

**Effingham Police Department
Personal History Questionnaire
Effingham Board of Fire and Police Commissioners**

Instructions:

Answer each of the following questions or provide the requested information making your entries in black ink. Write legibly and if you find that a question or statement Does Not Apply to you, mark DNA in the space, making sure that you leave no spaces blank. If you do not fill out this questionnaire completely or if you make false statements, your application may be rejected.

Vital Statistics and Residence Section

What is your full legal name?

Last First Middle Maiden name (if applicable)

Social Security Number: _____

Position Applying for: _____

Are you willing and able to work the following types of schedules: YES NO

Day Shift	Night Shift	Weekends	Holidays	Overtime	12 or 8 hour shifts	On Call

If no, please explain: _____

Home Telephone Number: _____

Business Telephone Number: _____

Your Present Age: _____ Date of Birth: _____

Email Address: _____ Cell Phone Number: _____

List any other names or aliases you have been known by and explain the reason for use of such names:

Have you ever been employed by the City of Effingham? YES NO

If yes, provide the following information:

Department Employed by	Position Held
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Date Hired	Date Terminated
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Reason for Leaving

If previously employed by the City of Effingham, were you using any other name or alias at the time?
 YES NO If yes, provide your previous name or alias.

What is your present address: _____
Street Address

City	County	State	Zip Code
------	--------	-------	----------

Length of time at present address: _____
Years Months

List your former addresses for the last ten (10) years or back to your eighteenth (18th) birthday.
If you rented property, list the landlord's name, address, and telephone number.

Street Address	City	State	Zip Code	Length at Residence
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Street Address	City	State	Zip Code	Length at Residence
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Street Address	City	State	Zip Code	Length at Residence
----------------	------	-------	----------	---------------------

Street Address	City	State	Zip Code	Length at Residence
----------------	------	-------	----------	---------------------

List the name, address, and telephone number of two (2) persons to notify in event of an emergency.

Full Name	Street Address	City
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County	State	Zip Code	Area Code/Telephone Number
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Full Name

Street Address

City

County

State

Zip Code

Area Code/Telephone Number

Are you a native born citizen of the United States?

YES NO

Are you a naturalized citizen of the United States?

YES NO

Family Information Section

If you are married, list spouse's first name.

Last

First

Middle

Maiden

Spouse's Place of Employment

Employment Address

City

County

State

Zip Code

Work Telephone Number

Home Telephone Number (if different for yours)

Present Address of spouse if different from yours.

Street Address

City

County

State

Zip Code

Identify your immediate family member(s) other than your spouse, including parents, children, siblings, etc.

Name

Address

Telephone Number

Age

Name

Address

Telephone Number

Age

Name	Address	Telephone Number	Age
------	---------	------------------	-----

Name	Address	Telephone Number	Age
------	---------	------------------	-----

If you are or have been divorced, give the name your former spouse presently uses.

Last	First	Middle
------	-------	--------

Present address phone number of former spouse _____
Street Address

City	County	State	Zip Code
------	--------	-------	----------

Home Telephone Number	Work Telephone Number
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City and State where former marriage performed: _____

Date former marriage performed: _____
Day Month Year

Date divorce action filed: _____
Day Month Year

Name of court issuing divorce: _____

Location of court issuing divorce: _____
Street Address

City	County	State	Zip Code
------	--------	-------	----------

Date of divorce decree: _____
Day Month Year

Amount of spousal maintenance (alimony) currently ordered: \$ _____

Amount of child support currently ordered: \$ _____

Were you ever delinquent on child support payments? YES NO

If yes, explain the reason fully:

Medical History Section



Have you ever undergone treatment or sought counseling for drug-related problems?

YES NO

If yes, explain in detail below:

Alcohol / Liquor Consumption:

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

Declare if you have used or tried any of the substance below **EVEN ONCE** (excluding legitimate prescriptions). List any other substances / controlled substance you have taken not listed below.

You will be questioned on this information during your background interview later in the process.

Substance	Date First Used	Date Last Used	Total # of Times Used	Avg Times Used (per week, month)	Total Time Used (# of months/yrs)	Never Used, NOT EVEN ONE TIME
Marijuana/Hashish						
Amphetamines/Speed						
Methamphetamine						
Cocaine/Crack						
Heroin						
Inhalants						
LSD						
PCP						
Barbiturates/Tranquilizers						
Hallucinogenics						
Ecstasy						
Steroids						
Other						

*****Month and year must be included, particularly if the use was within the past five (5) years.*****

(Attach extra copies of this section if necessary to provide a complete history)

3. Have you ever sold drugs or narcotics to anyone? YES NO If yes, explain in detail:

4. Have you ever given or furnished drugs or narcotics to anyone? YES NO

If yes, explain in detail:

Education Section

Did you receive: High School Diploma GED Certificate

High School Attended: _____
Name of School

City State Zip Code

Dates Attended: _____

Graduated? YES NO

University / College: Please list all colleges and/or universities you attended:

University or College attended: _____
Name of School

City State Zip Code

Degree Received: _____

Units Completed: _____

Dates Attended: _____

University or College attended: _____
Name of School

City State Zip Code

Degree Received: _____

Units Completed: _____

Dates Attended: _____

University or College attended: _____
Name of School

City State Zip Code

Degree Received: _____

Units Completed: _____

Dates Attended: _____

Other Schools: List other schools attended (trade, vocational, business, etc.) including any pertinent information...

School: _____
Name of School

City State Zip Code

Certificates: _____

Licenses: _____

Course of Study: _____

Dates Attended: _____

School: _____
Name of School

City State Zip Code

Certificates: _____

Licenses: _____

Course of Study: _____

Dates Attended: _____

Were you ever expelled from any high school, trade school, or college? YES NO
If yes, explain in detail:

Military Service

Have you ever attempted to enlist in any branch of the United States Armed Forces? (Including Reserves, National Guard and/or Coast Guard) YES NO

If yes, please explain:

Have you ever served in any branch of a Foreign Military? YES NO

If yes, please explain:

Have you ever been involved in a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc.? YES NO

If yes, please explain:

Have you ever served in any branch of the United States Armed Forces? YES NO

If yes, please supply the following information:

Branch of Service: _____

Dates of Service: _____

Type of Discharge: _____

Highest Rank Held: _____

Service ID Number: _____

Military Job Description:

Military Occupation Specialty (MOS) *if applicable*:

Past commanding officers or military acquaintances can be sources of relevant information about your background. List the individuals from your military career who know you well enough to provide accurate information about you.

Name	Address	Telephone Number

City	State	Zip Code

Years Known: _____

Name	Address	Telephone Number

City	State	Zip Code

Years Known: _____

Have you served in an **additional** branch of the United States Armed Forces? YES NO

If yes, please supply the following information:

Branch of Service: _____

Dates of Service: _____

Type of Discharge: _____

Highest Rank Held: _____

Service ID Number: _____

Military Job Description: _____

Military Occupation Specialty (MOS) *if applicable*: _____

Past commanding officers or military acquaintances can be sources of relevant information about your background. List the individuals from your military career who know you well enough to provide accurate information about you.

Name	Address	Telephone Number
City	State	Zip Code
Years Known: _____		

Name	Address	Telephone Number
City	State	Zip Code
Years Known: _____		

If you left the military service under **Entry Level Separation**, please describe the circumstances in detail:

Have you ever been the subject of a court martial, tried on charges, or the subject of an Article 15, company punishment or ANY OTHER disciplinary action while a member of the Armed Forces?
 YES NO If yes, please supply the following information and explain on the offense(s) in detail.
 You may add a separate sheet of paper if needed.

Type of Disciplinary Action	Branch of Service	Date of Action	Disposition of Action

List all periods of active military service - anything over thirty (30) days:

Date From Month / Year	Date To Month / Year	Duty Station: Name of Station and City closest to duty station	Rank Held

Financial Information Section

What is your total amount of monthly payments for indebtedness (including, but not limited to: rent, utilities, mortgage payments, auto insurance, credit cards, spousal maintenance (alimony), child support, etc.)? \$ _____

Do you have any legal action pending against you regarding any financial matter?

YES NO If yes, please explain in detail below:

Have you ever been refused a bond?

YES NO If yes, please explain in detail below:

Are there any unpaid judgments against you?

YES NO If yes, please explain in detail below:

Have you ever filed for bankruptcy?

YES NO If yes, provide the following information:

Date Filed: _____ Court Number: _____

Explain Reason in Detail:

Have you ever had your wages attached or garnished?

YES NO If yes, provide the following information:

Date Filed: _____ Court Number: _____

Explain Reason in Detail:

Have you ever been a party to any civil court action regarding creditor, debtor or other financially-related matter?

YES NO If yes, provide the following information:

Date Filed: _____ Court Number: _____

Explain Reason in Detail:

Disposition:

Have you ever been denied any kind of insurance?

YES NO If yes, provide the following information:

Have you ever had any kind of insurance policy involuntarily canceled?

YES NO If yes, provide the following information:

Besides your present employment, list below any other sources of income that you now have:

If you should be employed by the City of Effingham for the position applied for, do you anticipate receiving income from any other sources?

YES NO If yes, provide the identity or name of the source:

How many people are dependent upon you for financial support? _____

List the banks where you have accounts, including loans:

Name of Bank	Address	Type of Account

Do you own or lease a motor vehicle?

YES NO If yes, provide the following information:

Make of Vehicle	Year of Vehicle

Date of Purchase: _____

Name of Bank or Title Holder: _____

Legal Owner, if not you: _____

Name and Address of Company or Agent that insures the vehicle:

Name	Street Address

Work History

Beginning with your most current/recent job, **list all employment since age sixteen (16)**. Include part-time, temporary, and seasonal jobs. **Include all periods of unemployment**. Attach extra pages if needed.

Employer/Company Name: _____

Address _____ City / State _____ Zip Code _____

From: _____ To: _____ Phone Number: _____

Supervisor: _____
Last First Phone Number

Coworker: _____
Last First Phone Number

Reason for Leaving:

Employer/Company Name: _____

Address _____ City / State _____ Zip Code _____

From: _____ To: _____ Phone Number: _____

Supervisor: _____
Last First Phone Number

Coworker: _____
Last First Phone Number

Reason for Leaving:

Employer/Company Name: _____

Address City / State Zip Code

From: _____ To: _____ Phone Number: _____

Supervisor: _____
Last First Phone Number

Coworker: _____
Last First Phone Number

Reason for Leaving:

Employer/Company Name: _____

Address City / State Zip Code

From: _____ To: _____ Phone Number: _____

Supervisor: _____
Last First Phone Number

Coworker: _____
Last First Phone Number

Reason for Leaving:

Employer/Company Name: _____

Address City / State Zip Code

From: _____ To: _____ Phone Number: _____

Supervisor: _____
Last First Phone Number

Coworker: _____
Last First Phone Number

Reason for Leaving:

Employer/Company Name: _____

Address City / State Zip Code

From: _____ To: _____ Phone Number: _____

Supervisor: _____
Last First Phone Number

Coworker: _____
Last First Phone Number

Reason for Leaving:

Have you ever been terminated, forced to resign or otherwise involuntarily separated by a previous employer? YES NO If yes, provide the following information:

Have you ever been reprimanded by a supervisor for misconduct or for not doing your job properly? YES NO If yes, provide the following information:

Have you ever been reprimanded for being late or absent?

YES NO If yes, provide the following information:

Have you ever been disciplined by a supervisor (including verbal or written reprimands, suspensions, fines, etc.) YES NO If yes, provide the following information:

Have you ever left a job without giving a two weeks' notice?

YES NO If yes, provide the following information:

Have you ever been engaged in any business as an owner, partner, or corporate member?

YES NO If yes, provide the following information:

Have you ever taken anything of value, goods, or services from an employer without their permission?

YES NO If yes, provide the following information:

Have you ever taken any cash money from an employer?

YES NO If yes, provide the following information:

Figure out a dollar amount of how much you have taken from all employers combined during the last five years and circle the amount below that comes closest to the total dollars in merchandise, goods, or services you have taken. This may include, but is not limited to paper, pens, clips, etc.

\$0 \$10 \$25 \$50 \$75 \$100 \$250 \$500 \$750 \$1000 \$2500 \$5000

Other Amount: \$ _____

Please explain **ANY** amounts:

In the last five years, have you submitted an application for employment with any other public safety agency or department? YES NO

Agency	Date Applied	Disposition of Application

Have you ever taken a voice stress analysis/polygraph examination for any reason?

YES NO If yes, provide the following information:

Date	Agency	City / State	Reason Tested	Result

Have you ever been rejected for cause from a public safety job?

YES NO If yes, provide the following information (be specific):

At the present time, do you have any pending applications with any other public safety agency?

YES NO If yes, please list the agency, the position applied for and the current status:

Have you ever been involved as a party in civil litigation(s)?

YES NO

If yes, please provide the following information:

Motorist Information Section

Can you operate a motor vehicle? YES NO

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

Expiration Date: _____

List any code restrictions: _____

Have you ever been refused an operator's or chauffeur's license by any state?

YES NO If yes, please provide the following information:

Have you ever had your license suspended or revoked?

YES NO If yes, please provide the following information:

Have you ever had a restricted driving permit or license?

YES NO If yes, please provide the following information:

Briefly describe any traffic accidents in which you have been involved in:

Accident Date: _____ City/State: _____

Injury Accident: YES NO Did the police investigate? YES NO

Investigating Agency: _____

Description of Accident:

Accident Date: _____ City/State: _____

Injury Accident: YES NO Did the police investigate? YES NO

Investigating Agency: _____

Description of Accident:

To the best of your memory, list all the driving citations you have received **as an adult and as a juvenile**, excluding parking tickets.

Citation/Charge: _____

Month/Year: _____ Disposition: _____

City: _____ State: _____

Citation/Charge: _____

Month/Year: _____ Disposition: _____

City: _____ State: _____

Citation/Charge: _____

Month/Year: _____ Disposition: _____

City: _____ State: _____

Citation/Charge: _____

Month/Year: _____ Disposition: _____

City: _____ State: _____

Criminal History Section



Have you ever been arrested for, charged with, or convicted of domestic violence or other criminal offense, not including traffic violations? You must include all supervision and expungements.

YES NO If yes, please provide the following information:

Date: _____ City: _____ State: _____

Police Agency Involved: _____

Crime Charged: _____

Disposition of Case, including sentence: _____

Are you currently on probation or parole? YES NO

Have you ever had an order of protection filed against you?
 YES NO If yes, please provide the following information:

Have you ever been reported as a missing person?
 YES NO If yes, please provide the following information:

Have you ever been a victim of a crime?
 YES NO If yes, please provide the following information:

Have you ever been a party in any court action, either criminal or civil (other than traffic) that has not been previously listed?
 YES NO If yes, please provide the following information:

In what city and state did the court action occur?

City

State

What was the disposition of the court action?

Have you ever been fingerprinted by any police agency other than for an arrest?

YES NO If yes, please provide the following information:

Purpose: _____ Date: _____

Police agency involved: _____

Purpose: _____ Date: _____

Police agency involved: _____

Purpose: _____ Date: _____

Police agency involved: _____

Purpose: _____ Date: _____

Police agency involved: _____

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

YES NO If yes, please provide the following information:

Alleged Crime: _____ Police Agency: _____

Date of Occurrence: _____ Case Disposition: _____

Alleged Crime: _____ Police Agency: _____

Date of Occurrence: _____ Case Disposition: _____

Alleged Crime: _____ Police Agency: _____

Date of Occurrence: _____ Case Disposition: _____

Membership in Organizations (Past and Present)

Name and Address Of Organization	Type (Social, Professional, Etc.)	From:	To:
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Personal References

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

DO NOT list relatives or former employers.

Last First

Address City State Zip Code

Home Telephone Cell Phone

Email Address: _____

Relationship: _____ How long have you know this person: _____

Last First

Address City State Zip Code

Home Telephone Cell Phone

Email Address: _____

Relationship: _____ How long have you know this person: _____

Last First

Address City State Zip Code

Home Telephone Cell Phone

Email Address: _____

Relationship: _____ How long have you know this person: _____

Last First

Address City State Zip Code

Home Telephone _____ Cell Phone _____

Email Address: _____

Relationship: _____ How long have you know this person: _____

Last _____ First _____

Address _____ City _____ State _____ Zip Code _____

Home Telephone _____ Cell Phone _____

Email Address: _____

Relationship: _____ How long have you know this person: _____

The following must be taken before a notary public.

_____, the undersigned, a legal resident of _____
_____ in the City of _____,
and State of _____, to me personally known, having
been sworn before me, declares that he/she is the person, described in the
foregoing Personal History Questionnaire, and that all the statements contained
in said answered are true to the best of his/her knowledge and believe.

Sworn to and subscribed to before me this _____ day of
_____, 20____ At _____
County of _____, and State of _____

Notary Public

(Official Seal)