

GILLETTE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

Instructions to the applicant:

The information 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. Please fill out the questionnaire completely and accurately. Please keep in mind that:

1. The completion of this form is mandatory for all applicants.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from employment consideration.
4. All time periods in your background must be accounted for.
5. All addresses must be complete; include City, State and Zip Code.
6. All phone numbers require an Area Code.
7. Proper completion of this document as requested will be evaluated and used as one basis for employment decisions.

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. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Deliberate omissions or deliberate misstatements of required information are grounds for rejection. Failure to properly complete this document may also result in rejection of your application.

PLEASE PRINT IN INK – MUST BE HANDWRITTEN IN YOUR OWN HANDWRITING.

If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. Do not leave any space blank. If you need more space to respond to a question, use additional pages and identify the additional information by question number.

PERSONAL INFORMATION

Legal Name: _____
Last First Middle

Other Names Used: _____
Maiden, Adoption, Aliases, Nicknames, etc.

Home Address: _____
Street Address City State Zip Code

Mailing Address (If different than above): _____

Primary Phone #: (____) _____ Secondary Phone #: (____) _____

Are you a U.S. Citizen? Yes ____ No ____

Are you at least 21 years of age? Yes ____ No ____ (For Police Officers in WY, the minimum age is 21)

Are you Wyoming P.O.S.T. Certified? Yes ____ No ____

Date of Birth: _____ Sex: Male or Female (Circle)

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Place of Birth: _____
City County State

Driver's License Number: _____ State of Issue: _____ Expiration Date: _____

Name of Spouse: _____

Address of Spouse: _____

Spouse Primary Phone #: (____) _____ Secondary Phone #: (____) _____

Names, Addresses and Phone Numbers of Previous Spouse(s):

List all identifying scars, tattoos and distinguishing marks; and their locations on your body.

(Note: Department policy prohibits employees from having tattoos that are visible when dressed in uniform or normal business attire).

EDUCATION HISTORY

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated.

If you are listing colleges/universities and you did not graduate, indicate the actual number of credit hours you earned.

If you attended a technological or trade school, indicate your course of study and whether you received a diploma or certification.

NAME AND TYPE OF SCHOOL LOCATION (CITY AND STATE)	DATES ATTENDED	DEGREE AND/OR CREDITS EARNED

Were you ever expelled from school? Yes _____ No _____

If yes, please complete below:

SCHOOL	DATES	REASON

Have you ever been placed on academic probation? Yes _____ No _____

If yes, please complete below:

SCHOOL	DATES	REASON

ACTIVITIES

Clubs, community activities, hobbies, sports, etc.:

Leadership positions (indicate positions/organizations/dates held):

Awards, commendations or items of special recognition:

List your past and present memberships in groups, associations or clubs:

ORGANIZATION	TYPE: SOCIAL, FRATERNAL, PROFESSIONAL, ETC.	OFFICES HELD	DATES

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to perform? Yes_____ No_____

If yes, please explain:

EMPLOYMENT HISTORY

List your complete employment record starting with your last or present employer.

All employment must be listed. Please include both the month and year in the date column and complete address and phone number. Also, all periods of unemployment must be accounted for. If additional space is needed, a separate page should be attached.

DATES	EMPLOYER NAME, ADDRESS & PHONE NUMBER	POSITION HELD; SUPERVISOR'S NAME & TITLE	RATE OF PAY	REASON FOR LEAVING

Have you ever quit a job rather than get fired? Yes_____ No_____

Please explain in detail the circumstances surrounding your termination/request to leave. Please include dates, name, address and phone number of employer, supervisor's name and all of the facts. If you have been fired/requested to leave more than once, please list each incident separately (attach additional pages if necessary):

Specifically, what was the allegation(s) made against you by your employer?

DRUG USAGE

Have you ever illegally used, possessed, bought, sold or delivered any of the following drugs?

Drug	Have Used?		Last Time Used			Number of Times Used			Details	
	Yes	No	Within last 24 months	Within last 2-5 years	More than 5 years ago	1 to 2	3 to 10	More than 10	Activity*	Last Date Used
Marijuana/THC										
Methamphetamine										
Cocaine										
LSD or other Hallucinogens										
Hashish										
Amphetamines (stimulants)										
Barbiturates (depressants)										
Heroin										
PCP (angel dust)										
Opium, Morphine										
Steroids										
Any designer drug MDMA (Ecstasy), GHB, Ketamine										
Peyote										
Mushrooms										
Synthetic Drugs (Spice, Bath Salts)										

*Please indicate in this column whether you used, possessed, bought, sold or delivered the substance indicated.

Have you ever intentionally inhaled with the intent to get high any paint, glue or other chemical vapors found in household products? Yes _____ No _____

If yes, describe your involvement (include dates):

Do others use illegal drugs in your presence? Yes _____ No _____ If yes, how often? _____ When was the last time? _____

Have you used cough medicine or any other over the counter drug to get high? Yes _____ No _____

If yes, explain (include dates):

Have you ever used legitimate pharmaceuticals not prescribed for you or abused medicine prescribed for you?

Yes _____ No _____

If yes, explain (include dates): _____

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you.

Please DO NOT list relatives or past/present employers!

REFERENCE #1

Name: _____ Occupation: _____

Home Address: _____

Primary Phone #: _____ Secondary Phone #: _____

How long have you known this person? _____

Briefly describe your relationship with this person: _____

REFERENCE #2

Name: _____ Occupation: _____

Home Address: _____

Primary Phone #: _____ Secondary Phone #: _____

How long have you known this person? _____

Briefly describe your relationship with this person: _____

REFERENCE #3

Name: _____ Occupation: _____

Home Address: _____

Primary Phone #: _____ Secondary Phone #: _____

How long have you known this person? _____

Briefly describe your relationship with this person: _____

REFERENCE #4

Name: _____ Occupation: _____

Home Address: _____

Primary Phone #: _____ Secondary Phone #: _____

How long have you known this person? _____

Briefly describe your relationship with this person: _____

REFERENCE #5

Name: _____ Occupation: _____

Home Address: _____

Primary Phone #: _____ Secondary Phone #: _____

How long have you known this person? _____

Briefly describe your relationship with this person: _____

RESIDENCES

List all addresses where you have lived during the past seven (7) years, **beginning with your present address.** List date by **month and year.** Attach an additional page if necessary. Include apartment complex names and the office telephone number.

Rent or Own: (Circle) From: _____ To: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name of Complex: _____ Office Phone #: _____

Rent or Own: (Circle) From: _____ To: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name of Complex: _____ Office Phone #: _____

Rent or Own: (Circle) From: _____ To: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name of Complex: _____ Office Phone #: _____

Rent or Own: (Circle) From: _____ To: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name of Complex: _____ Office Phone #: _____

Rent or Own: (Circle) From: _____ To: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name of Complex: _____ Office Phone #: _____

Rent or Own: (Circle) From: _____ To: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name of Complex: _____ Office Phone #: _____

Rent or Own: (Circle) From: _____ To: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name of Complex: _____ Office Phone #: _____

DRIVING RECORD

This section to be completed by individuals applying for the following positions:

**Police Officer
Community Service Officer
Animal Control**

How many moving citations have you received since you began driving? _____

How many moving citations have you received in the past three (3) years? _____

Have you ever been denied a driver's license for any reason? Yes _____ No _____

Have you ever allowed a traffic citation to go to warrant because of your failure to appear in court?

Yes _____ No _____

Have you ever knowingly driven a motor vehicle after your driver's license was suspended or revoked?

Yes _____ No _____

Have you ever had your driver's license suspended? Yes _____ No _____

DATE OF SUSPENSION	TYPE OF SUSPENSION	DATE REINSTATED

Do you have a valid driver's license in more than one state? Yes _____ No _____

If yes, please list states: _____

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage? Yes _____ No _____

Have you ever operated a motor vehicle while under the influence of an intoxicating beverage or controlled substance? Yes _____ No _____

Within the last three years, have you operated a motor vehicle without having the proper insurance?

Yes _____ No _____

Have you ever been placed as an assigned risk for vehicle insurance? Yes _____ No _____

Have you ever had your insurance revoked due to the number of traffic citations you have received?

Yes _____ No _____

Have you ever been involved in an accident and then left the scene without identifying yourself?

Yes _____ No _____

If you answered **YES** to any of the above questions, please provide explanations.

CRIMINAL INVOLVEMENT

		YES	NO
1.	Have you ever been arrested for or convicted of a felony?		
2.	Have you ever been charged or convicted of a misdemeanor or petty offense?		
3.	Have you ever been arrested for or convicted of domestic violence?		
4.	Are you under indictment, or have you been served with an information alleging any offense where the punishment may be confinement in the penitentiary?		
5.	Have you ever used, sold or grown marijuana?		
6.	Have you ever used, sold or manufactured other illegal drugs?		
7.	Have you ever taken prescription drugs other than as prescribed by a physician?		
8.	Has your driver's license ever been suspended, revoked or denied?		
9.	Have you ever been arrested for driving under the influence or driving while impaired by drugs or alcohol?		
10.	Have you ever participated in criminal activity and not been caught?		
11.	Have you ever driven under the influence of drugs or alcohol and not been caught?		
12.	Have you ever taken any property/money from an employer or place of business?		
13.	Have you ever been summoned into court for a criminal offense other than for misdemeanor traffic violations?		
14.	Have you ever used excessive physical force against another person?		
15.	Have you ever provided alcohol to a minor?		
16.	Have you ever been incarcerated in a jail, prison or other detention facility?		
17.	Have you ever been sued by anyone (civil court)?		
18.	Have you ever been placed on court probation as an adult?		
19.	Have you ever denied a permit to carry a concealed weapon?		
20.	Have you ever been adjudicated as a delinquent in juvenile court?		
21.	Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?		

If you answered **YES** to any of the questions 1-21, please provide explanations, including specific dates, times, locations and any other relevant information. For drug-related questions, list specific drugs used, date of first use and date of last use.

List all crimes detected and undetected that you have been involved in:

Please attach additional pages if necessary.

MILITARY SERVICE

Have you ever been a member of any branch of the United States Military? Yes ___ No ___

Branch of Service: _____

Date of Enlistment: _____ Date of Discharge: _____
month/day/year month/day/year

Military Job Title(s): _____

Special Schools/Training:

Awards/Commendations (type and date awarded):

Type of Discharge: _____

Last duty station and name of Commanding Officer: _____

While in the military, were you ever convicted in a trial by court-martial? Yes ___ No ___

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident.

Charge: _____ Date: _____ Results: _____

Are you currently a member of a United States Reserve or National or State Guard Organization?
Yes ___ No ___

Branch of Service: _____ Grade: _____

Are you: Active: ___ Inactive ___ Standby ___

Organization/Station/Unit and Location: _____

FINANCIAL INFORMATION

This section will be used to evaluate the behavior exhibited by you in meeting your financial obligations from a risk perspective.

Have you ever filed for or declared bankruptcy? Yes _____ No _____

If yes, explain (include when, where, why):

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

If yes, explain (include when, firms involved, circumstance):

Have your wages or tax refunds ever been garnished? Yes _____ No _____

If yes, explain (include when, where, why):

Have you ever had court action taken against you for failing to pay child support?

Yes _____ No _____

Have you ever been delinquent on your financial obligations, income tax or other tax payments?

Yes _____ No _____

If yes, explain (include when, where, why):

Has credit ever been denied to you or canceled on you? Yes _____ No _____

If yes, explain: (include when, where, why):

Have you ever written a check that was returned for insufficient funds or because the account was closed? Yes _____ No _____

MISCELLANEOUS INFORMATION

Have you ever filled out an application for employment with this or any other law enforcement related agency? Yes_____ No_____

NAME OF AGENCY	DATE OF APPLICATION	STATUS OF APPLICATION: PENDING, REJECTED, NOT PURSUED, ETC.

If there are additional agencies list them on a separate sheet.

Have you ever been de-certified as a Peace Officer or Detention Officer: Yes_____ No_____ If yes, please explain:

Do you have any relative currently employed with the City of Gillette? Yes_____ No_____ If yes, give their name, position and the nature of relationship (i.e. parent, aunt, uncle, brother, etc.)

How have you prepared yourself to be an employee of the City of Gillette?

Why is becoming an employee with the Police Department important to you?

If it should become necessary in the performance of your duties, could you use deadly force in defense of your life or the life of someone else? _____

Please explain:

All applicants will be required to provide the following information with the personal history statement at the time of application:

- Copy of Valid Driver's License**
- Copy of Social Security Card will be required if you move forward in testing process.**

All applicants will be required to provide the following information at the time of testing:

- Certified Copy of Birth Certificate**
- Copies of High School Diploma/GED and Transcripts**
- Copies of College Diploma and Transcripts (If applicable)**
- Copy of Military Records**
- Copies of Basic Academy Courses which include total number of hours (If applicable)**

I hereby certify that there are not 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 of my applications, or if hired, termination of my employment.

Dated this _____ day of _____, 20 _____.

Applicant Signature