exam as may be required by the St. Albans City Police Department.

I authorize a duly authorized agent of the St. Albans City Police Department to contact any of my previous employer(s) and obtain information from them and to further investigate the truthfulness of this information.

I understand further that any false answers, statements or misleading omissions made by me on this personal history statement in connection with the above mentioned investigation and/or any physical examination can be sufficient grounds for my rejection as a candidate for employment.

If information should surface during the early stages of this investigation, which would disqualify me from further consideration, the investigation will be terminated immediately and I will be notified.

I hereby certify that all of the forgoing answers are accurate and true to the best of my knowledge.

Further more, I _____ having applied for employment as a sworn officer with the St. Albans City Police Department, hereby authorize and request every physician, school, official and other person, firm, officer, corporation, association, organization or institute having control of any documents, records or other information pertaining to me. Permit the St. Albans City Police Department or any other representatives to inspect and make copies of any such documents, records and other information.

I hereby authorize all such persons and entities as set out above to answer inquiries, questions, or interrogatories concerning me, which may be submitted to them by the St. Albans City Police Department.

I hereby release and hold harmless every physician, school, official, and other person, firm, officer, corporation, association, and organization or institute who which complies with the authorization and request made herein from and all liability.

Date _____

Signed _____
Applicant

Sworn to and subscribed before me, this ____ Day of _____, 20 ____.

Notary Public