

**Tiverton Police Department
20 Industrial Way
Tiverton, Rhode Island 02878
TEL: (401) 625-6716
FAX: (401) 816-5551**

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 a position with the Town of Tiverton Rhode Island Police Department.

- It is your responsibility to complete this form and provide all required information.
- Type or neatly print in black ink.
- Incomplete or illegible forms will be rejected.
- You must respond to all items and questions.
- If you need more space for any response, use the supplemental information pages (page 23 and 24) and identify the additional information by the question/item number.
- All provided telephone numbers must include area code.
- All provided addresses must include number, street, city, state, and zip code (unless otherwise noted). Do not use Post Office (PO) Boxes.
- You must initial each page in the space provided.
- You must sign and date the Instructions to Applicant page (page 1).
- You must sign and date Section 12, Certification (page 22)

Provide the completed form to your background investigator unless otherwise instructed. Refer any questions regarding this form to your assigned background investigator. If you have not been assigned a background investigator, you may refer questions to the Planning and Training Sergeant.

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 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 the department.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

I have read and I understand the above instructions. I understand that any misstatement of material fact will subject me to disqualification; or, if I have been appointed, will disqualify me from continued employment.

Signature: _____ **Date:** _____

Tiverton Police Department
Personal History Statement

Section 1: Your Personal Information

1.1 Your Full Name: Last:		First:	Middle:	
1.2 Other names you have used or been known by (include maiden names and nicknames):				
				N/A
1.3 Address where you live: Number/Street:			Apt./Unit:	
City:		State:	Zip Code:	
1.4 Mailing address (if different than above): Number/Street:			Apt./Unit:	
City:		State:	Zip Code:	
1.5 Contact Telephone Numbers: Home:	Work:		Cell:	
1.6 Primary Email Address:		1.7 List all other email addresses (separated by commas);		
1.8 Citizenship:				
Are you a U.S. citizen?.....			Yes	No
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship?			Yes	No
1.9 Birthplace (City, County, State, Country):				
1.10 Birthdate (MM/DD/YYYY):	1.11 Social Security Number	1.12 Drivers License Information- Number:		State: Expires:
1.13 Physical Description- Height:	Weight:	Eye Color:	Hair Color:	

Section 2: Relatives and References

Provide all applicable information in the spaces below. Mark "Deceased," if appropriate.
If more space is needed, use continuation pages 23 and 24– reference corresponding numbers.

2.1 Spouse /Domestic Partner		Deceased	N/A
Name:	Address:	City:	State: Zip:
Employer Name:	Employer Address:	City:	State: Zip:
Birthdate (MM/DD/YYYY):	Home Phone:	Cell Phone:	Email:
Date of Marriage (MM/DD/YYYY):		Is there, or has there ever been, a restraining order, no contact order or protection order in effect involving you and this individual?	
		Yes No	

Tiverton Police Department
Personal History Statement

2.2 Former Spouse /Domestic Partner				Deceased		N/A	
Name:		Address:		City:		State: Zip:	
Employer Name:		Employer Address:		City:		State: Zip:	
Birthdate (MM/DD/YYYY):		Home Phone:		Cell Phone:		Email:	
Date of Marriage (MM/DD/YYYY) :		Date of Dissolution(MM/DD/YYYY):		Is there, or has there ever been, a restraining order, no contact order or protection order in effect involving you and this individual?			
				Yes No			
List ALL parents/guardians/in-laws living or deceased, including biological, adoptive, foster, step-parents, etc. If more space is needed, use continuation pages 23 and 24– reference corresponding numbers.							
2.3 Parent/Guardian/In-Law		Mother		Father		Step-Mother	
Name:		Address:		City:		State: Zip:	
Birthdate (MM/DD/YYYY):		Home Phone:		Cell Phone:		Email:	
2.4 Parent/Guardian/In-Law		Mother		Father		Step-Mother	
Name:		Address:		City:		State: Zip:	
Birthdate : (MM/DD/YYYY)		Home Phone:		Cell Phone:		Email:	
2.5 Parent/Guardian/In-Law		Mother		Father		Step-Mother	
Name:		Address:		City:		State: Zip:	
Birthdate : (MM/DD/YYYY)		Home Phone:		Cell Phone:		Email:	
2.6 Parent/Guardian/In-Law		Mother		Father		Step-Mother	
Name:		Address:		City:		State: Zip:	
Birthdate : (MM/DD/YYYY)		Home Phone:		Cell Phone:		Email:	
2.7 Parent/Guardian/In-Law		Mother		Father		Step-Mother	
Name:		Address:		City:		State: Zip:	
Birthdate : (MM/DD/YYYY)		Home Phone:		Cell Phone:		Email:	
2.8 Parent/Guardian/In-Law		Mother		Father		Step-Mother	
Name:		Address:		City:		State: Zip:	
Birthdate : (MM/DD/YYYY)		Home Phone:		Cell Phone:		Email:	

Supplemental relatives information included on pages 23/24

Tiverton Police Department
Personal History Statement

List ALL siblings, including half-siblings, step-siblings, foster-siblings, etc. If more space is needed, use continuation pages 23 and 24– reference corresponding numbers.

2.9 Siblings	Brother	Sister	Half Brother	Half Sister	Other	Deceased
Name:	Address:		City:		State:	Zip:
Birthdate : (MM/DD/YYYY)	Home Phone:		Cell Phone:		Email:	
2.10 Siblings	Brother	Sister	Half Brother	Half Sister	Other	Deceased
Name:	Address:		City:		State:	Zip:
Birthdate (MM/DD/YYYY):	Home Phone:		Cell Phone:		Email:	
2.11 Siblings	Brother	Sister	Half Brother	Half Sister	Other	Deceased
Name:	Address:		City:		State:	Zip:
Birthdate : (MM/DD/YYYY)	Home Phone:		Cell Phone:		Email:	
2.12 Siblings	Brother	Sister	Half Brother	Half Sister	Other	Deceased
Name:	Address:		City:		State:	Zip:
Birthdate (MM/DD/YYYY):	Home Phone:		Cell Phone:		Email:	

Supplemental relatives information included on page 22/23

List ALL 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/guardian, if other than you. If more space is needed, use continuation pages 23 and 24– reference corresponding numbers.

2.13 Child	Son	Daughter	Step Son	Step Daughter	Other	Deceased
Name:	Address:		City:		State:	Zip:
Birthdate(MM/DD/YYYY) :	Home Phone:		Cell Phone:		Custodial Parent (If other than you):	
2.14 Child	Son	Daughter	Step Son	Step Daughter	Other	Deceased
Name:	Address:		City:		State:	Zip:
Birthdate(MM/DD/YYYY) :	Home Phone:		Cell Phone:		Custodial Parent (If other than you):	
2.15 Child	Son	Daughter	Step Son	Step Daughter	Other	Deceased
Name:	Address:		City:		State:	Zip:
Birthdate (MM/DD/YYYY):	Home Phone:		Cell Phone:		Custodial Parent (If other than you):	

Tiverton Police Department
Personal History Statement

2.16 Child	Son	Daughter	Step Son	Step Daughter	Other	Deceased
Name:		Address:		City:	State:	Zip:
Birthdate : (MM/DD/YYYY)		Home Phone:	Cell Phone:	Custodial Parent (If other than you):		
2.17 Child	Son	Daughter	Step Son	Step Daughter	Other	Deceased
Name:		Address:		City:	State:	Zip:
Birthdate(MM/DD/YYYY) :		Home Phone:	Cell Phone:	Custodial Parent (If other than you):		

Supplemental relatives information included on page 22/23

List three (3) people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do NOT include relatives, employers, housemates, or any individuals listed elsewhere. If more space is needed, use continuation pages 23 and 24– reference corresponding numbers.

2.18 Reference					
Name:		Address:		City:	State: Zip:
Employer Name:		Employer Address:		City:	State: Zip:
Email:	Home Phone:	Cell Phone:	How long have you known this person?		
2.19 Reference					
Name:		Address:		City:	State: Zip:
Employer Name:		Employer Address:		City:	State: Zip:
Email:	Home Phone:	Cell Phone:	How long have you known this person?		
2.20 Reference					
Name:		Address:		City:	State: Zip:
Employer Name:		Employer Address:		City:	State: Zip:
Email:	Home Phone:	Cell Phone:	How long have you known this person?		

Tiverton Police Department
Personal History Statement

Section 3: Education

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3. If more space is needed, use continuation pages 23 and 24— reference corresponding numbers.

3.1 Type of High School Degree

Check Applicable:		Date Received (MM/YYYY):
High School Diploma	High School Equivalency Test	GED

3.2 High School

Name of High School Attended	Date From (MM/YYYY):	Date To (MM/YYYY):
Address:	City:	State: Zip Code:

3.3 High School

Name of High School Attended	Date From (MM/YYYY):	Date To (MM/YYYY):
Address:	City:	State: Zip Code:

3.4 College/University

Name of College/University	Date From (MM/YYYY):	Date To (MM/YYYY):
Address:	City:	State: Zip Code:
Degree Earned:	Major or Area of Study:	Total Units Completed: System:
YES NO		Quarter Semester

3.5 College/University

Name of College/University	Date From (MM/YYYY):	Date To (MM/YYYY):
Address:	City:	State: Zip Code:
Degree Earned:	Major or Area of Study:	Total Units Completed: System:
YES NO		Quarter Semester

3.6 College/University

Name of College/University	Date From (MM/YYYY):	Date To (MM/YYYY):
Address:	City:	State: Zip Code:
Degree Earned:	Major or Area of Study:	Total Units Completed: System:
YES NO		Quarter Semester

Supplemental education information included on page 22/23

Tiverton Police Department

Personal History Statement

3.7 Trade/Vocational/Business				
Name of Trade, Vocational and Business Schools/Institute:		Date From (MM/YYYY):	Date To (MM/YYYY):	
Address:		City:	State:	Zip Code:
Degree Earned:	Major or Area of Study:	Total Units Completed:	System:	
YES NO			Quarter	Semester
3.8 Trade/Vocational/Business				
Name of Trade, Vocational and Business Schools/Institute:		Date From (MM/YYYY):	Date To (MM/YYYY):	
Address:		City:	State:	Zip Code:
Degree Earned:	Major or Area of Study:	Total Units Completed:	System:	
YES NO			Quarter	Semester
3.9 Have you ever attended a Police Academy: Regular, Reserve, or Dispatcher?..... YES NO				
IF YES, provide the following information:				
3.10 Police Academy				
Name of Academy:		Date From (MM/YYYY):	Date To (MM/YYYY):	
Address:		City:	State:	Zip Code:
Sponsoring Agency:	Name of Training Officer/Coordinator:	Telephone Number:	Did you graduate?	
			YES NO	
3.11 Police Academy				
Name of Academy:		Date From (MM/YYYY):	Date To (MM/YYYY):	
Address:		City:	State:	Zip Code:
Sponsoring Agency:	Name of Training Officer/Coordinator:	Telephone Number:	Did you graduate?	
			YES NO	

Supplemental academy information included on page 23/24

3.12 Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or police academy?..... YES NO
IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or police academy. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances. (If more space is needed, use continuation pages 23 and 24-- reference corresponding numbers).

Supplemental education discipline information included on page 23/24

Tiverton Police Department
Personal History Statement

3.13 Since the age of eighteen (18), have you cheated on an exam, or assisted another person in cheating on an exam? YES NO

IF YES, explain circumstances (If more space is needed, use continuation pages 23 and 24– reference corresponding numbers).

Supplemental cheating information included on page 23/24

Section 4: Residence History

- List all residences during the last 10 years or since age sixteen (16). Start with your current address.
- Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). Do NOT use PO 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, use continuation pages 23 and 24– reference corresponding numbers.

4.1 Current Residence

Address (Number/Street/Apt.):			Date From (MM/YYYY):		Date To (MM/YYYY):	
City:	State:	Zip:	If Renting , Name of Property Manager, Rent Collector, or Owner:			
Address of Property Manager, Rent Collector, or Owner:		City:	State:	Zip:	Contact Number:	
Name(s) of people with whom you have resided:						N/A

4.2 Residence

Address (Number/Street/Apt.):			Date From (MM/YYYY):		Date To (MM/YYYY):	
City:	State:	Zip:	If Renting , Name of Property Manager, Rent Collector, or Owner:			
Address of Property Manager, Rent Collector, or Owner:		City:	State:	Zip:	Contact Number:	
Name(s) of people with whom you have resided:						N/A

4.3 Residence

Address (Number/Street/Apt.):			Date From (MM/YYYY):		Date To (MM/YYYY):	
City:	State:	Zip:	If Renting , Name of Property Manager, Rent Collector, or Owner:			
Address of Property Manager, Rent Collector, or Owner:		City:	State:	Zip:	Contact Number:	
Name(s) of people with whom you have resided:						N/A

Tiverton Police Department
Personal History Statement

4.4 Residence					
Address (Number/Street/Apt.):			Date From (MM/YYYY):		Date To (MM/YYYY):
City:	State:	Zip:	If Renting , Name of Property Manager, Rent Collector, or Owner:		
Address of Property Manager, Rent Collector, or Owner:		City:	State:	Zip:	Contact Number:
Name(s) of people with whom you have resided:					
					N/A
4.5 Residence					
Address (Number/Street/Apt.):			Date From (MM/YYYY):		Date To (MM/YYYY):
City:	State:	Zip:	If Renting , Name of Property Manager, Rent Collector, or Owner:		
Address of Property Manager, Rent Collector, or Owner:		City:	State:	Zip:	Contact Number:
Name(s) of people with whom you have resided:					
					N/A
4.6 Residence					
Address (Number/Street/Apt.):			Date From (MM/YYYY):		Date To (MM/YYYY):
City:	State:	Zip:	If Renting , Name of Property Manager, Rent Collector, or Owner:		
Address of Property Manager, Rent Collector, or Owner:		City:	State:	Zip:	Contact Number:
Name(s) of people with whom you have resided:					
					N/A
4.7 Residence					
Address (Number/Street/Apt.):			Date From (MM/YYYY):		Date To (MM/YYYY):
City:	State:	Zip:	If Renting , Name of Property Manager, Rent Collector, or Owner:		
Address of Property Manager, Rent Collector, or Owner:		City:	State:	Zip:	Contact Number:
Name(s) of people with whom you have resided:					
					N/A

Supplemental residence information included on page 23/24

Tiverton Police Department
Personal History Statement

4.8 Have you ever been evicted or asked to leave a residence?.....	YES	NO
4.9 Have you ever left a residence owing rent, utilities, or other household expenses?.....	YES	NO
<p>4.10 IF you answered YES to questions 4.8 and/or 4.9, explain circumstances (If more space is needed, use continuation pages 23 and 24– reference corresponding numbers):</p>		
Section 5: Experience and Employment		
<ul style="list-style-type: none"> List ALL jobs you have had, including part-time, temporary, self-employment, and volunteer within the last ten (10) years. (Begin with most recent.) 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. If more space is needed, use continuation pages 23 and 24– reference corresponding numbers. 		
5.1 Current Employer or Military Unit		
Name of Employer or Military Unit:	Date From (MM/YYYY):	Date To (MM/YYYY):
Address:	City:	State: Zip: Contact Number:
Job Title/Rank:	Type of Employment (Check all that apply):	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employed <input type="checkbox"/> Volunteer	
Name of Supervisor:	Contact Number:	Email:
Duties/Assignments:	Reason you want to leave?	
5.2 Period of Unemployment		N/A
Unemployment, check all that apply:		Date From (MM/YYYY): Date To (MM/YYYY):
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other (Explain in attached)		
5.3 Employer or Military Unit		
Name of Employer or Military Unit:	Date From (MM/YYYY):	Date To (MM/YYYY):
Address:	City:	State: Zip: Contact Number:
Job Title/Rank:	Type of Employment (Check all that apply):	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employed <input type="checkbox"/> Volunteer	
Name of Supervisor:	Contact Number:	Email:
Duties/Assignments:	Reason for leaving?	

Tiverton Police Department
Personal History Statement

5.4 Period of Unemployment					N/A	
Unemployment, check all that apply:					Date From (MM/YYYY):	Date To (MM/YYYY):
Student	Between Jobs	Leave Absence	Travel	Other (Explain in attached)		
5.5 Employer or Military Unit						
Name of Employer or Military Unit:					Date From (MM/YYYY):	Date To (MM/YYYY):
Address:		City:		State:	Zip:	Contact Number:
Job Title/Rank:				Type of Employment (Check all that apply):		
				Full Time	Part Time	Temporary
				Self Employed	Volunteer	
Name of Supervisor:		Contact Number:		Email:		
Duties/Assignments:				Reason for leaving?		
5.6 Period of Unemployment					N/A	
Unemployment, check all that apply:					Date From (MM/YYYY):	Date To (MM/YYYY):
Student	Between Jobs	Leave Absence	Travel	Other (Explain in attached)		
5.7 Employer or Military Unit						
Name of Employer or Military Unit:					Date From (MM/YYYY):	Date To (MM/YYYY):
Address:		City:		State:	Zip:	Contact Number:
Job Title/Rank:				Type of Employment (Check all that apply):		
				Full Time	Part Time	Temporary
				Self Employed	Volunteer	
Name of Supervisor:		Contact Number:		Email:		
Duties/Assignments:				Reason for leaving?		
5.8 Period of Unemployment					N/A	
Unemployment, check all that apply:					Date From (MM/YYYY):	Date To (MM/YYYY):
Student	Between jobs	Leave Absence	Travel	Other (Explain in attached)		

Tiverton Police Department
Personal History Statement

5.9 Employer or Military Unit				
Name of Employer or Military Unit:		Date From (MM/YYYY):		Date To (MM/YYYY):
Address:	City:	State:	Zip:	Contact Number:
Job Title/Rank:		Type of Employment (Check all that apply):		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employed <input type="checkbox"/> Volunteer		
Name of Supervisor:		Contact Number:		Email:
Duties/Assignments:		Reason for leaving?		
5.10 Period of Unemployment				N/A
Unemployment, check all that apply:		Date From (MM/YYYY):		Date To (MM/YYYY):
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other (Explain in attached)				
5.11 Employer or Military Unit				
Name of Employer or Military Unit:		Date From (MM/YYYY):		Date To (MM/YYYY):
Address:	City:	State:	Zip:	Contact Number:
Job Title/Rank:		Type of Employment (Check all that apply):		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employed <input type="checkbox"/> Volunteer		
Name of Supervisor:		Contact Number:		Email:
Duties/Assignments:		Reason for leaving?		
5.12 Period of Unemployment				N/A
Unemployment, check all that apply:		Date From (MM/YYYY):		Date To (MM/YYYY):
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other (Explain in attached)				
5.13 Employer or Military Unit				
Name of Employer or Military Unit:		Date From (MM/YYYY):		Date To (MM/YYYY):
Address:	City:	State:	Zip:	Contact Number:
Job Title/Rank:		Type of Employment (Check all that apply):		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employed <input type="checkbox"/> Volunteer		
Name of Supervisor:		Contact Number:		Email:
Duties/Assignments:		Reason for leaving?		

Tiverton Police Department
Personal History Statement

5.14 Were you <u>EVER</u> the subject of a written complaint at work that resulted in disciplinary action against you?.....	YES	NO
5.15 Have you <u>EVER</u> been fired from a job or resigned after being informed that you were going to be fired?.....	YES	NO
5.16 Did you <u>EVER</u> receive an unsatisfactory performance review?.....	YES	NO
5.17 Have you <u>EVER</u> sold, released, or given away legally confidential information?.....	YES	NO
5.18 Have you <u>EVER</u> called in sick when you were neither sick nor caring for a sick family member?.....	YES	NO
5.19 While working (i.e. on duty), have you <u>EVER</u> engaged in sexual intercourse or the unwarranted touching of the intimate body parts of another person? (NOTE: Do not include lawful contact such as pat searches in law enforcement duties and/or training.).....	YES	NO
5.20 Have you <u>EVER</u> missed days or been late to work due to drug or alcohol consumption?.....	YES	NO
5.21 Has your work performance <u>EVER</u> been affected by your use of alcohol or drugs?.....	YES	NO
5.22 Have you <u>EVER</u> been warned by an employer about your drinking or drug habits and their impact on your performance?.....	YES	NO
<p>5.24 IF you answered YES to questions 5.14 through 5.22, explain (include when, where, and circumstances – reference corresponding numbers) (If more space is needed, use continuation pages 23 and 24– reference corresponding numbers):</p>		

Supplemental experience and employment information included on page 23/24

5.25. Have you <u>EVER</u> applied for any position at this or any other law enforcement agency (city, county, state, tribal, or federal)?.....	YES	NO
<ul style="list-style-type: none"> If you answered “YES” to Question 5.25, list <u>EVERY</u> 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. 		
5.26 Law Enforcement Agency		
Name of Law enforcement Agency:		Date Applied (MM/YYYY):
Address:	City:	State: Zip: Contact Number:
Position Applied For:		Background Investigator’s Name (if applicable):
Step:		
Application	Written	Physical Agility Oral Board Background Investigation Second Interview Conditional Offer
Status:		
Hired	On Eligibility List	Withdrew Disqualified List Expired Other (Explain): _____

Tiverton Police Department
Personal History Statement

5.27 Law Enforcement Agency					
Name of Law enforcement Agency:				Date Applied (MM/YYYY):	
Address:		City:		State:	Zip:
Position Applied For:			Background Investigator's Name (if applicable):		
Step:					
Application	Written	Physical Agility	Oral Board	Background Investigation	Second Interview
Conditional Offer					
Status:					
Hired	On Eligibility List	Withdrew	Disqualified	List Expired	Other (Explain): _____
5.28 Law Enforcement Agency					
Name of Law enforcement Agency:				Date Applied (MM/YYYY):	
Address:		City:		State:	Zip:
Position Applied For:			Background Investigator's Name (if applicable):		
Step:					
Application	Written	Physical Agility	Oral Board	Background Investigation	Second Interview
Conditional Offer					
Status:					
Hired	On Eligibility List	Withdrew	Disqualified	List Expired	Other Explain): _____
5.29 Law Enforcement Agency					
Name of Law enforcement Agency:				Date Applied (MM/YYYY):	
Address:		City:		State:	Zip:
Position Applied For:			Background Investigator's Name (if applicable):		
Step:					
Application	Written	Physical Agility	Oral Board	Background Investigation	Second Interview
Conditional Offer					
Status:					
Hired	On Eligibility List	Withdrew	Disqualified	List Expired	Other (Explain): _____

Tiverton Police Department
Personal History Statement

5.30 Law Enforcement Agency									
Name of Law enforcement Agency:							Date Applied (MM/YYYY):		
Address:			City:		State:		Zip:	Contact Number:	
Position Applied For:					Background Investigator's Name (if applicable):				
Step:									
Application		Written	Physical Agility		Oral Board	Background Investigation		Second Interview	Conditional Offer
Status:									
Hired		On Eligibility List	Withdrew	Disqualified	List Expired	Other (Explain): _____			
5.31 Law Enforcement Agency									
Name of Law enforcement Agency:							Date Applied (MM/YYYY):		
Address:			City:		State:		Zip:	Contact Number:	
Position Applied For:					Background Investigator's Name (if applicable):				
Step:									
Application		Written	Physical Agility		Oral Board	Background Investigation		Second Interview	Conditional Offer
Status:									
Hired		On Eligibility List	Withdrew	Disqualified	List Expired	Other (Explain): _____			
5.32 Law Enforcement Agency									
Name of Law enforcement Agency:							Date Applied (MM/YYYY):		
Address:			City:		State:		Zip:	Contact Number:	
Position Applied For:					Background Investigator's Name (if applicable):				
Step:									
Application		Written	Physical Agility		Oral Board	Background Investigation		Second Interview	Conditional Offer
Status:									
Hired		On Eligibility List	Withdrew	Disqualified	List Expired	Other (Explain): _____			

Supplemental law enforcement agencies included on page 23/24

Tiverton Police Department
Personal History Statement

Section 6: Military Experience

6.1 Are you required to register for the Selective Service?.....	YES	NO
6.2 If YES, have you registered?.....	YES	NO
If No, Explain: _____		
6.3 Have you ever served in the military?.....	YES	NO
6.4 If you answered YES to question 6.3 include the following information:		
Branch of Military:	Date From (MM/YYYY):	Date To (MM/YYYY):
Type of Discharge:		
Re-Entry	Honorable	General
OTH- Other that Honorable	Bad Conduct	Dishonorable
6.5 Are you currently participating in one of the following?		
Military Reserve	National Guard	
6.6 If you checked 6.5 above, date your obligation ends (MM/DD/YYYY): _____		
6.7 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)?.....	YES	NO
6.8 Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?.....	YES	NO
6.9 Have you ever taken military property without permission for personal use, to sell, or to give away?.....	YES	NO
6.10 IF you answered YES to questions 6.7-6.9, explain circumstances (if more space is needed, use continuation pages 23 and 24– reference corresponding numbers) :		

Supplemental military information included on page 23/24

Section 7: Financial

<ul style="list-style-type: none"> For each of the following questions (7.1 and 7.2), fill in the amounts to the nearest dollar. For Question 7.1: Provide your total monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc. For Question 7.2: 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 obligations you may have. If more space is needed, use continuation pages 23 and 24– reference corresponding numbers. 		
7.1 What is your monthly disposable income.....	\$	MO
7.2 How much do you spend each month.....	\$	MO
7.3 Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?.....	YES	NO
7.4 Have any of your bills ever been turned over to a collection agency?	YES	NO
7.5 Have you ever had purchased goods repossessed?	YES	NO
7.6 Have your wages ever been garnished?	YES	NO
7.7 Have you ever been delinquent on income or other tax payments?	YES	NO

Tiverton Police Department
Personal History Statement

7.8 Have you ever failed to file income tax?.....	YES	NO
7.9 Have you ever defaulted on (failed to pay) a loan?.....	YES	NO
7.10 Have you ever borrowed money to pay for a gambling debt?.....	YES	NO
7.11 Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?.....	YES	NO
7.12 Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?.....	YES	NO
7.13 Have you written three or more bad checks in a one-year period?.....	YES	NO
<p>7.14 If you answered YES to questions 7.3-7.13, explain circumstances. (If more space is needed, use continuation pages 23 and 24– reference corresponding numbers):</p>		

Supplemental financial information included on page 23/24

Section 8: Legal

Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned or expunged. As an applicant to a law enforcement agency, you are required to disclose this information, unless specifically exempted by state or federal law.
- If more space is needed, use continuation pages 23 and 24– reference corresponding numbers.

8.1 Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?.....

YES NO

If you answered YES to question 8.1 above, explain each incident below:

8.2 Detentions, Arrests, and Convictions

Charge:	Arresting or Detaining Agency:	Approximate Date (MM/YYYY):
Disposition or Penalty:		

8.3 Detentions, Arrests, and Convictions

Charge:	Arresting or Detaining Agency:	Approximate Date (MM/YYYY):
Disposition or Penalty:		

Supplemental disclosure information included on page 23/24

Tiverton Police Department
Personal History Statement

8.4 Have you ever been placed on court probation?.....	YES	NO
8.5 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
8.6 Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?.....	YES	NO
8.7 Have the police ever been called to your home for any reason?.....	YES	NO
8.8 Have you or your spouse/partner ever been referred to Child Protective Services?.....	YES	NO
8.9 Have you ever been the subject of an emergency protective order/restraining order/no contact order?.....	YES	NO
8.10 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
8.11 Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....	YES	NO
8.12 Have you ever filed a false insurance or workers' compensation claim?.....	YES	NO

8.13 If you answered YES to any of questions 8.4-8.12 explain (include court case or docket number, dates, and circumstances – reference corresponding numbers). If more space is needed, continue your response on page 23/24.

Section 9: Illegal Drugs

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high."
- Your responses should include — but not be limited to — your use of any of the following:

Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*)

Marijuana (*with or without a prescription*)

Barbiturates (*Downers*)

Mescaline

Cocaine / Crack Cocaine

Morphine

Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*)

PCP / Angel Dust

GHB (*Date Rape Drug*)

Quaaludes

Hallucinogens (*Peyote, LSD, Mushrooms*)

Steroids

Hashish / Hashish Oil

Tetrahydrocannabinol (THC)

Heroin / Opium / Fentanyl

Glue, paint, or any substance containing toluene

9.1 Within the past one (1) year, have you used any drug(s) as indicated above?..... YES NO

9.2 If you answered YES to question 9.1, give details including drug(s) used, most recent date used, and circumstances (If more space is needed, use continuation pages 23 and 24– reference corresponding numbers) :

Tiverton Police Department
Personal History Statement

9.3 Prior to the past one (1) year:

9.3.A I have NEVER used any drugs recreationally.

9.3.B I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.)

9.4 IF YOU CHECKED BOX 9.3.B ABOVE, give details including drug(s) used, most recent date used, and circumstances (If more space is needed, use continuation pages 23 and 24– reference corresponding numbers) :

9.5 Have you EVER engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription?.....

YES NO

If YES check all that apply:

Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another

9.6 IF you answered YES to question 9.5, give details including drug(s) involved, over what time period(s), and circumstances (If more space is needed, use continuation pages 23 and 24– reference corresponding numbers):

9.6 During the past five (5) years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications (Excluding Marijuana).....

YES NO

9.7 If you answered YES to question 9.6, explain the circumstances (If more space is needed, use continuation pages 23 and 24– reference corresponding numbers):

Supplemental drug information included on page 23/24

Tiverton Police Department
Personal History Statement

Section 10: Motor Vehicle Information

10.1 Current Driver's License Information

State of Issue:	License Number:	Expiration Date (MM/DD/YYYY)	Name Under Which License was Granted:

10.2 List all other states where you have been licensed to operate a motor vehicle

State of Issue:	License Number:	Expiration Date (MM/DD/YYYY)	Name Under Which License was Granted:
State of Issue:	License Number:	Expiration Date (MM/DD/YYYY)	Name Under Which License was Granted:
State of Issue:	License Number:	Expiration Date (MM/DD/YYYY)	Name Under Which License was Granted:

10.3 Have you ever been refused a driver's license by any state?..... YES NO

10.4 If you answered YES to question 10.3, explain (include when, where and circumstances) (If more space is needed, use continuation pages 23 and 24—reference corresponding numbers):

10.5 Has your driver's license ever been suspended or revoked?..... YES NO

10.6 If you answered YES to question 10.5, explain (include when, where and circumstances) (If more space is needed, use continuation pages 23 and 24—reference corresponding numbers):

10.7 Have you received any traffic citations, excluding parking tickets, within the past seven (7) years?..... YES NO

If you answered YES to question 10.7, give details below:

10.8 Traffic Citation

Nature of Violation:	Location (Street):	City:	State:
Action Taken (Check all that apply):			Date (MM/YYYY):
<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> License Suspended <input type="checkbox"/> Dismissed			

10.9 Traffic Citation

Nature of Violation:	Location (Street):	City:	State:
Action Taken (Check all that apply):			Date (MM/YYYY):
<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> License Suspended <input type="checkbox"/> Dismissed			

10.10 Traffic Citation

Nature of Violation:	Location (Street):	City:	State:
Action Taken (Check all that apply):			Date (MM/YYYY):
<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> License Suspended <input type="checkbox"/> Dismissed			

Supplemental traffic information included on page 23/24

Tiverton Police Department
Personal History Statement

10.11 Has a traffic citation ever resulted in a warrant for your arrest or caused your driver's license to be withheld due to the following (check all that apply):

Failed to Complete Traffic School

Failed to Pay the Required Fine

Failed to Appear

10.12 If you answered YES to question 10.11, explain the circumstances (If more space is needed, use continuation pages 23 and 24– reference corresponding number):

10.13 Have you been involved as the driver in a motor vehicle accident within the past seven (7) years?..... YES NO

If YES, give details below:

10.14 Accident

Date of Accident (MM/YYYY)	Location (Street)	City:	State:
Police report filed?	Law Enforcement Agency	Were you at fault?	Was anyone injured?
YES NO		YES NO	YES NO

10.15 Accident

Date of Accident (MM/YYYY)	Location (Street)	City:	State:
Police report filed?	Law Enforcement Agency	Were you at fault?	Was anyone injured?
YES NO		YES NO	YES NO

10.16 Accident

Date of Accident (MM/YYYY)	Location (Street)	City:	State:
Police report filed?	Law Enforcement Agency	Were you at fault?	Was anyone injured?
YES NO		YES NO	YES NO

10.17 Accident

Date of Accident (MM/YYYY)	Location (Street)	City:	State:
Police report filed?	Law Enforcement Agency	Were you at Fault?	Was anyone injured?
YES NO		YES NO	YES NO

10.18 Have you ever been refused automobile liability insurance or had your insurance canceled?..... YES NO

10.19 If you answered YES to question 10.18, explain the circumstances (include date(s) and name of insurance company) (If more space is needed, use continuation pages 23 and 24– reference corresponding numbers):

Supplemental accident information included on page 23/24

Tiverton Police Department Personal History Statement

Section 11: Other Topics

11.1 Have you ever been refused a permit to carry a concealed weapon?.....	YES	NO
11.2 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
11.3 Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you?.....	YES	NO
11.4 Since the age of sixteen (16), have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?.....	YES	NO
11.5 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

11.6 If you answered “YES” to any of Questions 11.1-11.5, give details including dates and circumstances – reference corresponding numbers (If more space is needed, use continuation pages 23 and 24– reference corresponding numbers):

Section 12: Certification

I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), 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 will subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature: _____ **Date:** _____

Use the following page (s) to continue your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding question/item numbers.

Section 12: Supplemental Information

- 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.). Reference the corresponding questions/item number.
- You may print copies of this page as needed.

