

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

9. Names of Spouse or Fiancée \_\_\_\_\_

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: \_\_\_\_\_

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**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:**

17. List your parents, brothers and sisters:

	NAME	ADDRESS	TELE-PHONE
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>
<hr/>			
<hr/>			

**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.

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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.

27. List Credit References:

Name of Firm	<input style="width: 95%;" type="text"/>	Amount Owed	<input style="width: 95%;" type="text"/>
Street Address	<input style="width: 95%;" type="text"/>	City and State	<input style="width: 95%;" type="text"/>
Name of Firm	<input style="width: 95%;" type="text"/>	Amount Owed	<input style="width: 95%;" type="text"/>
Street Address	<input style="width: 95%;" type="text"/>	City and State	<input style="width: 95%;" type="text"/>
Name of Firm	<input style="width: 95%;" type="text"/>	Amount Owed	<input style="width: 95%;" type="text"/>
Street Address	<input style="width: 95%;" type="text"/>	City and State	<input style="width: 95%;" type="text"/>
Name of Firm	<input style="width: 95%;" type="text"/>	Amount Owed	<input style="width: 95%;" type="text"/>
Street Address	<input style="width: 95%;" type="text"/>	City and State	<input style="width: 95%;" type="text"/>
Name of Firm	<input style="width: 95%;" type="text"/>	Amount Owed	<input style="width: 95%;" type="text"/>
Street Address	<input style="width: 95%;" type="text"/>	City and State	<input style="width: 95%;" type="text"/>
Name of Firm	<input style="width: 95%;" type="text"/>	Amount Owed	<input style="width: 95%;" type="text"/>
Street Address	<input style="width: 95%;" type="text"/>	City and State	<input style="width: 95%;" type="text"/>
Name of Firm	<input style="width: 95%;" type="text"/>	Amount Owed	<input style="width: 95%;" type="text"/>
Street Address	<input style="width: 95%;" type="text"/>	City and State	<input style="width: 95%;" type="text"/>
Name of Firm	<input style="width: 95%;" type="text"/>	Amount Owed	<input style="width: 95%;" type="text"/>
Street Address	<input style="width: 95%;" type="text"/>	City and State	<input style="width: 95%;" type="text"/>

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:	<input type="text"/>			Name and title of supervisor	<input type="text"/>		
Date Separated:	<input type="text"/>			No. employees supervised by you:	<input type="text"/>		
Full-time	Yrs.	<input type="text"/>	Mos.	Employer	<input type="text"/>		
Part-time	Yrs.	<input type="text"/>	Mos.	Address			
				Duties			
If Part-time, # of hours worked per week: <input type="text"/>				Reason for leaving:	<input type="text"/>		

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

Date Employed:	<input type="text"/>			Name and title of supervisor	<input type="text"/>		
Date Separated:	<input type="text"/>			No. employees supervised by you:	<input type="text"/>		
Full-time	Yrs.	<input type="text"/>	Mos.	Employer	<input type="text"/>		
Part-time	Yrs.	<input type="text"/>	Mos.	Address			
				Duties			
If Part-time, # of hours worked Per week: <input type="text"/>				Reason for leaving:	<input type="text"/>		

C. Title of next position  Starting Salary  Last Salary

Date Employed:	<input type="text"/>			Name and title of supervisor	<input type="text"/>		
Date Separated:	<input type="text"/>			No. employees supervised by you:	<input type="text"/>		
Full-time	Yrs.	<input type="text"/>	Mos.	Employer	<input type="text"/>		
Part-time	Yrs.	<input type="text"/>	Mos.	Address			
				Duties			
If Part-time, # of hours worked Per week: <input type="text"/>				Reason for leaving:	<input type="text"/>		

D. Title of next position \_\_\_\_\_

Starting Salary

Last Salary

Date Employed:				<input type="text"/>			
Date Separated:				<input type="text"/>			
Full-time	Yrs.	<input type="text"/>	Mos.	<input type="text"/>			
Part-time	Yrs.	<input type="text"/>	Mos.	<input type="text"/>			
If Part-time, # of hours worked Per week:				<input type="text"/>			

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				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High School				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College or University				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 FBI and other agencies.

Agency _____	Date <input type="text"/>	Purpose <input type="text"/>
Agency <input type="text"/>	Date <input type="text"/>	Purpose <input type="text"/>
Agency <input type="text"/>	Date <input type="text"/>	Purpose <input type="text"/>

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?

[Empty text box]

[Empty text box]

65. What are your experiences and beliefs concerning the use of alcoholic beverages?

[Empty text box]

[Empty text box]

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

[Empty text box]

[Empty text box]

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

[Empty text box]

[Empty text box]

[Empty text box]

**CAREER OBJECTIVES**

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

[Empty text box]

[Empty text box]

[Empty text box]

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 \_\_\_\_\_, 20 \_\_\_\_\_  
MY COMMISSION EXPIRES \_\_\_\_\_

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