

# **PERSONAL HISTORY STATEMENT**

**Sedalia Police Department  
201 West Second Street  
Sedalia, Missouri 65301-3894**

**Instructions**

**Read these Instructions Carefully Before Proceeding**

These instructions are provided as a guide to assist you in properly completing this personal history statement. It is essential that the information you provide be accurate in all respects. This information will be used as the basis for a background investigation that will determine your eligibility for employment with the Sedalia Police Department.

1. Your personal history statement should be printed legibly in ink or typed. Answer all questions to the best of your ability.
2. If a question is not applicable to you, please enter N/A in the space provided.
3. Avoid possible errors by reading the directions carefully before making entries on the form. Be sure that your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses when applicable. If you are not sure of an address, check it by personal verification. Please be sure to include zip codes and area codes with all addresses and phone numbers. Your local library may have phone directories available for many areas if needed.
5. If there is insufficient space of the form for you to include all information required, attach extra sheets to the personal history statement. Be sure to reference any additional pages included by section number and question number with each response.
6. As you complete the personal history statement, you may be uncertain about how to answer a particular question. In that case, you should circle the question and the background investigator will discuss it with you at a later date.
7. If you are unable to receive your transcript(s) by the application deadline, please note on the statement. **All** transcripts are due by the testing date.

## SEDALIA POLICE DEPARTMENT

### REASONS FOR DISQUALIFICATION AUTOMATIC

- **FALSE STATEMENT:** False statement of material fact/deception/fraud.
- **FELONIES:** No felony convictions.
- **PROTECTION ORDERS:** Active Orders of Protection.
- **DRIVING RECORD:** No DUI/DWI/Hit & Run within the past 5 years. Three or more chargeable or at fault accidents within the past 3 years. Drivers license suspension or revocation within the past 5 years. No valid Driver's License. No more than 3 moving violation convictions in the past 5 years (Police Officers).
- **PROBATION/PAROLE:** Currently on probation, parole or diversion. (Inclusive of deferred adjudication). Pardoned for any reason other than being innocent.
- **NARCOTICS/CONTROLLED SUBSTANCE USAGE:** Must be drug-free for 5 complete years.
- **SALE OF DRUGS:** Sale of illegal drugs or sale of legal drugs without a license is a permanent disqualifier.
- **MILITARY DISCHARGE/CONDUCT:** Discharge other than honorable (no conditions). Conviction/commission of court martial offense.
- **FAILURE TO COMPLETE:** Failure to complete the Personal History Statement after being afforded the opportunity to do such, including but not limited to transcripts, will be removed from the process and must reapply.
- **TATTOOS:** No visible tattoos or brands while in uniform.

### POTENTIAL

- **FAILURE TO DISCLOSE INFORMATION:** Failure to disclose information in the Personal History Statement or during the interview that you were afforded the opportunity to disclose and it is discovered in the Truth Verification (CVSA) examination or background investigation. Based on the disclosure may be allowed to reapply.
- **MISDEMEANORS:** Convictions reduced from felony charges. Exception: When candidate received SIS (or equivalent) the information will be reviewed and investigated during a CVSA and background check.
- **NARCOTIC/CONTROLLED SUBSTANCE USAGE:** Use of hallucinogenic substances occurring over 10 years from application date will be subject to review.
- **UNACCEPTABLE BACKGROUND:** Work history, education history, military service, general reputation, and interpersonal relationships.
- **WORK HISTORY:** Suspension or termination from employment within the year. Eligible to reapply after one year from the date of termination or last date of suspension.

**Sedalia Police Department  
Personal History Statement**

A. **Applicant Identification:** Information provided in this section is used only for identification purposes only.

1. Name (last/first/mi): \_\_\_\_\_

2. Address (street): \_\_\_\_\_

(City/state/zip code): \_\_\_\_\_

E-mail address: \_\_\_\_\_

3. Telephone Number: (        ) \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Place of Birth (city/county/state): \_\_\_\_\_

**(Must provide a copy of your birth certificate).**

6. Social Security Number: \_\_\_\_\_

7. Are you a citizen of the United States?        Yes        No

8. Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

**(Must provide a copy of your driver license).**

9. Height: \_\_\_\_\_ Weight: \_\_\_\_\_

10. Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

11. Scars, tattoos, or other marks: \_\_\_\_\_

12. Nickname(s), maiden name, or other names by which you have been known or used previously: \_\_\_\_\_



3. Date (from/to): \_\_\_\_\_ Employer: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: (     ) \_\_\_\_\_ Title: \_\_\_\_\_  
Duties/Assignment: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
4. Date (from/to): \_\_\_\_\_ Employer: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: (     ) \_\_\_\_\_ Title: \_\_\_\_\_  
Duties/Assignment: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
5. Date (from/to): \_\_\_\_\_ Employer: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: (     ) \_\_\_\_\_ Title: \_\_\_\_\_  
Duties/Assignment: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
6. Date (from/to): \_\_\_\_\_ Employer: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: (     ) \_\_\_\_\_ Title: \_\_\_\_\_  
Duties/Assignment: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

7. Date (from/to): \_\_\_\_\_ Employer: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: (     ) \_\_\_\_\_ Title: \_\_\_\_\_  
Duties/Assignment: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
8. Date (from/to): \_\_\_\_\_ Employer: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: (     ) \_\_\_\_\_ Title: \_\_\_\_\_  
Duties/Assignment: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
9. Date (from/to): \_\_\_\_\_ Employer: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: (     ) \_\_\_\_\_ Title: \_\_\_\_\_  
Duties/Assignment: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
10. Date (from/to): \_\_\_\_\_ Employer: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: (     ) \_\_\_\_\_ Title: \_\_\_\_\_  
Duties/Assignment: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-Worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

D. **Military Record:**

1. Have you served in the United States Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If Yes, proceed to next question / If No, proceed to Section E)

**You Must include a copy of your discharge paperwork (if applicable)**

2. Date of Service: From \_\_\_\_\_ To \_\_\_\_\_  
3. Branch of Service: \_\_\_\_\_  
4. Military Service Number: \_\_\_\_\_  
5. Highest Rank Held: \_\_\_\_\_  
6. Type of Discharge: \_\_\_\_\_  
7. Were you ever disciplined while in military service? (Include court martial, Article 15, captain's mast, company punishment, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

<u>Charge Agency</u>	<u>Date</u>	<u>Age at Time</u>	<u>Disposition</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. If you receive a discharge other than honorable, please give complete details:

_____
_____
_____
_____
_____

E. **Educational History:**

**You must include copies of high school/GED diploma, college transcripts and diplomas with history statement.**

1.	High School Attended	City/State/Zip	Dates Attended	Graduated Yes / No
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

2. College/University Attended: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Hours/Credits Earned: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_ Degree Received: \_\_\_\_\_

College/University Attended: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Hours/Credits Earned: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_ Degree Received: \_\_\_\_\_

College/University Attended: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Hours/Credits Earned: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_ Degree Received: \_\_\_\_\_

3. List any other schools attended (vocational, trade, business, etc.) Give name and address of school, dates attended, course of study, certificate received, and any other pertinent information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. Special Qualifications and Skills:**

1. List any special licenses you hold (examples: pilot, radio operator, scuba) Please indicate licensing authority and dates of issuance and expiration:

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2. List any specialized machinery or equipment, which you can operate:

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3. Indicate any skills you hold in foreign language. Please note your skill level for each area based on excellent, good, fair rating.

	<u>Reading</u>	<u>Speaking</u>	<u>Writing</u>
Spanish	_____	_____	_____
French	_____	_____	_____
German	_____	_____	_____
Other _____	_____	_____	_____

4. List any other special skills of qualifications you possess that might aid you in the performance as an employment of this agency: \_\_\_\_\_

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**G. Arrests, Detentions, and Litigation:**

1. Have you ever been arrested, detained by police or summoned into a court procedure? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please complete following including any involving a juvenile status:

<u>Alleged Crime</u>	<u>Police Agency</u>	<u>Date</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Have you been involved in civil litigation?? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If yes, list details: \_\_\_\_\_  
 \_\_\_\_\_

**H. Driving History:**

1. Has your driver’s license ever been suspended or revoked?  
 \_\_\_\_\_ yes \_\_\_\_\_ no  
 If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_

2. To the best of your memory, list all driving citations issued to you excluding parking tickets:

<u>Date</u>	<u>Charge</u>	<u>Location</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Describe in brief detail any traffic accidents that you have been involved in (please include locations and approximate dates): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I. Marital and Family History:**

1. Indicate current marital status:  
[ ] married [ ] single [ ] divorced [ ] widowed [ ] separated

2. If married:  
Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Spouse's Name (maiden if applicable): \_\_\_\_\_

3. If engaged or significant other:  
Name of Fiancé or significant other: \_\_\_\_\_  
Address: \_\_\_\_\_

4. If divorced, separated or widowed:

Date of Marriage:	_____	_____
Location:	_____	_____
Spouse's Name:	_____	_____
Current Address:	_____	_____
Type of separation:	_____	_____
Date of Order:	_____	_____
Location Issued:	_____	_____

5. List all children related to you and or your spouse (natural, step, adopted, foster);

<u>Name</u>	<u>Relation</u>	<u>Date of Birth</u>	<u>Complete Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List all other dependants:

<u>Name</u>	<u>Complete Address</u>	<u>Relation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List all other relatives (living or deceased) in the following order (father, mother, brothers, and sisters):

<u>Name</u>	<u>Address</u>	<u>Relation</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**J. Financial History:**

1. What is your present monthly salary: \$ \_\_\_\_\_

2. Bank Account Information:

Type of Account

Bank Name/Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Do you have income from other sources than that listed on question 1 above?  
If so, give brief details including amount (include spouse's income):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. List all businesses, investments, or other holdings in which you have a financial interest?

Item

Approximate Value

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



K. **Personal References:** Please give five references not including relatives or former employers:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Business Address and Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Years Known: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Business Address and Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Years Known: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Business Address and Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Years Known: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Business Address and Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Years Known: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Business Address and Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Years Known: \_\_\_\_\_

L. **Memberships:** Please list any memberships you hold in organizations (social, fraternal, civic, etc.)

<u>Organization</u>	<u>Location</u>	<u>Membership Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

M. **Personal Declarations:** Please answer the following questions concerning various personal activities:

1. Describe your frequency and extent of alcohol consumption:  
\_\_\_\_\_  
\_\_\_\_\_
2. Have you ever used marijuana or any other non-prescribed drug? \_\_\_\_\_  
If yes, give details? \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever sold or furnish illegal drugs to anyone? \_\_\_\_\_  
If yes, list details: \_\_\_\_\_  
\_\_\_\_\_
4. Do you have any religious or other beliefs that would prohibit you from doing the duties of a police officer including the use of a firearm in deadly force situations?  
\_\_\_\_\_  
\_\_\_\_\_
5. Is there any reason(s) that would inhibit your ability to act as a police officer including the working of a variety of shifts including weekends and nights?  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you ever applied to any law enforcement agency including Sedalia?  
If so, give locations, date, and application status:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Are there any incidents in your life or details not previously mentioned which may influence this department's evaluation of your suitability for employment as a police officer?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby certify that there are no willful misrepresentations, omissions, or falsifications included in the personal history statement. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for the immediate rejection of my application or termination of employment if applicable.

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

\_\_\_\_\_  
Date

\* Please return this entire personal history statement along with requested documents in a sealed envelope addressed to City of Sedalia Personnel Office, 200 South Osage, Sedalia, MO 65301, by the application deadline.



## DRIVER'S LICENSE RECORD REVIEW

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

Department: \_\_\_\_\_

Name of Applicant / Employee: \_\_\_\_\_

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

City / State / ZIP Code: \_\_\_\_\_

Driver License State: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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



City of Sedalia – Personnel Department  
200 South Osage Avenue  
Sedalia, MO 65301

Dear City of Sedalia:

Consumer reports may be obtained as part of the City of Sedalia's evaluation of my job application and/or employment. The reports may be procured by Insurance & Benefits Group Insurance Agency (IBG) and may include my driving record, an assessment of my insurability under the City's insurance coverage or other consumer reports.

By signing this disclosure, I hereby authorize the City to procure such reports and additional reports about me from time to time as it deems appropriate to evaluate my insurability or for other permissible purposes.

Sincerely,

\_\_\_\_\_  
Signature of Applicant / Employee

\_\_\_\_\_  
Printed Name of Applicant / Employee

## **AUTHORIZATION TO RELEASE INFORMATION**

**Please sign and date each Authorization to Release Information sheets. These authorizations will be used in conjunction with questionnaires given to persons such as employers and personal references.**

## AUTHORIZATION TO RELEASE INFORMATION

To \_\_\_\_\_

I hereby request and authorize you to furnish the Sedalia City Police Department with all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, medical information, or any other information that the Police Personnel Board deems necessary. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment or advancement with the Sedalia Police Department.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a peace officer.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date