

GRANTSVILLE CITY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT

DATE: _____

You are being considered for a position with the Grantsville City Police Department. In order to have a better understanding of your background, please fill out this questionnaire completely and accurately. Study each question carefully and remember that incorrect statements may bar or remove you from employment. If space provided is inadequate, add another page and identify this page with your name and item number. All entries are to be typewritten or hand printed legibly in ink. Each question is to be considered. If it does not apply, enter N/A.

1. Full Name: _____

2. Date of Birth _____ Age _____

3. Height (in bare feet) _____ Weight _____

4. Street Address _____

City _____ State _____ Zip Code _____

Telephone Number (include area code) _____

LIST ALL PREVIOUS ADDRESSES (Since leaving High School)

House #	Street	City & State	From:	To:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Are you a citizen of the United States? Yes ___ No ___
(If born outside of the U.S. furnish proof of citizenship)

6. Social Security Number: _____

7. Married ___ Single ___ Divorced ___ Widowed ___ Estranged ___

8. With whom do you reside? Self ___ Spouse ___ Father ___ Mother ___ Other ___

9. If married: Spouse's name/wife's maiden name _____

Age _____ Date of Birth _____

10. If married, what does you wife/husband think of police service and your engaging in this type of work?

11. Is wife/husband employed? Yes ___ No ___ How Long? _____

Where? _____

12. List below the names of ALL dependents, their relationship to you (wife, son daughter, father, etc.) and state whether they are totally or partially dependent upon you for support.

NAME	ADDRESS	TOTALLY DEPENDENT	PARTIALLY DEPENDENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. List the names and addresses of ALL IMMEDIATE RELATIVES, such as father, mother, sisters, brothers, father-in-law, mother-in-law.

NAME	ADDRESS/PHONE NO.	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. List below the names of five persons with whom you are acquainted other than those given as character references.

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



EMPLOYMENT HISTORY

15. List below your entire employment experience record. Start with your present or most recent job. Include any service in the Armed Forces. List any self-employment. Under specific duties, describe the kind of work you did and the number and kind of employees you supervised, if any. Attach additional sheets if necessary. BE COMPLETE AND SPECIFIC.

Last or Present Job:

Employing Firm _____ From _____

Firm Address _____ To _____

Your Title _____ Full time _____

Part time _____

Specific Duties _____ Starting Salary _____

Immediate Supervisor's Name _____

Reason for Leaving _____

Last or Present Job:

Employing Firm _____ From _____

Firm Address _____ To _____

Your Title _____ Full time _____

Part time _____

Specific Duties _____ Starting Salary _____

Immediate Supervisor's Name _____

Reason for Leaving _____

Last or Present Job:

Employing Firm _____ From _____

Firm Address _____ To _____

Your Title _____ Full time _____

Part time _____

Specific Duties _____ Starting Salary _____

Immediate Supervisor's Name _____

Reason for Leaving _____

(Attach additional sheets if necessary)

16. Have you ever been discharged or forced to resign from any position because of misconduct or unsatisfactory service? Yes _____ No _____. If yes, give name and address of company and also state details of discharge: _____
17. What work did you like best? _____
Why? _____
18. Name any skills you have: _____
19. Have you taken other competitive Civil Service Examinations? Yes _____ No _____ If yes, where _____
20. Have you even been barred from taking a Civil Service Examination? Yes _____ No _____
If yes give details? _____
21. Are you now on an eligibility list? Yes _____ No _____
If yes, give details _____

22. Give the name of organizations (and cities in which located) where you presently have filled applications for employment: _____

23. Have you had experience with shift work? Yes _____ No _____

24. Have you even received Workmen's Injury Compensation from a previous employer?

Yes _____ No _____

When? _____

Why? _____

25. Name any agency or organization from which you are drawing disability pay.

MEDICAL HISTORY

26. Have you had any serious injuries? Yes _____ No _____ If yes, list them.

INJURY

DATE

ATTENDING PHYSICIAN

27. Have you had any operations? Yes _____ No _____ If yes, list them.

OPERATION

DATE

ATTENDING PHYSICIAN

28. If you have any deformities, note them: _____

29. Do you drink intoxicating liquor? None _____ Moderately _____ Frequently _____

30. Do you have any known physical limitations such as hear, back, blood pressure, etc., problems?
Yes _____ No _____. If so give details _____

31. Do you now, or have you even used any illegal narcotics or drugs? Yes _____ No _____ If yes,
explain and give date of last use. _____

32. GRADE AND HIGH SCHOOL EDUCATION

SCHOOLS ATTENDED	HIGHEST GRADE COMPLETED	DATE LAST ATTENDED	DID YOU GRADUATE	NAME & LOCATION OF SCHOOL LAST ATTENDED
---------------------	----------------------------	-----------------------	---------------------	--------------------------------------------

33. Have you passed the General Education Development Test in lieu of High School Graduation? Yes
_____ No _____ If yes, furnish a copy of certificate or diploma.

COLLEGES, NURSING, BUSINESS AND OTHER SCHOOLS ATTENDED

NAME AND LOCATION	DATES ATTENDED	CREDIT HOURS	DEGREE & YEAR	DID YOU GRADUATE?	MAJOR OR SUBJECTS TAKEN
----------------------	-------------------	-----------------	------------------	----------------------	----------------------------

34. Post Certification: Peace Officer _____ Special Functions _____ None _____

Date Training Started: _____ Date Completed: _____

Location Training Received: _____

35. Certifications:

36. Have you any special training, experience, or abilities which you think would be of value to the police department. _____

37. List any foreign language you:

UNDERSTAND

SPEAK

READ

WRITE

38. List principle hobbies: _____

39. Has legal action even been taken against you or have you ever been sued? Yes ____ No ____ If yes, give details: _____

DRIVING RECORD

40. Do you have in your possession a valid driver's or chauffeur's license? Yes ____ No ____

From what State: _____

Date of issue: _____

License Number: _____

41. Did you even possess an operator's license issued by any state other than Utah?

Yes ____ No ____ If yes, give state and number: _____

42. Was you license ever suspended or revoked? Yes ____ No ____

If yes, state which and give reasons: _____

43. Was your license restored? Yes ____ No ____ When? ____

44. Have you ever been refused an operator's license by any state? Yes ____ No ____ If yes, give details: _____

45. Has your driver's license ever been restricted? Yes ____ No ____ If yes, give details: _____

ACCIDENTS

46. Have you ever been involved in a motor vehicle collision? Yes ____ No ____ If yes, give details regarding circumstances: _____

47. Have you ever been arrested? Yes ____ No ____ . If yes, list any criminal arrests (felonies or misdemeanors), either as a juvenile or as an adult, including any military discipline:

CHARGE	CITY	DATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

48. If you have ever been fingerprinted by a police agency other than for an arrest, give details below:

AGENCY _____ DATE _____ PURPOSE _____

AGENCY _____ DATE _____ PURPOSE _____

MILITARY SERVICE HISTORY

49. Have you ever served in the Army, Navy, Air Force, Marine Corps, ROTC, or other military or semi-military organization? If so, list below. If related to animal control work, state.

Organization: _____ Service No. _____

Location of Organization: _____

Enlistment Date: _____ Discharge Date: _____

Type of discharge: _____

Location of discharge: _____

50. Are you now or were you ever a member of the National Guard or Reserve Force?

Yes _____ No _____

Organization: _____ Service No. _____

Enlistment Date: _____ Discharge Date: _____

Type of discharge: _____

Location of Discharge: _____

When must you be on duty? _____

51. List all medals and decorations awarded to you as a member of the Armed Forces: _____

SOCIAL HISTORY

52. Do you belong to any organizations? Yes _____ No _____. If yes, list below.

ORGANIZATION

OFFICE HELD

53. Are you now, or have you ever been a member of any organization which advocated the overthrow of the local, state or Federal Government? Yes _____ No _____

If yes, _____

GENERAL INFORMATION

54. Why do you want to become a police officer? _____

55. Do you understand and accept the responsibilities of the position for which you are applying? Yes _____ No _____

56. Do you understand the hours of duty and general working conditions? Yes _____ No _____

57. Do you know anything that would disqualify you for police appointment or prevent your full discharge of official duties of such position? Yes _____ No _____

58. Do you have any objection to a blood test prior to the start of a shift for drugs or alcohol? Yes _____ No _____

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

60. Do you object to working night, weekends, holidays? Yes _____ No _____

61. Do you object to working shift work? Yes _____ No _____

62. Are you acquainted with any member of the Grantsville City Police Department? Yes _____ No _____
If yes, list employee

(s) _____

63. If it became necessary in the course of your duties to take a human life, would you have a reluctance to do so? Yes _____ No _____ (Explain below)

64. I understand that I may be required to complete an agility examination and a medical examination as part of the selection process for the position of police officer. I agree to voluntarily submit to

such an arrangement and I understand that I may be questioned on any subject matter covered in this application form as well as other related subject areas, and that false statements on material questions in this questionnaire are grounds for rejection of appointment. I further certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose such misrepresentation or falsification, I will be disqualified from any position under the jurisdiction of Grantsville City.

DATE

SIGNATURE OF APPLICANT

AUTHORITY TO RELEASE INFORMATION

I, _____, having made application for employment with the Grantsville City Police Department, and being desirous to inform them of my present character and previous background, do hereby authorize the release of any or all personal information concerning my qualifications for the position applied for. I hereby release the Grantsville City Police Department and all other persons from liability because of furnishing such information.

Dated the _____ day of _____, 20_____.

Signature of applicant