



Dexter Police Department

Position applying for: Communicator Police Officer Reserve Police Officer
 Reserve Communicator

Personal

The following information is requested of you for verification and contact purposes:

1. Your Name (Please print or type)			
Last		First	Middle
Other names (including nicknames) you have been known by:			
2. Please list address at which you can be contacted.			
Street		City	State
			Zip Code
3. Please list local telephone number(s) at which you can be contacted.		() _____ - _____ Hrs. you can be contacted:	() _____ - _____ Hrs. you can be contacted:
4. Birthdate		5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such identification?	
(Month)	(Day)	(Year)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Social Security Number		(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)	
-		-	
7. For purposes of identification, please provide the following:			
Height	Weight	Hair Color	Eye Color
Scars, tattoos, or other distinguishing marks			

Relatives and References

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of a police officer or communicator. Inquiries will be confined to job-relevant matters.

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A."		
If living, name of your:	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
Father	() Home () Work () Other	() _____ - _____ () Home () Work () Other
Mother	() Home () Work () Other	() _____ - _____ () Home () Work () Other
Father-In-Law	() Home () Work () Other	() _____ - _____ () Home () Work () Other
Mother-In-Law	() Home () Work () Other	() _____ - _____ () Home () Work () Other
Spouse	() Home () Work () Other	() _____ - _____ () Home () Work () Other
Former Spouse(s)	() Home () Work () Other	() _____ - _____ () Home () Work () Other

Relatives and References Continued

If living, name of your:	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
Brother(s) and Sister(s)	() Home () Work () Other	() _____ - _____ () Home () Work () Other
	() Home () Work () Other	() _____ - _____ () Home () Work () Other
	() Home () Work () Other	() _____ - _____ () Home () Work () Other
Step-mother	() Home () Work () Other	() _____ - _____ () Home () Work () Other
Step-father	() Home () Work () Other	() _____ - _____ () Home () Work () Other
Step-Brother(s) and Sister(s)	() Home () Work () Other	() _____ - _____ () Home () Work () Other
	() Home () Work () Other	() _____ - _____ () Home () Work () Other
	() Home () Work () Other	() _____ - _____ () Home () Work () Other
Other relatives you have a close personal relationship (Including children)		
Relationship-	() Home () Work () Other	() _____ - _____ () Home () Work () Other
Relationship-	() Home () Work () Other	() _____ - _____ () Home () Work () Other
Relationship-	() Home () Work () Other	() _____ - _____ () Home () Work () Other
Relationship-	() Home () Work () Other	() _____ - _____ () Home () Work () Other
Relationship-	() Home () Work () Other	() _____ - _____ () Home () Work () Other
9. Below, please list those individuals with whom you have resided during the last 10 years.		
(list no information prior to your 15th birthday) Exclude Family members.		
	() Home () Work () Other	() _____ - _____ () Home () Work () Other
	() Home () Work () Other	() _____ - _____ () Home () Work () Other
	() Home () Work () Other	() _____ - _____ () Home () Work () Other
	() Home () Work () Other	() _____ - _____ () Home () Work () Other
	() Home () Work () Other	() _____ - _____ () Home () Work () Other
	() Home () Work () Other	() _____ - _____ () Home () Work () Other
	() Home () Work () Other	() _____ - _____ () Home () Work () Other

Relatives and References Continued

10. In the space below, please list as a reference 3-5 individuals who have knowledge of you and your qualifications.
Exclude relatives and former employers.

Name	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
	() Home () Work () Other	() _____ - _____ () Home () Work () Other
	() Home () Work () Other	() _____ - _____ () Home () Work () Other
	() Home () Work () Other	() _____ - _____ () Home () Work () Other
	() Home () Work () Other	() _____ - _____ () Home () Work () Other
	() Home () Work () Other	() _____ - _____ () Home () Work () Other

Education

11. The commission on Police Officer Standards and Training requires a police officer to possess a U.S. high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

- I possess a high school diploma from a U.S. Institution.
 I passed the G.E.D. (General Education Development) test.
 I passed the California High School Proficiency Examination.
 I possess a two-year college degree.
 I possess a four-year college or university degree.
 I do not have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:

When:

How:

12. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted in conjunction with a review of your school records.

Name of School	Location of School (City & State)	Dates Attended		School References (Teachers, counselors, etc.)
		From Month/Year	To Month/Year	

Education Continued

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and four-year colleges, universities, business and vocational schools - any formal education beyond high school level.)

Yes No

If "yes," please explain (Include school, date, and circumstances). _____

Residence

Individuals who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for the background investigation.

14. Please list all of your residences during the last 10 years (List no information prior to your 15th birthday).

Begin with your current residence.

Address of Residence	City, State & Zip Code	Dates Attended		If rented, give name & address of the land lord.
		From Month/Year	To Month/Year	

Experience and Employment

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, volunteer work should be included as employment.) For identification and verification, please indicate the nature of the activity; i.e., full-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of employment From To Month/Year Month/Year / / _____ _____ Full-time Part-time Voluntary	Name and address of employer Telephone No. () _____ - _____	Name of supervisor Name(s) of co-worker(s)
Title or duties (for identification purposes)		

Reason for leaving

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed	Mo. Yr. Mo. Yr. From / / To / /
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Dates of employment From To Month/Year Month/Year / / _____ _____ Full-time Part-time Voluntary	Name and address of employer Telephone No. () _____ - _____	Name of supervisor Name(s) of co-worker(s)
Title or duties (for identification purposes)		

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Title or duties (for identification purposes)		

Reason for leaving

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed	Mo. Yr. Mo. Yr. From / / To / /
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Title or duties (for identification purposes)		

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<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed	Mo. Yr. Mo. Yr. From / / To / /
---	---------------------------------------	--

Dates of employment From To Month/Year Month/Year / / _____ _____ Full-time Part-time Voluntary	Name and address of employer Telephone No. () _____ - _____	Name of supervisor Name(s) of co-worker(s)
Title or duties (for identification purposes)		

Reason for leaving

Experience and Employment continued

Dates of employment From To Month/Year Month/Year / / Full-time Part-time Voluntary	Name and address of employer <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> Telephone No. () - _____ </div>	Name of supervisor Name(s) of co-worker(s)
Title or duties (for identification purposes)		
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Mo. Yr. To Mo. Yr. _____ / _____ _____ / _____
Dates of employment From To Month/Year Month/Year / / Full-time Part-time Voluntary	Name and address of employer <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> Telephone No. () - _____ </div>	Name of supervisor Name(s) of co-worker(s)
Title or duties (for identification purposes)		
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Mo. Yr. To Mo. Yr. _____ / _____ _____ / _____
Dates of employment From To Month/Year Month/Year / / Full-time Part-time Voluntary	Name and address of employer <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> Telephone No. () - _____ </div>	Name of supervisor Name(s) of co-worker(s)
Title or duties (for identification purposes)		
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Mo. Yr. To Mo. Yr. _____ / _____ _____ / _____
Dates of employment From To Month/Year Month/Year / / Full-time Part-time Voluntary	Name and address of employer <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> Telephone No. () - _____ </div>	Name of supervisor Name(s) of co-worker(s)
Title or duties (for identification purposes)		
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Mo. Yr. To Mo. Yr. _____ / _____ _____ / _____
16. Would any problem result if your present employer was contacted during the background investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," when should such contact be made?		
17. If you have had no prior employment, please explain in the space below.		
_____ _____ _____ _____		

Experience and Employment Continued

18. Have you had any extended work absences for reasons other than earned vacation? If "yes," please explain (Include when, name of employer, why).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Have you ever been fired or asked to resign from any place of employment? If "yes," please give details (Include when, where, circumstances).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Have you ever been a candidate for another position requiring police officer powers? If "yes," please give details (Including when, name of agency, circumstances)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Military Service

21. If you are a male under the age of 26, please provide the following:

Selective Service Number	Approximate Date of Registration	Address at Time of Registration	
22. Have you ever served in the armed forces, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "yes," please supply the following information:			
Branch of Service	Service Number	Dates of Service ___ / ___ To ___ / ___	Type of Discharge
23. Are you currently participating in any military reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "yes," please give details (Include branch of service, when, where, circumstances).			

25. Past commanding officers or 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	Contact Address	Contact Telephone	Years Known	
			From	To

Legal

33. If you have ever been arrested or convicted of any crime (excluding traffic citations), please give the following information:

Approx. Date	Police Agency	Circumstances

34. Have you ever been placed on court probation as an adult? Yes No
 If "yes," please give details (Include when, where, why).

35. Were you ever 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," please give details (Include when, where, why).

36. Have you ever been reported to a law enforcement agency as a missing person or a runaway? Yes No
 If "yes," please give details (Include date, law enforcement agency, circumstances).

Motor Vehicle Operation

42. Please list all traffic citations (excluding parking citations) you have received within the last 5 years.

Nature of Violation	Location (City)	Approximate Date	Indicate whether fined or action taken on driver's license

43. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years? Yes No
 If "yes," please give details for each accident.

Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
44. If there is anything you wish to discuss about your driving record, please use the space below.			
45. Has your license ever been suspended, revoked, or placed on negligent operator's probation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "yes," please give details (Include what, when, where, why).			

General Information

46. Have you ever been refused insurance for any reason other than failure to pay a premium? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," please explain (Include company name and address, date, reason).	
47. Have you ever applied for a permit to carry a concealed weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," please provide the following information	
Permit Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Name of law enforcement agency	
Purpose	

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.	
Signature in full	Date completed