

**SECTION V**



**STEVENSVILLE POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

## PERSONAL HISTORY STATEMENT

Please completely read the Opening Statement, Instructions, Confidentiality, and Certification provisions before proceeding to answer any questions.

### OPENING STATEMENT:

The information you provide in this Personal History Statement will be used to assist the Stevensville Police Department in determining your suitability for employment as a Police Officer. Following the oral board interview, the top three candidates will be notified that a background investigation will be conducted. If you are one of the three, this personal history statement will be used by the background investigator to conduct the background investigation. The results of the first phase of this investigation will be used to determine suitability for the position of police officer. The second phase of the background investigation is the background interview. Only the top candidate will be asked to come back for the background interview. If you are the top candidate and if the background investigation and subsequent interview are favorable, a final decision to offer you a position as Police Officer will be based upon your ability to satisfy all of the conditions set forth in the conditional offer of employment and upon the needs of the Stevensville Police Department.

Please keep the following in mind:

1. The completion of this Personal History Statement is mandatory.
2. All statements made herein are subject to verification.
3. Deliberate inaccuracies or incomplete statements will remove you from any further consideration for employment.
4. All time periods in your background, unless otherwise specified, must be accounted for.
5. It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances surrounding it, and consideration will be given to the degree of relevance it has to employment with a law enforcement agency. **If you withhold or deliberately distort any information provided by you during the background investigation, discovery of that fact will disqualify you from further consideration. If the discovery is made after the Stevensville Police Department has hired you, it is grounds for immediate termination.**

An applicant who is invited to the secondary phase of the background will be interviewed by an investigator and given an opportunity to discuss any inconsistencies or adverse information apparent at that point in the investigation.

**INSTRUCTIONS:**

1. Please print your responses to this questionnaire in ink. DO NOT TYPE on this form.
2. Please complete the responses yourself. DO NOT have another person fill in the blanks for you.
3. If you need additional space to answer a question, such as to provide a complete list of family members, past employers, or past residences, use a separate sheet of paper. Do not leave out information simply because there is no adequate room on the form. Additionally, make sure that any questions on additional sheets are clearly identified as to what question number the answer references.

**CONFIDENTIALITY:**

The Stevensville Police Department considers the contents of the Personal History Statement to be confidential, and will be used by the Stevensville Police Department for the sole purpose of evaluating your suitability for employment as a Police Officer. However, if it is discovered that you are currently involved in any criminal activity, or have committed an undisclosed felony, the contents of this Personal History Statement, as well as any other information from the background investigation, will be shared with the appropriate law enforcement agency or agencies.

When completed, this Statement, along with all other supporting documents, should be returned to the Stevensville Police Department. If you have any questions regarding this, or any other aspect of the application process, contact Stevensville Police Chief James Marble, (406) 777-3011.

**CERTIFICATION:**

I certify that I have read the opening statement and instructions for the Stevensville Police Department Personal History Statement and I accept the conditions of completeness, accuracy and confidentiality.

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

## PERSONAL INFORMATION

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

1. Your name (please print in ink)

\_\_\_\_\_

Last	First	Middle
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List other names you have used or been known by. Include maiden names, married or adopted names, or nicknames.

\_\_\_\_\_  
\_\_\_\_\_

2. Your current physical address:

\_\_\_\_\_

Number / Street	City	State	Zip
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3. Your mailing address (if different from your physical address):

\_\_\_\_\_

PO Box or Number	Street	City	State	Zip
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4. Phone numbers where you can be reached:

Home \_\_\_\_\_ Work \_\_\_\_\_

Page/Cell \_\_\_\_\_

Message \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Place of Birth (city and state or country): \_\_\_\_\_

You must be a U.S. citizen for this position. *You must provide a certified copy of your naturalization papers and proof of citizenship if you were born in a country other than the U.S.*

7. Social Security Number: \_\_\_\_\_

In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. This information will be used for identification purposes and to ensure that proper records are obtained.

**RELATIVES, REFERENCES, AND ACQUAINTANCES**

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you have applied. Inquires will be confined to job-relevant matters.

8. Please supply the appropriate information in the spaces below. If a category is not applicable, write in "N/A". **IN BLOCKS MARKED "OTHER", LIST FORMER SPOUSES, BROTHERS, SISTERS, AND STEP-PARENTS.**

Father _____	Current Address _____
Work Phone _____	Home Phone _____

Mother _____	Current Address _____
Work Phone _____	Home Phone _____

Father-in-law _____	Current Address _____
Work Phone _____	Home Phone _____

Mother-in-law _____	Current Address _____
Work Phone _____	Home Phone _____

Ex-spouse _____	Current Address _____
Work Phone _____	Home Phone _____

Other _____	Current Address _____
Work Phone _____	Home Phone _____

Other _____	Current Address _____
Work Phone _____	Home Phone _____

Other _____	Current Address _____
Work Phone _____	Home Phone _____

Other _____	Current Address _____
Work Phone _____	Home Phone _____

9. List as personal or professional references up to 6 individuals who have knowledge of you and your qualifications.

Name \_\_\_\_\_ Current Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Current Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Current Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Current Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Current Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Current Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

10. List individuals with whom you have resided within the past ten (10) years. List no information prior to your 15<sup>th</sup> birthday. **Exclude family members.** Use an additional sheet if necessary.

Name 1 \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Name 2 \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Name 3 \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Name 4 \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Name 5 \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

**RESIDENTIAL HISTORY**

11. Please list all of your residences during the last ten (10) years. Begin with your most current residence and proceed backward. If a residence was rented, give the landlord's name, address and telephone number. List no information prior to your 15<sup>th</sup> birthday. Use an additional sheet if necessary.

Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**EDUCATION**

12. Montana law requires peace officers to possess a high school diploma or its equivalent. Please indicate your current status in this regard by checking the appropriate space(s).

- Possess a high school diploma.
- Passed the G.E.D. (General Education Development) test.
- Have the following higher education degree(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. List all the schools that you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts. Use an additional sheet if necessary.

School Name _____	From _____	To _____
Address _____		
Highest Grade Completed (circle one)	9	10 11 12
Teacher or reference _____		
School Name _____	From _____	To _____
Address _____		
Highest Grade Completed (circle one)	9	10 11 12
Teacher or reference _____		
School Name _____	From _____	To _____
Address _____		
Highest Grade Completed (circle one)	9	10 11 12
Teacher or reference _____		
School Name _____	From _____	To _____
Address _____		
Highest Grade Completed (circle one)	9	10 11 12
Teacher or reference _____		
School Name _____	From _____	To _____
Address _____		
Highest Grade Completed (circle one)	9	10 11 12
Teacher or reference _____		





**PREVIOUS EMPLOYMENT**

15. List all the jobs that you have held during the last ten (10) years beginning with your most current employment. Part-time, temporary, and volunteer work should be included. Please list all periods of unemployment in chronological sequence in the spaces provided for you between employment listings. Use additional sheets of paper if more space is needed. Make sure and continue with the same format as is listed below on the additional sheets.

Name, address, and telephone number of employer: _____ _____ _____ ( ) _____ - _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Military Service Title: _____ Division and/or Rank _____ Date of hire: ___/___/___   Termination Date: ___/___/___ Name you were known by: _____ Name of your supervisor(s): _____
Duties: _____ _____ _____ _____	
Names of Co-workers (up to three): _____ Reason for leaving: _____ _____	

Between job unemployment period: FROM _____ TO _____ Reason for unemployment: _____ _____
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Name, address, and telephone number of employer: _____ _____ _____ ( ) _____ - _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Military Service Title: _____ Division and/or Rank _____ Date of hire: ___/___/___   Termination Date: ___/___/___ Name you were known by: _____ Name of your supervisor(s): _____
Duties: _____ _____ _____ _____	
Names of Co-workers (up to three): _____ Reason for leaving: _____ _____	

Between job unemployment period: FROM _____ TO _____ Reason for unemployment: _____ _____
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Name, address, and telephone number of employer: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 ( ) \_\_\_\_\_ - \_\_\_\_\_

Full Time    Part-Time    Volunteer    Military Service  
 Title: \_\_\_\_\_ Division and/or Rank \_\_\_\_\_  
 Date of hire: \_\_\_/\_\_\_/\_\_\_   Termination Date: \_\_\_/\_\_\_/\_\_\_  
 Name you were known by: \_\_\_\_\_  
 Name of your supervisor(s): \_\_\_\_\_

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

Names of Co-workers (up to three): \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

Between job unemployment period: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 Reason for unemployment: \_\_\_\_\_  
 \_\_\_\_\_

Name, address, and telephone number of employer: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 ( ) \_\_\_\_\_ - \_\_\_\_\_

Full Time    Part-Time    Volunteer    Military Service  
 Title: \_\_\_\_\_ Division and/or Rank \_\_\_\_\_  
 Date of hire: \_\_\_/\_\_\_/\_\_\_   Termination Date: \_\_\_/\_\_\_/\_\_\_  
 Name you were known by: \_\_\_\_\_  
 Name of your supervisor(s): \_\_\_\_\_

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

Names of Co-workers (up to three): \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

Between job unemployment period: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 Reason for unemployment: \_\_\_\_\_  
 \_\_\_\_\_

Name, address, and telephone number of employer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_

Full Time    Part-Time    Volunteer    Military Service

Title: \_\_\_\_\_ Division and/or Rank \_\_\_\_\_

Date of hire: \_\_\_/\_\_\_/\_\_\_      Termination Date: \_\_\_/\_\_\_/\_\_\_

Name you were known by: \_\_\_\_\_

Name of your supervisor(s): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of Co-workers (up to three): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Between job unemployment period: FROM \_\_\_\_\_ TO \_\_\_\_\_

Reason for unemployment: \_\_\_\_\_

\_\_\_\_\_

Name, address, and telephone number of employer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_

Full Time    Part-Time    Volunteer    Military Service

Title: \_\_\_\_\_ Division and/or Rank \_\_\_\_\_

Date of hire: \_\_\_/\_\_\_/\_\_\_      Termination Date: \_\_\_/\_\_\_/\_\_\_

Name you were known by: \_\_\_\_\_

Name of your supervisor(s): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of Co-workers (up to three): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Between job unemployment period: FROM \_\_\_\_\_ TO \_\_\_\_\_

Reason for unemployment: \_\_\_\_\_

\_\_\_\_\_





**MILITARY SERVICE**

21. Have you ever served in the Armed Forces, National Guard, or Military Reserves?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please supply the following information:

Branch of Service: \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

Military Specialty: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

22. Have you registered with the Selective Service? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when: \_\_\_\_\_

23. If you were in the Military, National Guard, or Military Reserves, were you ever the subject of judicial or non-judicial disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details, including branch of service, where, when, charges, resolution, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Past commanding officers and other military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name / Title	Military Unit	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FINANCIAL**

25. The management of personal finances is relevant to an individual’s qualifications for a position with a law enforcement agency. Therefore, please fill in the financial statements as follows. The amount of indebtedness in itself will not be used in evaluating your qualifications. However, your behavior in meeting your financial obligations will be reviewed. A credit reporting agency may be contacted for a report on your credit history. Use an additional sheet if necessary.

<b>Monthly Income</b>		<b>Monthly Expenses</b>	
Monthly Salary		Monthly Mortgage / Rent	
Other Household Income		Car Payments	
		Other Payments	
<b>Total Monthly Income</b>		<b>Total Monthly Expenses</b>	

<b>Current Assets</b>		<b>Current Liabilities</b>	
Savings		Mortgage(s) Balance(s)	
Checking Balance	<i>Optional Entry</i>	Car Loan(s)	
Real Estate Equity		Charge Account(s) Total(s)	
Stocks and Bonds		Other Liabilities	
Automobile Equity			
Other Assets			
<b>Total Assets</b>		<b>Total Liabilities</b>	



26. Please supply the following information regarding financial institutions with which you have accounts or loans: *Do not list institution name. Reference types of institutions listed in column one and enter the type of institution in the space provided.*

Institution (bank, S & L, loan company)	Account Status (in default or good standing)	Type of Account

27. Please supply the following information about your charge accounts, credit cards, contracts or other financial liabilities: *Do not list institution name. Reference types of institutions listed in column one and enter the type of institution in the space provided.*

Institution (bank, dept store, contract, other)	Account Status (in default or good standing)	Type of Account

28. Have any of your bills been turned over to a collection agency within the last seven (7) years?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details including when, firms involved, and circumstances:

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29. Have your wages been garnished within the last seven (7) years? Yes \_\_\_ No \_\_\_  
If yes, please give details including when, firms involved and circumstances:

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30. Have you had purchased items repossessed within the last seven (7) years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details including when, firms involved, and circumstances:

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31. Have you ever been delinquent on child support, income tax, or other tax payments?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details including when, where, and why:

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**LEGAL**

32. If you have ever been arrested, **taken into physical custody**, been issued a misdemeanor citation (exclude traffic citations), or been convicted of a crime, please give the following information:

- A. Incidents that occurred when you were a juvenile which have been sealed.
- B. Offenses expunged from your record for which you have received a pardon.
- C. Any other offenses that are part of a record that has been sealed by a court.

Agency	Charge	Date	Disposition



**MOTOR VEHICLE OPERATION**

35. Operation of a motor vehicle is an integral part of the position for which you have applied. An investigation of your driving history will be made through a record check. Please supply the following information:

Name (as printed on your Driver's License) \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Issuing State \_\_\_\_\_

36. Please list other states where you have been licensed to operate a motor vehicle:

Issuing State	Name under which licensed issued

37. Have you ever been refused issuance of a driver's license by this or any other state?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain when, where, and why:

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38. Has your driver's license ever been suspended, revoked, or placed on negligent operator's probation or restriction? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details including where, when, and under what circumstances:

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39. Please list all traffic citations you have received as an adult (after reaching the age of 18). Exclude parking citations. Use extra sheets if necessary.

Violation	Location	Date	Disposition

40. Please list all motor vehicle accidents which you have been involved in as the driver within the last seven (7) years: Use extra sheets if necessary.

Date	Location	Investigating Agency	Injury / Non-injury

41. If there is anything additionally that you wish to explain concerning your driving record, please do so here:

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42. Please list all motor vehicles registered to you or your spouse:

Year	Make	Model	License #	State	VIN #

43. Montana law requires that owners of motor vehicles be covered by automobile liability insurance. Please list the company that insures each of the motor vehicles listed above.

Vehicle	Company	Address	Policy #	Expiration Date

44. Have you ever been refused issuance of automobile insurance for any reason other than failure to pay a premium? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain including the company name, date, and reason:

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**GENERAL INFORMATION**

45. Have you ever applied for a permit to carry a concealed firearm or other weapon?  
Yes \_\_\_\_\_ No \_\_\_\_\_.

If Yes", was the permit granted? \_\_\_\_\_

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

Law Enforcement Agency \_\_\_\_\_

Purpose of permit: \_\_\_\_\_

46. Are you willing to work all hours of the day, all days of the week, holidays, and overtime when assigned? Yes \_\_\_\_\_ No \_\_\_\_\_

47. If the necessity arose in the course of your employment as a Police Officer to use deadly force on a human being, would you have any reluctance to do so?  
Yes \_\_\_\_\_ No \_\_\_\_\_

48. Do you have anything in your background that may disqualify you from becoming a Police Officer in the State of Montana? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If "Yes", please explain.

Please answer the following question in your own handwriting, and using no more than the line space provided. You are not required to use all of the line space.

49. Why do you want this job and how do you feel that this job will benefit you?

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