

# AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby authorize any Person, Agency, Partnership or Corporation having any information concerning my personal **CREDIT REPORT, EDUCATIONAL RECORD, MEDICAL OR PSYCHOLOGICAL RECORDS, OR RECORD OF INVESTIGATION** to release such information to The Valencia County Sheriff's Department.

I hereby release such Person, Agency, Partnership or Corporation from liability which may be incurred in releasing this information to The Valencia County Sheriff's Department, including liability under Federal Law.

Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_

Date Of Birth \_\_\_\_\_

001

Witness \_\_\_\_\_

Subscribed and Sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public \_\_\_\_\_

## Personal History Statement (PHS)

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The purpose of this personal history statement is to help us determine your suitability for employment. It is a detailed extension of the employment application and is used to give us a more detailed and accurate image of prospective employees. We will use this personal history statement to conduct your background investigation if you progress to that point in the selection process.

It is imperative that you be thorough and accurate when you complete this personal history statement. Intent to deceive, falsify, mislead, or withhold significant information on this form may be grounds for disqualification. We want you to think carefully and answer accurately and thoroughly. Do not guess at information. If you do not know an answer and you do not know where/how to find it, indicate that on the form.

**Before you complete this form, read the following instructions:**

1. Everything you write is important and may be considered later.
2. This is not a draft and you have only one opportunity to complete this form, so think about what you want to write.
3. Use only pen to complete the form. No typing or pencils are allowed.
4. Do not use correction fluid, erase, or blackout errors. If you need to make a correction, do so on the page provided or cross out your error and continue. Example: *My boss' name was ~~Bill Smith~~ Harry Black.* Your correction will be considered.
5. Submit this original personal history statement with your original responses.
6. If you run out of spaces to write your information, you may continue on the backside of the page.
7. A background investigation can take a minimum of six weeks to complete.
8. Incomplete, inaccurate or untruthful information may be grounds for disqualification from consideration, or termination of employment by this Department. Neatness and accuracy count. Answer every question. If it does not apply, write N/A or draw a line.

Your name \_\_\_\_\_

## Personal History Statement (PHS)

### Personal

The following information is requested of you for verification and contact purposes:

<b>1. Please print or type your full legal name</b>			
Last	First	Middle	Age
Other names (including nicknames) you have used or been known by:		Maiden name	
<b>2. Residence</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with parent(s)/relative			
Number	Street	City	State    Zip Code
<b>3. Please list your residence phone and an alternate number for messages</b>		(    )	(    )    Message
		Residence	<input type="checkbox"/> Work <input type="checkbox"/> Other
Please list your mailing address if it is different from your residence address			
Number	Street	City	State    Zip Code
<b>4. Birth Date</b>		<b>5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide documentation to confirm this?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Month	Day	Year	Place of Birth:
<b>6. Social Security Number</b>		(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)	
--	--		
<b>7. For the purposes of identification, please provide the following:</b>			
Height	Weight	Hair Color	Eye Color
Scars, tattoos or other distinguishing marks			

### Relatives, References, Acquaintances

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position. Inquiries will be confined to job relevant matters.

<b>8. Please provide the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A".</b>				
Name of your:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)		
Father	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (    )		
		Work (    )		
Mother	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (    )		
		Work (    )		
Father-in-law	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (    )		
		Work (    )		
Mother-in-law	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (    )		
		Work (    )		
Spouse/Significant Other	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (    )		
		Work (    )		
Spouse's maiden name	Spouse's date of birth	Date of marriage	Place of marriage	Other names spouse has used
Spouse's employer (name and address)			Occupation	How long
			(    )	

# Personal History Statement

## Relatives, References, Acquaintances Continued

Name of former spouse/parent of mutual children	Date of Marriage	Date of Divorce	City, State of Divorce
Amount of alimony or child support received or paid (circle one)		Have you ever been delinquent in making required payment(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No   Approx. Times:	
Present address of former spouse/parent of mutual children			Telephone (      )
Name of former spouse	Date of Marriage	Date of Divorce	City, State of Divorce
Amount of alimony or child support received or paid		Have you ever been delinquent in payment? <input type="checkbox"/> Yes <input type="checkbox"/> No   Approx. Times:	
Present address of former spouse			Telephone (      )
<b>Name of your:</b>	<b>Address where person can be contacted (Include City, State and Zip code)</b>	<b>Telephone number at which person can be contacted (include area code)</b>	
Brother(s) and Sister(s)	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (      )	
		Work (      )	
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (      )	
		Work (      )	
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (      )	
		Work (      )	
Step-mother	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (      )	
		Work (      )	
Step-father	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (      )	
		Work (      )	
Step-brother(s) and Step-sister(s)	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (      )	
		Work (      )	
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (      )	
		Work (      )	
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (      )	
		Work (      )	
<b>Other relatives with whom you have a close personal relationship (list all of your children).</b>			
	Relationship		Home (      )
		Home <input type="checkbox"/> Work <input type="checkbox"/>	Work (      )

(Continued)

# Personal History Statement

## Relatives, References, Acquaintances

Continued

Other relatives with whom you have a close personal relationship (including children). (Continued)			
	Relationship		
		Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (     )
			Work (     )
		Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (     )
			Work (     )
		Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (     )
			Work (     )

**9.** Below, please list those individuals with whom you have resided during the last ten (10) years. Exclude family members.  
**\*\*List the individual's current address.**

From:                      To:		Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (     )
			Work (     )
From:                      To:		Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (     )
			Work (     )
From:                      To:		Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (     )
			Work (     )
From:                      To:		Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (     )
			Work (     )
From:                      To:		Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (     )
			Work (     )

**10.** Please list six (6) individuals such as friends, co-workers, neighbors, classmates, teachers, and supervisors who have personal knowledge of you and your qualifications. Exclude relatives and individuals from question #9.

Name:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
		Home (     )
How known?                      How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Work (     )
		Home (     )
How known?                      How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Work (     )
		Home (     )
How known?                      How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Work (     )

(Continued)

# Personal History Statement

## Relatives, References, Acquaintances

Continued

Question #10 continued:

Name:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
How known?                      How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (        )
		Work (        )
How known?                      How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (        )
		Work (        )
How known?                      How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (        )
		Work (        )

11. Please list any individuals that you are well acquainted with who are members of law enforcement agencies. Exclude individuals who are listed in questions #9 and #10.

Name and Rank:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
Department	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (        )
		Work (        )
Department	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (        )
		Work (        )
Department	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (        )
		Work (        )
Department	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (        )
		Work (        )
Department	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home (        )
		Work (        )

# Personal History Statement

## Education

12. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records will be made.

Name of School	Location of School (City and State)	Dates Attended		Major	Units Earned	Type of Degree
		From Month/Year	To Month/Year			

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and four-year colleges, universities and business and vocational schools - any formal education beyond the high school level.)

Yes       No

If "yes", please explain (include school, date, and circumstances). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Residence

*Individuals who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for a background investigation.*

14. Please list all of your residences back at least 10 years. There should be no gaps in residence dates. Begin with your current residence and list backward in chronological order.

Address	City, State, Zip Code	Dates		If rented, give name, address and telephone of the Person responsible for the collection of the rent.
		From Mo. Yr.	To Mo. Yr.	
With whom do you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		

# Personal History Statement

## Residence

Continued

Address	City, State, Zip Code	Dates		If rented, give name, address and telephone of the person responsible for the collection of the rent.
		From Mo. Yr.	To Mo. Yr.	
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		

# Personal History Statement

## Experience and Employment

**15.** Beginning with your most current employment, please list in chronological order all jobs (including part-time, temporary and voluntary positions) you have held in the past 10 years. For the purposes of this personal history statement, voluntary work should be included as employment. For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of employment From Mo. Yr.      To Mo. Yr. ___/___/___      ___/___/___ <input type="checkbox"/> Present	Name and complete address of employer, include zip code  Telephone No.	Name of supervisor  Name(s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Job title and duties (for identification purposes)	
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
Dates of employment From Mo. Yr.      To Mo. Yr. ___/___/___      ___/___/___ <input type="checkbox"/> Present	Name and complete address of employer, include zip code  Telephone No.	Name of supervisor  Name(s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Job title and duties (for identification purposes)	
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
Dates of employment From Mo. Yr.      To Mo. Yr. ___/___/___      ___/___/___ <input type="checkbox"/> Present	Name and complete address of employer, include zip code  Telephone No.	Name of supervisor  Name(s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Job title and duties (for identification purposes)	
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
Dates of employment From Mo. Yr.      To Mo. Yr. ___/___/___      ___/___/___ <input type="checkbox"/> Present	Name and complete address of employer, include zip code  Telephone No.	Name of supervisor  Name(s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Job title and duties (for identification purposes)	
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		

# Personal History Statement

## Experience and Employment

Continued

Question #15 continued:

Dates of employment From Mo. Yr.      To Mo. Yr. _____ / _____ / _____ <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and complete address of employer, include zip code  Telephone No. _____  Job title and duties (for identification purposes) _____ _____ _____	Name of supervisor   Name(s) of co-worker(s) _____ _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From Mo. Yr.      To Mo. Yr. _____ / _____ / _____	From Mo. Yr.      To Mo. Yr. _____ / _____ / _____	
Dates of employment From Mo. Yr.      To Mo. Yr. _____ / _____ / _____ <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and complete address of employer, include zip code  Telephone No. _____  Job title and duties (for identification purposes) _____ _____ _____	Name of supervisor   Name(s) of co-worker(s) _____ _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From Mo. Yr.      To Mo. Yr. _____ / _____ / _____	From Mo. Yr.      To Mo. Yr. _____ / _____ / _____	
Dates of employment From Mo. Yr.      To Mo. Yr. _____ / _____ / _____ <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and complete address of employer, include zip code  Telephone No. _____  Job title and duties (for identification purposes) _____ _____ _____	Name of supervisor   Name(s) of co-worker(s) _____ _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From Mo. Yr.      To Mo. Yr. _____ / _____ / _____	From Mo. Yr.      To Mo. Yr. _____ / _____ / _____	
Dates of employment From Mo. Yr.      To Mo. Yr. _____ / _____ / _____ <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and complete address of employer, include zip code  Telephone No. _____  Job title and duties (for identification purposes) _____ _____ _____	Name of supervisor   Name(s) of co-worker(s) _____ _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From Mo. Yr.      To Mo. Yr. _____ / _____ / _____	From Mo. Yr.      To Mo. Yr. _____ / _____ / _____	

continued...

# Personal History Statement

## Experience and Employment Continued

Question #15 continued:

<b>Dates of employment</b> From Mo. Yr.      To Mo. Yr. /                      / <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<b>Name and complete address of employer, include zip code</b>  Telephone No.  Job title and duties (for identification purposes)	<b>Name of supervisor</b>  Name(s) of co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From      Mo.      Yr.      To      Mo.      Yr. /              /              /              /	From	To
<b>Dates of employment</b> From Mo. Yr.      To Mo. Yr. /                      / <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<b>Name and complete address of employer, include zip code</b>  Telephone No.  Job title and duties (for identification purposes)	<b>Name of supervisor</b>  Name(s) of co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From      Mo.      Yr.      To      Mo.      Yr. /              /              /              /	From	To
<b>Dates of employment</b> From Mo. Yr.      To Mo. Yr. /                      / <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<b>Name and complete address of employer, include zip code</b>  Telephone No.  Job title and duties (for identification purposes)	<b>Name of supervisor</b>  Name(s) of coworker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From      Mo.      Yr.      To      Mo.      Yr. /              /              /              /	From	To
<b>Dates of employment</b> From Mo. Yr.      To Mo. Yr. /                      / <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<b>Name and complete address of employer, include zip code</b>  Telephone No.  Job title and duties (for identification purposes)	<b>Name of supervisor</b>  Name(s) of co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From      Mo.      Yr.      To      Mo.      Yr. /              /              /              /	From	To

# Personal History Statement

## Experience and Employment

Continued

16. Would any problem result if your present employer were contacted during the course of the background investigation?

Yes  No

If "yes", please explain below

17. Have you ever held employment under another name?  Yes  No

If "yes", please give details (include when, name of employer(s)).

18. Have you had any extended work absences for reasons other than earned vacations?  Yes  No

If "yes", please explain (include when, name of employer(s) and why).

19. Have you, regardless of whether the matter is or was appealed, regardless of whether the matter is part of your official record, regardless of whether you believe or think that it might not still be in your file:

A. Ever been discharged from employment (fired) for any reason?  Yes  No

B. Ever resigned (quit) after being told that your employer intended to discharge (fire) you for any reason?  Yes  No

C. Ever resigned (quit) after being told that your employer intended to take disciplinary action against you?  Yes  No

D. Ever resigned (quit) because you suspected your employer intended to discharge (fire) you for any reason?  Yes  No

E. Ever resigned (quit) because you suspected your employer intended to take disciplinary action against you?  Yes  No

F. Ever been reprimanded, counseled, or otherwise been put on notice by any employer?  Yes  No

If you answered "yes" to any question, give all details, including name and address of employer, date(s) and circumstances.

20. If you have never held employment, please explain why.

IF YOU NEED ADDITIONAL ROOM FOR ANY RESPONSE,  
USE THE BACK OF THE PAGE.  
NUMBER EACH RESPONSE TO MATCH THE NUMBER OF THE QUESTION.

# Personal History Statement

## Military Service

<b>21. Have you ever served in the armed forces, National Guard or military reserves?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Branch of Service	Service Number	Dates of Service ____/____ to ____/____	Type of Discharge	
<b>22. If you are a male and have never served in the armed forces, please provide the following (if applicable):</b>				
Selective Service Number	Approximate Date of Registration	Address at Time of registration		
<b>23. Were you ever investigated for any criminal activity while in the military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, explain on back of page.				
<b>24. Are you <i>currently</i> participating in any military reserve or National Guard program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>25. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If "yes", explain below. Please be specific and continue on the back of the page with more detail.				
Date	Violation(s)	Describe Incident and Penalty Received		
<b>26. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who you still know well enough to provide accurate information about you.</b>				
Name	Contact Address	Contact Telephone	Years Known	
			From	To





# Personal History Statement

## Financial

Continued

30. Have you ever filed for or declared bankruptcy; or filed for the wage earner's plan?  Yes  No

If "yes", please give details (include when, where, why).

31. Have any of your bills ever been turned over to a collection agency?  Yes  No

If "yes", please give details (include when, firms involved, circumstances).

32. Have you ever had purchased goods repossessed?  Yes  No

If "yes", please give details (include when, firms involved, circumstances).

## Legal

33. Have you ever been charged, arrested or convicted for any criminal offense? (Do not include traffic tickets unless you were taken into custody)  Yes  No If "yes", provide the following information, starting with the most recent event. Explain in more detail on the back of the page.

Date	Charge(s)	Police agency/city or locality	Penalty

34. Have you ever been placed on court probation as an adult?  Yes  No

If "yes", please give details (include when, where, why). Give dates of probation starting with the most recent.

35. Have you ever been detained, questioned, held on suspicion or fingerprinted, although not arrested, during the course of a criminal investigation conducted by a law enforcement agency?  Yes  No If "yes", explain in detail on back of page.

36. Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled to them, or received a "overpayment" which you were required to repay?  Yes  No If "yes", explain in detail on back of page.

37. Have you complied with the draft registration laws?  Yes  No If "no", please explain on back of page.

38. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?

Yes  No If "yes", please explain below and include dates.

# Personal History Statement

**Legal**

Continued

<b>39. Have you ever been reported to a law enforcement agency as a missing person or a runaway?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details including date, law enforcement agency and circumstances.			
<b>40. Have you ever applied for a permit to carry a concealed weapon?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide the following information:			
Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Name of law enforcement agency	
Purpose			
<b>41. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details including when, where, name and location of court, and circumstances.			
<b>42. Have you experimented with, or tried, any type of an illegal drug or narcotic?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", indicate with an "X" all drugs that you have experimented with, or tried, from the list below. Experimentation includes, but is not limited to smoking, swallowing, tasting, inhaling, or injecting.			
<input type="checkbox"/> Marijuana <input type="checkbox"/> Hashish <input type="checkbox"/> Hashish oil <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Rock <input type="checkbox"/> Ice <input type="checkbox"/> Amphetamines <input type="checkbox"/> Crosstops	<input type="checkbox"/> Whites <input type="checkbox"/> Bennies <input type="checkbox"/> Uppers <input type="checkbox"/> Methamphetamines <input type="checkbox"/> Speed <input type="checkbox"/> Crank <input type="checkbox"/> Crystal <input type="checkbox"/> Barbiturates <input type="checkbox"/> Black Beauties	<input type="checkbox"/> Downers <input type="checkbox"/> Reds <input type="checkbox"/> Quaaludes <input type="checkbox"/> PCP <input type="checkbox"/> Sherms <input type="checkbox"/> Angel Dust <input type="checkbox"/> LSD <input type="checkbox"/> Acid <input type="checkbox"/> Mescaline	<input type="checkbox"/> Peyote <input type="checkbox"/> Mushrooms <input type="checkbox"/> Glue <input type="checkbox"/> Opium <input type="checkbox"/> Heroin <input type="checkbox"/> Steroids Others (list) <input type="checkbox"/> _____ <input type="checkbox"/> _____
<b>43. Have you ever used a prescription drug not prescribed for you?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on back of page.			
<b>44. Have you ever sold, provided or given illegal drugs or narcotics to anyone?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on back of page.			
<b>45. Have you ever grown marijuana or manufactured any type of drug or narcotic?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on back of page.			
<b>46. Have you or anyone else ever injected an illegal drug or narcotic into your body?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on back of page.			
<b>47. Do you associate with any person who you suspect uses illegal drugs or narcotics?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on back of page.			
<b>48. When was the last time you were present where illegal drugs, narcotics, or other illegal substances were being used?</b> Month _____ Year _____ Type of location: _____ Circumstances: _____			

# Personal History Statement

## Motor Vehicle Operation

*Operation of a motor vehicle is an integral part of the position of peace officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:*

<b>49.</b> New Mexico driver's license number		Class	Expiration date		
Name under which license was granted		Other Names Used			
<b>50.</b> Please list other states where you have been licensed to operate a motor vehicle.					
State	What Yrs?	State	What Yrs?	State	What Yrs?
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted
NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
<b>51.</b> Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain including when, where and why.					
<b>52.</b> Have you ever applied or obtained a driver's license under a fictitious name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain.					
<b>53.</b> New Mexico law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Therefore, please list the current liability insurance you have with your motor vehicles.					
Company	Address		Policy Number	Date of Expiration	
<b>54.</b> Please list all traffic citations (excluding parking citations) you have received in the last 5 years starting with the most recent. If additional room is needed, please continue on the back of the page using the same format.					
Nature of Violation	Location (City, State)	Approximate Date	Indicate whether fined or action taken on driver's license		
<b>55.</b> Have you ever failed to appear in court on a traffic citation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", was a warrant ever issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain on the back of the page.					
<b>56.</b> Have you ever failed to pay a parking citation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain on the back of the page.					

# Personal History Statement

## Motor Vehicle Operation

Continued

<b>57. Have you ever been involved in a motor vehicle accident as a driver?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give the following information:				
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury		
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury		
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury		
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>58. Is there anything you wish to discuss about your driving record? Please use the space below.</b>    				
<b>59. List all vehicles you own, posses and/or that are registered to you:</b>				
Year	Make	Color	Model & Body Style	License (Include State)
<b>60. Has your license ever been suspended, revoked, or placed on negligent operator's probation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details including what, when where, why.				
<b>61. Have you ever been refused insurance for any reason other than failure to pay a premium?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain including company name and address, date, and reason.				

# Personal History Statement

## Law Enforcement Information

<b>62. Have you ever been a successful or unsuccessful candidate for any law enforcement agency, including this department?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please list all agencies with which you have applied, starting with the most recent. Give complete addresses and an appropriate telephone number for each agency.		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>STATUS AND/OR RESULTS:</b>		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>STATUS AND/OR RESULTS:</b>		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>STATUS AND/OR RESULTS:</b>		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>STATUS AND/OR RESULTS:</b>		
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Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>STATUS AND/OR RESULTS:</b>		

Continued...

# Personal History Statement

## Law Enforcement Information

continued

Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No      Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No      Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No      Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No      Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No      Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No      Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No      Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No      Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No      Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No      Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No      Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No      Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No      Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No      Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No      Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No      Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No      Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No      Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No      Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No      Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		

continued...

# Personal History Statement

## Law Enforcement Information

 continued

Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No      Took physical abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No      Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No      Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No      Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No      Took physical abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No      Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No      Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No      Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No      Took physical abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No      Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No      Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No      Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		
<b>64. Do you have any prior police experience? Include police reserves and/or military police.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Agency	Rank, Title, Position	Date
<b>65. Have you ever attended any law enforcement training center?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Academy Name:	Dates from _____ to _____	Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City:	State:      Zip code:
Academy Name:	Dates from _____ to _____	Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City:	State:      Zip code:

## Personal History Statement

63. Write a detailed account of the work related incident or event that resulted in the most serious disciplinary action/corrective action ever imposed upon you. Write clearly and do not write beyond the capacity of this page.

## Personal History Statement

64. Would you like to change any of the information you have provided anywhere in this document?

## **Personal History Statement**

**Before you answer the following questions, we would like to inform you that each word of your answers will be evaluated. Take your time and think before you answer.**

- 65.** Did anyone intentionally lie, misrepresent, or withhold information from this questionnaire?
- 66.** Did you intentionally lie, misrepresent, or withhold significant information from this questionnaire?
- 67.** Did you take part in intentionally lying, misrepresenting, or withholding significant information from this questionnaire?

**68.** How do you feel now that you have completed this questionnaire?

**69.** Should we believe your answers to the questions on the previous pages?

**70.** If your answer to the last questions was "yes," give us one reason why.

**72.** What will you say if it is later determined that you lied, misrepresented, or withheld significant information on this questionnaire?

**73.** While you were filling out this form, what were your emotions?

**74.** Did you ever discuss or consider the possibility of lying, misrepresenting, or withholding significant information on this questionnaire?

**Affirmation of Applicant**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I \_\_\_\_\_  
Swear and affirm that the information contained herein is full, accurate and truthful. I understand that any misrepresentation or omission of fact shall be cause for my disqualification from consideration for, or dismissal from, employment, as applicable.

I further understand and acknowledge that I must notify the background investigator of any situation which alters the information contained herein. This includes any change of address or telephone number(s); change of employer(s); arrests; traffic citations; or any other material event(s). This notification must be immediate and must be in writing.

\_\_\_\_\_  
Signature Date

STATE OF New Mexico            )  
  )§  
COUNTY OF \_\_\_\_\_        )

The foregoing Agreement was acknowledged before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

Witness my hand and official seal.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Seal)