

# TIGARD POLICE DEPARTMENT

## Statement of Personal History



This form must be typed or legibly handwritten in ink. All questions must be answered completely and accurately. All statements in this questionnaire are subject to verification. If space provided is inadequate, add a supplemental sheet to the back of this form and identify additional information by block number.

You **INCREASE** your chances of being hired for this position by answering all questions completely and accurately.

You **REDUCE** your chances of being hired for this position by not answering all questions completely and accurately.

Be sure to include the **zip codes** with **EVERY** address entered.

If you have been fired from a job, have a criminal record, or other derogatory aspects of your life, these items in themselves, may not keep you from being accepted. **However, the intentional omission or falsification of any items will cause your application to be rejected. No matter how qualified you are in other respects, you cannot be hired for this position if your truthfulness is in doubt.**

For this reason, we encourage you to be open and straightforward as you respond to this questionnaire and in all your dealings with the Tigard Police Department.

**TIGARD POLICE DEPARTMENT**

## **STATEMENT OF PERSONAL HISTORY SUPPLEMENTAL INFORMATION**

Dear Applicant:

Please submit the items listed below with your Statement of Personal History to help speed up the background investigation process. We are aware you may not be able to collect all of the information before the due date of the Statement of Personal History, but please provide as much information as possible. You will eventually need to provide all of the documents listed as part of your background investigation. Please provide us with copies and make sure you keep the original documents for verification.

### **REQUIRED DOCUMENTS:**

- 1) Copy of your birth certificate
- 2) Copy of your high school transcript
- 3) Copy of your high school diploma or G.E.D.
- 4) Copies of all degrees obtained after high school
- 5) Copies of current automobile liability insurance
- 6) Copy of selective service registration letter or DD214
- 7) Copy of marriage certificate (if applicable)
- 8) Copy of all civil judgments (including divorce decrees)

If and when you are called for an interview, you will need to provide some additional information. The investigator should remind you of these documents. **DO NOT COLLECT OR SEND THIS INFORMATION UNTIL YOU ARE REQUIRED TO DO SO BY YOUR INVESTIGATOR.**

### **ADDITIONAL DOCUMENTS REQUIRED:**

- 1) College transcripts. All transcripts of all schools attended after high school. These transcripts should be official transcripts and mailed directly to the investigator.
- 2) Copies of your driver's license and social security card. Bring these with you to your appointment and the investigator will make copies.

# PERSONAL HISTORY STATEMENT

**1. PERSONAL PROFILE**

(If you answer any of the below listed questions as "YES", please explain those answers fully on a separate sheet and attach it to the back of this form. Provide us with the circumstances, dates, and details for your explanations.)

HAVE YOU EVER: (please check either yes or no)	YES	NO
Used (other than prescribed to you by a licensed physician), sold, possessed or otherwise distributed a narcotic or other illegal drug ( <i>in any form</i> )?  <i>EXAMPLES:</i> Cocaine, "Meth", other Amphetamines, Heroin, Methadone, Steroids, Ritalin, Soma, Oxycontin, Hydrocodone, Codeine, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Used (other than prescribed to you by a licensed physician), sold, possessed or otherwise distributed a hallucinogenic drug ( <i>in any form</i> )?  <i>EXAMPLES:</i> Marijuana, Hashish, LSD, PCP, Psilocybin Mushrooms, Ecstasy, GHB etc.	<input type="checkbox"/>	<input type="checkbox"/>
Been convicted of a felony or any other domestic violence related offense?	<input type="checkbox"/>	<input type="checkbox"/>
Been discharged from any position for failing to pass a probationary period, or for any other reason?	<input type="checkbox"/>	<input type="checkbox"/>

**DO YOU:** (please check either yes or no)

Habitually use alcohol, marijuana, or any non-narcotic drug? If yes, please describe drug and usage (how much, how often)	<input type="checkbox"/>	<input type="checkbox"/>
Have the requirements specified for a Tigard, Oregon police employee?	<input type="checkbox"/>	<input type="checkbox"/>
Are you now using any type of prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>
Is there anything in your life that may reflect upon your suitability to or ability to perform the duties which you may be called upon to take or is there anything in your life that requires further explanation? (If answered in the affirmative, explain fully on a supplemental sheet).	<input type="checkbox"/>	<input type="checkbox"/>

Why do you want to be hired for this position? (**Explain in full on supplemental sheet**).

The preceding facts set forth in my application for employment are true and complete. I understand that if, during the selection or employment process, it is determined that false statements were made on this application, that this shall be considered sufficient cause for rejection. I hereby authorize you to make any investigation of my personal history, financial and credit records through an investigative or credit agency or agencies or bureaus of your choice. In making this application for employment, I also understand that an investigative report may be made whereby information is obtained through personal contact with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. These facts will be kept confidential by the Tigard Police Department and the City of Tigard.

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The applicant appeared before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and acknowledged this release to be a voluntary act.

\_\_\_\_\_  
Notary Public for the State of Oregon

My commission expires \_\_\_\_\_

# PERSONAL HISTORY STATEMENT

## Personal

The following information is requested of you for verification and contact purposes  
**(PLEASE TYPE or PRINT CLEARLY the process is dependent on legibility):**

1. Name: \_\_\_\_\_  
Last First Middle (full)

Other names (including nicknames) you have used or been known by: \_\_\_\_\_

2. Please list the address at which you currently reside:

\_\_\_\_\_  
Address City State Zip Code

List other addresses at which you can be contacted:

\_\_\_\_\_  
Address City State Zip Code

3. Please list the local phone numbers where you can be contacted:

( ) \_\_\_\_\_ Hours available: \_\_\_\_\_ (Home)  
( ) \_\_\_\_\_ Hours available: \_\_\_\_\_ (Work)  
( ) \_\_\_\_\_ Hours available: \_\_\_\_\_ (Other)

4. Please include your email address: \_\_\_\_\_

5. 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.)

6. Birth date \_\_\_\_\_ Birth place \_\_\_\_\_  
Month/Day/Year City, State

7. For the purpose of identification, please provide the following:

Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

8. Scars, tattoos, or other distinguishing marks: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT

## Relatives, References, Acquaintances

**During the course of the investigation, persons who know you will be asked to comment on your suitability for the position you are applying for. 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 the form does not supply enough room, write the names of these additional people and attach them to the end of the Personal History Statement.

If living, the name of your:

### **Father**

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Occupation

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

### **Mother**

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Occupation

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

### **Father-in-Law**

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Occupation

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_



# PERSONAL HISTORY STATEMENT

**Sibling**

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Occupation

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Sibling**

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Occupation

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Step Father**

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Occupation

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Step Mother**

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Occupation

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Step Sibling**

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Occupation

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

# PERSONAL HISTORY STATEMENT

## Step Sibling

_____		
Last, First, M.I.	DOB	Occupation
Home Address _____		
Work Address _____		
Home Phone _____	Work Phone _____	

## Other relatives with whom you have a close personal relationship (including children):

Name _____		
Last, First, M.I.	DOB	Relationship
Home Address _____		
Work Address _____		
Home Phone _____	Work Phone _____	

Name _____		
Last, First, M.I.	DOB	Relationship
Home Address _____		
Work Address _____		
Home Phone _____	Work Phone _____	

Name _____		
Last, First, M.I.	DOB	Relationship
Home Address _____		
Work Address _____		
Home Phone _____	Work Phone _____	











# PERSONAL HISTORY STATEMENT

10. Please list 3 to 5 individuals who are social acquaintances (i.e. persons whom you have seen frequently during the past year) and have knowledge of you and your qualifications. Exclude relatives and former employers.

**Name** \_\_\_\_\_  
Last First M.I.

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_  
(Include name of employer)

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

**Name** \_\_\_\_\_  
Last First M.I.

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_  
(Include name of employer)

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

**Name** \_\_\_\_\_  
Last First M.I.

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_  
(Include name of employer)

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

# PERSONAL HISTORY STATEMENT

**Name** \_\_\_\_\_  
Last First M.I.

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_  
(Include name of employer)

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

**Name** \_\_\_\_\_  
Last First M.I.

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_  
(Include name of employer)

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

## Education

11. This Department requires a police officer to possess a 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

I passed the G.E.D. test

I possess other equivalent. Explain: \_\_\_\_\_

I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:

When: \_\_\_\_\_

How: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT

12. Please indicate below all of the schools, colleges, and universities you have attended beginning with high school. During the Background Investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts. If the form does not provide enough room, attach additional information to the end of the Personal History Statement.

**Name of School** \_\_\_\_\_

Location (City & State) \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_

School references (teachers, counselors, etc.) \_\_\_\_\_

**Name of School** \_\_\_\_\_

Location (City & State) \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_

School references (teachers, counselors, etc.) \_\_\_\_\_

**Name of School** \_\_\_\_\_

Location (City & State) \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_

School references (teachers, counselors, etc.) \_\_\_\_\_

**Name of School** \_\_\_\_\_

Location (City & State) \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_

School references (teachers, counselors, etc.) \_\_\_\_\_

\_\_\_\_\_

# PERSONAL HISTORY STATEMENT

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

Yes                       No

If "Yes" please explain (include school name, date, and circumstances): \_\_\_\_\_

## Experience and Employment

14. Beginning with your **current** employer, please list all jobs (including part-time, temporary, and volunteer positions) you have held in the past 10 years. Please indicate whether the activity was full-time, part-time, or volunteer. If you had intervening periods of military service, or unemployment, please list those periods in sequence in the spaces provided. If the form does not supply enough room, please attach additional employment information at the end of the Personal History Statement. State reasons for leaving each place of employment, including any present employer in the space provided. Please supply both work and home phone numbers (when possible) of all people listed, and list as many as you can recall.

From: _____ Month/Year	To: _____ Month/Year	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Unemployed
Name/Address/Phone Number of employer:		
Title and duties:		
Name of supervisor:		
Name/phone numbers of co-workers:		
1. Name:	Home #	Work #
2. Name:	Home #	Work #
3. Name:	Home #	Work #
4. Name:	Home #	Work #
Reason(s) for leaving:		

# PERSONAL HISTORY STATEMENT

From: _____ Month/Year	To: _____ Month/Year	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Unemployed
Name/Address/Phone Number of employer:		
Title and duties:		
Name of supervisor:		
Name/phone numbers of co-workers:		
1. Name:	Home #	Work #
2. Name:	Home #	Work #
3. Name:	Home #	Work #
4. Name:	Home #	Work #
Reason(s) for leaving:		

From: _____ Month/Year	To: _____ Month/Year	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Unemployed
Name/Address/Phone Number of employer:		
Title and duties:		
Name of supervisor:		
Name/phone numbers of co-workers:		
1. Name:	Home #	Work #
2. Name:	Home #	Work #
3. Name:	Home #	Work #
4. Name:	Home #	Work #
Reason(s) for leaving:		

# PERSONAL HISTORY STATEMENT

From: _____ Month/Year	To: _____ Month/Year	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Unemployed
Name/Address/Phone Number of employer:		
Title and duties:		
Name of supervisor:		
Name/phone numbers of co-workers:		
1. Name:	Home #	Work #
2. Name:	Home #	Work #
3. Name:	Home #	Work #
4. Name:	Home #	Work #
Reason(s) for leaving:		

From: _____ Month/Year	To: _____ Month/Year	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Unemployed
Name/Address/Phone Number of employer:		
Title and duties:		
Name of supervisor:		
Name/phone numbers of co-workers:		
1. Name:	Home #	Work #
2. Name:	Home #	Work #
3. Name:	Home #	Work #
4. Name:	Home #	Work #
Reason(s) for leaving:		

# PERSONAL HISTORY STATEMENT

From: _____ Month/Year	To: _____ Month/Year	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Unemployed
Name/Address/Phone Number of employer:		
Title and duties:		
Name of supervisor:		
Name/phone numbers of co-workers:		
1. Name:	Home #	Work #
2. Name:	Home #	Work #
3. Name:	Home #	Work #
4. Name:	Home #	Work #
Reason(s) for leaving:		

From: _____ Month/Year	To: _____ Month/Year	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Unemployed
Name/Address/Phone Number of employer:		
Title and duties:		
Name of supervisor:		
Name/phone numbers of co-workers:		
1. Name:	Home #	Work #
2. Name:	Home #	Work #
3. Name:	Home #	Work #
4. Name:	Home #	Work #
Reason(s) for leaving:		

# PERSONAL HISTORY STATEMENT

15. Please list 3 to 5 professional references – individuals who have knowledge of you and your qualifications. Exclude relatives, friends, and anyone already listed in another category. List the occupation of each reference following their name.

**Name** \_\_\_\_\_  
Last, First M.I. Occupation Years Known

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

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

**Name** \_\_\_\_\_  
Last, First M.I. Occupation Years Known

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

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

**Name** \_\_\_\_\_  
Last, First M.I. Occupation Years Known

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

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

**Name** \_\_\_\_\_  
Last, First M.I. Occupation Years Known

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

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

# PERSONAL HISTORY STATEMENT

Name \_\_\_\_\_  
Last, First M.I. Occupation Years Known

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

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

16. Would any problem result if your present employer was contacted during the course of the Background Investigation?

Yes If "yes" why: \_\_\_\_\_

No If "no" when can contact be made? \_\_\_\_\_

17. If you have no prior employment, please explain in the space below:

\_\_\_\_\_

18. Have you had any extended work absences for reasons other than earned vacations?

Yes  No If "yes" please give details (include when, where, and circumstances):

\_\_\_\_\_

19. Have you ever been fired or asked to resign from any place of employment?

Yes  No If "yes" please give details (include when, where, and circumstances):

\_\_\_\_\_

# PERSONAL HISTORY STATEMENT

## THIS QUESTION FOR POLICE OFFICER APPLICANTS ONLY:

20. Have you every applied for employment with any government agency (local, state, federal); are you on a current hiring list; or have had a background investigation started by an agency you've applied with?  Yes  No If "yes" please give details (include when, name of agency, circumstances):
- 

### Military Service

21. Have you ever served in the Armed Forces, National Guard, or military reserves? **(Include DD 214 with application)**

Yes  No If "yes" please supply the following information:

Branch of Service \_\_\_\_\_ Service Number \_\_\_\_\_

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

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

Military Job Description \_\_\_\_\_

22. Are you currently participating in any military reserve or National Guard Program?  
 Yes  No If "yes" please give details (include branch of service, when, where, circumstances):
-

# PERSONAL HISTORY STATEMENT

23. 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** \_\_\_\_\_  
Last First M.I.

Contact Address \_\_\_\_\_

Contact Phone \_\_\_\_\_

Years Known: From \_\_\_\_\_ To \_\_\_\_\_

**Name** \_\_\_\_\_  
Last First M.I.

Contact Address \_\_\_\_\_

Contact Phone \_\_\_\_\_

Years Known: From \_\_\_\_\_ To \_\_\_\_\_

**Name** \_\_\_\_\_  
Last First M.I.

Contact Address \_\_\_\_\_

Contact Phone \_\_\_\_\_

Years Known: From \_\_\_\_\_ To \_\_\_\_\_

# PERSONAL HISTORY STATEMENT

**Financial**

24. The management of personal finances is relevant to an individual's qualifications for a position as a Public Safety Employee. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

CURRENT MONTHLY INCOME		CURRENT MONTHLY EXPENDITURES	
Monthly salary	\$	Real Estate (mortgage) payment (s)	\$
Spouse's salary		Rent	
Other monthly income - describe:		Other monthly payments - describe:	
		Estimated monthly cost of living (include utilities, food, gasoline, home/car maintenance, entertainment, etc.) and any other obligations	
<b>Total Monthly Income:</b>	<b>\$</b>	<b>Total Monthly Expenditures:</b>	<b>\$</b>
CURRENT ASSETS		CURRENT LIABILITIES	
Savings	\$	Real Estate Indebtedness	\$
Checking		Long-term Loans	
Real Estate		Charge Accounts	
Stocks and Bonds		Other Liabilities - describe:	
Life Insurance (cash value of whole life policy)			
Autos			
Other Assets - describe:			
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>

# PERSONAL HISTORY STATEMENT

25. Please supply more detailed information about your charge accounts, contracts, or other financial liabilities:

<u>Firm Name</u>	<u>Address</u>	<u>Account #</u>

26. Have any of your bills been turned over to a collection agency?  Yes  No  
If "Yes" please give details (include when, firm, circumstances):

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27. Have you ever had purchased goods repossessed?  Yes  No  
If "Yes" please give details (include when, firm, circumstances):

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28. Have your wages ever been garnished?  Yes  No  
If "Yes" please give details (include when, where, why):

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29. Have you ever been delinquent on income or other tax payments?  Yes  No  
If "Yes" please give details (include when, where, why):

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# PERSONAL HISTORY STATEMENT

## Legal

30. If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information: (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question. Please see the INSTRUCTION PAGE for a detailed guide.) If additional room is needed for a detailed explanation of the circumstances, please attach them to the end of the Personal History Statement.

<u>Approximate Date</u>	<u>Police Agency</u>	<u>Charge</u>	<u>Circumstance</u>
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31. Have you ever been placed on probation or parole as an adult?  Yes  No  
If "Yes" please give details. If the record has been expunged, you do not need to answer.

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32. 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. If the record has been expunged, you do not need to answer.

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33. Are you now, or have you ever been involved as a plaintiff or defendant in any civil court action, including divorce?  Yes  No If "Yes" please give details (include when, where, name and location of the court, and the circumstances).

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# PERSONAL HISTORY STATEMENT

## Motor Vehicle Operation

34. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

State in which you currently have a valid driver's license: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name under which the license was granted: \_\_\_\_\_

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

State	Name under which license was granted
_____	_____
_____	_____
_____	_____

36. Please list the following for all vehicles you own or regularly drive:

Make	Year	Model	License Plate #	Registered Owner

37. Many states required that operators and owners of motor vehicles be covered by automobile liability insurance or bond or other satisfactory proof of financial responsibility. Therefore, please list the current liability insurance you have with your motor vehicles.

Company	Address	Policy No.	Expiration Date

Bond

Other proof of financial responsibility

# PERSONAL HISTORY STATEMENT

38. Please list all traffic citations (exclude parking citations) you have received in the last ten (10) years.

Nature of Violation	Location (City)	Approx. Date	Indicate whether fined or action taken on DL

39. Have you been involved as a driver in a motor vehicle accident within the past 7 years?  
 Yes    No   If "yes", please give details for each accident:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Police Investigation?    Yes    No                       Injury    Non-Injury

Police Agency involved: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Police Investigation?    Yes    No                       Injury    Non-Injury

Police Agency involved: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Police Investigation?    Yes    No                       Injury    Non-Injury

Police Agency involved: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Police Investigation?    Yes    No                       Injury    Non-Injury

Police Agency involved: \_\_\_\_\_

40. If there is additional pertinent information regarding your driving record, please use the space below:

\_\_\_\_\_

# PERSONAL HISTORY STATEMENT

41. Has your license ever been canceled, suspended, revoked, or placed on negligent operator's probation in any state?  Yes  No

If "yes", please give details (include what, when, where, why):  
\_\_\_\_\_

## General Information

42. Have you ever been refused vehicle insurance for any reason other than failure to pay premium?  Yes  No

If "yes", please give details (include company name and address, date, and reason):  
\_\_\_\_\_

43. Have you ever applied for a permit to carry a concealed weapon?  Yes  No  
If "yes", please supply the following information:

Permit granted?  Yes  No Date: \_\_\_\_\_

Law Enforcement Agency issuing permit: \_\_\_\_\_

Purpose: \_\_\_\_\_

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**I hereby certify that all statements made in this Personal History Statement are true and complete, and I understand that any mis-statement of material facts will subject me to disqualification or dismissal.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## TIGARD POLICE DEPARTMENT

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\_\_\_\_\_  
Last Name, First Name, Middle Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Place of Birth: City, County, State, Country

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

I, \_\_\_\_\_, state that I have applied for a position with the Tigard Police Department and do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Tigard Police Department, whether the said records are of public, private or confidential nature.

This authorization constitutes my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and saving accounts, and loans public utility companies, employment and pre-employment records (other than consumer or credit reports), including background reports, efficiency ratings, complaints or grievances filed against me and all documentation related to such complaints, and salary records; real and personal property tax statements and records, and other financial statements wherever filed; records of complaint, arrest (which may or may not be relevant depending on all the circumstances), trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me or another person in any case in which I presently have or have had an interest.

My intent in providing this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Tigard Police Department to consider in determining my suitability for employment by the department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Tigard Police Department. I understand that all materials pertaining to this background investigation become the property of the Tigard Police Department and will not be returned to me. I also waive any right I may have to review information compiled concerning me and authorize the Tigard Police Department to promise confidentiality to those who are contacted.

This authorization does not apply to any consumer report (as that term is used in the Fair Credit Reporting Act) and is to be interpreted as being consistent with the Fair Credit Reporting Act.

**I AGREE TO INDEMNIFY AND HOLD HARMLESS ANY PERSON TO WHOM THIS REQUEST IS PRESENTED AND HIS/HER AGENT AND EMPLOYEES, FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST. I FURTHER UNDERSTAND THAT THE SOURCES OF CONFIDENTIAL INFORMATION CANNOT BE REVEALED TO ME, AND REQUEST THAT ANYONE PRESENTED WITH A COPY OF THIS RELEASE CANDIDLY AND CONFIDENTIALLY ANSWER ANY QUESTION ASKED ABOUT ME BY A TIGARD POLICE DEPARTMENT REPRESENTATIVE.**

<b>MUST BE SIGNED IN THE PRESENCE OF A NOTARY</b>
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A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. This release shall remain valid for twelve (12) months from the date I sign it.

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The applicant appeared before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and acknowledged this release to be a voluntary act.

\_\_\_\_\_  
Notary Public for the State of Oregon

My commission expires \_\_\_\_\_

## TIGARD POLICE DEPARTMENT

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\_\_\_\_\_  
Last Name, First Name, Middle Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Place of Birth: City, County, State, Country

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

### NOTICE

A consumer report may be obtained on you for employment purposes; it may be an "investigative consumer report" that includes information as to your character, general reputation, personal characteristics, and mode of living. You have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends and associations.

### AUTHORIZATION

I, \_\_\_\_\_, authorize the City of Tigard Police Department and any of its agents to obtain one or more consumer reports on me, including investigative consumer reports as described above.

<b>MUST BE SIGNED IN THE PRESENCE OF A NOTARY</b>
---

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