



Orleans County Sheriff's Department

PERSONAL HISTORY QUESTIONNAIRE



APPLICANT NAME: _____

ADDITIONAL PERSONAL AND FAMILY INFORMATION

1. DATE OF BIRTH _____ 2. PLACE OF BIRTH _____
 MONTH DAY YEAR CITY & STATE

3. NAME OF FATHER _____
 LAST FIRST MIDDLE
 HOUSE#/STREET#/APT# CITY STATE ZIP TELEPHONE

4. NAME OF MOTHER _____
 LAST FIRST MIDDLE
 HOUSE#/STREET#/APT# CITY STATE ZIP TELEPHONE

5. IF YOU WERE RAISED BY SOMEONE OTHER THAN YOUR NATURAL PARENTS, GIVE THE FOLLOWING INFORMATION - NAME OF THE PERSON WHO RAISED YOU:

 LAST FIRST MIDDLE
 HOUSE#/STREET#/APT# CITY STATE ZIP TELEPHONE

6. BROTHERS AND SISTERS

GENDER	NAME	AGE	FULL ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. CITIZENSHIP

US CITIZEN _____ YES _____ NO _____ BY BIRTH _____ NATURALIZATION

MARITAL STATUS

8. PRESENT MARITAL STATUS

_____ MARRIED _____ SINGLE _____ DIVORCED _____ WIDOWED _____ SEPARATED

9. MARRIAGE DATA

DATES OF MARRIAGE(S)

PLACE(S) OF MARRIAGE(S)

10. SPOUSES NAME

NAME (INCLUDE MAIDEN NAME)

SSN

DATE OF BIRTH

11. NAME AND ADDRESS OF SPOUSES EMPLOYER

NAME

ADDRESS

CITY, STATE, ZIP

TELEPHONE

YOUR DEPENDENTS

12. CHILDREN AND DEPENDENTS

GENDER

NAME

AGE

FULL ADDRESS

GENDER	NAME	AGE	FULL ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. ARE YOU RECEIVING OR RESPONSIBLE FOR PAYING ANY COURT ORDERED CHILD SUPPORT?

_____ YES _____ NO

TO WHOM PAID

FROM WHOM RECEIVED

AMOUNT PAID/RECEIVED PER MONTH

TO WHOM PAID	FROM WHOM RECEIVED	AMOUNT PAID/RECEIVED PER MONTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL INFORMATION

14. LIST ALL MAJOR OUTSTANDING DEBTS (I.E. MORTGAGES, VEHICLE LOANS, PERSONAL LOANS, CREDIT CARDS, FINANCE COMPANIES, ETC.)

ACCOUNT NUMBER

MONTHLY PMT

PRESENT BALANCE

TO WHOM OWED (NAME & ADDRESS)

ACCOUNT NUMBER	MONTHLY PMT	PRESENT BALANCE	TO WHOM OWED (NAME & ADDRESS)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. HAVE YOU EVER FILED FOR BANKRUPTCY? (IF YES, EXPLAIN BELOW – YEAR AND TYPE OF BANKRUPTCY) ____YES ____NO

16. HAVE YOU EVER BEEN IN DEFAULT RESULTING IN REPOSSESSION? (IF YES, EXPLAIN BELOW) ____YES ____NO

ACADEMIC HISTORY

17. SINCE THE 9TH GRADE, HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL OR COLLEGE FOR ANY ACADEMIC OR DISCIPLINARY REASON? (IF YES, GIVE PERTINENT FACTS (i.e. SCHOOL, DATE, AND TYPE OF ACTION BELOW)

____YES ____NO

ARMED FORCES EXPERIENCE

18. HAVE YOU BEEN REGISTERED WITH THE SELECTIVE SERVICE AS REQUIRED BY LAW? ____YES ____NO

19. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A MILITARY SERVICE? ____YES ____NO

BRANCH	PRIMARY MOS	DATE ENTERED	DATE RELEASED	OFFICER OR ENLISTED?	SERVICE #
--------	-------------	--------------	---------------	----------------------	-----------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

20. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE MILITARY RESERVE? ____YES ____NO

BRANCH	PRIMARY MOS	DATE ENTERED	DATE RELEASED	OFFICER OR ENLISTED?	SERVICE #
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

21. DURING YOUR SERVICE, WERE YOU EVER DISCIPLINED (I.E. WERE YOU EVER COURT MARTIALED [INCLUDING article 15s] OR DID YOU EVER APPEAR BEFORE YOUR COMMANDING OFFICER FOR DISCIPLINARY REASONS? (IF YES, LIST PERTINENT FACTS BELOW)

____YES ____NO

22. IF YOU RECEIVED OTHER THAN AN HONORABLE DISCHARGE, PLEASE LIST THE PERTINENT FACTS BELOW:

23. PRESENT SELECTIVE SERVICE CLASSIFICATION NUMBER:

_____ DATE OF CLASSIFICATION: _____

24. HAVE YOU EVER BEEN DENIED ENTRANCE TO ANY OF THE ARMED FORCES? (IF YES, PLEASE EXPLAIN THE BASIS OF YOUR DENIAL)

___ YES ___ NO

WORK HISTORY

25. HAVE YOU EVER BEEN FIRED FROM EMPLOYMENT FOR ANY REASON? (IF YES, LIST PERTINENT FACTS BELOW)

___ YES ___ NO

26. HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO TERMINATE YOU FOR ANY REASON? (IF YES, LIST PERTINENT FACTS BELOW)

___ YES ___ NO

27. HAVE YOU EVER RESIGNED AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO TAKE ANY FORM OF DISCIPLINARY ACTION AGAINST YOU? (IF YES, LIST PERTINENT FACTS BELOW)

___ YES ___ NO

RESIDENCE DATA

28. LIST YOUR RESIDENCES FOR THE LAST TEN YEARS, INCLUDING YOUR PRESENT LOCAL ADDRESS. GIVE NAMES AND PRESENT ADDRESS OF TWO NEAREST NEIGHBORS IN EACH CASE, OR THE NAMES OF ROOMMATES, FELLOW LODGERS, LANDLORDS OR REALTY COMPANIES (LIST ALL MILITARY ASSIGNMENTS SEPARATELY, TO INCLUDE ASSIGNMENT AND DATES FOR SAME):

DATES (MONTH/YEAR)	ADDRESSES (NUMBER/STREET/CITY/STATE)	NEIGHBORS (NAME/ADDRESS/PHONE #)
FROM:		
TO:		
FROM:		
TO:		
FROM:		
TO:		
FROM:		
TO:		
FROM:		
TO:		
FROM:		
TO:		
FROM:		
TO:		
FROM:		
TO:		

29. IF YOU ARE PRESENTLY RENTING, PLEASE LIST NAME AND ADDRESS OF LANDLORD

NAME	ADDRESS	CITY/STATE/ZIP
TELEPHONE		

DRIVING RECORD

30. INDICATE BELOW ALL TRAFFIC VIOLATIONS OR CITATIONS THAT YOU HAVE RECEIVED. INCLUDE IN YOUR RESPONSE (BUT DO NOT LIMIT TO), SUCH VIOLATIONS AS: SPEEDING, RECKLESS DRIVING, CHANGING LANES WITHOUT CAUTION, DEFECTIVE EQUIPMENT, STOP SIGN VIOLATIONS AND RED LIGHT VIOLATIONS.

DATE	VIOLATION	LOCATION	CHARGING POLICE AGENCY

31. PROVIDE THE INFORMATION REQUESTED BELOW ON ALL DRIVER'S LICENSES WHICH ARE NOW OR HAVE BEEN ISSUED TO YOU FROM ANY STATE (EVEN LICENSES THAT MAY NOW BE EXPIRED OR HAVE BEEN REPLACED BY ANOTHER ISSUING AGENCY OR STATE):

ISSUING STATE	LICENSE NUMBER	EXPIRATION DATE	LICENSE TYPE

32. IS YOUR DRIVER'S LICENSE NOW OR HAS IT EVER BEEN:

- DENIED OR REFUSED YES NO
- SUSPENDED YES NO
- REVOKED YES NO
- SUBJECTED TO ANY OTHER SIMILAR PENALTY OR ACTION YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE, EXPLAIN BELOW:

33. ARE YOUR VEHICLES LICENSE PLATES NOW OR HAVE THEY EVER BEEN:

- DENIED OR REFUSED YES NO
- SUSPENDED YES NO
- REVOKED YES NO
- SUBJECTED TO ANY OTHER SIMILAR PENALTY OR ACTION YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE, EXPLAIN BELOW:

34. HAVE YOU EVER BEEN (ALL INCIDENTS MUST BE INCLUDED EVEN THOUGH THEY WERE DISMISSED OR YOUR FORFEITED COLLATERAL WAS RETURNED. EXCLUDE ANY TRAFFIC VIOLATIONS WHICH WERE PREVIOUSLY NOTED):

- CHARGED BY ANY LAW ENFORCEMENT AUTHORITY YES NO
- CONVICTED OF ANY OFFENSE AGAINST THE LAW YES NO
- SUBJECTED TO FORFEITURE OF COLLATERAL IN CONNECTION WITH AN ARREST YES NO
- PLACED ON PROBATION YES NO
- REQUIRED TO APPEAR BEFORE A JUVENILE COURT FOR AN ACT WHICH WOULD HAVE BEEN A CRIME IF COMMITTED BY AN ADULT YES NO

IF YES TO ANY OF THE ABOVE QUESTIONS, LIST PERTINENT FACTS:

35. ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF IN ANY CIVIL COURT ACTION? YES NO

IF YES, EXPLAIN BELOW:

36. DO YOU NOW OR HAVE YOU IN THE PAST EXPERIMENTED WITH:

LENGTH OF USE

LAST DATE USED

MARIJUANA (IN ANY FORM) YES NO

NARCOTICS (OF ANY KIND) YES NO

COCAINE YES NO

HALLUCINOGENS
(LSD/PCP/MDA, ETC.) YES NO

DANGEROUS DRUGS (OF ANY KIND) YES NO

37. DO YOU DRINK ALCOHOLIC BEVERAGES? YES NO

38. DO YOU BELONG TO ANY ORGANIZATION AND/OR ADHERE TO ANY BELIEF WHICH WOULD IN ANY WAY:

A. LIMIT OR PROHIBIT YOUR USE OF WEAPONS OR FIREARMS? YES NO

B. RESTRICT YOU FROM CONFORMING TO DEPARTMENTAL
STANDARDS OF APPEARANCE AND/OR GROOMING, WHICH MAY
FROM TIME TO TIME BE SET? YES NO

IF YES, EXPLAIN BELOW:

39. ARE YOU A MEMBER OF OR HAVE YOU EVER BEEN A MEMBER OF ANY COMMUNIST OR SUBVERSIVE ORGANIZATION OR ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES, OR DO YOU HAVE MEMBERSHIP IN, OR ANY AFFILIATION WITH ANY GROUP, ASSOCIATION OR ORGANIZATION WHICH ADVOCATES OR LENDS SUPPORT TO ANY ORGANIZATION OR MOVEMENT ADVOCATING TO OVERTHROW OUR CONSTITUTIONAL GOVERNMENT IN THE UNITED STATES?

YES NO

IF SO, GIVE THE NAME OF THE ORGANIZATION AND COMPLETE DETAILS BELOW:

40. HAVE YOU FILED AN APPLICATION OR ARE YOU AWAITING THE RESULTS OF A FILED APPLICATION WITH ANY OTHER POLICE OR LAW ENFORCEMENT AGENCY?

___ YES ___ NO

DEPARTMENT APPLIED WITH	POSITION(S) APPLIED FOR	ACCEPTED OR REJECTED?	REASON FOR REJECTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

41. LIST ALL MEMBERS OF THE ORLEANS COUNTY SHERIFF'S OFFICE WITH WHOM YOU ARE ACQUAINTED:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

CONFIDENTIAL

SIGNATURE PAGE

I consent to taking an employment polygraph, physical and/or psychological examination and such future polygraph, physical and/or psychological exam as may be required by the Orleans County Sheriff's Department.

I authorize a duly authorized agent of the Orleans County Sheriff's Department to contact any of my previous employer(s) and obtain information from them and to further investigate the truthfulness of this information.

I understand further than any false answers, statements or misleading omissions made by me on this personal history statement in connection with the above mentioned investigation and/or any physical examination can be sufficient grounds for my rejection as a candidate for employment.

If information should surface during the early stages of this investigation, which would disqualify me from further consideration, the investigation will be terminated immediately and I will be notified.

I hereby certify that all of the forgoing answers are accurate and true to the best of my knowledge.

Furthermore, I _____, having applied for employment as a sworn officer with the Orleans County Sheriff's Department, hereby authorize and request every physician, school, official and other person, firm, officer, corporation, association, organization or institute having control of any documents, records or other information pertaining to me, permit the Orleans County Sheriff's Department or any other representatives to inspect and make copies of any such documents, records and other information.

I hereby authorize all such persons and entities as set out above to answer inquiries, questions or interrogatories concerning me, which may be submitted to them by the Orleans County Sheriff's Department.

I hereby release and hold harmless every physician, school, official, officer, firm, corporation, association and organization or institute who which complies with the authorization and request herein from all liability.

DATE

SIGNATURE OF APPLICANT

Sworn to and subscribed before me this

_____ Day of _____, 20_____.

NOTARY PUBLIC