



City of Lexington Police / Civil Service Personal History Statement

Instructions

Read these instructions carefully before proceeding

These instructions are provided as a guide to assist you in properly completing your Personal 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.

1. Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. 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.
4. 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.
5. 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 questions number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

City of Lexington Police / Civil Service Personal History Statement

A. Applicant Identification – Information provided in this Section is used for identification purposes only.

1. Legal Name _____
last first middle

2. Address _____
number street

_____ city state ZIP code

3. Telephone Number (_____) _____

4. Date of Birth _____
month day year

5. Nickname(s), maiden name, or other names by which you have been known:

6. Social Security Number _____

7. Place of Birth _____
city county state

8. Are you a U.S. citizen? Yes No

9. Driver's License # _____

State of Issue _____

10. Height _____

11. Weight _____

12. Color of Eyes _____

13. Color of Hair _____

14. Scars, tattoos or other distinguishing marks _____

B. RESIDENCES – list all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year. Attach extra page if necessary.

From	To	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. WORK HISTORY – beginning with your present or most recent job, list all employment since the age of 16, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra page(s) if necessary.

1. From _____ to _____ Employer _____
 Address _____
 Phone # _____ Job Title _____
 Duties _____
 Supervisor _____ Name of Co-Worker _____
 Reason for Leaving _____

2. From _____ to _____ Employer _____
Address _____
Phone # _____ Job Title _____
Duties _____
Supervisor _____ Name of Co-Worker _____
Reason for Leaving _____

3. From _____ to _____ Employer _____
Address _____
Phone # _____ Job Title _____
Duties _____
Supervisor _____ Name of Co-Worker _____
Reason for Leaving _____

4. From _____ to _____ Employer _____
Address _____
Phone # _____ Job Title _____
Duties _____
Supervisor _____ Name of Co-Worker _____
Reason for Leaving _____

5. From _____ to _____ Employer _____
Address _____
Phone # _____ 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 services: from _____ to _____

Branch of service _____

Unit of 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

Charge	Agency	Date	Age at Time	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you received a discharge other than honorable, give complete details.

E. EDUCATIONAL HISTORY

1. High School Attended	City & State	Dates Attended		Graduated? (Yes or No)
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. College or University Attended _____
City & State _____ Dates attended _____
Units Completed _____ Major/minor _____
Degree received, if any, & date _____

College or University Attended _____
City & State _____ Dates attended _____
Units Completed _____ Major/minor _____
Degree received, if any, & date _____

College or University Attended _____
City & State _____ Dates attended _____
Units Completed _____ Major/minor _____
Degree received, if any, & date _____

3. List other schools attended (trade, vocations, 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 of issue, and date of expiration.

2. List any specialized machinery or equipment you can operate.

3. If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair)

Language	Reading	Speaking	Understanding	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. List any other special skills or qualifications you may possess.

G. ARRESTS, DETENTIONS AND LITIGATION

1. Have you ever been arrested, detained by police, or summoned into court?

Yes No

If yes, complete the following (list juvenile as well as adult occurrences)

Crime Charged	Police Agency	City/ State	Date	Disposition of Case
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Have you ever been involved as a party in civil litigation? Yes No

If yes, give details _____

H. TRAFFIC RECORD

1. Has your driver's license ever been suspended or revoked? Yes No

If yes, give date(s), location(s) and reason(s) _____

2. With what company do you carry auto insurance? _____

3. List to the best of your memory all driving citations you have received as an adult or juvenile, excluding parking tickets.

Month & Year	Charge	City & State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

6. List all other dependents

Name	Relation	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List other relatives in the following order: father, mother (include maiden name) brothers & sisters. If deceased, so indicate.

Name	Address	Phone #	Relation	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

J. FINANCIAL HISTORY

Sources of income

1. What is your present salary or wages: _____

2. Did you have income from any source other than your principal occupation?

Yes No If yes, how much? _____ How often? _____

The source? _____

3. 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 have a bank account? Yes No

Savings - Average balance \$_____

Name & address of bank _____

Checking - Average balance \$ _____

Name & address of bank _____

K. FINANCIAL OBLIGATIONS

Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicles payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include account numbers where applicable.

Type	Name & address of creditor	Reason for debt of item purchased	Account number	Total balance	Monthly pymts.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
			Total	_____	_____

L. REFERENCES - List five persons who know you well enough to provide information about you. Do not list relatives or former employers.

Name _____ Address _____

Residence phone _____ Business phone _____

Business Address/Nature _____

Years known _____ Best time/number to be reached _____

Name _____ Address _____

Residence phone _____ Business phone _____

Business Address/Nature _____

Years known _____ Best time/number to be reached _____

Name _____ Address _____

Residence phone _____ Business phone _____

Business Address/Nature _____

Years known _____ Best time/number to be reached _____

Name _____ Address _____

Residence phone _____ Business phone _____

Business Address/Nature _____

Years known _____ Best time/number to be reached _____

Name _____ Address _____

Residence phone _____ Business phone _____

Business Address/Nature _____

Years known _____ Best time/number to be reached _____

M. MEMBERSHIP IN ORGANIZATIONS (past and/or present)

Name & Address	Type (Social, Fraternal) Professional, etc.	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

N. PERSONAL DECLARATIONS

1. Characterize your consumption of intoxicating liquors.

2. Have you ever used any of the following controlled substances?

Marijuana	Y	N	Cocaine	Y	N
Crack	Y	N	Methamphetamine	Y	N
Heroin	Y	N	Acid/LSD	Y	N
Mushrooms	Y	N	Other (Specify) _____	Y	N

3. Have you ever sold or furnished drugs or narcotics to anyone? Yes No

If yes, explain in detail. _____

4. Have you used prescription drugs not prescribed to you? Yes No

5. Have you used prescription drugs in a manner other than intended by your physician? Yes No

6. Do you engage in gambling or any other gaming activities? Yes No

If yes, explain: _____

7. If it became necessary to take a human life in the course of your duties as a police officer, would any beliefs prevent you from doing so? Yes No

If yes, explain: _____

8. Are you capable of fully performing the duties of police officer, including working on weekends, evenings or night shifts? Yes No

If no, explain: _____

9. Have you ever made application for employment with this or any other law enforcement or related agency? Yes No

If so, give agency name(s), date(s) and status of application(s): _____

10. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a police officer? Yes No

If so, 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

**Authorization for Release of Information
City of Lexington, Nebraska**

In connection with potential or continued employment, I authorize the procurement of an investigative consumer report. I understand that the report may contain information about my background, character, general reputation, mode of living, credit worthiness, criminal convictions, motor vehicle records, education, job performance and reasons for termination of employment from previous employers. Further, I understand that the City of Lexington will be requesting information from various federal, state, and other agencies which maintain records concerning my past activities as well as claims involving me in the files of insurance companies. I also understand that upon written request within a reasonable period of time, I am entitled to a complete and accurate disclosure concerning the nature and scope of this investigation within five days of my request. In the event I am offered a paid position prior to the completion of the aforementioned report, I realize continued employment is contingent upon favorable results being obtained by any reporting agencies for the remaining portion of this investigative report. Should unfavorable information be discovered, I realize my position may be subject to termination.

I authorize without reservation, any party or agency contacted (including persons, schools, companies, corporations, credit bureaus, law enforcement and other government agencies, personnel and Internal Affairs personnel) to furnish the above-mentioned information without restriction or qualification to the City of Lexington or any reporting agency participating in the investigation, and their respective officers, agents, employees, and servants. This authorization includes, but is not limited to, matters of opinion in original, facsimile, or photocopy form. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment, and have received a copy of the Consumer Notification regarding the pulling of such consumer reports.

I hereby release the City of Lexington and any participating investigating agencies, and their respective officers, agents, employees, and servants from any liability arising from the preparation of this report or investigations relating thereto.

NAME (Please Print) _____

OTHER NAMES USED _____

DATE AND PLACE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ YEARS THERE _____

DATE _____

SIGNATURE

Please fill out the reverse side of this form

CITY OF LEXINGTON, NEBRASKA
ADDRESS VERIFICATION *(if at current address less than 5 years)*

PREVIOUS ADDRESS _____

CITY _____ STATE ____ ZIP _____ YEARS THERE _____

PREVIOUS ADDRESS _____

CITY _____ STATE ____ ZIP _____ YEARS THERE _____

PRIOR EMPLOYER VERIFICATION

PREVIOUS EMPLOYER _____ PHONE _____

CITY _____ STATE ____ ZIP _____ YEARS THERE _____

SUPERVISOR _____

EDUCATION VERIFICATION

LAST SCHOOL ATTENDED _____ DEGREE _____

CITY _____ STATE ____ ZIP _____

DATES ATTENDED _____

MVR VERIFICATION

DRIVER'S LICENSE # _____ STATE HELD _____

PROFESSIONAL LICENSE VERIFICATION

LICENSE # _____ TYPE _____ STATE HELD _____

COMMENTS _____

Please fill out the reverse side of this form