

# ELSMERE BUREAU OF POLICE

DATE ISSUED: \_\_\_\_\_

DATE RETURNED: \_\_\_\_\_

## PERSONAL HISTORY STATEMENT

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### INSTRUCTIONS

Fill out this questionnaire completely and accurately. All statements in your application are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, use attached pages (located in the rear of this application) to identify additional information by item number.

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### PERSONAL

1. \_\_\_\_\_  
Full name (first, middle, last) (PRINT)

\_\_\_\_\_  
Give any other names you have used or been known by, and explain.

2. \_\_\_\_\_  
Street address (PRINT)

\_\_\_\_\_  
City State Zip Code

3. (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Primary telephone number Alternative telephone number

4. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Date of Birth Social Security Number E-mail

5. \_\_\_\_\_  
Place of birth (City, County/State/Country)

6. Are you a citizen of the United States of America?  
\_\_\_\_\_  
Yes/No Natural born Naturalized/place of naturalization

7. List all organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated.

\_\_\_\_\_  
\_\_\_\_\_

8. What are your hobbies, special skills and abilities? Indicate foreign languages spoken and level of fluency.

\_\_\_\_\_  
\_\_\_\_\_

## MARITAL

9. Give the following information regarding marriage or marriages:

\_\_\_\_\_  
Spouse's full name (include maiden name if applicable)

\_\_\_\_\_  
Date married

\_\_\_\_\_  
Location and name of priest/minister, etc.

10. If a marriage to which you were a part was dissolved, fill out which of the following best describes the appropriate action:

Separated / Divorced / Annulled: \_\_\_\_\_

(Circle one)

\_\_\_\_\_  
Partner's full name and date of birth

\_\_\_\_\_  
This person's present address, if known

\_\_\_\_\_  
Who initiated action? Date, title and location of court.

Separated / Divorced / Annulled: \_\_\_\_\_

(Circle one)

\_\_\_\_\_  
Partner's full name and date of birth

\_\_\_\_\_  
This person's present address, if known

\_\_\_\_\_  
Who initiated action? Date, title and location of court.

11. Give the following information concerning your parents and your spouse's parents:

\_\_\_\_\_  
Father's name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Place of birth

\_\_\_\_\_  
Father's present address and home telephone number, or; indicate deceased if appropriate

\_\_\_\_\_  
Occupation / Business address and phone number (if applicable)

\_\_\_\_\_  
Mother's full name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Place of birth

\_\_\_\_\_  
Mother's present address and home telephone number, or; indicate deceased if appropriate

\_\_\_\_\_  
Occupation / Business address and phone number (if applicable)

\_\_\_\_\_  
Father-in-law's name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Place of birth

\_\_\_\_\_  
Father-in-law's present address and home telephone number, or; indicate deceased if appropriate

\_\_\_\_\_  
Occupation / Business address and phone number (if applicable)

\_\_\_\_\_  
Mother-in-law's full name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Place of birth

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Mother-in-law's present address and home telephone number, or; indicate deceased if appropriate

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Occupation / Business address and phone number (if applicable)

**CHILDREN**

12. List below each of your children: (by birth, adopted or stepchildren)

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a. Full name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

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Child's residence \_\_\_\_\_ Residential guardian's name \_\_\_\_\_

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b. Full name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

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Child's residence \_\_\_\_\_ Residential guardian's name \_\_\_\_\_

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c. Full name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

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Child's residence \_\_\_\_\_ Residential guardian's name \_\_\_\_\_

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d. Full name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

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Child's residence \_\_\_\_\_ Residential guardian's name \_\_\_\_\_

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e. Full name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

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Child's residence \_\_\_\_\_ Residential guardian's name \_\_\_\_\_

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f. Full name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

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Child's residence \_\_\_\_\_ Residential guardian's name \_\_\_\_\_

13. If any of the children listed do not reside with you, explain in detail your financial commitment to them:

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## REFERENCES

14. Fill in below the names of three persons not related to you, and not former employers who have known you intimately for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities. You must include **complete** addresses.

A. \_\_\_\_\_  
Full Name  
\_\_\_\_\_ Years Known  
\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Home address Home phone number  
\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Business title and business address Business phone number  
\_\_\_\_\_  
Describe your affiliation to this person

B. \_\_\_\_\_  
Full Name  
\_\_\_\_\_ Years Known  
\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Home address Home phone number  
\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Business title and business address Business phone number  
\_\_\_\_\_  
Describe your affiliation to this person

C. \_\_\_\_\_  
Full Name  
\_\_\_\_\_ Years Known  
\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Home address Home phone number  
\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Business title and business address Business phone number  
\_\_\_\_\_  
Describe your affiliation to this person

## ACQUAINTANCES

15. Fill in below the names of three persons not related to you, and not former employers or references, who are friends, fellow students or fellow workers. Names listed should be those of persons who have seen you frequently during the past year. You must include **complete** addresses.

A. \_\_\_\_\_  
Full Name \_\_\_\_\_ Years Known \_\_\_\_\_  
\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Home address \_\_\_\_\_ Home phone number \_\_\_\_\_  
\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Business title and business address \_\_\_\_\_ Business phone number \_\_\_\_\_  
\_\_\_\_\_  
Describe your affiliation to this person \_\_\_\_\_

B. \_\_\_\_\_  
Full Name \_\_\_\_\_ Years Known \_\_\_\_\_  
\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Home address \_\_\_\_\_ Home phone number \_\_\_\_\_  
\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Business title and business address \_\_\_\_\_ Business phone number \_\_\_\_\_  
\_\_\_\_\_  
Describe your affiliation to this person \_\_\_\_\_

C. \_\_\_\_\_  
Full Name \_\_\_\_\_ Years Known \_\_\_\_\_  
\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Home address \_\_\_\_\_ Home phone number \_\_\_\_\_  
\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Business title and business address \_\_\_\_\_ Business phone number \_\_\_\_\_  
\_\_\_\_\_  
Describe your affiliation to this person \_\_\_\_\_

16. Present girlfriend or boyfriend, whichever is applicable:

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Full name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
\_\_\_\_\_  
Home address and telephone number \_\_\_\_\_  
\_\_\_\_\_  
Occupation / Business address and phone number \_\_\_\_\_

## FAMILY HISTORY

17. Give the names of every member of your immediate family (sisters, brothers, stepparent members, etc.) **EXCLUDING** father, mother already listed in #11:

A. \_\_\_\_\_  
Full name Relationship Date of birth Place of birth

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home address (if deceased, write deceased) Home phone number

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business title and business address Business phone number

B. \_\_\_\_\_  
Full name Relationship Date of birth Place of birth

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home address (if deceased, write deceased) Home phone number

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business title and business address Business phone number

C. \_\_\_\_\_  
Full name Relationship Date of birth Place of birth

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home address (if deceased, write deceased) Home phone number

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business title and business address Business phone number

D. \_\_\_\_\_  
Full name Relationship Date of birth Place of birth

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home address (if deceased, write deceased) Home phone number

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business title and business address Business phone number

E. \_\_\_\_\_  
Full name Relationship Date of birth Place of birth

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home address (if deceased, write deceased) Home phone number

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business title and business address Business phone number

F. \_\_\_\_\_  
Full name Relationship Date of birth Place of birth

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home address (if deceased, write deceased) Home phone number

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business title and business address Business phone number

G. \_\_\_\_\_  
 Full name Relationship Date of birth Place of birth  
 \_\_\_\_\_  
 Home address (if deceased, write deceased) (\_\_\_\_\_) Home phone number  
 \_\_\_\_\_  
 Business title and business address (\_\_\_\_\_) Business phone number

H. \_\_\_\_\_  
 Full name Relationship Date of birth Place of birth  
 \_\_\_\_\_  
 Home address (if deceased, write deceased) (\_\_\_\_\_) Home phone number  
 \_\_\_\_\_  
 Business title and business address (\_\_\_\_\_) Business phone number

I. \_\_\_\_\_  
 Full name Relationship Date of birth Place of birth  
 \_\_\_\_\_  
 Home address (if deceased, write deceased) (\_\_\_\_\_) Home phone number  
 \_\_\_\_\_  
 Business title and business address (\_\_\_\_\_) Business phone number

J. \_\_\_\_\_  
 Full name Relationship Date of birth Place of birth  
 \_\_\_\_\_  
 Home address (if deceased, write deceased) (\_\_\_\_\_) Home phone number  
 \_\_\_\_\_  
 Business title and business address (\_\_\_\_\_) Business phone number

K. \_\_\_\_\_  
 Full name Relationship Date of birth Place of birth  
 \_\_\_\_\_  
 Home address (if deceased, write deceased) (\_\_\_\_\_) Home phone number  
 \_\_\_\_\_  
 Business title and business address (\_\_\_\_\_) Business phone number

18. Has any member of your immediate family ever been arrested for a felony offense? Yes No If yes, give particulars below:

A. \_\_\_\_\_  
 Full name Relationship Date of arrest Offense  
 \_\_\_\_\_  
 Arresting agency Disposition

B. \_\_\_\_\_  
 Full name Relationship Date of arrest Offense  
 \_\_\_\_\_  
 Arresting agency Disposition

**FINANCIAL / CREDIT**

19. \_\_\_\_\_  
Savings account number      Bank / Institution name      Address      Phone number

20. \_\_\_\_\_  
Checking account number      Bank / Institution name      Address      Phone number

21. Complete which one(s) are applicable:

Rent home \_\_\_\_\_  
Monthly payment

Buying home \_\_\_\_\_  
Monthly payment      Appraised value      Date mortgaged

22. \_\_\_\_\_  
Vehicle year      Vehicle make      Vehicle model      Registration number      State

\_\_\_\_\_  
Monthly payment      Financing institution name      Address      Phone number  
(If you own the vehicle, list the appraised value of the vehicle)

\_\_\_\_\_  
Date financed      Balance due or number of payments due

23. List any other income (including spouse's salary)

\_\_\_\_\_  
Income source      Monthly amount

\_\_\_\_\_  
Income source      Monthly amount

24. List any additional assets not listed above:

\_\_\_\_\_  
Property / Item      Estimated value

\_\_\_\_\_  
Property / Item      Estimated value

\_\_\_\_\_  
Property / Item      Estimated value

\_\_\_\_\_  
Property / Item      Estimated value

\_\_\_\_\_  
Property / Item      Estimated value

\_\_\_\_\_  
Property / Item      Estimated value

\_\_\_\_\_  
Property / Item      Estimated value

\_\_\_\_\_  
Property / Item      Estimated value



25. List all other financial institutions holding credit accounts in your name or institutions from whom you have borrowed money for any purpose.

A. 

_____	_____	_____	_____
Credit account name	Financial institution	Address	Phone number
_____	_____	_____	_____
Account number	Balance due	Monthly payment	Date opened

B. 

_____	_____	_____	_____
Credit account name	Financial institution	Address	Phone number
_____	_____	_____	_____
Account number	Balance due	Monthly payment	Date opened

C. 

_____	_____	_____	_____
Credit account name	Financial institution	Address	Phone number
_____	_____	_____	_____
Account number	Balance due	Monthly payment	Date opened

D. 

_____	_____	_____	_____
Credit account name	Financial institution	Address	Phone number
_____	_____	_____	_____
Account number	Balance due	Monthly payment	Date opened

E. 

_____	_____	_____	_____
Credit account name	Financial institution	Address	Phone number
_____	_____	_____	_____
Account number	Balance due	Monthly payment	Date opened

F. 

_____	_____	_____	_____
Credit account name	Financial institution	Address	Phone number
_____	_____	_____	_____
Account number	Balance due	Monthly payment	Date opened

G. 

_____	_____	_____	_____
Credit account name	Financial institution	Address	Phone number
_____	_____	_____	_____
Account number	Balance due	Monthly payment	Date opened

H. 

_____	_____	_____	_____
Credit account name	Financial institution	Address	Phone number
_____	_____	_____	_____
Account number	Balance due	Monthly payment	Date opened

I. 

_____	_____	_____	_____
Credit account name	Financial institution	Address	Phone number
_____	_____	_____	_____
Account number	Balance due	Monthly payment	Date opened

J. \_\_\_\_\_  
 Credit account name      Financial institution      Address      Phone number

\_\_\_\_\_

Account number      Balance due      Monthly payment      Date opened

K. \_\_\_\_\_  
 Credit account name      Financial institution      Address      Phone number

\_\_\_\_\_

Account number      Balance due      Monthly payment      Date opened

L. \_\_\_\_\_  
 Credit account name      Financial institution      Address      Phone number

\_\_\_\_\_

Account number      Balance due      Monthly payment      Date opened

M. \_\_\_\_\_  
 Credit account name      Financial institution      Address      Phone number

\_\_\_\_\_

Account number      Balance due      Monthly payment      Date opened

26. List any other debts not listed above.

\_\_\_\_\_  
 Lender name      Address      Phone number

\_\_\_\_\_  
 Monthly payment      Balance due

\_\_\_\_\_  
 Lender name      Address      Phone number

\_\_\_\_\_  
 Monthly payment      Balance due

\_\_\_\_\_  
 Lender name      Address      Phone number

\_\_\_\_\_  
 Monthly payment      Balance due

27. If you have ever been a party named in a law-suit, explain full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **RESIDENCES**

28. List addresses since your tenth birthday or last 15 years (whichever is the least) **beginning with present address:**

A. \_\_\_\_\_ - \_\_\_\_\_  
(Month / year) (Month / year) Address

\_\_\_\_\_  
Property owner's name Address Phone number

B. \_\_\_\_\_ - \_\_\_\_\_  
(Month / year) (Month / year) Address

\_\_\_\_\_  
Property owner's name Address Phone number

C. \_\_\_\_\_ - \_\_\_\_\_  
(Month / year) (Month / year) Address

\_\_\_\_\_  
Property owner's name Address Phone number

D. \_\_\_\_\_ - \_\_\_\_\_  
(Month / year) (Month / year) Address

\_\_\_\_\_  
Property owner's name Address Phone number

E. \_\_\_\_\_ - \_\_\_\_\_  
(Month / year) (Month / year) Address

\_\_\_\_\_  
Property owner's name Address Phone number

F. \_\_\_\_\_ - \_\_\_\_\_  
(Month / year) (Month / year) Address

\_\_\_\_\_  
Property owner's name Address Phone number

G. \_\_\_\_\_ - \_\_\_\_\_  
(Month / year) (Month / year) Address

\_\_\_\_\_  
Property owner's name Address Phone number

H. \_\_\_\_\_ - \_\_\_\_\_  
(Month / year) (Month / year) Address

\_\_\_\_\_  
Property owner's name Address Phone number

I. \_\_\_\_\_ - \_\_\_\_\_  
(Month / year) (Month / year) Address

\_\_\_\_\_  
Property owner's name Address Phone number

## WORK HISTORY

29. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs. You must include **complete** addresses.

A.

_____	_____	_____
Business name	Address	Phone number
_____	_____	_____
Name of supervisor	Title of supervisor	Monthly salary
_____	_____	
Position held	Describe your job duties	
_____ - _____	_____	
(Month / year)	(Month / year)	Number supervised
_____		
Reason for leaving		

B.

_____	_____	_____
Business name	Address	Phone number
_____	_____	_____
Name of supervisor	Title of supervisor	Monthly salary
_____	_____	
Position held	Describe your job duties	
_____ - _____	_____	
(Month / year)	(Month / year)	Number supervised
_____		
Reason for leaving		

C.

_____	_____	_____
Business name	Address	Phone number
_____	_____	_____
Name of supervisor	Title of supervisor	Monthly salary
_____	_____	
Position held	Describe your job duties	
_____ - _____	_____	
(Month / year)	(Month / year)	Number supervised
_____		
Reason for leaving		

D.

_____	_____	_____
Business name	Address	Phone number
_____	_____	_____
Name of supervisor	Title of supervisor	Monthly salary
_____	_____	
Position held	Describe your job duties	
_____ - _____	_____	
(Month / year)	(Month / year)	Number supervised
_____		
Reason for leaving		

E.

_____	_____	_____
Business name	Address	Phone number
_____	_____	_____
Name of supervisor	Title of supervisor	Monthly salary
_____	_____	
Position held	Describe your job duties	
_____ - _____	_____	
(Month / year)	(Month / year)	Number supervised
_____		
Reason for leaving		

F.

_____	_____	_____
Business name	Address	Phone number
_____	_____	_____
Name of supervisor	Title of supervisor	Monthly salary
_____	_____	
Position held	Describe your job duties	
_____ - _____	_____	
(Month / year)	(Month / year)	Number supervised
_____		
Reason for leaving		

G.

_____	_____	_____
Business name	Address	Phone number
_____	_____	_____
Name of supervisor	Title of supervisor	Monthly salary
_____	_____	
Position held	Describe your job duties	
_____ - _____	_____	
(Month / year)	(Month / year)	Number supervised
_____		
Reason for leaving		

H.

_____	_____	_____
Business name	Address	Phone number
_____	_____	_____
Name of supervisor	Title of supervisor	Monthly salary
_____	_____	
Position held	Describe your job duties	
_____ - _____	_____	
(Month / year)	(Month / year)	Number supervised
_____		
Reason for leaving		

I.

_____	_____	_____
Business name	Address	Phone number
_____	_____	_____
Name of supervisor	Title of supervisor	Monthly salary
_____	_____	
Position held	Describe your job duties	
_____ - _____	_____	
(Month / year)	(Month / year)	Number supervised
_____		
Reason for leaving		

J.

_____	_____	_____
Business name	Address	Phone number
_____	_____	_____
Name of supervisor	Title of supervisor	Monthly salary
_____	_____	
Position held	Describe your job duties	
_____ - _____	_____	
(Month / year)	(Month / year)	Number supervised
_____		
Reason for leaving		

K.

_____	_____	_____
Business name	Address	Phone number
_____	_____	_____
Name of supervisor	Title of supervisor	Monthly salary
_____	_____	
Position held	Describe your job duties	
_____ - _____	_____	
(Month / year)	(Month / year)	Number supervised
_____		
Reason for leaving		

L.

_____	_____	_____
Business name	Address	Phone number
_____	_____	_____
Name of supervisor	Title of supervisor	Monthly salary
_____	_____	
Position held	Describe your job duties	
_____ - _____	_____	
(Month / year)	(Month / year)	Number supervised
_____		
Reason for leaving		

M.

_____	_____	_____
Business name	Address	Phone number
_____	_____	_____
Name of supervisor	Title of supervisor	Monthly salary
_____	_____	
Position held	Describe your job duties	
_____ - _____	_____	
(Month / year)	(Month / year)	Number supervised
_____		
Reason for leaving		

N.

_____	_____	_____
Business name	Address	Phone number
_____	_____	_____
Name of supervisor	Title of supervisor	Monthly salary
_____	_____	
Position held	Describe your job duties	
_____ - _____	_____	
(Month / year)	(Month / year)	Number supervised
_____		
Reason for leaving		

O.

_____	_____	_____
Business name	Address	Phone number
_____	_____	_____
Name of supervisor	Title of supervisor	Monthly salary
_____	_____	
Position held	Describe your job duties	
_____ - _____	_____	
(Month / year)	(Month / year)	Number supervised
_____		
Reason for leaving		

30. If you were ever discharged or forced to resign because of misconduct or unsatisfactory service, explain in detail:

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31. Do you object to wearing a uniform?                      Yes      No

32. Do you object to working nights?                      Yes      No

33. Have you had experience with shift work?                      Yes      No

34. List below every law enforcement employment application process you have taken. If none, so state.

A.                      \_\_\_\_\_                      \_\_\_\_\_  
                    Agency name                      Date(s) applied

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                    Status of your application

B.                      \_\_\_\_\_                      \_\_\_\_\_  
                    Agency name                      Date(s) applied

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                    Status of your application

C.                      \_\_\_\_\_                      \_\_\_\_\_  
                    Agency name                      Date(s) applied

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                    Status of your application

D.                      \_\_\_\_\_                      \_\_\_\_\_  
                    Agency name                      Date(s) applied

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                    Status of your application

E.                      \_\_\_\_\_                      \_\_\_\_\_  
                    Agency name                      Date(s) applied

---

                    Status of your application

F.                      \_\_\_\_\_                      \_\_\_\_\_  
                    Agency name                      Date(s) applied

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                    Status of your application



**MILITARY**

35. Have you ever served in a military or naval organization of the United States? Yes No

(Circle one or both, if applicable) Active status or Reserve status

36. \_\_\_\_\_ Date \_\_\_\_\_  
Location of entrance of active duty

37. \_\_\_\_\_ Company \_\_\_\_\_  
Branch of Service

\_\_\_\_\_ Ship \_\_\_\_\_  
Regiment Division

38. \_\_\_\_\_  
Your selective service number

39. \_\_\_\_\_  
Highest rank held and last (or present) assignment

40. List period or periods of **active** military service and location of assignment:

\_\_\_\_\_-\_\_\_\_\_  
(Month / year) (Month / year) Location and assignment

\_\_\_\_\_-\_\_\_\_\_  
(Month / year) (Month / year) Location and assignment

\_\_\_\_\_-\_\_\_\_\_  
(Month / year) (Month / year) Location and assignment

\_\_\_\_\_-\_\_\_\_\_  
(Month / year) (Month / year) Location and assignment

\_\_\_\_\_-\_\_\_\_\_  
(Month / year) (Month / year) Location and assignment

\_\_\_\_\_-\_\_\_\_\_  
(Month / year) (Month / year) Location and assignment

41. List all medals and decorations awarded to you as a member of the armed forces:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

42. List your discharge classification (honorable, dishonorable, honorable conditions, etc.) ? Be exact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43. \_\_\_\_\_  
Location of discharge \_\_\_\_\_ Date \_\_\_\_\_

44. If you have had no military service, give reason(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

45. Are you now or were you ever an active or inactive member of any branch of the United States Reserve Forces?  
Yes No Active or Inactive? \_\_\_\_\_

\_\_\_\_\_  
Branch \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

46. \_\_\_\_\_  
Location of present Reserve assignment \_\_\_\_\_

47. Are you now or were you ever a member of the National Guard? Yes No (circle one)  
\_\_\_\_\_  
State \_\_\_\_\_ Regiment \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_

48. Were you ever court-martialed, tried on charges or were you the subject of a summary court, deck court, captain's mast or company punishment or any other disciplinary action while a member of the armed forces?  
Yes No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

49. List any disciplinary action taken against you in the National Guard or any other reserve unit:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

50. Indicate below the schools you have attended and courses completed. If you cannot remember, say so. If is not necessary to write the school for information.

A. \_\_\_\_\_  
Elementary School name                      Address                      Phone number

\_\_\_\_\_-\_\_\_\_\_  
(Month / Year)      (Month / Year)      Principal's name                      Graduation date

B. \_\_\_\_\_  
Junior High / Middle School name                      Address                      Phone number

\_\_\_\_\_-\_\_\_\_\_  
(Month / Year)      (Month / Year)      Principal's name                      Graduation date

C. \_\_\_\_\_  
High School name                      Address                      Phone number

\_\_\_\_\_-\_\_\_\_\_  
(Month / Year)      (Month / Year)      Principal's name                      Graduation date

**List higher education undergraduate level and graduate level:**

D. \_\_\_\_\_  
College / University name                      Address                      Registrar number

\_\_\_\_\_-\_\_\_\_\_  
Years attended                      Major(s)                      Dean(s) name(s)

\_\_\_\_\_  
Graduation date                      Degree(s) earned

E. \_\_\_\_\_  
College / University name                      Address                      Registrar number

\_\_\_\_\_-\_\_\_\_\_  
Years attended                      Major(s)                      Dean(s) name(s)

\_\_\_\_\_  
Graduation date                      Degree(s) earned

F. \_\_\_\_\_  
College / University name                      Address                      Registrar number

\_\_\_\_\_-\_\_\_\_\_  
Years attended                      Major(s)                      Dean(s) name(s)

\_\_\_\_\_  
Graduation date                      Degree(s) earned

G. \_\_\_\_\_  
College / University name                      Address                      Registrar number

\_\_\_\_\_-\_\_\_\_\_  
Years attended                      Major(s)                      Dean(s) name(s)

\_\_\_\_\_  
Graduation date                      Degree(s) earned

51. List any other educational certifications or earned degrees:

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52. Were you ever expelled or suspended from any school or were you ever disciplined by any school official?

Yes    No    If yes, give particulars:

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**CRIMINAL / TRAFFIC RECORDS**

Answer all of the following questions completely and accurately. Any falsification or misstatements of fact may be sufficient to disqualify you. (Exclude traffic citations)

53. Have you ever been arrested or detained by a law enforcement agency? Yes No If yes, complete below:

A. \_\_\_\_\_  
Offense Charged Arresting agency  
\_\_\_\_\_  
Disposition of case Date

B. \_\_\_\_\_  
Offense Charged Arresting agency  
\_\_\_\_\_  
Disposition of case Date

54. Have you ever been involved in any police investigation or ever been contacted by the police? Yes No  
If yes, explain all details:

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55. Have you ever been placed on probation? Yes No If yes, explain:

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56. Have you ever been required to pay a fine? Yes No If yes, explain:

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57. Have you ever been reported as a missing person or as a runaway? Yes No If yes, explain all details, including jurisdiction, dates and outcome:

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58. If you have ever been fingerprinted by a police agency, other than for an arrest, give details below. Your answers will be verified by the F.B.I. and other agencies.

Agency	Date	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

59. Can you operate a motor vehicle? Yes No

60. List every driver's license you have possessed:

Operator's License Number	Licensing State	Year issued
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

61. Has your license ever been suspended or revoked? Yes No If yes, state which license and explain details:

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62. Was your license(s) and/or driving privileges re-instated? Yes No

\_\_\_\_\_  
Operator's License Number                      Licensing State                      Date re-instated

\_\_\_\_\_  
Operator's License Number                      Licensing State                      Date re-instated

63. Have you ever been refused an operator's license by any state? Yes No If yes, explain all details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

64. Have you ever been involved in a motor vehicle accident? Yes No If yes, state complete details for each accident whether collision or non-collision:

A. \_\_\_\_\_  
Date                      Investigating Agency                      (If not investigated, state why)

\_\_\_\_\_  
Location                      Cause of accident

\_\_\_\_\_  
Injury or Non-Injury                      Describe injury                      Who was legally at fault?

B. \_\_\_\_\_  
Date                      Investigating Agency                      (If not investigated, state why)

\_\_\_\_\_  
Location                      Cause of accident

\_\_\_\_\_  
Injury or Non-Injury                      Describe injury                      Who was legally at fault?

C. \_\_\_\_\_  
Date                      Investigating Agency                      (If not investigated, state why)

\_\_\_\_\_  
Location                      Cause of accident

\_\_\_\_\_  
Injury or Non-Injury                      Describe injury                      Who was legally at fault?

D. \_\_\_\_\_  
Date                      Investigating Agency                      (If not investigated, state why)

\_\_\_\_\_  
Location                      Cause of accident

\_\_\_\_\_  
Injury or Non-Injury                      Describe injury                      Who was legally at fault?

65. List below all traffic citations you have received, exclude parking:

A. \_\_\_\_\_  
Location (City & State)                      Date                      Violation

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Disposition

B. \_\_\_\_\_  
Location (City & State)                      Date                      Violation

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Disposition

C. \_\_\_\_\_  
Location (City & State)                      Date                      Violation

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Disposition

D. \_\_\_\_\_  
Location (City & State)                      Date                      Violation

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Disposition

E. \_\_\_\_\_  
Location (City & State)                      Date                      Violation

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Disposition

F. \_\_\_\_\_  
Location (City & State)                      Date                      Violation

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Disposition

G. \_\_\_\_\_  
Location (City & State)                      Date                      Violation

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Disposition

H. \_\_\_\_\_  
Location (City & State)                      Date                      Violation

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Disposition

I. \_\_\_\_\_  
Location (City & State)                      Date                      Violation

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Disposition

J. \_\_\_\_\_  
Location (City & State)                      Date                      Violation

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Disposition



**MISCELLANEOUS**

66. Have you ever possessed and/or smoked marijuana, hashish, PCP or any other illegal substance? Yes No  
If yes, explain **in detail**:

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67. Have you ever used any other illegal drugs, steroids, opiates, pills, etc.? Yes No If yes, describe the circumstances:

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68. Do you drink alcoholic beverages? Yes No If so, indicate how many drinks (beer, wine, spirits) you consume each week:

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69. Do you use tobacco products? Yes No If yes, explain type and amount: (i.e. cigarettes, chewing tobacco, snuff, etc.)

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70. If it became necessary in the course of police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs? Yes No If yes, explain:

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**CONTINUATION**

**CONTINUATION**

**READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING**

The following are general areas of concern that will be addressed during the polygraph examination that all applicants are required to submit to for continued employment considerations.

1. Theft Involvement
2. Drug Involvement
3. Narrowly deferred question(s) concerning forcible, illegal sexual contact
4. Questions concerning previous employment issues
5. General questions concerning information supplied on the application

Title 19, Section 705 (as amended July 8, 1987) of the Delaware Code, permits "the use of polygraph administered by any law enforcement agency in the performance of official duties which shall include police officer applicant background investigations."

Although the polygraph results will not be the sole determinate for rejection, failure to submit to a polygraph examination will be considered as a refusal to release information which will result in elimination from further consideration.

I hereby certify that there are no willful misrepresentations in or falsifications of my statements or answers to any of the questions. I am aware that should an investigation disclose such misrepresentations or falsification, my application will be rejected and I will be disqualified from applying in the future for any position with the Elsmere Bureau of Police.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature in full

\_\_\_\_\_

Date completed

# ELSMERE BUREAU OF POLICE

## AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the Elsmere Bureau of Police, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested.

\_\_\_\_\_  
Applicants name (Printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicants signature

\_\_\_\_\_  
Date