

TIGARD POLICE DEPARTMENT

Statement of Personal History EXPLORER / INTERN / VOLUNTEER / SEASONAL



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.

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"/>

What position are you applying for: Explorer ___ Intern ___ Volunteer ___ Seasonal ___

Please write a brief statement explaining why you want to be placed in this position? **(Use supplemental sheets as needed).**

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 _____

Spouse

_____ Last, First M.I. _____ DOB _____ Occupation

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____

9. 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 _____

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

10. 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.) _____

11. 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

12. Beginning with your **current** employer, please list your last 3 places of employment. Jobs (including part-time, temporary, and volunteer positions) indicate whether the activity was full-time, part-time, or volunteer. 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:			

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:		

14. 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? _____

15. 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):

Legal

16. 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.

Approximate
Date

Police Agency

Charge

Circumstance

17. 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.

18. 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.

Motor Vehicle Operation

19. 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: _____

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

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

21. 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

22. Have you been involved as a driver in a motor vehicle accident within the past 5 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: _____

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

24. 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):

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 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.

Signature of Applicant

Date

Subscribed and sworn to before me on the ____ day of _____, 20__

Notary Public for the State of Oregon

If you are under the age of 18 the signature of a parent or guardian is required.

By signing below you authorize the Tigard Police to take your child's fingerprints and photographs for employment purposes with the Tigard Police Department.

Printed name of parent

Signature of Parent

Date

Subscribed and sworn to before me on the ____ day of _____, 20__

Notary Public for the State of Oregon

**AUTHORIZATION TO RELEASE INFORMATION
(Personal Inquiry Waiver)**

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the Tigard Police Department with any and all information that you may have concerning me, my employment (work) and educational records, my reputation, and my financial and credit status. Please include any and all medical, physical and mental records and reports, including all information of a confidential or privileged nature, and photocopies of same, if possible. Your cooperation in this reply will be used to assist the police in determining my qualifications and fitness for the position I am seeking with the Tigard Police Department.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested.

Applicant's Signature

Date

Subscribed and sworn to before me on this ____ day of _____, 20 ____.

Notary Public for State of Oregon

Parent's signature is required if you are under the age of 18. Both signatures must be notarized.

Parent name printed: _____

Parent's Signature

Date

Subscribed and sworn to before me on this ____ day of _____, 20 ____.

Notary Public for State of Oregon

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your files.