



# CANTON POLICE DEPARTMENT

Canton, Missouri 63435

## Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

GENERAL INFORMATION	
Name: Last First Middle	Date of Application
Present Address: Number and Street	Tel. No. (include Area Code)
City, State, and Zip Code	Social Security Number
If previously employed, was it under your present name? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list other names and companies worked under those names:	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have been convicted of a crime other than an minor traffic violation please explain: Convictions will not necessarily exclude you from employment consideration.	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If not, do you have a work Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No
List people related to you in any way who are employed by the City of Canton:	
Type of work preferred or position applied for:	
Date Available	Do you restrict your availability to specific hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify hours:
List any and all skills or qualifications which you feel would qualify you for the position(s) applied for:	
<hr/> <hr/> <hr/> <hr/>	
Do you have relatives that are employed by the City of Canton? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom: _____	
Have you ever been employed by the City of Canton before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when: _____	
Have you ever received Workman's Compensation for any on the job injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe: _____	

## EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	YEARS COMPLETED	DIPLOMA / DEGREE
High School				
Undergraduate College				
Graduate or Professional				
Business or Trade School				
Other (Specify)				

If no degree list total credit hours recognized by college you attended: \_\_\_\_\_

\_\_\_\_\_

## MILITARY

Did you serve with the Armed Forces of The United States? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Date of enlistment: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Rank attained: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Current Reserve Obligation: \_\_\_\_\_

Did you receive any special training while in the Armed Forces? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

## REFERENCES

List names of three persons (not related or former employers) who have known you for the past five years.

Name	Address	State	Zip	Tel. No.	Occupation
Name	Address	State	Zip	Tel. No.	Occupation
Name	Address	State	Zip	Tel. No.	Occupation

## EMPLOYMENT HISTORY

Beginning with present or most recent position, list past employment including Military, USA. If needed, add additional sheet.

<b>PRESENT OR LAST</b>	Company name and address:			Position Title		
	Supervisor's Name		Supervisor's Title		Starting Salary	Final Salary
	Starting Date	Leaving Date	Reason for Leaving			
	Duties and Responsibilities					
<b>PREVIOUS</b>	Company name and address:			Position Title		
	Supervisor's Name		Supervisor's Title		Starting Salary	Final Salary
	Starting Date	Leaving Date	Reason for Leaving			
	Duties and Responsibilities					
<b>PREVIOUS</b>	Company name and address:			Position Title		
	Supervisor's Name		Supervisor's Title		Starting Salary	Final Salary
	Starting Date	Leaving Date	Reason for Leaving			
	Duties and Responsibilities					
<b>PREVIOUS</b>	Company name and address:			Position Title		
	Supervisor's Name		Supervisor's Title		Starting Salary	Final Salary
	Starting Date	Leaving Date	Reason for Leaving			
	Duties and Responsibilities					

May we contact the employers listed? \_\_\_\_\_ If not, indicate which ones you do not wish us to contact. \_\_\_\_\_

\_\_\_\_\_

Use this space for comments or information not covered elsewhere:

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**PLEASE READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION**

I voluntarily give the City of Canton Police Department the right to make a thorough investigation on my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or corporations supplying such information.

I further understand that any false answers or statements made by me on this application or any supplement thereof, or in connection with the above mentioned investigation, will be sufficient grounds for immediate discharge, regardless of length of employment.

\_\_\_\_\_  
Date

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

**APPLICANT - DO NOT WRITE BELOW THIS LINE**

**POST EMPLOYMENT INFORMATION**

Date of Birth	Maiden Name	Drivers License Number
Name of person to notify in case of emergency		Relationship
Address (including City and State)		Tel. Number (include Area code)
Spouses' Name: Last	First	Middle
Employer		
Interviewed by: _____ Signature Date		Date to report for work:
Skills Test Results: _____		Department:
Comments: _____ _____ _____ _____ _____		Job Title:
		Rate of Pay:



**PERSONAL HISTORY STATEMENT -**

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**Applicant Instructions**

- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position.
- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form (page 25) and identify the additional information by the question number.

**Disqualification**

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

**Disclosure of Medically-Related Information**

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT -

## SECTION 1: PERSONAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET		APT / UNIT	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ( )	WORK ( )	EXT	OTHER ( ) <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. citizen? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are you a resident alien who is eligible and has applied for U.S. citizenship? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER
			- -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE EXP	HEIGHT	WEIGHT HAIR COLOR EYE COLOR

## SECTION 2: RELATIVES AND REFERENCES

### 13. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.

<input type="checkbox"/> N/A	<b>A. Father.</b>				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A	<b>B. Step-father</b>				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A	<b>C. Mother</b>				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT -

## SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

### ☐ N/A D. Step-mother

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

### ☐ N/A E. Spouse / Registered Domestic Partner

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### ☐ N/A F. Father-in-law

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

### ☐ N/A G. Mother-in-law

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

### ☐ N/A H. Former Spouse(s) / Former Registered Domestic Partner(s)

1) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# PERSONAL HISTORY STATEMENT -

## SECTION 2: RELATIVES AND REFERENCES *continued*

### 13. IMMEDIATE FAMILY *continued*

#### ☐ N/A I. Brothers and Sisters - list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F	WORK PHONE ( )	CELL PHONE ( )		EMAIL		
<input type="checkbox"/> UNDER AGE 18						
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F	WORK PHONE ( )	CELL PHONE ( )		EMAIL		
<input type="checkbox"/> UNDER AGE 18						
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F	WORK PHONE ( )	CELL PHONE ( )		EMAIL		
<input type="checkbox"/> UNDER AGE 18						
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F	WORK PHONE ( )	CELL PHONE ( )		EMAIL		
<input type="checkbox"/> UNDER AGE 18						
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F	WORK PHONE ( )	CELL PHONE ( )		EMAIL		
<input type="checkbox"/> UNDER AGE 18						
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F	WORK PHONE ( )	CELL PHONE ( )		EMAIL		
<input type="checkbox"/> UNDER AGE 18						

#### ☐ N/A J. Children

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		EMAIL	
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		EMAIL	

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# PERSONAL HISTORY STATEMENT --

## SECTION 2: RELATIVES AND REFERENCES *continued*

### 13. IMMEDIATE FAMILY (Section J, Children) *continued*

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )	EMAIL
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )	EMAIL
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )	EMAIL
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )	EMAIL

### 14. REFERENCES

List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. **Do not include relatives, employers or housemates, or other individuals listed elsewhere.**

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT -

SECTION 2: RELATIVES AND REFERENCES (Section 1: References) continued					
D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
I) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# PERSONAL HISTORY STATEMENT -

## SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

15. Check applicable: ☐ High School Diploma from an accredited U.S. institution ☐ GED ☐ California High School Proficiency Certificate

16. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE?
CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B) NAME	FROM	TO	DID YOU GRADUATE?
CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No	

17. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

18. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Have you ever attended a POST Basic Academy? ☐ Yes ☐ No

If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE?
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER	<input type="checkbox"/> Y <input type="checkbox"/> N
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE?
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER	<input type="checkbox"/> Y <input type="checkbox"/> N

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT -

## SECTION 3: EDUCATION (continued)

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? ☐ Yes ☐ No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

## SECTION 4: RESIDENCE

### 21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO
					<b>Present</b>
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					
B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# PERSONAL HISTORY STATEMENT –

SECTION 4: RESIDENCE <i>continued</i>				
21. LIST OF RESIDENCES <i>continued</i>				
D) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				
E) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				
F) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				
G) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT --

## SECTION 4: RESIDENCE *continued*

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 16. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 26.

A) NAME			CONTACT NUMBER ( )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT		CITY	STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)			EMAIL	
B) NAME			CONTACT NUMBER ( )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT		CITY	STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)			EMAIL	
C) NAME			CONTACT NUMBER ( )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT		CITY	STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)			EMAIL	
D) NAME			CONTACT NUMBER ( )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT		CITY	STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)			EMAIL	
E) NAME			CONTACT NUMBER ( )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT		CITY	STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)			EMAIL	
F) NAME			CONTACT NUMBER ( )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT		CITY	STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)			EMAIL	

23. Have you ever been evicted or asked to leave a residence? ..... ☐ Yes ☐ No

24. Have you ever left a residence owing rent? ..... ☐ Yes ☐ No

If you answered yes to Questions 23 and/or 24, explain (include when, where and circumstances):

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT --

## SECTION 5: EXPERIENCE AND EMPLOYMENT

### 25. JOB EXPERIENCE

- List ALL jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 25.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List ALL periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( ) EXT
JOB TITLE		SALARY: BEGINNING	SALARY: ENDING
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:	

B) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

C) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( ) EXT
JOB TITLE		SALARY: BEGINNING	SALARY: ENDING
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

E) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( ) EXT
JOB TITLE		SALARY: BEGINNING	SALARY: ENDING
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# PERSONAL HISTORY STATEMENT -

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued* 25. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT		FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

G) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE		SALARY: BEGINNING	SALARY: ENDING
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT		FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

I) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE		SALARY: BEGINNING	SALARY: ENDING
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT		FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

K) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE		SALARY: BEGINNING	SALARY: ENDING
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT		FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# PERSONAL HISTORY STATEMENT -

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

### 25. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			SALARY: BEGINNING	SALARY: ENDING
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

O) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			SALARY: BEGINNING	SALARY: ENDING
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

Q) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			SALARY: BEGINNING	SALARY: ENDING
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT -

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

29. Have you ever quit without giving proper notice? ☐ Yes ☐ No
30. Have you ever resigned in lieu of termination? ☐ Yes ☐ No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? ☐ Yes ☐ No
32. Were you ever the subject of a written complaint at work? ☐ Yes ☐ No
33. Have you ever been counseled at work due to lateness or absences? ☐ Yes ☐ No
34. Did you ever receive an unsatisfactory performance review? ☐ Yes ☐ No
35. Have you ever sold, released, or given away legally confidential information? ☐ Yes ☐ No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ Yes ☐ No  
If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered yes to any of Questions 26-36, explain (include when, where and circumstances; indicate corresponding number):

37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? ☐ Yes ☐ No  
If yes, how often?

38. Has your work performance ever been affected by your use of alcohol or drugs? ☐ Yes ☐ No

WHEN?

NAME OF EMPLOYER

39. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? ☐ Yes ☐ No

WHEN?

NAME OF EMPLOYER

40. Have you ever applied to any other law enforcement agency (city, county, state or federal)? ☐ Yes ☐ No

- If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If more space is needed, continue your response on page 26.

A) NAME OF AGENCY

DATE APPLIED

ADDRESS (NUMBER / STREET)

BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)

CITY

STATE

ZIP

CONTACT NUMBER

EXT

POSITION APPLIED FOR

EMAIL

Check each step in the process that you completed, and your status:

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# PERSONAL HISTORY STATEMENT -

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

40. Have you ever applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL	
<p>Check each step in the process that you completed, and your status:</p> <p>STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer</p> <p>STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified</p>				

C) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL	
<p>Check each step in the process that you completed, and your status:</p> <p>STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer</p> <p>STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified</p>				

## SECTION 6: MILITARY EXPERIENCE

41. Are you required to register for the Selective Service? ..... ☐ Yes ☐ No  
 If yes, have you registered? ..... ☐ Yes ☐ No  
 If no, explain:

42. BRANCH OF SERVICE	43. DATES OF SERVICE From To
44. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable - refer to your DD-214:	
45. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:	
46. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered yes to Questions 46 and/or 47, explain (include dates and circumstances):

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT -

## SECTION 7: FINANCIAL

### 48. INCOME AND EXPENSES

For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income? \$ \_\_\_\_\_ per month

B) Do you have income other than from your salary or wages? ☐ Yes ☐ No

If yes, fill in amount: \$ \_\_\_\_\_ per month

Explain:

C) How much do you spend each month? \$ \_\_\_\_\_ per month

*Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.*

49. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? ☐ Yes ☐ No

50. Have any of your bills ever been turned over to a collection agency? ☐ Yes ☐ No

51. Have you ever had purchased goods repossessed? ☐ Yes ☐ No

52. Have your wages ever been garnished? ☐ Yes ☐ No

53. Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No

54. Have you ever failed to file income tax or cheated/lled on an income tax form? ☐ Yes ☐ No

55. Have you ever had an employment bond refused? ☐ Yes ☐ No

56. Have you ever avoided paying any lawful debt by moving away? ☐ Yes ☐ No

57. Have you ever defaulted on (failed to pay) a loan? ☐ Yes ☐ No

58. Have you ever borrowed money to pay for a gambling debt? ☐ Yes ☐ No  
If yes, do you currently have any outstanding debts as a result of gambling? ☐ Yes ☐ No

59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? ☐ Yes ☐ No

60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ☐ Yes ☐ No

61. Have you written three or more bad checks in a one-year period? ☐ Yes ☐ No

If you answered yes to any of Questions 49-61, explain (include when, where, and why; indicate corresponding number):

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



**PERSONAL HISTORY STATEMENT -**

**SECTION 8: LEGAL**

**Disclosure of Arrests and Convictions**

As an applicant for a deputy sheriff position, you are required to disclose any of the following which occurred on or after your 15th birthday, even if the records were sealed, expunged, dismissed or pardoned:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 25.

82. Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? ☐ Yes ☐ No

If yes, explain each incident.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

83. Have you ever been placed on court probation as an adult? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
85. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
86. Have the police ever been called to your home for any reason? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
87. Have you or your spouse/partner ever been referred to Child Protective Services? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT –

SECTION B: LEGAL <i>(continued)</i>	
68. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. Have you settled any civil suit in which you, your Insurance company, or anyone else on your behalf was required to make payment to the other party? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
70. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71. Have you ever filed a false insurance or workers' compensation claim? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of Questions 63–71, explain (include court case or document, dates, and circumstances; indicate corresponding number):

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## 72. UNDETECTED ACTS – PART 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

A) Annoying / obscene phone calls .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Battery (use of force or violence upon another) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Brandishing a weapon (any type of weapon) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Carrying a concealed weapon without a permit .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Contributing to the delinquency of a minor .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
F) Defrauding an Innkeeper (not paying for food or room at a hotel/motel) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
G) Driving under the influence of alcohol and/or drugs .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
I) Hit & run collision (no injuries) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
J) Hunting/fishing without a license .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
K) Illegal gambling .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
L) Impersonating a peace officer (pretending to be a police officer) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
M) Indecent exposure (including flashing or mooning) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
N) Joyriding (using a car or other vehicle without owner's permission) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
O) Petty theft (value up to \$400, including shoplifting/switching price tags) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
P) Possession of alcohol as a minor .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



## SECTION 8: LEGAL continued

q) Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
r) Possession of stolen property (including vehicles)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
s) Prostitution or soliciting a prostitute	<input type="checkbox"/> Yes	<input type="checkbox"/> No
t) Resisting arrest (including running from the police)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
u) Trespassing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
v) Vandalism (including "tagging," malicious mischief and/or property damage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
w) Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
x) Filing a false police report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
y) Any other act amounting to a misdemeanor within the past seven years	<input type="checkbox"/> Yes	<input type="checkbox"/> No

73. UNDETECTED ACTS -- PART 2

A) Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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# PERSONAL HISTORY STATEMENT --

## SECTION 8: LEGAL (Question 73) continued

G) Elder abuse/neglect.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Felony drunk driving (involving injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Hit & run (with injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Hate crime.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Insurance fraud.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Grand theft (value of over \$400, or any firearm).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Perjury (lying under oath).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of an explosive/destructive device.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Any other act amounting to a felony.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any item(s) in Question 73, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (73-A, etc.) for each explanation.

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

PERSONAL HISTORY STATEMENT -

SECTION 8: LEGAL *continued*

Questions 74 and 75 ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, but not be limited to, your use of any of the following drugs:

- |   |   |                              |
|---|---|------------------------------|
| - Amphetamines / Methamphetamines<br>(Uppers, Speed, Crank, etc.) | - Glue                                      | - Mescaline                  |
| - Barbiturates (Downers)  | - Hallucinogens<br>(Peyote, LSD, Mushrooms) | - Morphine                   |
| - Cocaine / Crack Cocaine   | - Hashish / Hashish Oil                     | - PCP / Angel Dust           |
| - Designer Drugs<br>(Ecstasy, Synthetic Heroin, etc.)             | - Heroin / Opium                            | - Quaaludes                  |
| - GHB (Date Rape Drug)  | - Marijuana                                 | - Steroids                   |
|   |   | - Tetrahydrocannabinol (THC) |

74. Within the past six months, have you used any drug(s) as indicated above?..... ☐ Yes ☐ No

If yes, give details, including drug(s) used and circumstances:

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75. Prior to the past six months (check all that apply):

- ☐ I have never used any drug recreationally.
- ☐ I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.).

If checked, give details including drug(s) used, most recent date used, and circumstances.

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76. Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- |                                       |                                    |  |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold         | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated                  |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

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Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT.-

SECTION 9. MOTOR VEHICLE OPERATION			
77. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED

78. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:		
State of Issue	Type of license	Name under which license was granted and license number, if known

79. Have you ever been refused a driver's license by any state? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain (Include when, where, and circumstances):		

80. Has your driver's license ever been suspended or revoked? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain (Include when, where, and circumstances):		

81. List your current liability insurance on your vehicle(s):			
A) TYPE OF COVERAGE		VEHICLE MAKE	YEAR
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			
INSURANCE COMPANY		POLICY NUMBER	EXPIRES
ADDRESS (NUMBER / STREET   CITY		STATE   ZIP	CONTACT NUMBER (   )
B) TYPE OF COVERAGE		VEHICLE MAKE	YEAR
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			
INSURANCE COMPANY		POLICY NUMBER	EXPIRES
ADDRESS (NUMBER / STREET   CITY		STATE   ZIP	CONTACT NUMBER (   )
C) TYPE OF COVERAGE		VEHICLE MAKE	YEAR
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			
INSURANCE COMPANY		POLICY NUMBER	EXPIRES
ADDRESS (NUMBER / STREET   CITY		STATE   ZIP	CONTACT NUMBER (   )
D) TYPE OF COVERAGE		VEHICLE MAKE	YEAR
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			
INSURANCE COMPANY		POLICY NUMBER	EXPIRES
ADDRESS (NUMBER / STREET   CITY		STATE   ZIP	CONTACT NUMBER (   )

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# PERSONAL HISTORY STATEMENT -

## SECTION 3: MOTOR VEHICLE OPERATION *continued*

62. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month      Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month      Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month      Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

63. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

☐ Failed to appear    ☐ Failed to complete traffic school    ☐ Failed to pay the required fine

If checked, explain circumstances:

63. Have you been involved as the driver in a motor vehicle accident within the past seven years? ☐ Yes    ☐ No  
If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

64. Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes    ☐ No

IF YES, GIVE REASON:

DATE Month      Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
-------------------------	----------------------------------	------	-------	-----

65. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ☐ Yes    ☐ No

IF YES, GIVE REASON:

INSURANCE COMPANY	
DATE Month      Year	LOCATION (NUMBER / STREET / APT)      CITY      STATE      ZIP

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT -

## SECTION 9: MOTOR VEHICLE OPERATION *continued*

Use this space for additional information you would like to include regarding your driving record.

## SECTION 10: OTHER TOPICS

86. Have you ever been refused a permit to carry a concealed weapon? ☐ Yes ☐ No
87. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No
88. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No
89. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ☐ Yes ☐ No
90. Have you ever hit or physically overpowered a spouse or romantic partner? ☐ Yes ☐ No

If you answered yes to any of Questions 86-90, give details including dates and circumstances; indicate corresponding number.

## SECTION 11: CERTIFICATION

91. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL

DATE

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

## PERSONAL HISTORY STATEMENT -

### ADDITIONAL SPACE

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Identify the corresponding question and specific item being referenced:

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# Canton Police Department, Canton MO 63435

-----+-----			Sex Race	Date of Birth
Last Name	First Name	Middle Name	--	Month Day Year
			SSN:	
<b>AUTHORITY FOR RELEASE OF INFORMATION</b>				
Place of birth	County or City	State	Country	

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Canton Police Department whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, disciplinary records, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaints of a civil nature made by or against me, wherever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Canton Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that: any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Canton Police Department. I understand that all materials pertaining to this background investigation become the property of the Canton Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing

of my signature.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY:**

Subscribed and sworn before me this  
 \_\_\_\_ day of \_\_\_\_\_ 20

My commission expires ----- 20  
 Notary: \_\_\_\_\_

Signature		
Street Address		
City	State	Zip Code



## INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

**1. General Information.** The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next of kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

**2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR).** Personnel records of military members who were discharged, retired, or died in service less than 62 years ago and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STR's of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs approximately 40 days after the last day of active duty. (See item 3, Archival Records, if the military member was discharged, retired or died in service over 62 years ago.)

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel records and/or STR's must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next of kin may be any of the following: unmarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters must provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.

b. Fees for records: There is no charge for most services provided to service members or next of kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified.

**3. Archival Records.** Personnel records of military members who were discharged, retired, or died in service 62 or more years ago have been transferred to the legal custody of NARA and are referred to as "archival" records.

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next of kin is not required. However, in order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and preclude the release of some information.

b. Fees for Archival Records: Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). You will be notified if there is a charge for photocopies of documents contained in the record you are requesting. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

**4. Where reply may be sent.** The reply may be sent to the service member or any other address designated by the service member or other authorized requester.

**5. Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

**6. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from [inquire@nara.gov](mailto:inquire@nara.gov) or write to the Code 6 address on page 2 of the SF 180.

### PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

### PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.



## REQUEST PERTAINING TO MILITARY RECORDS

\* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>\*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

### SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)					
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED
a. ACTIVE COMPONENT					SERVICE NUMBER (If unknown, write "unknown")
b. RESERVE COMPONENT					
c. NATIONAL GUARD					
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

### SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

#### 1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- ☒ **DD Form 214 or equivalent.** When was the DD Form(s) 214 issued? YEAR(S): \_\_\_\_\_  
If more than one period of service was performed, even in the same branch, there may be more than one DD214.  
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. An **UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.  
An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214. ☐  
The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- ☒ **All Documents in Official Military Personnel File (OMPF)**
- ☒ **Medical Records** (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission must be provided: \_\_\_\_\_
- ☒ **Other (Specify):** All judicial and non-judicial

2. **PURPOSE:** (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- ☐ Benefits ☒ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal  
☐ Other, explain: \_\_\_\_\_

### SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:** (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.

- ☒ Military service member or veteran identified in Section I, above  
☐ Next of kin of deceased veteran: \_\_\_\_\_

(Relationship)

**MUST HAVE PROOF OF DEATH** - See item 2a on instruction sheet.

#### 2. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

- ☐ Legal guardian (Must submit copy of court appointment.)  
☐ Other (specify) \_\_\_\_\_

3. **AUTHORIZATION SIGNATURE WHEN REQUIRED** (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct. No signature required for Archival records.

Name

Street

City

State

Zip Code

Signature Required - Do not print

Date

( )  
Daytime phone

( )  
Fax Number

Email address



## LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired after 10/16/1992	14	11
	Active enlisted, officers	7	
	Former National Guard/USAR personnel	14	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

### ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTARA) 18420 E. Silver Creek Ave. Bldg. 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command ATTN: AHRC-PDR-V 1600 Spearhead Division Ave., Dept 420 Fort Knox, KY 40122-5402 askhrc.army@us.army.mil	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (PSD-MR) MS7200 US Coast Guard 4200 Wilson Blvd., Suite 1100 Arlington, VA 22908-7200 <a href="http://useg.mil/psc/adm">http://useg.mil/psc/adm</a>	8	Reserved.	13	Reserved.
4	Headquarters U.S. Marine Corps Manpower Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	Reserved.	14	National Personnel Records Center (Military Personnel Records) 1 Archives Dr. St. Louis, MO 63138-1002  eVetRees! <a href="http://www.archives.gov/veterans/military-service-records/">http://www.archives.gov/veterans/military-service-records/</a>
5	Marine Forces Reserve 4400 Dauphine St. New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-312E) 5720 Integrity Drive Millington, TN 38055-3120		