

Personal History Statement

A. Applicant Identification - Information Provided in this Section Is Used for Identification Purposes Only.

1. Name: _____
Last First Middle

2. Address: _____
Street Address or Post Office Box Number
City State Zip

3. Phone #: _____

4. Birthday: _____
Month / Day / Year

5. Nickname(s), maiden name, or other names by which you have been known:

6. Social Security No.: _____

7. Place of Birth: _____
City County State

8. Driver's License No.: _____

Expiration Date: _____

State of Issue: _____

9. Height: ___ 10. Weight: ___ 11. Eye Color: _____ 12. Hair Color: _____

13. U.S. Citizen? Yes ___ No ___

14. Scars, tattoos, or other distinguishing marks:

B. Residences - List all addresses where you have lived during the past 10 years, beginning with your present address. List date by month and year. Attach extra page if necessary.

From	To	Address

C. Work History - Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____ Name of a Co-worker _____

Reason for leaving _____

2. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____ Name of a Co-worker _____

Reason for leaving _____

3. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____ Name of a Co-worker _____

Reason for leaving _____

4. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____ Name of a Co-worker _____

Reason for leaving _____

5. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____ Name of a Co-worker _____

Reason for leaving _____

D. Military Record

1. Have you served in the U.S. Armed Forces? Yes ___ No ___
 (include National Guard service)

2. Date of Service: From _____ To _____ Military Service No.: _____

Branch of Service: _____ Unit Designation: _____

Highest Rank Held: _____ Type of Discharge: _____

3. Were you ever disciplined while in the military service (include court-martials, captain's masts, company punishment, etc.)?

Yes ___ No ___

Charge	Agency	Date	Age at Time	Disposition

If you received a discharge other than honorable, give complete details.

E. Educational History

1.	School or College Attended	City & State	Dates Attended		Graduated		Major
			From	To	Yes	No	

2. List any law enforcement training attended. Give name and dates of any schools or courses.

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

F. Special Qualifications & Skills

1. List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

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

3. If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair).

Language	Reading	Speaking	Understanding	Writing

4. List any other special skills or qualifications you may possess.

G. Convictions, Arrest, Detentions and Litigation

1. Have you ever been convicted, arrested, detained or summoned into court?

Yes ___ No ___ If yes, complete the following (list juvenile as well as adult occurrences):

Crime Charged	City & State	Date	Disposition of Case

2. Have you ever been involved as a party in civil litigation?

Yes ___ No ___ If yes, give details.

3. Have you ever been listed as a suspect or a person of interest in any criminal investigation?

Yes ___ No ___ If yes, give details.

H. Traffic Record

1. Has your driver's license ever been suspended or revoked?

Yes ___ No ___ If yes, give date, location and reasons.

2. With what company do you carry auto insurance?

3. List to the best of your memory all driving citations you have received as an adult or juvenile, excluding parking tickets.

Month & Year	Charge	City & State	Disposition

4. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

I. Marital & Family History

1. Are you? Single ___; Married ___; Separated ___; Divorced ___; Widowed ___

If married: Date of Marriage _____ City & State _____

Spouse's maiden name _____

Separated, or divorced (circle one if applicable):

Date of Order or Decree _____

Court & State where Issued _____

Present Address _____

Phone No. _____

2. List all children related to you or your spouse. (Natural, in-vitro, step-children, adopted & foster children)

Name	Relation	Date of Birth	Address	Supported by whom

3. List all other dependents.

Name	Relation	Address

4. List other relatives in the following order: father, mother (include maiden name), brothers & sisters. If deceased, so indicate.

Name	Relation	Date of Birth	Address	Phone Number

J. References or Acquaintances - list five persons who know you well enough to provide current information about you. Do not list relatives or former employees.

Name: _____ Address: _____
Home Phone No.: _____ Work Phone No.: _____ Years Known: _____

Name: _____ Address: _____
Home Phone No.: _____ Work Phone No.: _____ Years Known: _____

Name: _____ Address: _____
Home Phone No.: _____ Work Phone No.: _____ Years Known: _____

Name: _____ Address: _____
Home Phone No.: _____ Work Phone No.: _____ Years Known: _____

Name: _____ Address: _____
Home Phone No.: _____ Work Phone No.: _____ Years Known: _____

K. Financial History

1. What is your present salary or wages? _____

2. Do you have income from any source other than your principal occupation?

Yes ___ No ___ If yes, how much? _____

Monthly, bi-monthly, or weekly (circle one) Other: _____

The source: _____

3. Do you own any real estate? Yes ___ No ___ If yes, state it's value: _____

Location: _____

4. Do you own any bonds, government or other? Yes ___ No ___ Value: _____

5. Do you own any corporate stock? Yes ___ No ___ Value: _____

6. Do you have a bank account? Yes ___ No ___

Savings: Average Balance - _____

Name & Address of Bank _____

Checking: Average Balance - _____

Name & Address of Bank _____

7. Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include account numbers where applicable.

Name and Address of Creditor	Reason for Debt or Item Purchased	Account Number	Total Balance	Monthly Payments

L. Membership in Organizations (Past And/or Present)

Name and Address of Organization	Type of Organization (social, fraternal, professional, etc.)	Dates of Membership	
		From	To

M. Personal Declarations

1. Describe in your own words the frequency and extent of your use intoxicating liquors.

2. Have you ever used marijuana or any other drug not prescribed by your physician?

Yes ___ No ___ If yes, what were the circumstances? _____

3. Have you ever sold or furnished drugs or narcotics to anyone?

Yes ___ No ___ If yes, explain in detail. _____

4. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a law enforcement officer?

Yes ___ No ___ If yes, explain. _____



PEARL RIVER COUNTY SHERIFF'S DEPARTMENT
DAVID ALLISON, SHERIFF
200 S MAIN STREET
POPLARVILLE, MS 39470
Phone: (601) 403-2500
Fax: (601) 403-2344

TO: JOB APPLICANTS

FROM: REBECCA RASMUSSEN
Phone: 601-403-2538 Fax: 601-403-2502
rrasmusson@pearlrivercounty.net

SUBJECT: PRE HIRE DOCUMENTATION

THE DOCUMENTS LISTED BELOW ARE **REQUIRED**. PLEASE BRING ORIGINALS SO THAT A COPY CAN BE MADE OR ATTACH A COPY TO YOUR APPLICATION. **THIS IS MANDATORY**.

1. DRIVERS LICENSE
2. SOCIAL SECURITY CARD
3. BIRTH CERTIFICATE
4. HIGH SCHOOL DIPLOMA OR GED
5. MILITARY DD 214 LONG FORM (IF APPLICABLE)

PLEASE ATTACH TO YOUR APPLICATION FOR EMPLOYMENT

