

**Carlinville Police Department  
570 North Broad Street  
Carlinville, IL. 62626**

**PERSONAL HISTORY FORM**

Photo of Applicant

**Warning**

**Any misrepresentation, falsification, omission or concealment of a material fact will subject the applicant to disqualification and may subject the applicant to discharge if discovered subsequent to employment.**

1. Are you willing to submit to an Administrative Interview and/or a polygraph examination to verify all information supplied in this Personal History Form? Yes-  No- . If no, attach a letter stating the reason(s).

2. Full Name:

\_\_\_\_\_

First

Middle

Last

3. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month-Day-Year

4. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Area Code) Number (Area Code) Number

5. Present Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_



Residences Continued (If more space needed, write on the back of the page using the same format)

From	To	Full Address
	Present	Street Address: _____ City/State/Zip: _____ County: _____
		Street Address: _____ City/State/Zip: _____ County: _____
		Street Address: _____ City/State/Zip: _____ County: _____
		Street Address: _____ City/State/Zip: _____ County: _____
		Street Address: _____ City/State/Zip: _____ County: _____
		Street Address: _____ City/State/Zip: _____ County: _____
		Street Address: _____ City/State/Zip: _____ County: _____
		Street Address: _____ City/State/Zip: _____ County: _____

10. **HISTORY OF FAMILY OR ASSOCIATION.** Are you, currently or formerly, related to or associated with any individual who has a criminal history?

YES       NO

**If yes, provide the following information.**

Relationship	Name	Date of Birth or Social Security Number

11. **EMPLOYMENT:** List each and every place you have been employed since you began working, including full and part time jobs, internships, **and military service**. Start with your present job and work back. Omit none. For some applicants this is not difficult. For those with long employment histories, more effort is required, such as taking time to draft a list from memory, ask help from family members, obtain copies of previous applications on which you have listed prior appointments, etc. Some applicants may be tempted to skip employment for which they have difficulty in recalling dates and addresses. This is a big mistake. The PASS background investigation includes review of Social Security records, which are very complete. Law enforcement employers are particularly interested in hiring people who are capable of making honest, accurate and complete disclosures – and avoiding those who are not capable of doing so. Omissions are grounds for disqualification. You must provide the full, accurate, current address for each employer, and show any dates of unemployment or military service within the sequence. Please do not use vague terms such as “Personal Reasons” when giving your reasons for leaving a job. Use more specific terms such as “Fired, Asked to Resign, Voluntarily Resigned, Laid Off, Better Pay etc.”

Employment #1	<u>Employers Name:</u> <u>Street Address</u> From: <u>City/State/Zip:</u> <u>Phone Number:</u> To: <u>Name of Supervisor:</u> <u>Full Time or Part Time:</u>	Position Title or Duties:  Reason For Leaving:
Employment #2	<u>Employers Name:</u> <u>Street Address</u> From: <u>City/State/Zip:</u> <u>Phone Number:</u> To: <u>Name of Supervisor:</u> <u>Full Time or Part Time:</u>	Position Title or Duties:  Reason For Leaving:
Employment #3	<u>Employers Name:</u> <u>Street Address</u> From: <u>City/State/Zip:</u> <u>Phone Number:</u> To: <u>Name of Supervisor:</u> <u>Full Time or Part Time:</u>	Position Title or Duties:  Reason For Leaving:
Employment #4	<u>Employers Name:</u> <u>Street Address</u> From: <u>City/State/Zip:</u> <u>Phone Number:</u> To: <u>Name of Supervisor:</u> <u>Full Time or Part Time:</u>	Position Title or Duties:  Reason For Leaving:
Employment #5	<u>Employers Name:</u> <u>Street Address</u> From: <u>City/State/Zip:</u> <u>Phone Number:</u> To: <u>Name of Supervisor:</u> <u>Full Time or Part Time:</u>	Position Title or Duties:  Reason For Leaving:

Employment #6	Employers Name: _____ Street Address _____ City/State/Zip: _____ Phone Number: _____	Position Title or Duties:  Reason For Leaving:
From:	Name of Supervisor: _____ Full Time or Part Time:	
To:		
Employment #7	Employers Name: _____ Street Address _____ City/State/Zip: _____ Phone Number: _____	Position Title or Duties:  Reason For Leaving:
From:	Name of Supervisor: _____ Full Time or Part Time:	
To:		
Employment #8	Employers Name: _____ Street Address _____ City/State/Zip: _____ Phone Number: _____	Position Title or Duties:  Reason For Leaving:
From:	Name of Supervisor: _____ Full Time or Part Time:	
To:		
Employment #9	Employers Name: _____ Street Address _____ City/State/Zip: _____ Phone Number: _____	Position Title or Duties:  Reason For Leaving:
From:	Name of Supervisor: _____ Full Time or Part Time:	
To:		
Employment #10	Employers Name: _____ Street Address _____ City/State/Zip: _____ Phone Number: _____	Position Title or Duties:  Reason For Leaving:
From:	Name of Supervisor: _____ Full Time or Part Time:	
To:		
Employment #11	Employers Name: _____ Street Address _____ City/State/Zip: _____ Phone Number: _____	Position Title or Duties:  Reason For Leaving:
From:	Name of Supervisor: _____ Full Time or Part Time:	
To:		
Employment #12	Employers Name: _____ Street Address _____ City/State/Zip: _____ Phone Number: _____	Position Title or Duties:  Reason For Leaving:
From:	Name of Supervisor: _____ Full Time or Part Time:	
To:		

**12. MILITARY SERVICE:** Have you ever served in the Armed Forces of the United State or a foreign military service?

**No.** (You must complete the “**DISCLAIMER OF MILITARY SERVICE**” form and attach it to this document)

**Yes.** (You must complete the “**REQUEST PERTAINING TO MILITARY RECORD**” form and attach it to this document AND provide the following information).

DATES	SERVICE NUMBER	BRANCH	LAST RANK	TYPE OF DISCHARGE
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

**MILITARY DISCIPLINE:** If you did serve in the military, were you ever court-martialed, tried on charges, given a Captain’s Mast, punished under Article 15, or the subject of a summary court or other military discipline?

**YES**  **NO**

If yes, provide the following information:

DATE	CHARGE/VIOLATION	DISPOSITION

**13. DISCHARGED BY AN EMPLOYER:** Have you ever been discharged or asked to resign from employment or the military?  YES  NO

If yes, give the following details concerning all such occurrences:

EMPLOYER	DATE	SUPERVISOR	REASON

14. **DISCIPLINARY ACTIONS BY AN EMPLOYER:** Were you ever the subject of any disciplinary action or inquiry of any kind by an employer (including counseling, warning, reprimand, suspension, or loss of pay) or the subject of an Internal Affairs investigation for violation of a rule, criminal violation, citizen complaint or civil complaint?  YES  NO

If yes, provide the following details concerning all such occurrences:

DATE	EMPLOYER	VIOLATION	RESULTS

15. **ARRESTS OR SUMMONS:** Have you ever been arrested, issued a summons or Notice To Appear (other than traffic), taken into custody, questioned or investigated concerning any criminal violation (felony or misdemeanor) or violation of the Uniform Code of Military Justice?  Yes  No

If yes, provide the following information:

DATE	CITY & STATE	POLICE AGENCY	VIOLATION/ACTUAL CHARGE	COURT DISPOSITION/ SENTENCE

16. **DRIVERS LICENSES.** List **ALL** drivers' licenses you have held in any state. Start with current license and work back.

STATE	TYPE	LICENSE NUMBER (REQUIRED FOR ANY STILL VALID)	DATE ISSUED	STILL VALID? (YES OR NO)	DATE EXPIRED OR SURRENDERED

17. Has your drivers' license ever been suspended or revoked in any state?  Yes  No

If yes, provide the following information:

DATE	STATE	S=SURRENDERED R=REVOKED	GIVE REASON	DATE RESTORED

18. List **ALL moving traffic violations** in any state at any age, including any investigated by police. Include any violations where disposition was attendance of a driving school to avoid points. Use the back of the sheet if more space is needed. Failure to list **ALL** may be grounds for disqualification.

DATE	VIOLATION/ACTUAL CHARGE	LOCATION:CITY AND STATE	DISPOSITION OR SENTENCE	POLICE AGENCY

19. Have you **EVER** tried, used, or experimented with Marijuana, Hashish or THC?  Yes  No

If yes, provide the following information:

Substance	Month & Year First Tried	Month & Year Last Tried	Total Number of Times Tried

20. Have you EVER illegally tried, used, possessed, sold, delivered, transported or experimented with ANY of the following drugs? If yes to any of the following provide details on an attached sheet.

DRUG	SOME COMMON NAMES	NO	YES
Amphetamines or Methamphetamines	Benzebrine, Dexedrine, Bennies, Speed, Uppers, White Crosses, Crank, Crystal, Ice, Etc.		
Barbiturates	Phenobarbital, Secobarbital, Nembutal, Seconal, Amytal, etc.		
Cocaine, Crack or any Cocaine Derivative	Coke, Crack, Corrine, Gold Dist, Flake, Snow, Powder, Blow, Nose Candy, Etc.		
DMT	Dimethyltryptamine, AMT, Businessman's High, Etc.		
Heroin or Methadone	Smack, Horse, Black Tar, ChinaWhite, Etc.		
Inhalants	Huffing, Wheezing, Nitrous Oxide, Solvents, Gue Fumes, Etc.		
LSD	D-Lysergic Acid Diethylamide, Acid, Sugar, Sunshine, Dots, Etc.		
MDMA	Ecstasy, XTC, X, Etc.		
Mescaline	Mesc, Chocolate Mesc		
Methaqualone	Quaaludes, Ludes, Downers, Etc.		
Opium or Derivative	Codeine, Morphine, Etc.		
Painkillers	Diluadid, Percodan, Percoset, Hydrocodone, Hydromorphone, Meperidine, Oxycodone, Oxy Contin, Etc.		
PCP	Phencyclidine, Angel Dust, Hog, Peace, Pill, Tea, Crystal Tea, Etc.		
Psilocybin	Mushrooms, Shrooms, Etc.		
Rohypnol	Flunitrazepam, Roofies, Date Rape, Etc.		
Steroids	Roids, Bahama Blues, Juice, Etc.		
Tranquilizers	Diazepam, Valium, Etc.		
	<b>Have you ever obtained a prescription drug through fraud??</b>		

21. Have you ever applied for any law enforcement position or taken a civil service examination for another government position?  Yes  No

If yes, provide details.

DATE	PLACE	POSITION	RESULTS

21. HIGH SCHOOL EDUCATION: Indicate whether you:

Graduated from High School or  Obtained a GED Provide:

DATE	NAME & ADDRESS OF INSTITUTION WHICH PROVIDED DIPLOMA OR GED
	Name: Street Address: City/State/Zip:

23. Do you speak any language in additional to English?  Yes  No

If yes, other language(s) spoken: \_\_\_\_\_

**24. COLLEGE EDUCATION:** List all colleges or universities you have attended.

DATES	INSTITUTION	GRADUATE YES OR NO	CREDITS OR DEGREE
From: To:	Facility Name: Address: City/State/Zip:		
From: To:	Facility Name: Address: City/State/Zip:		

**25. TRAINING:** List any professional licenses or public safety certifications such as law enforcement officer, corrections officer, emergency medical technician, etc.

DATE	INSTITUTION OR GRANTING AUTHORITY	TYPE OF LICENSE OR CERTIFICATION
	Facility Name: Address: City/State/Zip	
	Facility Name: Address: City/State/Zip	
	Facility Name: Address: City/State/Zip	

**26. CONTRACTUAL OBLICATIONS:** Are you currently under any contractual obligation to an employer (such as an employment contract or reimbursement of training costs)?  Yes  No

If yes, what is the name of the employer? \_\_\_\_\_

When does the contract expire? \_\_\_\_\_

**27. DISCIPLINE DURING TRAINING OR EDUCATION:** Were you ever suspended, expelled or placed on probation while in a high school, vocational school, law enforcement training facility, university or college?  Yes  No

If yes, provide the following information:

DATE	CHARGE/VIOLATION	DISPOSITION

**28. FINANCIAL STATUS:** Please list **ALL** debts that you currently owe (credit cards, charge accounts, mortgages, installment loans, etc.) including those that are currently in good standing and those in which you are behind or are involved in any collection proceedings:

NAME OF CREDITOR OR COMPANY	PRESENT BALANCE	MONTHLY PAYMENT	NUMBER OF PAYMENTS BEHIND

**Financial Status Continued:** Please answer the following questions. If you answer yes to any question, please provide details (when, where and what) on the back of this sheet.

QUESTION	NO	YES
Have you ever been refused a bond?		
Have you ever been refused credit because of bad credit history?		
Will your financial situation require income other than that provided by your salary?		
Do you have any monetary judgments, liens or attachments against you?		
Have you ever been subject to a civil or small claims court action?		
Are you presently subject to any pending civil or small claims court action?		

**29. SUBVERSIVE ORGANIZATIONS:** Are you now, or have you ever been, a member of any foreign or domestic organization, association, group, militia, movement, party or other combination of persons which has adopted, advocated or approved the use of force or violence to oppose the government or deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of the United States government by unconstitutional means?  Yes  No

**If yes, explain fully on the back of this sheet.**

**30. MISCELLANEOUS:** Do you have any knowledge or information, in addition to that specifically called for in the preceding questions, which is or which may be relevant, directly or indirectly, to the investigation of your eligibility or fitness for a law enforcement position, including, but not limited to, knowledge or information concerning your character, habits, employment, education, subversive activities, family, association, criminal record, traffic violations, ownership or use of weapons, residence or otherwise?  Yes  No

**If yes, explain fully on the back of this sheet.**

**30. PERSONAL REFERENCES**

- List five personal references who have known you for at least one year.
- Do not use relatives.
- Use only one member in a household or family.
- Provide full accurate addresses and telephone numbers.

Name & Address	Telephone Number
Name: _____ Address: _____ City/State/Zip: _____	( ) Yrs Known: _____
Name: _____ Address: _____ City/State/Zip: _____	( ) Yrs. Known: _____
Name: _____ Address: _____ City/State/Zip: _____	( ) Yrs Known: _____
Name: _____ Address: _____ City/State/Zip: _____	( ) Yrs Known: _____
Name: _____ Address: _____ City/State/Zip: _____	( ) Yrs Known: _____

Reminder: You must bring the following documents to your Administrative Interview. Bring the original or certified copy (notarized or stamped by issuing authority). The documents will be examined and returned to you before you leave.

- |  |   |
|--|---|
| Birth Certificate                      | Military Record – DD214(Long Form)<br>And Discharge Certificate |
| Naturalization Papers                  |   |
| Social Security Card<br>Certifications | Police or Corrections Officer<br><br>(if applicable)            |
| Drivers License                        |   |
| High School Diploma or GED             | Divorce Decree(s) or Legal Change of<br>Name Order(s)           |
| College Diploma(s) and Transcripts     |   |

**Why do you want to be a police officer for the City of Carlinville?**

## Applicant Signature and Acknowledgements

I hereby swear or affirm that this Personal History Form contains no misrepresentations, falsifications, omissions or concealment of material fact, and that all information and statements contained herein are true and complete to the best of my knowledge and belief. I am aware that all information and statements contained herein are subject to investigations: and, should investigation disclose any misrepresentation, falsification, omissions or concealment of material fact, my application may be rejected, my name removed from eligibility for law enforcement employment in Carlinville, Illinois and I may be subject to discharge from any employment based all or in part on such information and statements.

I also acknowledge that records established and maintained pursuant to public expenditures may be classified a public records and may be released to parties requesting them. As an applicant for a law enforcement position in Carlinville, Illinois, I hereby release the Carlinville Police Department and the City of Carlinville from any liability or damages which may result from the release of any record pertaining to my application.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ by

\_\_\_\_\_, who is personally known to me or has produced the  
(Printed Name)  
following identification\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary)

NOTARY PUBLIC,

\_\_\_\_\_  
Printed Name

My Commission Number\_\_\_\_\_