

Personal History

Statement

**Cape Elizabeth Police Department
325 Ocean House Road
Cape Elizabeth, Maine 04107**

This is a two-sided document

AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern:

I hereby request and authorize you to furnish the Cape Elizabeth Police Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, psychological testing, polygraph testing, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a law enforcement officer.

I hereby release you and your organization from any liability that may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a law enforcement officer. This release will expire sixty (60) days after the date signed.

Signed: _____

Date: _____

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 directions carefully before making any entries on the form. Be sure your information is correct and in the 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 question 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.

WORK HISTORY - Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____
PHONE NUMBER: _____ JOB TITLE: _____
DUTIES: _____

SUPERVISOR: _____ NAME OF CO-WORKER: _____

2. FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____
PHONE NUMBER: _____ JOB TITLE: _____
DUTIES: _____

SUPERVISOR: _____ NAME OF CO-WORKER: _____

3. FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____
PHONE NUMBER: _____ JOB TITLE: _____
DUTIES: _____

SUPERVISOR: _____ NAME OF CO-WORKER: _____

4. FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____
PHONE NUMBER: _____ JOB TITLE: _____
DUTIES: _____

SUPERVISOR: _____ NAME OF CO-WORKER: _____

MILITARY RECORD:

1. Have you served in the US Armed Forces? YES___ NO___
2. Date of Service: From _____ To _____ Branch of Service: _____
Unit 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 Mast, Company Punishment, etc.)? Yes: _____ No: _____

Charge	Agency	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

EDUCATIONAL HISTORY

1.	High School Attended	City & State	Dates Attended		Graduated	
			From	To	Yes	No
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

2. College or University Attended: _____
City & State: _____ Dates Attended: _____
Units Completed: _____ Degree _____ Major/Minor: _____

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College or University Attended: _____
City & State: _____ Dates Attended: _____
Units Completed: _____ Degree _____ Major/Minor: _____

3. List other schools attended (Trade, Vocational, Business, etc.).
Give name and address of school, dates attended, course of study, certificate, and other pertinent information.

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. If you are fluent in a foreign language, indicate in each area your degree of fluency (Excellent, Good, or Fair.)

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

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

CONVICTIONS, ARRESTS, DETENTION, AND LITIGATION:

1. Have you ever been arrested or summonsed into court? YES___ NO___

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, please explain: _____

TRAFFIC RECORD:

1. Has your Driver's License ever been suspended or revoked? YES _____ NO ___

If Yes, give date, State issuing license and reasons: _____

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

3. List all driving citations you have received as an adult or juvenile, excluding parking tickets.

<u>Month & Year</u>	<u>Charge City & State</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

REFERENCES OR ACQUAINTANCES: List five persons who know you well enough to provide current information about you. Do not list Relatives or former employers.

Name: _____ Address: _____

Residence Phone: _____ Business Phone: _____

Business Address: _____ Years Known: _____

Name: _____ Address: _____

Residence Phone: _____ Business Phone: _____

Business Address: _____ Years Known: _____

Name: _____ Address: _____

Residence Phone: _____ Business Phone: _____

Business Address: _____ Years Known: _____

Name: _____ Address: _____

Residence Phone: _____ Business Phone: _____

Business Address: _____ Years Known: _____

Name: _____ Address: _____

Residence Phone: _____ Business Phone: _____

Business Address: _____ Years Known: _____

FINANCIAL HISTORY

Sources of Income:

1. What is your present salary or wages: _____
2. Do 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 _____
Location: _____ Equity: \$ _____
4. Do you own any Bonds, Government or otherwise?
YES _____ NO _____ Present Value: \$ _____
5. Do you own any Corporate Stock or equity Mutual Funds?
YES _____ NO _____ Present Value: \$ _____
6. Do you have a Bank account? YES _____ NO _____

SAVINGS

Average Balance:\$ _____ Acct #: _____

Name & Address of Bank: _____

CHECKING

Average Balance:\$ _____ Acct #: _____

Name & Address of Bank: _____

7. 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, vehicle 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 or item purchased	Acct number	Total Bal.	Monthly Payments
Total:					

MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT):

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

PERSONAL DECLARATIONS:

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

- Have you ever used Marijuana or any other drug not prescribed by your physician?
YES _____ NO _____
If YES, what were the circumstances: _____

- Have you ever sold or furnished drugs or narcotics to anyone? YES ___ NO ___
If YES, explain in detail: _____

- If it became necessary to take a Human life in the course of your duties as a law enforcement officer, would any religious or other beliefs prevent you from doing so? YES _____ NO _____

If YES, Explain: _____

- Do you have any other beliefs or prejudices, which would prevent you from fully performing the duties of a Law Enforcement Officer?
YES _____ NO _____
If YES, Explain: _____

- 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 law enforcement officer?
YES ___ NO ___ If YES, Explain: _____

MARITAL & FAMILY:

1. Are you? ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

2. **IF EVER MARRIED:**

Date: _____ City & State: _____

Spouse's Name: _____ Maiden Name: _____

Present Address: _____ Phone # _____

Separated, Divorced, or Annulled (State Which): _____

Date of Order or Decree: _____ Court & State Where Issued: _____

Date: _____ City & State: _____

Spouse's Name: _____ Maiden Name: _____

Present Address: _____ Phone # _____

Separated, Divorced, or Annulled (State Which): _____

Date of Order or Decree: _____ Court & State Where Issued: _____

3. List all children related to you or your spouse (natural, step-children, adopted & foster children)

Name	Relation	DOB	Address	Supported by Whom
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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