

PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF

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Instructions to the Applicant

- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Deputy Sheriff**, with the Champaign County Sheriff's Office.
- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form (page 25) and identify the additional information by the question number.

Disqualification

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: Be as complete, honest and specific as possible in your responses.

Initial this page to indicate that you have provided complete and accurate information: _____

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1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET		APT / UNIT	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you a resident alien who is eligible and has applied for U.S. citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER - -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT WEIGHT HAIR COLOR EYE COLOR

13. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 25.

<input type="checkbox"/> N/A		A. Father					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY		STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY		STATE	ZIP
WORK PHONE ()		CELL PHONE ()		EMAIL			

<input type="checkbox"/> N/A		B. Step-father				
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			

<input type="checkbox"/> N/A		C. Mother			
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

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SECTION 2: RELATIVES AND REFERENCES *continued*13. IMMEDIATE FAMILY *continued*☐ N/A **D. Step-mother**

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			

☐ N/A **E. Spouse / Registered Domestic Partner**

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No					

☐ N/A **F. Father-in-law**

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			

☐ N/A **G. Mother-in-law**

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			

☐ N/A **H. Former Spouse(s) / Former Registered Domestic Partner(s)**

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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SECTION 2: RELATIVES AND REFERENCES *continued*13. IMMEDIATE FAMILY *continued*☐ N/A **I. Brothers and Sisters** – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL			
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL			
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL			
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL			
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL			
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL			

☐ N/A **J. Children**

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F					
		CONTACT NUMBER ()	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F					
		CONTACT NUMBER ()	EMAIL		

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SECTION 2: RELATIVES AND REFERENCES *continued***13. IMMEDIATE FAMILY (Section J. Children)** *continued*

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()		EMAIL	
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()		EMAIL	
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()		EMAIL	
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()		EMAIL	

14. REFERENCES

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?
C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?

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SECTION 2: RELATIVES AND REFERENCES (Section 14. References) <i>continued</i>					
D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
I) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

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SECTION 3: EDUCATION**NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.**15. Check applicable: ☐ High School Diploma from an accredited U.S. institution ☐ GED ☐ College**16. List high schools attended:**

A) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		
B) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

17. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

18. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

19. Do you hold a current peace officer certification through the Ohio Peace Officer Training Academy? ☐ Yes ☐ No

If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	

Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 3: EDUCATION *continued*

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? ☐ Yes ☐ No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 25.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL	
Names of those with whom you live:					

B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL	
Names of those with whom you lived:					
Reason for moving:					

C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL	
Names of those with whom you lived:					
Reason for moving:					

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SECTION 4: RESIDENCE *continued*21. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL	
Names of those with whom you lived:					
Reason for moving:					
E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL	
Names of those with whom you lived:					
Reason for moving:					
F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL	
Names of those with whom you lived:					
Reason for moving:					
G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL	
Names of those with whom you lived:					
Reason for moving:					

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SECTION 4: RESIDENCE *continued*

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 25.

A) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
B) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
C) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
D) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
E) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
F) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

23. Have you ever been evicted or asked to leave a residence? ☐ Yes ☐ No

24. Have you ever left a residence owing rent? ☐ Yes ☐ No

If you answered yes to **Questions 23 and/or 24**, explain (include when, where and circumstances):

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SECTION 5: EXPERIENCE AND EMPLOYMENT**25. JOB EXPERIENCE**

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 25.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY		STATE	ZIP	CONTACT NUMBER ()		EXT	
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE			
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:					

B) PERIOD OF UNEMPLOYMENT					FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other								

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY		STATE	ZIP	CONTACT NUMBER ()		EXT	
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

D) PERIOD OF UNEMPLOYMENT					FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other								

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY		STATE	ZIP	CONTACT NUMBER ()		EXT	
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***25. JOB EXPERIENCE** *continued*

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
--	--	--	--	--	------	----

G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
--	--	--	--	--	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
--	--	--	--	--	------	----

K) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
--	--	--	--	--	------	----

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***25. JOB EXPERIENCE** *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING		

N) PERIOD OF UNEMPLOYMENT					FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other								

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING		

P) PERIOD OF UNEMPLOYMENT					FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other								

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING		

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have you ever been fired, released from probation, or asked to resign from any place of employment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

29. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many sick days have you used in the past five years which were not due to illness?		

If you answered yes to any of **Questions 26–36**, explain (include when, where and circumstances; indicate corresponding number):

--

37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often?		
38. Has your work performance ever been affected by your use of alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER	
39. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER	

40. Have you ever applied to any other law enforcement agency (city, county, state or federal)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none">If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.If more space is needed, continue your response on page 25.		
A) NAME OF AGENCY		DATE APPLIED
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
CITY	STATE ZIP	CONTACT NUMBER () EXT
POSITION APPLIED FOR		EMAIL
Check each step in the process that you completed, and your status:		
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer		
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified		

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40. Have you **ever** applied to any other law enforcement agency... *continued*

C) NAME OF AGENCY					DATE APPLIED	
ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY			STATE	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR				EMAIL		
Check each step in the process that you completed, and your status:						
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified						

41. Are you required to register for the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you registered? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
42. BRANCH OF SERVICE	43. DATES OF SERVICE From To
44. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1–4) if applicable – <i>refer to your DD-214</i> :	
45. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:	
46. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered yes to **Questions 46 and/or 47**, explain (include dates and circumstances):

Initial this page to indicate that you have provided complete and accurate information:

PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF

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SECTION 7: FINANCIAL**48. INCOME AND EXPENSES**

For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income?..... \$ _____ per month

B) Do you have income other than from your salary or wages? ☐ Yes ☐ No

If yes, fill in amount:..... \$ _____ per month

Explain:

C) How much do you spend each month? \$ _____ per month

*Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.*49. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?..... ☐ Yes ☐ No50. Have any of your bills ever been turned over to a collection agency?..... ☐ Yes ☐ No51. Have you ever had purchased goods repossessed?..... ☐ Yes ☐ No52. Have your wages ever been garnished? ☐ Yes ☐ No53. Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No54. Have you ever failed to file income tax or cheated/lie on an income tax form? ☐ Yes ☐ No55. Have you ever had an employment bond refused? ☐ Yes ☐ No56. Have you ever avoided paying any lawful debt by moving away? ☐ Yes ☐ No57. Have you ever defaulted on (failed to pay) a loan? ☐ Yes ☐ No58. Have you ever borrowed money to pay for a gambling debt?..... ☐ Yes ☐ NoIf yes, do you currently have any outstanding debts as a result of gambling? ☐ Yes ☐ No59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? ☐ Yes ☐ No60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ☐ Yes ☐ No61. Have you written three or more bad checks in a one-year period? ☐ Yes ☐ NoIf you answered yes to any of **Questions 49–61**, explain (include when, where, and why; indicate corresponding number):

Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 8: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a **peace officer position**, you are required to 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

NOTE: You are advised to consult with an attorney before omitting any detention, arrest, or conviction. The fact that a conviction may have been set aside does not necessarily permit you to deny your involvement in a criminal act.

62. **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. If more space is needed, continue on page 25.

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	

63. Have you ever been placed on court probation as an adult?..... ☐ Yes ☐ No

64. 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

65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ☐ Yes ☐ No

66. Have the police ever been called to your home for any reason?..... ☐ Yes ☐ No

67. Have you or your spouse/partner ever been referred to Child Protective Services?..... ☐ Yes ☐ No

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF

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SECTION 8: LEGAL *continued*

68. Have you ever been the subject of a protection order (CPO / TPO) or order of "No Contact" issue by a Court?.....☐ Yes ☐ No
69. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?☐ Yes ☐ No
70. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....☐ Yes ☐ No
71. Have you ever filed a false insurance or workers' compensation claim?.....☐ Yes ☐ No

If you answered yes to any of **Questions 63–71**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

72. UNDETECTED ACTS – PART 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

- A) Harassing / obscene phone calls☐ Yes ☐ No
- B) Assault (use of force or violence upon another)☐ Yes ☐ No
- C) Brandishing a weapon (any type of weapon)☐ Yes ☐ No
- D) Carrying a concealed weapon without a permit.....☐ Yes ☐ No
- E) Contributing to the delinquency of a minor☐ Yes ☐ No
- F) Defrauding an innkeeper (not paying for food or room at a hotel/motel)☐ Yes ☐ No
- G) Driving under the influence of alcohol and/or drugs☐ Yes ☐ No
- H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)☐ Yes ☐ No
- I) Hit & run collision (no injuries)☐ Yes ☐ No
- J) Hunting/fishing without a license.....☐ Yes ☐ No
- K) Illegal gambling☐ Yes ☐ No
- L) Impersonating a peace officer (pretending to be a police officer)☐ Yes ☐ No
- M) Indecent exposure (including flashing or mooning)☐ Yes ☐ No
- N) Joyriding (using a car or other vehicle without owner's permission)☐ Yes ☐ No
- O) Petty theft (value up to \$499, including shoplifting/switching price tags).....☐ Yes ☐ No
- P) Possession of alcohol as a minor.....☐ Yes ☐ No

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PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF

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SECTION 8: LEGAL *continued*

72. UNDETECTED ACTS – PART 1 *continued*

Q) Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of stolen property (including vehicles)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Prostitution or soliciting a prostitute.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Resisting arrest (including running from the police).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Vandalism (including "tagging," malicious mischief and/or property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X) Filing a false police report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y) Any other act amounting to a misdemeanor within the past seven years.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 72**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (72-A, etc.) for each explanation.

73. UNDETECTED ACTS – PART 2

At any time in your life have you **ever** committed any of the following?

A) Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing and/or possessing child pornography.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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SECTION 8: LEGAL (Question 73) continued		
G) Elder abuse/neglect.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Hit & run (with injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Insurance fraud.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Theft (value of over \$500, or any firearm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Perjury (lying under oath).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of an explosive/destructive device.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 73**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (73-A, etc.) for each explanation.

PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF

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SECTION 8: LEGAL *continued*

Questions 74 and 75 ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- | | | |
|---|--|------------------------------|
| – Amphetamines / Methamphetamines
(<i>Uppers, Speed, Crank, etc</i>) | – Glue | – Mescaline |
| – Barbiturates (<i>Downers</i>) | – Hallucinogens
(<i>Peyote, LSD, Mushrooms</i>) | – Morphine |
| – Cocaine / Crack Cocaine | – Hashish / Hashish Oil | – PCP / Angel Dust |
| – Designer Drugs
(<i>Ecstasy, Synthetic Heroin, etc.</i>) | – Heroin / Opium | – Quaaludes |
| – GHB (<i>Date Rape Drug</i>) | – Marijuana | – Steroids |
| | | – Tetrahydrocannabinol (THC) |

74. **Within the past six months**, have you used any drug(s) as indicated above?.....☐ Yes ☐ No

If yes, give details, including drug(s) used and circumstances:

75. **Prior to the past six months** (check all that apply):

- ☐ I have **never** used any drug recreationally.
- ☐ I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*).

If checked, give details including drug(s) used, most recent date used, and circumstances.

76. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

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

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77. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED

State of issue	Type of license	Name under which license was granted and license number, if known

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			VEHICLE MAKE		YEAR		VEHICLE LICENSE		
INSURANCE COMPANY				POLICY NUMBER			EXPIRES		
ADDRESS (NUMBER / STREET CITY				STATE ZIP			CONTACT NUMBER ()		
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE		YEAR		VEHICLE LICENSE	
INSURANCE COMPANY				POLICY NUMBER			EXPIRES		
ADDRESS (NUMBER / STREET CITY				STATE ZIP			CONTACT NUMBER ()		
C) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE		YEAR		VEHICLE LICENSE	
INSURANCE COMPANY				POLICY NUMBER			EXPIRES		
ADDRESS (NUMBER / STREET CITY				STATE ZIP			CONTACT NUMBER ()		
D) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE		YEAR		VEHICLE LICENSE	
INSURANCE COMPANY				POLICY NUMBER			EXPIRES		
ADDRESS (NUMBER / STREET CITY				STATE ZIP			CONTACT NUMBER ()		

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PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF

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SECTION 9: MOTOR VEHICLE OPERATION *continued*

82. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

☐ Failed to appear ☐ Failed to complete traffic school ☐ Failed to pay the required fine

If checked, explain circumstances:

83. Have you been involved as the driver in a motor vehicle accident within the past seven years? ☐ Yes ☐ No

If yes, give details.

A) DATE		LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
B) DATE		LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
C) DATE		LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

84. Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☐ No

IF YES, GIVE REASON:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
-------------------------------------	----------------------------------	------	-------	-----

85. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ☐ Yes ☐ No

IF YES, GIVE REASON:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
-------------------------------------	----------------------------------	------	-------	-----

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PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF

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SECTION 9: MOTOR VEHICLE OPERATION *continued*

Use this space for additional information you would like to include regarding your driving record.

SECTION 10: OTHER TOPICS

86. Have you ever been refused a permit to carry a concealed weapon? ☐ Yes ☐ No
87. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No
88. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No
89. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ☐ Yes ☐ No
90. Have you ever hit or physically overpowered a spouse or romantic partner? ☐ Yes ☐ No

If you answered yes to any of **Questions 86–90**, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

91. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL

DATE

Initial this page to indicate that you have provided complete and accurate information: _____

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- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Identify the corresponding question and specific item being referenced.

Initial this page to indicate that you have provided complete and accurate information: _____



51 H.C.F. 5 H.C.B. TO CONDUCT PRE-EMPLOYMENT PEACE OFFICER BACKGROUND INVESTIGATION

AUTHORIZATION / ADVISEMENT

INFORMED CONSENT RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA

CANDIDATE NAME:

I fully recognize that an employing agency has both a legal and a moral obligation to make every reasonable effort to ensure that any person employed by them as a peace officer will conform to the very highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness, and that such investigation will include contacting persons and/or organizations who have information relating to my fitness, including if I am or have been a peace officer in Ohio. I further understand that this background investigation includes a credit check. I understand that, under the law, I am entitled to a copy of the credit report. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless confidentiality of their information can be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. I have also been informed that because this background investigation is either mandated by law, responses from persons contacted, whether solicited or unsolicited, may enjoy absolute privilege under the law.

Therefore, I exonerate, release, and discharge both my prospective employer, their officers, agents, or assigns, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this pre-employment investigation declared confidential pursuant to law, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person.

I have had adequate time to review this form, I understand its meaning and purpose and have been furnished a copy of it.

Dated this _____ day of _____, 20____

In the County of _____, State of Ohio.

My Commission expires _____, 20____.



Candidate Signature



Notary Signature



Date: _____

I authorize and direct the release of copies of my military personnel records, including but not limited to copies of my DD-214 (Report of Separation), my eligibility for re-enlistment in the Armed Forces of the United States, records of any and all judicial and non-judicial punishment, records of decoration, performance ratings, and any other records which you may possess.

This request is being made as part of a background investigation conducted on behalf of the _____ Champaign County Sheriff's Office _____ to determine my suitability for employment as a _____ Deputy Sheriff _____, pursuant to Ohio State law, and constitutes an express waiver of the Federal Privacy Act (PL 93-579) 5 US Code 552 and 32 CFR, Part 45.

Signature of Veteran/Service Member: _____

Print Name: _____

- Birth Date: _____
- Place of Birth: _____
- Social Security Number: _____
- ☐ Officer ☐ Enlisted Service No. (if different from above): _____
- Date of Entry into Service: _____ Date of Discharge: _____
- Branch of Service: _____
 - ☐ Army ☐ Navy ☐ Marines ☐ Air Force ☐ Coast Guard
 - ☐ National Guard – State: _____
- Last Unit Assigned to: _____

Name: _____

Address: _____

Phone: _____

Notary Public
Champaign County, State of Ohio

Commission expires _____



RELEASE AUTHORIZATION
EMPLOYMENT INFORMATION – *DEPUTY SHERIFF*

CANDIDATE NAME:

As a candidate for a position with the **Champaign County Sheriff's Office**, I am required to furnish information for use in determining my qualifications. For this purpose, I authorize release of any and all information you may have concerning me, including but not limited to, information of a confidential or privileged nature, any data or materials that have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters, or any personnel information (including disciplinary action) accumulated during the course of employment.

By signing this authorization I hereby authorize the disclosure of all records to which, as an employee, the undersigned would have or did have access.

I hereby release, discharge, and exonerate the agency, their agents, representatives and/or any person furnishing information, from liability arising out of the furnishing and/or inspection of records and/or other truthful, even though potentially embarrassing, information. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, colleges or universities which I have attended, from disclosing any knowledge or information which they thereby acquired and I hereby consent that they may disclose such knowledge or information to the Champaign County Sheriff's Office and its designees.

This release shall be binding on my legal representatives, heirs, and assigns.

Dated this _____ day of _____, 20____

In the County of _____ within the State of Ohio.

My commission expires _____, 20____.

► _____
Candidate Signature

► _____
Notary Signature