



# Saline County Sheriff's Office Applicant Personal History Statement

NAME: \_\_\_\_\_

I am applying for:

Law Enforcement Position: \_\_\_\_\_

Civilian Employment: \_\_\_\_\_

## Personal History Statement Instructions

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **IT IS ESSENTIAL THAT THE INFORMATION IS ACCURATE IN ALL RESPECTS SO PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE PROCEEDING.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification**.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application **will be evaluated on completeness and neatness.**

# Applicant Identification

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Home Telephone No.	Work Telephone No.	Cellular No.	
Date of Birth	Social Security No.	Driver's License No. & State	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

\_\_\_\_\_

Place of Birth (City, County, State, Country) \_\_\_\_\_

Are you a U.S. Citizen by Birth? \_\_\_\_\_ Are you a Naturalized Citizen? \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Scars, Tattoos (description and location) or other distinguishing marks \_\_\_\_\_

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s).


List ALL E-Mail Addresses (S)


# Marital & Family History (Boy Friend / Girl Friend)

Single  Married  Engaged  Co-habiting

Spouse's/Co-habitant's name (include maiden name) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Employer(s) \_\_\_\_\_

Employer Address \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_

Roommate(s)(do not include parents or cohabitants) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage	_____	Date of Marriage	_____
City & State	_____	City & State	_____
Separated	<input type="checkbox"/> Date _____	Separated	<input type="checkbox"/> Date _____
Divorced	<input type="checkbox"/> Date _____	Divorced	<input type="checkbox"/> Date _____
Widowed	<input type="checkbox"/> Date _____	Widowed	<input type="checkbox"/> Date _____
Annulled	<input type="checkbox"/> Date _____	Annulled	<input type="checkbox"/> Date _____
Court or State issued	_____	Court or State issued	_____
Ex-spouse's Name	_____	Ex-spouse's Name	_____
Date of Birth	_____	Date of Birth	_____
Telephone No.	_____	Telephone No.	_____

Identify children related to you or your spouse (Biological, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Mother's / Father's Name

Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters, step brothers, and step sisters.

Relationship	Name	Complete Address	Phone Number	DOB

## Residences

Identify all residences where you have lived in the last 10 years, beginning with the most recent, including your present address. List date by month/year. Include military assignments. (No TDY's)

From	To	Address	City	State & Zip code

# Personal References

List your best friend and five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

<b>Name</b>	_____	Years known	_____
Address	_____		
Home Telephone	_____	Alternate Telephone	_____
Nature of Relationship	_____	E-mail Address	_____

<b>Name</b>	_____	Years known	_____
Address	_____		
Home Telephone	_____	Alternate Telephone	_____
Nature of Relationship	_____	E-mail Address	_____

<b>Name</b>	_____	Years known	_____
Address	_____		
Home Telephone	_____	Alternate Telephone	_____
Nature of Relationship	_____	E-mail Address	_____

<b>Name</b>	_____	Years known	_____
Address	_____		
Home Telephone	_____	Alternate Telephone	_____
Nature of Relationship	_____	E-mail Address	_____

<b>Name</b>	_____	Years known	_____
Address	_____		
Home Telephone	_____	Alternate Telephone	_____
Nature of Relationship	_____	E-mail Address	_____

# Traffic Record

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list our current automobile insurance carrier \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever possessed a driver's license issued by any state other than Arkansas? Yes  No

If yes, give details below:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Have you **ever** had your driver's license suspended or revoked? Yes  No

If yes, give reason, date and length of suspension:

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations and warning citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

# Arrests, Detentions, and Litigation

Have you ever been arrested or detained by law enforcement?

Yes  No  If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you **ever** committed an act of family violence? (“Family violence” means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) Yes  No

If yes, explain \_\_\_\_\_

Have you **ever** assaulted another person since the age of seventeen (17)? (“Assault” means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) Yes  No

If yes, explain \_\_\_\_\_

Have you **ever** been considered or named as a suspect in a criminal investigation or criminal offense?

Yes  No

If yes, explain \_\_\_\_\_

Have you **ever** been a party to a civil suit or action? Yes  No

If yes, explain \_\_\_\_\_

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? Yes  No

If yes, explain \_\_\_\_\_

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? Yes  No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes  No

## Family and Relatives' Arrests

Have members of your immediate family or close relatives ever been arrested?

Yes  No  If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

## Financial History

Your current net monthly income \_\_\_\_\_ Spouse's current net monthly income \_\_\_\_\_

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any accounts with a financial institution? Yes  No

Name(s) of financial institution(s): \_\_\_\_\_

Types(s) of account(s): \_\_\_\_\_

Do you own or have an interest in any type of business dealing in alcohol? Yes  No



If yes, give name, location and type of business: \_\_\_\_\_

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance

## Credit Information

Have you **ever** filed bankruptcy personally or on behalf of a business? Yes  No

If "Yes" to above, indicate type

Have you **ever** had any personal or real property repossessed or foreclosed? Yes  No

Have you **ever** failed to pay Federal, state, or other taxes? Yes  No

Have you **ever** failed to file a tax return, when required by law? Yes  No

Have you **ever** had a lien placed against your property for failing to pay taxes or other debts? Yes  No

Have you **ever** had a judgment entered against you? Yes  No

Have you **ever** defaulted on any type of loan? Yes  No

Have you **ever** had bills or debts turned over to a collection agency? Yes  No

Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay? Yes  No

Have you **ever** written a check that was later returned for Non Sufficient Funds (NSF)? Yes  No

Have you **ever** been delinquent on court-imposed alimony or child support payments? Yes  No

Have you **ever** been disciplined regarding the use of a travel/credit card provided by an employer? Yes  No

Are you currently more than sixty (60) days delinquent on any debts? Yes  No

Have you **ever** applied for unemployment compensation? Yes  No  When \_\_\_\_\_

Have you **ever** received unemployment compensation? Yes  No  When \_\_\_\_\_

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Number of Days Late	Reason

## Employment History

Do you object to wearing a uniform:      Yes       No

Do you object to working nights:          Yes       No

Do you object to working shifts:          Yes       No

**BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB:** list all employment in the last ten (10) years. Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

**If you are currently employed, may we contact your present employer?**      Yes       No

**1 Employer** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Telephone No \_\_\_\_\_

Name of Co-worker \_\_\_\_\_ Co-worker Telephone No \_\_\_\_\_

Duties: \_\_\_\_\_

Identify any disciplinary actions you received \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above  
Yes  No

If yes, provide dates and explain \_\_\_\_\_

**2** Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Telephone No \_\_\_\_\_

Name of Co-worker \_\_\_\_\_ Co-worker Telephone No \_\_\_\_\_

Duties: \_\_\_\_\_

Identify any disciplinary actions you received \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above  
Yes  No

If yes, provide dates and explain \_\_\_\_\_

**3** Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Telephone No \_\_\_\_\_

Name of Co-worker \_\_\_\_\_ Co-worker Telephone No \_\_\_\_\_

Duties: \_\_\_\_\_

Identify any disciplinary actions you received \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above  
Yes  No

If yes, provide dates and explain \_\_\_\_\_

**4** Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Telephone No \_\_\_\_\_

Name of Co-worker \_\_\_\_\_ Co-worker Telephone No \_\_\_\_\_

Duties: \_\_\_\_\_

Identify any disciplinary actions you received \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above  
Yes  No

If yes, provide dates and explain \_\_\_\_\_

**5** Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Telephone No \_\_\_\_\_

Name of Co-worker \_\_\_\_\_ Co-worker Telephone No \_\_\_\_\_

Duties: \_\_\_\_\_

Identify any disciplinary actions you received \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above  
Yes  No

If yes, provide dates and explain \_\_\_\_\_

6 Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Telephone No \_\_\_\_\_

Name of Co-worker \_\_\_\_\_ Co-worker Telephone No \_\_\_\_\_

Duties: \_\_\_\_\_

Identify any disciplinary actions you received \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above  
Yes  No

If yes, provide dates and explain \_\_\_\_\_

7 Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Telephone No \_\_\_\_\_

Name of Co-worker \_\_\_\_\_ Co-worker Telephone No \_\_\_\_\_

Duties: \_\_\_\_\_

Identify any disciplinary actions you received \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above

Yes  No

If yes, provide dates and explain \_\_\_\_\_

8 Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Telephone No \_\_\_\_\_

Name of Co-worker \_\_\_\_\_ Co-worker Telephone No \_\_\_\_\_

Duties: \_\_\_\_\_

Identify any disciplinary actions you received \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above

Yes  No

If yes, provide dates and explain \_\_\_\_\_

## Educational History

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? \_\_\_\_\_

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hrs Completed	Major	Degree & Date

## Military Obligation

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes  No

Served from \_\_\_\_\_ to \_\_\_\_\_ Highest Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Type of discharge \_\_\_\_\_ Type of discharge \_\_\_\_\_

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes  No

Serving from \_\_\_\_\_ to \_\_\_\_\_ Current Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (include non-judicial, Captain's mast, etc.) Yes  No

If "Yes", provide date(s), charge(s), military court(s) or authority(ies), and outcome(s)

## Special Qualifications & Skills

Identify any special licenses you hold (e.g., pilot, radio operator): \_\_\_\_\_

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing



## Membership in Organizations (past and present)

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you ever been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes  No

## Personal Declarations

Do you consume alcoholic beverages? Yes  No  If "Yes, how often?"

Have you **ever** been treated for drug or alcohol addiction? Yes  No

Have you **ever** used marijuana or hashish? Yes  No  If yes, when last used?

Have you **ever** used any illegal drug not prescribed by a physician?

Yes  No  If yes how often \_\_\_\_\_ When last used \_\_\_\_\_

Provide explanation: \_\_\_\_\_

Have you **ever** been employed by or applied with any other law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

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Explain briefly your reasons for applying for this position: \_\_\_\_\_

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I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination of my employment.

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

\_\_\_\_\_  
Date

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

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

SEAL

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

My Commission Expires: \_\_\_\_\_

NOTICE: False swearing is a Class A misdemeanor  
Punishable under Arkansas Code 5-52-103

LAST NAME

FIRST NAME

MIDDLE NAME

**FOR OFFICIAL USE ONLY**

INTERVIEW DATE \_\_\_\_\_

ACCEPTED TO REPORT \_\_\_\_\_

\_\_\_\_\_

NON-ACCEPTED (DATE) \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INTERVIEW BOARD

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

P H O T O

Saline County is an Equal Opportunity Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide as requested, statistical data to federal compliance agencies. This information WILL NOT be used in the employment process and failure to provide the information WILL NOT jeopardize your employment with SALINE COUNTY. **Again, your cooperation in completing this section is completely voluntary. If you wish not to provide the information, please complete the name and position held, check the applicable box and sign at the bottom. ANY INFORMATION GATHERED IS STRICTLY CONFIDENTIAL.**

Name: \_\_\_\_\_

Position held: \_\_\_\_\_

**SEX AND RACE/ETHNIC IDENTIFICATION**

SEX:                Male                Female

RACE/ETHNIC: For the purpose of Equal Opportunity, race/ethnic categories are identified as follows: please check the category, which identifies your race/ethnic background.

- WHITE: (not Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK: (not of Hispanic origin): All persons having origins of the Black racial groups of Africa.
- HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands.
- AMERICAN INDIAN OR ALASKIAN NATIVE: All persons have origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliations or community recognition.

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   I do not wish to disclose this information.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_