

STATE OF ARKANSAS  
COMMISSION  
ON  
LAW ENFORCEMENT STANDARDS  
AND TRAINING  
PERSONAL HISTORY STATEMENT



# PERSONAL HISTORY STATEMENT

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

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**INSTRUCTIONS:** Fill out this questionnaire completely and accurately. All statements in your questionnaire are Subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you, Indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

## PERSONAL

1. NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Social Security Number

Nicknames or Aliases \_\_\_\_\_

2. Height \_\_\_\_\_ inches Weight \_\_\_\_\_ lbs.

3. Present Mailing Address: \_\_\_\_\_  
Street and Number City State Zip Code

Permanent Mailing Address: \_\_\_\_\_  
Street and Number City State Zip Code

Telephone Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

5. Citizenship:  U.S. Born  U.S. Naturalized  Other-Specify \_\_\_\_\_

6. List organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated.  
\_\_\_\_\_  
\_\_\_\_\_

7. List hobbies and/or special skills. \_\_\_\_\_  
\_\_\_\_\_

## MARITAL

8. Marital Status (check one)  Single  Married  Divorced  
 Engaged  Separated  Widowed

Names of Spouse or Fiancee \_\_\_\_\_

10. If married, are you living with your spouse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, state reasons: \_\_\_\_\_

11. Have you ever been separated or divorced? \_\_\_\_\_ Yes \_\_\_\_\_ No. If Yes, give date and location of court or jurisdiction. \_\_\_\_\_

12. Give the following information concerning your spouse's parents:

	NAME	ADDRESS
Father		
Mother		

13. List below every child born to you.

NAME	BIRTHDATE	PLACE OF BIRTH	WITH WHOM RESIDES

14. Are you now supporting all children born to you, adopted by you and stepchildren? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. Have you ever been involved as defendant in a paternity proceeding? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give date and court or jurisdiction: \_\_\_\_\_

REFERENCES:

16. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities:

NAME	ADDRESS	TELEPHONE

**FAMILY HISTORY:**

7. List your parents, brothers and sisters:

	NAME	ADDRESS	TELEPHONE
Father			
Mother			
Bro./Sis			
Bro./Sis			
Bro./Sis			

18. Has any member of your immediate family ever been arrested for or convicted of a felony offense?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, complete the following:

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>DISPOSITION</u>

**FINANCIAL:**

19. Do you have life insurance and/or hospitalization insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

20. Have you a savings account? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bank \_\_\_\_\_ City and State \_\_\_\_\_

Bank \_\_\_\_\_ City and State \_\_\_\_\_

21. Have you a checking account? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bank \_\_\_\_\_ City and State \_\_\_\_\_

Bank \_\_\_\_\_ City and State \_\_\_\_\_

22. 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.

23. Do you own or are you buying your own home? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Is there a mortgage on the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bank or Company \_\_\_\_\_ City and State \_\_\_\_\_

24. Do you own or are you buying other real estate? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, give name of agency holding mortgage:

Bank or Company \_\_\_\_\_ City and State \_\_\_\_\_

25. List motor vehicles that you own or are buying or leasing:

MAKE	MODEL	YEAR	AMOUNT OWED

26. What income other than salary do you have at present? Include spouse's salary.

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27. List Credit References:

Name of Firm _____	Amount Owed _____
Street Address _____	City and State _____
Name of Firm _____	Amount Owed _____
Street Address _____	City and State _____
Name of Firm _____	Amount Owed _____
Street Address _____	City and State _____
Name of Firm _____	Amount Owed _____
Street Address _____	City and State _____
Name of Firm _____	Amount Owed _____
Street Address _____	City and State _____

28. What is your total indebtedness at present? \_\_\_\_\_

29. Have your creditors treated you fairly? \_\_\_\_\_ If not, explain: \_\_\_\_\_

30. Have you ever been sued? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, give details: \_\_\_\_\_

**RESIDENCES:**

31. List Addresses for past 10 years starting with present address at top:

FROM MO. YR.	TO MO. YR.	ADDRESS/RESIDENCE	CITY & STATE	LANDLORD
	PRESENT			

**WORK HISTORY:**

32. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, give details below: \_\_\_\_\_

33. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service, give details:  
\_\_\_\_\_  
\_\_\_\_\_

34. Have your employers always treated you fairly? \_\_\_\_\_ Yes \_\_\_\_\_ No. If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. Do you object to wearing a uniform? \_\_\_\_\_ Yes \_\_\_\_\_ No

36. Do you object to working nights? \_\_\_\_\_ Yes \_\_\_\_\_ No

37. Do you object to working shifts? \_\_\_\_\_ Yes \_\_\_\_\_ No

38. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor \_\_\_\_\_ No. employees supervised by you: \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

B. Title of next to last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor \_\_\_\_\_ No. employees supervised by you: \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

C. Title of next position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor \_\_\_\_\_ No. employees supervised by you: \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

D. Title of next position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor \_\_\_\_\_ No. employees supervised by you: \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_



39. Have you previously submitted an application for employment with this agency?  Yes  No  
 Approximate date: \_\_\_\_\_

**MILITARY SERVICE**

40. Were you ever in the U.S. Military Service or any other military organization?  Yes  No  
 Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_ Date of Enlistment \_\_\_\_\_  
 Date of Discharge \_\_\_\_\_ Service Number \_\_\_\_\_ Highest Rank \_\_\_\_\_

41. List medals and decorations: \_\_\_\_\_  
 \_\_\_\_\_

42. Type of Discharge: \_\_\_\_\_

43. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation: \_\_\_\_\_  
 \_\_\_\_\_

44. List all schools attended:

Name of School	Location (City and State)	From Mo. & Yr.	To Mo. & Yr.	Year Completed
Grade School				
High School				
College or University				

45. Did you either graduate from high school or pass the high school equivalency test?  Yes  No

46. List college degrees received and major field of each. Include incomplete courses: \_\_\_\_\_  
 \_\_\_\_\_

47. Were you ever expelled from any school or were you ever disciplined by any school official?  
 Yes  No. If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**ARREST AND MILITARY DISCIPLINARY**

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be Sufficient to disqualify you. (Exclude minor traffic violations.)

48. Have you ever been arrested or detained by police?  Yes  No. If yes, give details below:  
 Crime Charged \_\_\_\_\_ Police Agency \_\_\_\_\_  
 Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

Crime Charged \_\_\_\_\_ Police Agency \_\_\_\_\_  
Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

49. Have you ever been placed on probation? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, give details below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
50. Have you ever been required to pay a fine in excess of \$25.00? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, give details below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
51. Have you ever been reported as a missing person or as a runaway? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, give complete details, including jurisdiction, dates, and outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
52. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's Mast or company punishment, or any other disciplinary action while a member of the armed forces?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
53. List any disciplinary action taken against you in the National Guard or other reserve unit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
54. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answers will be checked with the F.B.I. and other agencies.  
Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_  
Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_  
Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_
55. Can you operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No
56. Do you possess a valid operator's license from the State of Arkansas? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Operator's License Number \_\_\_\_\_ Date Issued \_\_\_\_\_
57. Do you possess an operator's license issued by any state other than Arkansas? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give state and number. \_\_\_\_\_

58. Was your license ever suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, state which and give reasons: \_\_\_\_\_
59. Was your license ever restored. \_\_\_\_\_ Yes \_\_\_\_\_ No. When? \_\_\_\_\_
60. Have you ever been refused an operator's license by any state? \_\_\_\_\_ Yes \_\_\_\_\_ No.
61. Have your driving privileges ever been restricted? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, give details: \_\_\_\_\_
62. Has a motor vehicle being driven by you ever been involved in an accident? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, give complete details for each accident whether collision or non-collision: \_\_\_\_\_
- Date: \_\_\_\_\_ Police Investigation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Location: \_\_\_\_\_ Cause of Accident \_\_\_\_\_
- Date: \_\_\_\_\_ Police Investigation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Location: \_\_\_\_\_ Cause of Accident \_\_\_\_\_

63. List any convictions for minor traffic violations:

LOCATION	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

**ATTITUDES**

64. What do you consider to be the current social problems of greatest concern?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
65. What are your experiences and beliefs concerning the use of alcoholic beverages?  
 \_\_\_\_\_  
 \_\_\_\_\_

66. What are your experiences and beliefs concerning the use of marijuana and/or other mind altering drugs?

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

67. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

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

CAREER OBJECTIVES

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

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

I hereby certify that all statements made in this questionnaire are true and complete and understand that any misstatements of material facts will subject me to disqualification or dismissal.

\_\_\_\_\_  
Signature in Full

SWORN AND SUBSCRIBED BEFORE ME

\_\_\_\_\_  
NOTARY PUBLIC, THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_,  
MY COMMISSION EXPIRES \_\_\_\_\_.

NOTICE – False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103.