

PERSONAL HISTORY STATEMENT



McCONNELLSVILLE POLICE DEPARTMENT
9 WEST MAIN STREET
McCONNELLSVILLE, OHIO 43756

BACKGROUND REMOVAL STANDARDS FOR POLICE OFFICERS

APPLICANTS WILL BE REMOVED FROM ELIGIBILITY FOR ANY OF THE FOLLOWING REASONS:

A. HONESTY/FALSIFICATION

1. ANY INTENTIONAL FALSEHOOD OR ATTEMPT TO CONCEAL PERTINENT INFORMATION DURING THE SELECTION PROCESS
2. ANY ATTEMPT TO DISTORT THE POLYGRAPH EXAMINATION RESULTS
3. USE OR ATTEMPTED USE OF POLITICAL INFLUENCE TO ALTER THE SELECTION PROCESS OR CHANGE EMPLOYMENT STANDARDS IN SECURING EMPLOYMENT AS A POLICE OFFICER.
4. FAILURE TO PROVIDE COPIES OF REQUESTED DOCUMENTS OR TO COMPLETE THE PERSONAL HISTORY STATEMENT.

B. FAMILY HISTORY

1. VERIFIED OR ADMITTED PHYSICAL, SEXUAL, OR EMOTIONAL ABUSE OF A SPOUSE/EX-SPOUSE, FAMILY MEMBER, OR ANY PERSON WITH WHOM THE APPLICANT HAS OR HAD A RELATIONSHIP.
2. FAILURE TO PROVIDE CHILD SUPPORT, ALIMONY, OR OTHER FINANCIAL RESPONSIBILITY AS DETERMINED BY THE APPROPRIATE COURT OR SUPPORT AGENCY WITHIN THE PAST TEN YEARS.
3. INTENTIONAL VIOLATION OF ANY PROTECTIVE OR TEMPORARY RESTRAINING ORDER AS DETERMINED BY A COURT OF LAW WITHIN THE PAST TEN YEARS.

C. EMPLOYMENT

1. FAILURE TO RETAIN CONSISTENT FULL-TIME EMPLOYMENT, AS AN ADULT, DURING THE PAST TEN YEARS.
2. DISCHARGE OR RESIGNATION IN LIEU OF DISCIPLINE FROM ANY CRIMINAL JUSTICE OR PRIVATE SECURITY OCCUPATION.
3. DISCHARGE FROM ANY POSITION OF RESPONSIBILITY FOR POOR PERFORMANCE OR DISHONESTY.

D. MILITARY HISTORY

1. DISHONORABLE DISCHARGE FROM MILITARY SERVICE
2. CONVICTION OR ADMISSON OF ANY ARTICLE UNDER THE U.C.M.J. THAT WOULD BE EQUIVALENT TO A FELONY UNDER THE OHIO REVISED CODE.
3. LOSS OF SECURITY CLEARANCE DUE TO HONESTY RELATED ISSUES.

E. TRAFFIC

1. ANY CONVICTION FOR VEHICULAR HOMICIDE/ASSAULT.
2. OMVI CONVICTION WITHIN THE PAST FIVE YEARS. NO MORE THAN ONE OMVI CONVICTION (JUVENILE OR ADULT)
3. THREE MOVING VIOLATIONS IN THE PAST 12 MONTHS.
4. FOUR OR MORE MOVING VIOLATIONS IN THE PAST FIVE YEARS.

5. AT THE TIME OF THE INITIAL INTERVIEW, THE APPLICANT DOES NOT POSSESS A VALID DRIVER'S LICENSE AND AUTO INSURANCE AS REQUIRED BY THE RESIDENCE STATE.
6. ONE REVOCATION OR SUSPENSION OF DRIVER'S LICENSE AS AN ADULT, IN EFFECT DURING THE PAST FIVE YEARS, DUE TO POINTS, F.R.A. OR A COURT.
7. ANY CIRCUMSTANCES THAT WOULD RENDER THE APPLICANT INELIGIBLE FOR COVERAGE UNDER MUNICIPAL FLEET INSURANCE.

F. GAMBLING

1. CONVICTION OF A GAMBLING OFFENSE WITHIN THE PAST FIVE YEARS.
2. ADMISSION TO GAMBLING THAT HAS RESULTED IN FINANCIAL INSTABILITY WITHIN THE PAST SEVEN YEARS.
3. ADMISSION OR CONVICTION OF ENGAGING IN PROMOTION OF ILLEGAL GAMBLING

G. CRIMINAL ACTIVITY

1. ANY PATTERN OF THEFT OFFENSE WITHIN THE PAST TEN YEARS WHICH CUMULATIVELY EXCEEDS \$100.00.
2. ANY THEFT OFFENSE AS AN ADULT OR JUVENILE THAT SINGULARLY EXCEEDS \$100.00.
3. ANY FRAUDULENT INSURANCE, PUBLIC ASSISTANCE, WORKERS COMPENSATION OR UNEMPLOYMENT CLAIMS.
4. ANY ADMISSION OR CONVICTION OF AN OFFENSE DEFINED AS A FELONY BY THE FEDERAL, STATE, OR LOCAL JURISDICTION WHERE THE OFFENSE OCCURRED.
5. ANY CONVICTION OR ADMISSION OF AN M-1 OR M-2 MISDEMEANOR AS DEFINED BY THE FEDERAL, STATE, OR LOCAL LAW WHERE THE OFFENSE OCCURRED WITHIN THE PAST TEN YEARS. (NO MORE THAN ONE CONVICTION OF AN M-1 OR M-2 OFFENSE). (TRAFFICE AND UNDERAGE CONSUMPTION OFFENSE EXCEMPTED)
6. ANY PATTERN OF MINOR MISDEMEANOR THROUGH M-3 OFFENSES.
7. ANY CONVICTION OR ADMISSION OF FLASIFICATION OR ITS EQUIVALENT.
8. ANY PATTERN OF THEFTS FROM AN EMPLOYER OR DURING THE COURSE OF EMPLOYMENT
9. ANY PARTICIPATION OR MEMBERSHIP IN GROUPS, ORGANIZATIONS, OR CLUBS THAT PROMOTE, CONDONE, OR COMMIT UNLAWFUL ACTS.

H. SUBSTANCE ABUSE

1. ANY USE OF PURCHASE OF ILLEGAL DRUGS WITHIN FIVE YEARS BEFORE APPLICATION, OR ANY USE AFTER APPLICATION. (EXCEPT MARIJUANA)
2. ANY USE OR PURCHASE OF MARIJUANA WITHIN TWO YEARS OF APPLICATION OR ANY USE AFTER APPLICATION.
3. ANY ILLEGAL SALES OF DRUGS OF ABUSE, MARIJUANA, OR PRESCRIPTIVE DRUGS.
4. ABUSE OF ALCOHOL, CHEMICAL AGENTS/SOLVENT BASED SUBSTANCES OR PRESCRIPTIVE DRUGS.
5. ANY ADMISSION OR VERIFIED USE OF CRACK COCAINE, HEROIN, OR L.S.D.

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Persona History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

- Your Person History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
- If a question is not applicable to you, enter N/A in the space provided.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

B. RESIDENCES- List all addresses where you have lived during the past ten (10) years, beginning with present address. List date by month and year, attach extra page if necessary.

<u>FROM</u>	<u>TO</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. WORK HISTORY- Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____

2. FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____

3. FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____

4. FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____

5. FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____

6. FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____

D. MILITARY RECORD

1. HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____ YES _____ NO
2. DATE OF SERVICE: FROM _____ TO _____
BRANCH OF SERVICE _____
UNIT DESIGNATION _____

MILITARY SERVICE NUMBER _____
 HIGHEST RANK HELD _____
 TYPE OF DISCHARGE _____

3. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE (INCLUDE COURT-MARTIAL, CAPTAIN'S MASTS, COMPANY PUNISHMENT, ETC.) _____ YES _____ NO

<u>CHARGE</u>	<u>AGENCY</u>	<u>DATE</u>	<u>AGE AT TIME</u>	<u>DISPOSITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS.

E. EDUCATIONAL HISTORY

1. HIGH SCHOOL	<u>ATTENDED</u>	<u>CITY & STATE</u>	<u>DATES ATTENDED</u>		<u>GRADUATED</u>	
			<u>FROM</u>	<u>TO</u>	<u>YES</u>	<u>NO</u>
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

2. (a) COLLEGE OR UNIVERSITY ATTENDED _____
 CITY & STATE _____ DATES ATTENDED _____
 UNITS COMPLETED _____ MAJOR/MINOR _____
 DEGREE RECEIVED, IF ANY, & DATE _____

(b) COLLEGE OR UNIVERSITY ATTENDED _____
 CITY & STATE _____ DATES ATTENDED _____
 UNITS COMPLETED _____ MAJOR/MINOR _____
 DEGREE RECEIVED, IF ANY, & DATE _____

(c) COLLEGE OR UNIVERSITY ATTENDED _____
 CITY & STATE _____ DATES ATTENDED _____
 UNITS COMPLETED _____ MAJOR/MINOR _____
 DEGREE RECEIVED, IF ANY, & DATE _____

3. LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC) GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATE, AND ANY OTHER PERTINENT INFORMATION.

F. SPECIAL QUALIFICATIONS & SKILLS

1. LIST ANY SPECIAL LICENSES YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC.). SHOWING LICENSING AUTHORITY, ORIGINAL DATE OFISSUE AND DATE OF EXPIRATION.

2. LIST ANY SPECIALIZE MACHINERY OR EQUIPMENT WHICH YOU CAN OPERATE.

3. IF YOU ARE FLUENT IN A FOREIGN LANQUAGE, INDICATE IN EACH AREA YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD, FAIR)

<u>LANGUAGE</u>	<u>READING</u>	<u>SPEAKING</u>	<u>UNDERSTANDING</u>	<u>WRITING</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

G. CONVICTIONS, ARREST, DETENTIONS AND LITIGATION

1. HAVE YOU EVER BEEN CONVICTED, ARRESTED, DETAINED BY POLICE OR SUMMONSED INTO COURT? ____YES ____NO

IF YES, COMPLETE THE FOLLOWING (LIST JUVENILE AS WELL AS ADULT OCCURRENCES).

<u>CRIME CHARGED</u>	<u>POLICE AGENCY CITY & STATE</u>	<u>DATE</u>	<u>DISPOSTION OF CASE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN CIVIL LITIGATION? ____YES ____NO
IF YES, GIVE DETAILS: _____

H. TRAFFICE RECORD

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? ____YES ____NO
IF YES, FIVE DATE, LOCATION AND REASONS: _____

2. WITH WHAT COMPANY DO YOU CARRY AUTO INSURANCE? _____

3. LIST5 TO THE BEST OF YOUR MEMORY ALL DRIVING CITATIONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, EXCLUDING PARKING TICKETS.

<u>MONTH & YEAR</u>	<u>CHARGE</u>	<u>CITY & STATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

I. MARITAL & FAMILY HISTORY

1. ARE YOU? _____SINGLE
_____MARRIED

_____ SEPARATED
 _____ DIVORCED
 _____ WIDOWED

2. **IF MARRIED:**

DATE _____
 CITY AND STATE _____
 SPOUSE'S NAME (WIFE'S MAIDEN NAME) _____

3. **IF EVER SEPARATED, DIVORCED OR WIDOWED:**

DATE OF MARRIAGE _____
 CITY AND STATE _____
 SPOUSE'S NAME
 (WIFE'S MAIDEN NAME) _____
 PRESENT ADDRESS & PHONE _____
 SEPARATED, DIVORCED OR ANNULLED (STATE WHICH) _____
 DATE OF ORDER OR DECREE _____
 COURT & STATE WHERE ISSUED _____

4. LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (NATURAL, STEP-CHILDREN, ADOPTED AND FOSTER CHILDREN).

<u>NAME</u>	<u>RELATION</u>	<u>DATE OF BIRTH</u>	<u>ADDRESS</u>	<u>SUPPORTED BY WHOM</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. LIST ALL OTHER DEPENDENTS

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER (INCLUDE MAIDEN NAME), BROTHER & SISTERS. IF DECEASED, SO INDICATE.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>	<u>RELATION</u>	<u>AGE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

J. REFERENCES OR ACQUAINTANCES- LIST FIVE PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

1. NAME _____ ADDRESS _____
 RESIDENCE PHONE _____ BUSINESS PHONE _____
 BUSINESS ADDRESS _____
 YEARS KNOW _____

2. NAME _____ ADDRESS _____
 RESIDENCE PHONE _____ BUSINESS PHONE _____
 BUSINESS ADDRESS _____
 YEARS KNOW _____

3. NAME _____ ADDRESS _____
 RESIDENCE PHONE _____ BUSINESS PHONE _____
 BUSINESS ADDRESS _____
 YEARS KNOW _____

4. NAME _____ ADDRESS _____
 RESIDENCE PHONE _____ BUSINESS PHONE _____
 BUSINESS ADDRESS _____
 YEARS KNOW _____

5. NAME _____ ADDRESS _____
 RESIDENCE PHONE _____ BUSINESS PHONE _____
 BUSINESS ADDRESS _____
 YEARS KNOW _____

K. FINANCIAL HISTORY-SOURCE OF INCOME

- WHAT IS YOUR PRESENT SALARY OR WAGES? _____
- DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION? _____ YES _____ NO
 IF YES, HOW MUCH? _____
 THE SOURCE? _____
- DO YOU OWN ANY REAL ESTATE? _____ YES _____ NO VALUE: _____
 LOCATION: _____

4. DO YOU OWN ANY BONDS, GOVERNMENT OR OTHER? YES NO VALUE _____
5. DO YOU OWN ANY CORPORATE STOCK? YES NO VALUE: _____
6. DO YOU HAVE A BANK ACCOUNT? YES NO

SAVINGS

AVERAGE BALANCE: \$ _____
 NAME & ADDRESS OF BANK _____

CHECKING

AVERAGE BALANCE \$ _____
 NAME & ADDRESS OF BANK _____

7. **FINANCIAL OBLIGATIONS**

GIVE NAMES AND ADDRESSES OF THE INDIVIDUALS, COMPANYIES, OR OTHERS TO WHOM YOU ARE INDEBTED, AND THE EXTENT OF YOUR DEBT INCLUDE RENT, MORTGAGES, VEHICLE PAYMENTS, CHARGE ACCOUNTS, CREDIT CARDS, LOANS, CHILD SUPPORT PAYMENTS, AND ANY OTHER DEBTS AND PAYMENTS. INCLUDE ACCOUNT NUMBERS WHERE APPLICABLE.

TYPE	NAME & ADDRESS OF CREDITORS	REASON FOR DEBT OR ITEM PURCHASED	ACCOUNT NUMBER	TOTAL BALANCE	MONTHLY PAYMENTS

TOTAL _____

L. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)

<u>NAME & ADDRESS</u>	<u>TYPE (SOCIAL, FRATERNAL, PROFESSIONAL, ETC</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

M. PERSONAL DECLARATIONS

1. DESCRIBE IN YOUR OWN WORDS THE FREQUENCY AND EXTENT OF YOUR USE OF INTOCIATING LIQUORS. _____

2. HAVE YOU EVER USED MARIJUANA OR ANY OTHER DRUG NOT PRESCRIBED BY YOUR PHYSICIAN? _____ YES _____ NO
 IF YES, WHAT WERE THE CIRCUMSTANCES? _____

3. HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE?
 _____ YES _____ NO
 IF YES, EXPLAIN IN DETAIL _____

4. HAVE YOU EVER COMMITTED A FELONY FOR WHICH YOU WERE NOT ARRESTED?
 _____ YES _____ NO

IF YES, EXPLAIN IN DETAIL _____

5. HAVE YOU EVER STOLEN ANYTHING? _____ YES _____ NO
IF YES, EXPLAIN _____

6. HAVE YOU EVER STOLEN FROM AN EMPLOYER? _____ YES ___ NO
IF YES, EXPLAIN _____

7. HAVE YOU EVER ENGAGED IN ANY GROSSLY UNNATURAL SEX ACTS OR ILLEGAL SEX
ACTS? _____ YES _____ NO
IF YES, EXPLAIN _____

8. HAVE YOU EVER CARRIED A CONCEALED WEAPON? _____ YES _____ NO
IF YES, EXPLAIN _____

9. HAVE YOU EVER SERVED IN A CRIMINAL DIVERSION PROGRAM OR APPLIED FOR OR
HAD ANY CHARGES OR CONVICTIONS SEALED? _____ YES _____ NO
IF YES, EXPLAIN _____

10. IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES
AS A LAW ENFORCEMENT OFFICER, WOULD ANY RELIGIOUS OR OTHER BELIEFS
PREVENT YOU FROM DOING SO? _____ YES _____ NO
IF YES, EXPLAIN _____

11. DO YOU HAVE ANY OTHER BELIEFS OR PREJUDICES WHICH WOULD PREVENT YOU
FROM FULLY PERFORMING THE DUTIES OF A LAW ENFORCEMENT OFFICER?
_____ YES _____ NO
IF YES, EXPLAIN _____

12. HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY OTHER LAW ENFORCEMENT OR GOVERNMENT AGENCIES? _____ YES _____ NO
IF YES, EXPLAIN _____

13. HAVE YOU EVER BEEN REJECTED BY OR FIRED FROM A LAW ENFORCEMENT EMPLOYER? _____ YES _____ NO
IF YES, EXPLAIN _____

14. HAVE YOU EVER RESIGNED FROM A LAW ENFORCEMENT POSITION TO AVOID TERMINATION OR CRIMINAL CHARGES BEING FILED? _____ YES _____ NO
IF YES, EXPLAIN _____

15. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENTS' EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A LAW ENFORCEMENT OFFICER? _____ YES _____ NO
IF YES, EXPLAIN _____

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

Signature of Applicant

Date