

## Personal History Statement

The following information is requested of you for verification and contact purposes:

### PERSONAL

(Please print or type)

<b>1. Your name, List all Names you have used</b>			
<b>Last</b>	<b>First</b>	<b>Middle</b>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
<b>2. Please list address at which you can be contacted</b>			
Number	Street	City	State
_____	_____	_____	_____
<b>3. Please List the telephone number(s) at which you can be contacted</b>			
( ) _____ ( ) _____ ( ) _____ Best time to call _____ Best time to call _____ Best time to call _____			
<b>4. Birth date</b>		<b>5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation?</b>	
Month	Day		
_____	_____	_____	
<b>6. Social Security Number</b>		(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.)	
_____	_____		
<b>7. For the purposes of identification, please provide the following:</b>			
Height	Weight	Hair Color	Eye Color
_____	_____	_____	_____
Scars, tattoos, or other distinguishing marks.			

### RELATIVES and REFERENCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of Deputy Sheriff. Inquires will be confined to job-related matters.

<b>8. Please supply the appropriate information for your immediate family members (including children), in-laws, former spouse(s), and any other relative you have a close personal relationship with.</b>			
Relationship	Name	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which Person can be contacted
		( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other

		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

## RELATIVES and REFERENCES CONT.

9. Please list those individuals with whom you have resided during the last 10 years. Exclude family members or any information prior to your 15<sup>th</sup> birthday.

Name	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which Person can be contacted
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other



# EXPERIENCE and EMPLOYMENT

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, volunteer work should be included as employment.) If you have had periods of military service or unemployment, list those periods in sequence.

<b>13. Please account for all employment activity for the last 10 years. For the purposes of this personal history statement, volunteer work should be included as employment.</b>				
<b>Dates of employment</b>	<b>Name and address of employer</b>		<b>Name of Supervisor(s)</b>	
From                      To Mo. Yr.      Mo. Yr.  ____/____      ____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Telephone No. (    ) _____		Name(s) of co-worker(s)	
Title or duties (for identification purposes)				
Reason For Leaving				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed Reason		From	Mo./ Yr.	To
				Mo./ Yr.
<b>Dates of employment</b>	<b>Name and address of employer</b>		<b>Name of Supervisor(s)</b>	
From                      To Mo. Yr.      Mo. Yr.  ____/____      ____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Telephone No. (    ) _____		Name(s) of co-worker(s)	
Title or duties (for identification purposes)				
Reason For Leaving				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed Reason		From	Mo./ Yr.	To
				Mo./ Yr.
<b>Dates of employment</b>	<b>Name and address of employer</b>		<b>Name of Supervisor(s)</b>	
From                      To Mo. Yr.      Mo. Yr.  ____/____      ____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Telephone No. (    ) _____		Name(s) of co-worker(s)	
Title or duties (for identification purposes)				
Reason For Leaving				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed Reason		From	Mo./ Yr.	To
				Mo./ Yr.
<b>Dates of employment</b>	<b>Name and address of employer</b>		<b>Name of Supervisor(s)</b>	
From                      To Mo. Yr.      Mo. Yr.  ____/____      ____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Telephone No. (    ) _____		Name(s) of co-worker(s)	
Title or duties (for identification purposes)				
Reason For Leaving				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed Reason		From	Mo./ Yr.	To
				Mo./ Yr.

Dates of employment	Name and address of employer	Name of Supervisor(s)
From Mo. Yr. To Mo. Yr. ____/____ ____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Telephone No. ( ) _____ Title or duties (for identification purposes)	Name(s) of co-worker(s)
Reason For Leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed Reason	From	Mo./ Yr. To Mo./ Yr.

Dates of employment	Name and address of employer	Name of Supervisor(s)
From Mo. Yr. To Mo. Yr. ____/____ ____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Telephone No. ( ) _____ Title or duties (for identification purposes)	Name(s) of co-worker(s)
Reason For Leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed Reason	From	Mo./ Yr. To Mo./ Yr.

Dates of employment	Name and address of employer	Name of Supervisor(s)
From Mo. Yr. To Mo. Yr. ____/____ ____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Telephone No. ( ) _____ Title or duties (for identification purposes)	Name(s) of co-worker(s)
Reason For Leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed Reason	From	Mo./ Yr. To Mo./ Yr.

Dates of employment	Name and address of employer	Name of Supervisor(s)
From Mo. Yr. To Mo. Yr. ____/____ ____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Telephone No. ( ) _____ Title or duties (for identification purposes)	Name(s) of co-worker(s)
Reason For Leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed Reason	From	Mo./ Yr. To Mo./ Yr.

14. Would any problem result if your present employer was contacted during the course Of the background investigation?
When should such contact be made
15. If you have had not prior employment, please explain _____
_____
_____

16. Have you had any extended work absences for reasons other than earned Vacations?  Yes  No

If "yes" please explain (include when, name of employer, why)

---



---

17. Have you ever been fired or asked to resign from any place of employment?  Yes  No

If "yes" please give details (include when, where, circumstances)

---



---

18. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers?  Yes  No

If "yes" please give details (include when, where and circumstances)

---



---

19. Have you ever applied for a permit to carry a concealed weapon?

Permit Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Name of law enforcement agency
Purpose for permit		

## MILITARY SERVICE

20. If you are a male under age 26, Please provide the following

Selective Service Number	Approximate Date of Registration	Address at Time of Registration
--------------------------	----------------------------------	---------------------------------

21. Have you ever served in the armed forces, National Guard or Military reserves?  Yes  No

22. Please list those who know you well enough to provide accurate information about you. Past commanding officers and/or military acquaintances.

Name	Contact Address	Circumstances	Years Known	
			From	To

23. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military National Guard, or military reserves?  Yes  No

If "yes" please give details (include when, where and circumstances)

---



---

# LEGAL

Under Wyoming State Statute, any person convicted of a crime punishable by imprisonment in a federal or state correctional facility is not eligible for certification as a peace officer. Under federal law, any person convicted of a misdemeanor crime of domestic violence cannot own, possess, or transport firearms or ammunition.

24. If you have ever been arrested or convicted of any crime (excluding traffic citations) Please give the following information.

Approx. Date	Police Agency	Circumstances

25. Have you ever been placed on court probation as an adult?

Yes       No

If "yes," please give details (include when where why)

26. Where 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 (include when where why)

27. Have your ever been reported to a law enforcement agency as a missing person or a runaway?

Yes       No

If "yes," please give details (include date, law enforcement agency, circumstances)

28. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?

Yes       No

If "yes," please give details (include when, where, name and location of court, circumstances)

# MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of the position of Sheriff's Deputy. An investigation of your driving history will be made through a records check

29. Please provide your driver's license information			
Driver's License Number	License Class	License Status	Expiration Date

30. Please list other states where you have been licensed to operate a motor vehicle			
State	State	State	State
Name under which license was issued	Name under which license was issued	Name under which license was issued	Name under which license was issued

31. Have you ever been refused a driver's license by any state?

Yes       No

If "yes" please explain (include when, where and why)

---



---



---

32. Has your license ever been suspended, revoked or canceled?

Yes       No

If "yes" please give details (include when, where and circumstances)

---



---



---

33. Please list all traffic citations (exclude parking citations) you have received within the last 5 years			
Nature of Violation	Location (City)	Approximate Date	Indicate whether fined or action taken on driver's license.

34. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years?

Yes       No

If "yes," please give details for each accident

Date	Location	<input type="checkbox"/> Injury Accident <input type="checkbox"/> Non-injury Accident
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury Accident <input type="checkbox"/> Non-injury Accident
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury Accident <input type="checkbox"/> Non-injury Accident
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	



Date	Location	( ) Injury Accident ( ) Non-injury Accident
Police Investigation ( ) Yes ( ) No	Police Agency	
Date	Location	( ) Injury Accident ( ) Non-injury Accident
Police Investigation ( ) Yes ( ) No	Police Agency	

35. Have you ever been refused insurance for any reason other than failure to pay a premium?

( ) Yes ( ) No

If "yes," please explain (include company name, and address, date and reason)

36. If there is anything you wish to discuss about your driving record, please use the space below.

## FINANCIAL

The management of personal finances is relevant to an individual's qualifications for the position of peace officer. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

37. Please complete the financial statement below

Current Monthly Income		Current Monthly Expenditures	
Monthly Salary		Real Estate (mortgage) Payments	
Spouse's Salary		Rent	
Other Monthly Income		Estimated monthly cost of living (utilities, food gasoline, maintenance etc.)	
		Other Monthly Payment	
Total Monthly Income		Total Monthly Expenditures	

38. Please list your financial liabilities.

Name of Company	Type of Account	Address	Account Number

39. Have you ever filed for or declared bankruptcy?

Yes       No

If "yes," please give details (include when, where, and why)

40. Have any of your bills ever been turned over to a collection agency?

Yes       No

If "yes," please give details (include when, firms involved, circumstances)

41. Have you ever had purchased goods repossessed?

Yes       No

If "yes," please give details (include when, firms involved, circumstances)

42. Have your wages ever been garnished?

Yes       No

If "yes," please give details (include when, where, why)

43. Have you ever been delinquent on income or other tax payments?

Yes       No

If "yes," please give details (include when, where, why)

44. a. Have you ever used or experimented with illegal drugs or narcotics?

Yes       No

b. Do you drink alcohol?

Yes       No

If "yes," please give details (include which substances, how often, date of last use)

---

---

---

---

---

---

---

---

---

---

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements, omissions, or falsifications of material facts will subject me to disqualification or dismissal.

Signature in Full	Printed Name	Date Completed