

MAYFLOWER POLICE DEPARTMENT



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	<input type="text"/>	<input type="text"/>
Mother	<input type="text"/>	<input type="text"/>

13. List below every child born to you.

NAME	BIRTHDATE	PLACE OF BIRTH	WITH WHOM RESIDES
<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"/>	<input type="text"/>	<input type="text"/>

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
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

DATE LOCATION CHARGE DISPOSITION

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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.

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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

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:		<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 Duties <input type="text"/>
Part-time	Yrs.	<input type="text"/>	Mos.	<input type="text"/>	
If Part-time, # of hours worked per week:		<input type="text"/>		Reason for leaving: <input type="text"/>	

B. Title of next to last 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 Duties <input type="text"/>
Part-time	Yrs.	<input type="text"/>	Mos.	<input type="text"/>	
If Part-time, # of hours worked Per week:		<input type="text"/>		Reason for leaving: <input type="text"/>	

C. 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 Duties <input type="text"/>
Part-time	Yrs.	<input type="text"/>	Mos.	<input type="text"/>	
If Part-time, # of hours worked Per week:		<input type="text"/>		Reason for leaving: <input type="text"/>	

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 Duties <input type="text"/>
Part-time	Yrs. <input type="text"/>	Mos. <input type="text"/>	
If Part-time, # of hours worked Per week: <input type="text"/>		Reason for leaving: <input type="text"/>	

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				
High School				
College or University				

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?

[Empty text box for question 64]

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

[Empty text box for question 65]

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

[Empty text box for question 66]

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

[Empty text box for question 67]

CAREER OBJECTIVES

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

[Empty text box for question 68]

[Empty text box for question 68]

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.