



WESTPORT POLICE DEPARTMENT

PERSONAL HISTORY STATEMENT

Applicant Name: _____

Date: _____

WESTPORT POLICE DEPARTMENT

P.O. Box 547

506 N. Montesano Street

Westport, Washington 98595

(360) 268-9197

INSTRUCTIONS TO THE APPLICANT

The Information which you provide in this Personal History Statement will be used in the investigation into your background to assist in determining your suitability for the position of Police Officer. Fill out the questionnaire completely and accurately. Keep in mind:

1. The completion of this form is mandatory.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete may bar or remove you from consideration or employment.
4. All periods of time in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and its degree of relevance to the job of Police Officer.

Fill out the Personal History Statement in INK (print) or type. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the remarks or explanation section or the reverse side of the page containing the question.

It is your responsibility, not the background investigators, to obtain accurate dates, addresses, phone numbers, zip codes etc. Failure on your part to do so, will at best, needlessly delay your employment screening and at worst, may remove you from consideration for employment.

Personal History Statement

I, _____, acknowledge all of my answers to be true and correct to the best of my knowledge. Answers may be verified by a polygraph examination.

Signature

Date

WPD

REQUIRED DOCUMENTS

Enclose and return with this Personal History Statement, copies of the following items. Your application will not be considered complete without copies of:

High School Diploma	_____
Drivers License	_____
Military Discharge Papers (DD214)	_____
Marriage License(s)	_____
Divorce Decree(s)	_____
Automobile Insurance Card	_____
College Transcript	_____

Mark those items attached with and X, and those that do not apply with N/A

APPLICANT IDENTIFICATION

1. Name: _____
(last) (first) (middle)

2. Nicknames, Maiden Name, Married Name(s), or other names by which you may have been known:

3. Mothers Maiden Name: _____

4. Residence Address: _____
(number) (street) (city) (state)

5. Mailing Address: _____
(number) (street) (city) (state)

6. Home Phone #: (_____) _____ Hours of Contact: _____
Work Phone #: (_____) _____ Hours of Contact: _____

7. Date of Birth: ____ / ____ / ____ Place of Birth: _____
(city, state/country)

8. Birth Certificate: Yes No Citizenship Application: Yes No
Alien Registration: Yes No Naturalization#: _____

9. Drivers License #: _____ State: _____

10. Social Security Number: _____ - _____ - _____

11. Height: _____ Weight: _____ Hair Color: _____
Eye Color: _____ Blood Type: _____

Glasses: Yes No Contact Lenses: Yes No

12. Scars, Tattoos, Distinguishing Marks: _____

RELATIVES

During the course of the background investigation, persons who know you may be asked to comment upon your suitability for the position.

Name	Address	Relationship
FATHER:		()
MOTHER:		()
STEPFATHER:		()
STEPMOTHER:		()
FATHER-IN-LAW:		()
MOTHER-IN-LAW:		()
SPOUSE:		()
FORMER SPOUSE:		()
FORMER SPOUSE:		()
FORMER SPOUSE:		()
BROTHER(S):		()
		()
		()
		()
		()
SISTER(S):		()
		()
		()
		()
		()

REFERENCES

List at least (5) five individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

	Name	Address	Telephone
1			()
2			()
3			()
4			()
5			()
6			()
7			()

ACQUAINTANCES

List at least (3) three individuals whom you have seen socially during the past five years. Exclude relatives and employers.

	Name	Address	Telephone
1			()
2			()
3			()
4			()
5			()

EDUCATION

Indicate your current status by checking the appropriate box:

- I possess a high school diploma.
- I passed a GED test.
- I passed a high school proficiency examination.
- I possess other high school diploma equivalent. Explain: _____

- I possess a college degree. Degree Type: _____
Degree Major: _____

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

Name of School	Address, City, State, Zip	Phone No.	School Staff Contact Person

EMPLOYMENT HISTORY

List all jobs you have held in the last (10) ten years. Any intervening periods of unemployment should be listed in sequence in the space provided. Begin with your present/most recent employer.

EMPLOYER:	Employed From:	Employed To:
Address:		
Phone #: ()	Your Title:	Your Supervisor:
Duties:		
Reason for leaving:		

EMPLOYER:	Employed From:	Employed To:
Address:		
Phone #: ()	Your Title:	Your Supervisor:
Duties:		
Reason for leaving:		

EMPLOYER:	Employed From:	Employed To:
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Duties:		
Reason for leaving:		

EMPLOYER:	Employed From:	Employed To:
Address:		
Phone #: ()	Your Title:	Your Supervisor:
Duties:		
Reason for leaving:		

***** If additional space is needed, attach separate sheets *****

MILITARY SERVICE

Have you ever served in the armed services, National Guard or military reserve?

YES NO

Branch of Service:	Date of Service From:	Date of Service To:
Service Number:	Type of Discharge:	

Are you currently participating in any military or National Guard program?

YES NO

If yes
 explain: _____

Have you ever been subject to any judicial or non-judicial action while in the military, National Guard or military reserves?

YES NO

If yes
 explain: _____

List past commanding officers who know you well enough to provide relevant information pertaining to your background.

Name of Officer	Address, City, State & Zip	Relationship	Years
		()	
		()	
		()	
		()	

SPECIAL QUALIFICATIONS AND/OR SKILLS

List any special licenses you hold, such as pilot, scuba, or radio operator showing licensing authority, date of issue and date of expiration:

Special Qualification/Skill	Date Issued	Date of Expiration

List any specialized equipment which you can operate:

List any foreign language in which you are fluent, and your degree of fluency:

Language	Spoken/Understanding	Reading/Writing
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent

Have you ever applied for a permit to carry a concealed weapon? YES NO

If Yes, provide the following information:

Permit granted? YES NO Date: _____

Name of Law Enforcement Agency:

Purpose:

FINANCIAL

The management of personal finances is relevant to an individual's qualifications as a public safety employee. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Income		
Monthly Salary	\$	
Spouse's Salary		
Other monthly income - describe:		
TOTAL MONTHLY INCOME	\$	

Current Monthly Expenditures		
Real Estate (mortgage) payments(s)	\$	
Rent		
Other monthly payments - describe:		
Estimate monthly cost of living (include utilities, food, gasoline, home and car maintenance, entertainment, etc.) and any other obligations	\$	
TOTAL MONTHLY EXPENDITURES ..	\$	

Current Assets		
Savings	\$	
Checking		
Real Estate		
Stocks and Bonds		
Life Insurance		
Autos		
Other Assets - describe:		
TOTAL ASSETS	\$	

Current Liabilities		
Real Estate Indebtedness	\$	
Long-term loans		
Charge accounts		
Other Assets - describe:		
TOTAL LIABILITIES	\$	

FINANCIAL

Have you ever filed for or declared bankruptcy? YES NO

If yes, explain:

Have any of your bills ever been turned over to a collection agency? YES NO

If yes, explain:

Have your wages ever been garnished? YES NO

If yes, explain:

Have you ever been delinquent on income tax or other tax payments? YES NO

If yes, explain:

REMARKS:

MOTOR VEHICLE OPERATION

An investigation of your driving history will be made through a records check.

<i>Driver's License Number</i>	<i>State Issued In</i>	<i>License Expiration</i>

Name under which license was granted: _____

List other states where you have been licensed to operate a motor vehicle:

<i>State Issued</i>	<i>State Issued</i>	<i>State Issued</i>
<i>State Issued</i>	<i>State Issued</i>	<i>State Issued</i>

Have you ever been refused a driver's license by any state? YES NO
 If _____ yes, _____ which _____ state _____ and
 why: _____

List the liability insurance you have covering your motor vehicle(s):

<i>Company</i>	<i>Address</i>	<i>Policy Number</i>	<i>Expiration Date</i>

List all traffic citations, excluding parking citations, which you have received within the last (7) seven years:

<i>Violation</i>	<i>Location - City/State</i>	<i>Date</i>	<i>Other Details</i>

MOTOR VEHICLE OPERATION

Have you been involved as a driver of a motor vehicle in an accident within the last (7) seven years? YES NO

If yes, list below:

1	Location	Date	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Was an Accident Report filed? <input type="checkbox"/> YES <input type="checkbox"/> NO		Investigating Police Agency:		
2	Location	Date	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Was an Accident Report filed? <input type="checkbox"/> YES <input type="checkbox"/> NO		Investigating Police Agency:		
3	Location	Date	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Was an Accident Report filed? <input type="checkbox"/> YES <input type="checkbox"/> NO		Investigating Police Agency:		
4	Location	Date	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Was an Accident Report filed? <input type="checkbox"/> YES <input type="checkbox"/> NO		Investigating Police Agency:		

Has your license ever been suspended or revoked? YES NO

If yes, explain: _____

Have you ever been refused insurance for any reason? YES NO

If yes, explain: _____

REMARKS:

NARCOTICS SCREENING

Have you ever tried, used or experimented with any of the below listed substances:

Substance	Yes	No	Substance	Yes	No	Substance	Yes	No
Marijuana								
Hashish								
Cocaine								
Barbiturates								
Amphetamines								
Crank								
Heroin								
LSD								
Hallucinogens								
PCP								
Glue								
Alcohol								

If yes to any of the above,

explain: _____

Are there any drugs/substances not in the above list you have tried/experimented with?

SUPPLEMENTAL QUESTIONER

Have you ever been fired from a job? YES NO

If yes, explain: _____

Have you ever been asked to resign from a job? YES NO

If yes, explain: _____

Have you ever left a job without giving notice or unfavorable circumstances? YES

If yes, explain: _____

Have you ever received an eviction notice? YES NO

If yes, explain: _____

SUPPLEMENTAL QUESTIONER

Describe in your own words the frequency and extent of your use of intoxicating liquors.

Have you ever committed a sexual act for which you could be arrested? YES NO

If yes, explain: _____

If it became necessary for you to take a human life in the course of your duties as a police officer, would any personal beliefs prevent you from doing so? YES NO

If yes, explain: _____

SUPPLEMENTAL QUESTIONER

Have you ever committed a Felony Crime for which you were not caught? YES

If yes, explain: _____

Within the last five years have you ever been with other persons who were using marijuana or other controlled substances, even though you were not participating? YES NO

If yes, explain: _____

Have you ever been with others when they were involved in illegal activities, even though you did not participate? YES NO

If yes, explain: _____

What would you say is your greatest shortcoming?

What would you say is your greatest asset?

If you had to say something negative about yourself, what would it be?

CERTIFICATION

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS *PERSONAL HISTORY STATEMENT* ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT ANY MISSTATEMENTS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

Applicant's Name (Printed)

Applicant's Signature

Date