



Personal History Statement Applicant Form and Instructions



**Police
Department**

Revised September, 2012

APPLICATION FOR EMPLOYMENT

The City of Boise is an Equal Opportunity/Affirmative Action Employer. It is our policy to recruit, hire and promote qualified and qualifiable persons without regard to race, sex, religion, national origin, age or disability.

Give special attention to experience relative to the job in which you are applying. Be specific and thorough. Include all relevant temporary, part-time or volunteer work.

Instructions for Completing Personal History Statement Form



The Boise Police Department requires that you *personally* complete this form. Please note that your ability to complete this form in a neat, timely, and accurate fashion is a part of the background investigation process. It is *your responsibility* to make sure that you have read and understood each question,

and that you have answered truthfully and completely.

The Department uses this form, among other things, to determine your legal qualifications for the position for which you are applying. In addition the Boise Police Department has an obligation to itself and to the citizens of its service area to ensure that persons who are not qualified for this position will be excluded lawfully from further consideration.

If there is not enough room to answer a question, use the lined pages (19-20) at the end of the Personal History Statement. Be sure to provide the number of the question you are answering. Because it differs from some of the Personal History Statements forms with which you already may be familiar, you should use care in answering the questions on this form. You may not attach portions of other Personal History Statement forms, resumes, or applications in *substitution* for information required on this form.

Please be as specific as possible in your answers. Also remember that there is no such thing as a perfect person or perfect candidate. As your prospective employer, we are not looking for perfection; rather, we want an open and honest opportunity to evaluate your qualifications fairly for this position.

You are responsible for the accuracy of information on this form. It is *your responsibility* to make certain that the information is complete and correct. Please note that deliberate misstatements or omissions on this form will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. Read questions *thoroughly* before answering. If you do not understand a question, ask any staff member in Personnel to clarify the question for you.

Illegal drugs

When responding to questions about any prior use of *illegal drugs*, you should identify the drug or controlled substance used, when you *last* used the drug, and the number of times used... that is the only information required. Do not furnish any identifying information about controlled substances that are lawfully prescribed to you, unless you were arrested for driving under the

influence of that drug. In such cases, do *not* identify the drug in question.

For questions regarding the use of illegal drugs, remember that the legal term “possession” includes *any* use whatsoever. Possession includes using, experimenting with, trying, ingesting, smoking, injecting or being under the influence of illegal drugs. It also includes drugs that were in your possession, in your clothing or in your car, even if you did not “use” them on that occasion. Possession specifically would include substances *you thought* were illegal drugs when you possessed them, even if they subsequently turned out to be harmless.

Legal questions

All applicants applying for employment with the Boise Police Department, are required to disclose their prior involvement in illegal acts. You are required to disclose acts that you have *committed* even if you were never caught, arrested or prosecuted. In many cases, your responses will be subject to verification by polygraph examination. Inconsistent statements you make in this document and during your polygraph undoubtedly will result in your disqualification.

You are required to answer questions about misdemeanors and felonies you may have committed at any time in your life. With respect to questions about legal processes initiated against you (detentions, arrests, plea bargains, diversions and/or convictions), you may have a legal right to answer “No” to certain of these questions. You should consult with your attorney if you feel that you may be legally entitled to deny these processes under the law.

Make a copy

You are encouraged to make a copy of your completed form for your own records. Your completed form is treated as a highly confidential document and will not be shared with anyone outside of the Boise Police Department. The original, signed form becomes a permanent part of your background file and will not be released to any other party without your signed authorization or by order of a competent court.

Mail or bring all documents to Police Personnel at the following address. If you have any questions, contact Police Personnel.

BOISE POLICE DEPARTMENT

Attn: Police Personnel Unit

333 N. Mark Stall Place • Boise, Idaho 83704

Phone: (208) 570-6100

Personal History Statement Form

City of Boise
Boise Police Department
333 N. Mark Stall Place
Boise, ID 83704

Phone: (208) 570-6101
Fax: (208) 570-6109
Web: www.cityofboise.org

PERSONAL:

The following information is required of you for verification and contact purposes:

1. Your Name (Please Print) _____
Last First Middle

Other names (including nicknames) you have used or been known by: _____

2. List the address where you now reside:

Number Street City State Zip Code

3. List the telephone number(s) where you can be contacted:

Home _____ Work _____

Hours you may be contacted _____ Hours you may be contacted _____

E-Mail address: _____ Cell Phone No. _____

4. Birthdate _____ The City/County /State in which you were born _____

Are you a U.S. Citizen? Yes No

EDUCATION:

5. The position you have applied for may have certain educational requirements. List the following information concerning your educational background. Your educational background also may qualify you for higher salary placement in sworn positions.

Name of high school last attended: _____ City/State _____

Dates: _____ Diploma GED

College or university attended: _____ Units Completed _____

Field of Study _____ Degree? Yes No Date Attended _____

College or university attended: _____ Units Completed _____

Field of Study _____ Degree? Yes No Date Attended _____

College or university attended: _____ Units Completed _____

Field of Study _____ Degree? Yes No Date Attended _____

6. Were you ever suspended, expelled or dismissed for academic disqualification from any high school, college or university?

Yes No If yes, please explain _____

7. Check any of the following professional certificates you possess which relate to your qualifications for this position:

Reserve Academy Basic Police Academy Detention Firefighter E.M.T./Paramedic

8. If you possess a basic or intermediate POST law enforcement certificate, please provide location and date obtained.

List any other professional certifications you possess: _____

9. Other than English, do you speak/understand any languages fluently? Yes No

If yes, please list _____

EMPLOYMENT

10. Your employment history is a critical part of your background. You must account for each and every job you have held in the past, whether full-time, part-time or voluntary. Begin with your present or most recent job and work backward. You must be as specific as possible about your reasons for leaving. Do not use "personal reasons."

PRESENT Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why do you want to leave? _____
May we contact your present employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

Employer's name/address _____
Telephone number: _____ Supervisor's name _____
Start Date _____ End Date _____ Starting salary _____ Ending salary _____
Your job title _____ Full time Part time Volunteer
Co-workers' names - list three 1. _____ Cell# _____
2. _____ Cell# _____
3. _____ Cell# _____
Why did you leave? _____
May we contact this employer? Yes No If no, please explain _____

11. Social Security Number _____ In accordance with the Federal Privacy Act of 1974 disclosure is voluntary. Your SSN will be used to ensure that proper records are obtained. If naturalized, date you applied for citizenship: _____

12. For the purpose of identification, provide the following:
Height _____ Weight _____ Hair Color _____ Eye Color _____
Tattoos or other marks – do NOT list scars of medical origin: _____

RELATIVES, REFERENCES, AND ACQUAINTANCES:

Persons who know you will be contacted and asked to comment on your suitability for this position. Inquiries will be on job-relevant matters.

13. Please list the persons identified below. If the category is not applicable, write “NA”

Full Name	Address where the person can be contacted, State and zip code	Telephone numbers
Father _____	_____	Day: _____ Night: _____
Mother _____	_____	Day: _____ Night: _____
Fiancé _____	_____	Day: _____ Night: _____
Spouse _____	_____	Day: _____ Night: _____
Date Married _____	_____	Day: _____ Night: _____
Former Spouse _____	_____	Day: _____ Night: _____
Date Divorced _____	_____	

14. List other living members of your immediate family in the following order: Your children, in-laws, brothers, sisters, step-parents, etc. Please state ages of children if applicable.

Full Name and address where the person can be contacted (include State and zip code)	Telephone numbers
_____	Day: _____ Night: _____
Relationship to you _____ Occupation: _____	Work: _____
Email address _____	Cell: _____ Other: _____
Full Name and address where the person can be contacted (include State and zip code)	
_____	Day: _____ Night: _____
Relationship to you _____ Occupation: _____	Work: _____
Email address _____	Cell: _____ Other: _____
Full Name and address where the person can be contacted (include State and zip code)	
_____	Day: _____ Night: _____
Relationship to you _____ Occupation: _____	Work: _____
Email address _____	Cell: _____ Other: _____

15. Long-time acquaintances. List four individuals who have known you for five years or more. Do not include relatives of your immediate family or former employment supervisors. (Examples include long time family, friends, etc.)

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
 _____ Night: _____
 Relationship to you _____ Occupation: _____ Work: _____
 Email address _____ Cell: _____
 Other: _____

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
 _____ Night: _____
 Relationship to you _____ Occupation: _____ Work: _____
 Email address _____ Cell: _____
 Other: _____

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
 _____ Night: _____
 Relationship to you _____ Occupation: _____ Work: _____
 Email address _____ Cell: _____
 Other: _____

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
 _____ Night: _____
 Relationship to you _____ Occupation: _____ Work: _____
 Email address _____ Cell: _____
 Other: _____

16. Social peers. List four individuals who are your social friends and who have seen you frequently during the past year. Do not include relatives.

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
 _____ Night: _____
 Relationship to you _____ Occupation: _____ Work: _____
 Email address _____ Cell: _____
 Other: _____

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
 _____ Night: _____
 Relationship to you _____ Occupation: _____ Work: _____
 Email address _____ Cell: _____
 Other: _____

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
 _____ Night: _____
 Relationship to you _____ Occupation: _____ Work: _____
 Email address _____ Cell: _____
 Other: _____

Full Name and address where the person can be contacted (include State and zip code)

_____ Day: _____
 _____ Night: _____
 Relationship to you _____ Occupation: _____ Work: _____
 Email address _____ Cell: _____
 Other: _____

RESIDENCES:

17. In section (a), furnish information concerning places you have lived during the past ten years. Begin with where you live now and work backward.

<i>17a. Street Address, City, State, Zip</i>	<i>No of Years</i>	<i>Name of landlord or owner</i>	<i>Telephone No.</i>	<i>From/to</i>

In section (b), list the name, current address and telephone number for person(s) with whom you have lived (excluding spouse and children) at the respective residence in question 17a. Do not include barracks mates in the military unless you shared a single room or off-base housing.

<i>17b. Name of roommate</i>	<i>Current Address</i>	<i>Telephone No.</i>	<i>From/to</i>

17c. In section c, list neighbors with respect to your residences in question 17a.

<i>Neighbors</i>	<i>Address</i>	<i>Telephone No.</i>

18. Have you ever been denied the refund of more than 50% of any security or damage deposit by any landlord? Yes No
If yes, explain _____

19. While on duty or at work have you ever consumed alcohol or illegally ingested any controlled substances that may have violated company rules, or policies or regulations set by your employer? Yes No

If yes, explain: _____

20. Have you ever engaged in sexual activity on-duty or at work? Yes No
If yes, explain: _____

21. Have you ever been involuntarily terminated from a job (including layoffs, firings, forced or requested resignations or probationary release?) Yes No
If yes, give details. (DO NOT list any separation which resulted from a medical inability). _____

22. Has anyone, including any employer, ever investigated you or your work performance? This includes complaints from a co-worker, supervisor, subordinate, member of the public or because of an audit? If yes, give the complete details of each incident below. Use pages 19-20 if necessary. Yes No
If yes, give the complete details of each incident below:
Date: _____ Nature of complaint/investigation: _____
Were the complaints/investigations against you sustained? Yes No
If yes, what was the result of the investigation and what discipline resulted? _____

Have you *ever* been the subject of *any* disciplinary action by an employer, including formal reprimands, warnings or suspensions? Yes No If yes, give details: _____

23. Have you ever applied for another position in law enforcement and/or tested with Public Safety Testing? Yes No
If yes, give the agency name, approximate date you applied and the status of your application.

24. List other persons employed in law enforcement who may be familiar enough with you to offer an opinion as to your suitability. Also list Boise Police Department officers you know.

<i>Name</i>	<i>Agency</i>	<i>Telephone Number</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

MILITARY:

25a. If you are an adult and were a U.S. citizen or resident alien on your 18th birthday, you must have registered with the Selective Service within 90 days of your 18th birthday. Have you registered, and can your registration be verified?
 Yes No Selective Service registration number _____
If you don't know your Selective Service Registration number, and/or want to verify it, call 847-688-6888.

25b. Have you ever served in the military? _____ Service branch _____

25c. Date entered military service: _____ Type of discharge: _____

25d. Date discharged: _____ Year in which your DD214 was issued: _____

25e. Your rank when discharged: _____ Were you ever reduced in rank? _____

25f. Highest rank held: _____

25g. Were you ever the subject of any judicial or non-judicial punishment(s) while in the Armed Forces? Yes No
If yes, please explain _____

25h. Include any Article 15's you may have received and the outcome. Explain the details of each episode below (include the nature of the offense and the punishment prescribed): _____

25i. To what unit were you last assigned? _____

- 25j. List any military personnel who would be familiar with your performance and provide a telephone number where they may be contacted: _____

- 25k. Are you still participating in any Military Reserve or National Guard Unit? Yes No Unit _____
 If yes, indicate your supervisor and phone number _____
- 25l. List any awards or decorations you received while in the military: _____

- 25m. List any illegal drugs used or possessed while in the military: _____

FINANCIAL

Your responsibility in incurring and meeting your financial obligations reflects upon your dependability and good judgment.

26. Have your wages ever been garnished? Yes No
 If yes, please explain _____
27. Have any of your bills been turned over for collection? Yes No
 If yes, why, and has that debt been satisfied? _____
28. Have any goods you purchased been repossessed? Yes No
 If yes, please explain _____
29. Have you ever been delinquent on income or other tax payments? Yes No
 If yes, please explain _____
30. Have you ever filed for bankruptcy? Yes No
 If yes, please explain _____
 Location of Bankruptcy Court in which your petition was filed: _____
 Has the bankruptcy been fully discharged? Yes No Date: _____
 What was the amount of debt that was discharged? _____
31. Have you ever been or are you now delinquent on any court ordered payment(s)? (i.e., child support, alimony, etc.),
 Yes No If yes, please explain _____
32. Please list any other financial situations or circumstances that you feel might need to be explained.

33. Please provide the following information concerning your **monthly** income/payments

Your salary (gross) _____	Real estate mortgage payment _____
Your salary (net) _____	Rent payment _____
Spouse's salary (gross) _____	Automobile loan payment(s) _____
Spouse's salary (net) _____	Other long term loan(s) _____
Other income _____	Credit cards/revolving credit _____
Other income _____	Child Support _____
TOTAL MONTHLY NET INCOME: _____	Other _____

34. Please provide the following information concerning your **overall** finances.

Assets	Liabilities
Checking _____	Real estate Mortgage _____
Savings _____	Automobile loans _____
Personal property _____	Credit Cards _____
Real estate _____	Student loans _____
Automobiles _____	Other liabilities/loans _____
Other assets _____	_____
TOTAL ASSETS: _____	TOTAL LIABILITIES: _____

LEGAL:

Disclosure of Arrests and Convictions

Please disclose any of the following which occurred on or after your 15th birthday, even if the records were *sealed, expunged, dismissed* or *pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 19-20.

35. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** Yes No

If yes, explain each incident.

- A) Approximate Date _____ Arresting or Detaining Agency _____
 Charge _____
 Disposition or Penalty _____
- B) Approximate Date _____ Arresting or Detaining Agency _____
 Charge _____
 Disposition or Penalty _____
- C) Approximate Date _____ Arresting or Detaining Agency _____
 Charge _____
 Disposition or Penalty _____
- D) Approximate Date _____ Arresting or Detaining Agency _____
 Charge _____
 Disposition or Penalty _____

36. Have you ever been placed on court probation as an adult? Yes No
37. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? Yes No
38. Have you ever been a party in a non-work related civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.) as either a plaintiff or defendant? Yes No
39. Have the police ever been called to your home for any reason? Yes No
40. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No

49. Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana (check all that apply)?

Sold

Purchased

Cultivated

Manufactured

Furnished

Carried or held for another

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

MOTOR VEHICLE:

50. Give your current driver's license information as indicated below:

Driver's license number _____ State of issue: _____

Name that appears on this license _____

51. Have you held a driver's license in another State or County? Yes No

Driver's license number _____ State of issue: _____

Name that appears on this license _____ Expiration date _____

Driver's license number _____ State of issue: _____

Name that appears on this license _____ Expiration date _____

Driver's license number _____ State of issue: _____

Name that appears on this license _____ Expiration date _____

52. Have you ever been refused a driver's license in any state or country? Yes No

If yes, explain: _____

53. Has your driving privilege and/or license ever been suspended, revoked or restricted? Yes No

If yes, explain: _____

54. Has your driver's license ever been revoked for late or non-payment of child support? Yes No

If yes, explain: _____

55. Have you operated a motor vehicle while YOU believe you were under the influence of alcohol and/or drugs? Yes No

If yes, give details _____

56. Have you ever been charged with Failure to Appear or Failure to Pay a Fine as a result of a citation

you have received? Yes No

If yes, give details: _____

57. List all traffic citations (excluding parking tickets) you have received within the past 10 years even if they were subsequently dismissed or you were found not guilty.

Date and location where issued _____ Violation _____

Issuing Agency _____ Disposition of Citation _____

Date and location where issued _____ Violation _____

Issuing Agency _____ Disposition of Citation _____

Date and location where issued _____ Violation _____

Issuing Agency _____ Disposition of Citation _____

Date and location where issued _____ Violation _____

Issuing Agency _____ Disposition of Citation _____

Date and location where issued _____ Violation _____

Issuing Agency _____ Disposition of Citation _____

Date and location where issued _____ Violation _____

Issuing Agency _____ Disposition of Citation _____

58. List all traffic collisions within the past 10 years in which you were the driver:

Date of collision _____ Location of accident _____
Law-enforcement agency investigation _____
Were you at fault for the accident? Yes No Were you issued a citation? Yes No
If yes, explain _____

Date of collision _____ Location of accident _____
Law-enforcement agency investigation _____
Were you at fault for the accident? Yes No Were you issued a citation? Yes No
If yes, explain _____

Date of collision _____ Location of accident _____
Law-enforcement agency investigation _____
Were you at fault for the accident? Yes No Were you issued a citation? Yes No
If yes, explain _____

Date of collision _____ Location of accident _____
Law-enforcement agency investigation _____
Were you at fault for the accident? Yes No Were you issued a citation? Yes No
If yes, explain _____

Date of collision _____ Location of accident _____
Law-enforcement agency investigation _____
Were you at fault for the accident? Yes No Were you issued a citation? Yes No
If yes, explain _____

59. Are your vehicles licensed in Idaho? Yes No

60. Idaho State Code requires every vehicle operated in Idaho to have liability insurance.

List your insurance carrier, policy number and expiration date. _____

61. Has your automobile insurance ever been cancelled? Yes No

If yes, indicate reason: _____

74. Have you ever used or possessed any illegal drug, controlled substance, or prescription drugs not lawfully prescribed to you? Yes No
If yes, give dates, location and circumstance _____
75. I understand that the City of Boise is a “drug free” workplace and I will be subject to the drug test as outlined in Boise City “drug free” workplace policy and as outlined in policies and procedures of the Boise Police Department.

Date: _____ Applicant’s Signature _____

76. Is there anything we have not discussed which YOU believe would have an effect on your background investigation?
- _____
- _____
- _____
- _____

77. All applicants: We will be conducting an extensive investigation into your suitability for employment in this position. Please describe in detail anything else you feel is important for your background investigator to know. _____
- _____
- _____
- _____
- _____

I certify that all statements and information made by me in completing this form are true to the best of my knowledge. I personally have completed this form and understand that deliberate errors or misstatements may cause my application to be rejected. I also understand that erroneous information will negate any conditional offers and may result in my termination at a later date if I am hired.

Date: _____ Applicant’s Signature _____

