



Saline County Sheriff's Office

Applicant Personal History Statement

NAME _____

I am applying for:

[] Law Enforcement Position: _____

[] Civilian Employment: _____

Personal History Statement Instructions

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **IT IS ESSENTIAL THAT THE INFORMATION IS ACCURATE IN ALL RESPECTS SO PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE PROCEEDING.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification**.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application **will be evaluated on completeness and neatness.**

Applicant Identification

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Home Telephone No.	Work Telephone No.	Cellular No.	
Date of Birth	Social Security No.	Driver's License No. & State	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

Place of Birth (City, County, State, Country)_____

Are you a U.S. Citizen by Birth?_____ Are you a Naturalized Citizen?_____

Height_____ Weight_____ Eye Color_____ Hair Color_____

Scars, Tattoos (description and location) or other distinguishing marks_____

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s)._____

List ALL E-Mail Addresses (S)

Marital & Family History (Boy Friend / Girl Friend)

Single _____ Married _____ Engaged _____ Co-habiting _____

Spouse's/Co-habitant's name (include maiden name) _____

Address _____

Date of Birth _____ Date of Marriage _____

Employer(s) _____

Employer Address _____

Home Telephone No. _____ Work Telephone No. _____

Roommate(s)(do not include parents or cohabitants) _____

Date of Birth _____ Race _____ Sex _____

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage _____

City & State _____

Separated _____ Date _____

Divorced _____ Date _____

Widowed _____ Date _____

Annulled _____ Date _____

Court or State issued _____

Ex-spouse's Name _____

Date of Birth _____

Telephone No. _____

Date of Marriage _____

City & State _____

Separated _____ Date _____

Divorced _____ Date _____

Widowed _____ Date _____

Annulled _____ Date _____

Court or State issued _____

Ex-spouse's Name _____

Date of Birth _____

Telephone No. _____

Identify children related to you or your spouse (Biological, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Mother's / Father's Name

Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters, step brothers, and step sisters.

Relationship	Name	Complete Address	Phone Number	DOB

Residences

Identify all residences where you have lived in the last 10 years, beginning with the most recent, including your present address. List date by month/year. Include military assignments. (No TDY's)

From	To	Address	City	State & Zip code

Personal References

List your best friend and five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____ E-mail Address _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____ E-mail Address _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____ E-mail Address _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____ E-mail Address _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____ E-mail Address _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____ E-mail Address _____

Traffic Record

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: _____ Expires: _____

Have you ever possessed a driver's license issued by any state other than Arkansas? Yes_____ No_____

If yes, give details below:

Driver's License No. _____ State _____ Date issued _____

Driver's License No. _____ State _____ Date issued _____

Have you **ever** had your driver's license suspended or revoked? Yes___ No___ If yes, give reason, date, and length of suspension: _____

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations and warning citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

Arrests, Detentions, and Litigation

Have you ever been arrested or detained by law enforcement?

Yes _____ No _____ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you **ever** committed an act of family violence? (“Family violence” means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) If yes, explain: _____

Have you **ever** assaulted another person since the age of seventeen (17)? (“Assault” means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) If yes, explain: _____

Have you **ever** been considered or named as a suspect in a criminal investigation or criminal offense? If yes, explain: _____

Have you **ever** been a party to a civil suit or action? If yes, explain: _____

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: _____

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: _____

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes____ No _____

Family and Relatives' Arrests

Have members of your immediate family or close relatives ever been arrested?

Yes_____ No_____ If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

Financial History

Your current net monthly income _____ Spouse's current net monthly income _____

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any accounts with a financial institution? Yes____ No____

Name(s) of financial institution(s)_____

Type(s) of account(s)_____

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:

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance

Credit Information

Have you **ever** filed bankruptcy personally or on behalf of a business? Yes ___ No ___

If "Yes" to above, indicate type _____

Have you **ever** had any personal or real property repossessed or foreclosed? Yes ___ No ___

Have you **ever** failed to pay Federal, state, or other taxes? Yes ___ No ___

Have you **ever** failed to file a tax return, when required by law? Yes ___ No ___

Have you **ever** had a lien placed against your property for failing to pay taxes or other debts? Yes ___ No ___

Have you **ever** had a judgment entered against you? Yes ___ No ___

Have you **ever** defaulted on any type of loan? Yes ___ No ___

Have you **ever** had bills or debts turned over to a collection agency? Yes ___ No ___

Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay? Yes ___ No ___

Have you **ever** written a check that was later returned for Non Sufficient Funds (NSF)? Yes ___ No ___

Have you **ever** been delinquent on court-imposed alimony or child support payments? Yes ___ No ___

Have you **ever** been disciplined regarding the use of a travel/credit card provided by an employer? Yes ___ No ___

Are you currently more than sixty (60) days delinquent on any debts? Yes ___ No ___

Have you **ever** applied for unemployment compensation? Yes _____ No _____ When? _____

Have you **ever** received unemployment compensation? Yes _____ No _____ When? _____

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Number of Days Late	Reason

Employment History

Do you object to wearing a uniform: Yes _____ No _____

Do you object to working nights: Yes _____ No _____

Do you object to working shifts: Yes _____ No _____

BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB: list all employment in the last ten (10) years. Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes _____ No _____

1. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____

Work Schedule _____

Name of Supervisor _____ Supervisor Telephone No. _____

Name of a Co-worker _____ Co-worker Telephone No. _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above?
Yes _____ No _____

If yes, provide dates and explain: _____

2. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____

Work Schedule _____

Name of Supervisor _____ Supervisor Telephone No. _____

Name of a Co-worker _____ Co-worker Telephone No. _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above?
Yes _____ No _____

If yes, provide dates and explain: _____

3. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____

Work Schedule _____

Name of Supervisor _____ Supervisor Telephone No. _____

Name of a Co-worker _____ Co-worker Telephone No. _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above?

Yes _____ No _____

If yes, provide dates and explain: _____

4. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____

Work Schedule _____

Name of Supervisor _____ Supervisor Telephone No. _____

Name of a Co-worker _____ Co-worker Telephone No. _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above?

Yes _____ No _____

If yes, provide dates and explain: _____

5. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____

Work Schedule _____

Name of Supervisor _____ Supervisor Telephone No. _____

Name of a Co-worker _____ Co-worker Telephone No. _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above?

Yes _____ No _____

If yes, provide dates and explain: _____

6. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____

Work Schedule _____

Name of Supervisor _____ Supervisor Telephone No. _____

Name of a Co-worker _____ Co-worker Telephone No. _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above?
Yes _____ No _____

If yes, provide dates and explain: _____

7. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____

Work Schedule _____

Name of Supervisor _____ Supervisor Telephone No. _____

Name of a Co-worker _____ Co-worker Telephone No. _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above?

Yes _____ No _____

If yes, provide dates and explain: _____

8. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____

Work Schedule _____

Name of Supervisor _____ Supervisor Telephone No. _____

Name of a Co-worker _____ Co-worker Telephone No. _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above?

Yes _____ No _____

If yes, provide dates and explain: _____

Educational History

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? _____

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hrs Completed	Major	Degree & Date

Military Obligation

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes_____ No_____

Served from_____ to_____ Highest Rank held_____

Date Date

Branch of Service_____ Unit _____

Job Title(s) (e.g., Rifleman, Security)_____

Type of discharge_____ Type of discharge _____

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes_____ No_____

Serving from_____ to_____ Current Rank held_____

Date Date

Branch of Service_____ Unit _____

Job Title(s) (e.g., Rifleman, Security)_____

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

Special Qualifications & Skills

Identify any special licenses you hold (e.g., pilot, radio operator): _____

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Membership in Organizations (past and present)

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you ever been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes _____ No _____

Personal Declarations

Do you consume alcoholic beverages? Yes _____ No _____ If "Yes", how often? _____

Have you **ever** been treated for drug or alcohol addiction? Yes _____ No _____

Have you **ever** used marijuana or hashish? Yes _____ No _____ If yes, when last used? _____

Have you **ever** used any illegal drug not prescribed by a physician?

Yes _____ No _____ If yes how often _____ When last used _____

Provide explanation: _____

Have you **ever** been employed by or applied with any other law enforcement agency? Yes _____ No _____

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

Explain briefly your reasons for applying for this position: _____

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination of my employment.

Signature of Applicant

Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this day of _____, _____

SEAL

Signature of Notary

My Commission Expires: _____

NOTICE: False swearing is a Class A misdemeanor
Punishable under Arkansas Code 5-52-103

LAST NAME

FIRST NAME

MIDDLE NAME

FOR OFFICIAL USE ONLY

INTERVIEW DATE _____

ACCEPTED TO REPORT _____

NON-ACCEPTED (DATE) _____

NOTES: _____

INTERVIEW BOARD

1. _____

2. _____

3. _____

4. _____

5. _____

P H O T O

Saline County is an Equal Opportunity Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide as requested, statistical data to federal compliance agencies. This information WILL NOT be used in the employment process and failure to provide the information WILL NOT jeopardize your employment with SALINE COUNTY. **Again, your cooperation in completing this section is completely voluntary. If you wish not to provide the information, please complete the name and position held, check the applicable box and sign at the bottom. ANY INFORMATION GATHERED IS STRICTLY CONFIDENTIAL.**

Name: _____

Position held: _____

SEX AND RACE/ETHNIC IDENTIFICATION

SEX: ☐ Male ☐ Female

RACE/ETHNIC: For the purpose of Equal Opportunity, race/ethnic categories are identified as follows: please check the category, which identifies your race/ethnic background.

- ☐ WHITE: (not Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ BLACK: (not of Hispanic origin): All persons having origins of the Black racial groups of Africa.
- ☐ HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands.
- ☐ AMERICAN INDIAN OR ALASKIAN NATIVE: All persons have origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliations or community recognition.

☐ I do not wish to disclose this information.

Signature: _____

Date: _____