

POSITION APPLIED FOR: \_\_\_\_\_  
THIS IS A CONFIDENTIAL DOCUMENT

# SIMLA POLICE DEPARTMENT

## APPLICATION AND STATEMENT OF PERSONAL HISTORY

This form must be typewritten or printed clearly in ink. All questions must be answered completely and accurately. All statements within this questionnaire are subject to verification. If space provided is inadequate, add a supplemental sheet to the back of this form and identify additional information by block number. Be sure to include the zip code with every address entered.

If you have been fired from a job, have a criminal record, or any other derogatory aspects of you life, these items, in themselves, may not keep you from being accepted. **However, the intentional omission, misrepresentation or falsification of any item will cause your application to be rejected.** No matter how qualified you are in other respects, you cannot become a SIMLA Police Officer if your truthfulness is in doubt.

For this reason, we encourage you to be open and straightforward as you respond to this questionnaire and in all your dealings with the SIMLA Police Department.

### 1. PERSONAL INFORMATION

NAME	LAST	FIRST	MIDDLE	RACE	SEX	DATE OF BIRTH	
				<input type="checkbox"/>	<input type="checkbox"/>		
STREET ADDRESS				HOME PHONE			
				( )			
CITY	STATE	ZIP CODE	WORK PHONE				
			( )				
LIST BELOW ANY OTHER NAMES YOU HAVE EVER USED, INCLUDE NICKNAMES AND ALIASES				U.S. CITIZEN?		NATURALIZED?	
				YES	NO	YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEIGHT	WEIGHT	EYES	HAIR	DRIVER' LICENSE NUMBER		STATE	
SOCIAL SECURITY NUMBER				OTHER DRIVER'S LICENSE NUMBER		STATE	
PLACE OF BIRTH	CITY	COUNTY	STATE	COUNTRY			

What lanuage(s) do you speak fluently? List: \_\_\_\_\_

**2. REFERENCES:**

GIVE 10 REFERENCES, NOT RELATED BY BLOOD, MARRIAGE, OR DOMESTIC PARTNERSHIP. WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITY, SIX OF WHOM MUST HAVE KNOWN YOU FOR AT LEAST THREE YEARS. BE SURE TO INCLUDE ZIP CODES.

COMPLETE NAME OF REFERENCE				YEARS KNOWN	PLACE OF EMPLOYMENT			
STREET ADDRESS				EMPLOYMENT ADDRESS				
CITY	STATE	ZIP CODE	HOME PHONE	CITY	STATE	ZIP CODE	WORK PHONE	

COMPLETE NAME OF REFERENCE				YEARS KNOWN	PLACE OF EMPLOYMENT			
STREET ADDRESS				EMPLOYMENT ADDRESS				
CITY	STATE	ZIP CODE	HOME PHONE	CITY	STATE	ZIP CODE	WORK PHONE	

COMPLETE NAME OF REFERENCE				YEARS KNOWN	PLACE OF EMPLOYMENT			
STREET ADDRESS				EMPLOYMENT ADDRESS				
CITY	STATE	ZIP CODE	HOME PHONE	CITY	STATE	ZIP CODE	WORK PHONE	

COMPLETE NAME OF REFERENCE				YEARS KNOWN	PLACE OF EMPLOYMENT			
STREET ADDRESS				EMPLOYMENT ADDRESS				
CITY	STATE	ZIP CODE	HOME PHONE	CITY	STATE	ZIP CODE	WORK PHONE	

COMPLETE NAME OF REFERENCE				YEARS KNOWN	PLACE OF EMPLOYMENT			
STREET ADDRESS				EMPLOYMENT ADDRESS				
CITY	STATE	ZIP CODE	HOME PHONE	CITY	STATE	ZIP CODE	WORK PHONE	

COMPLETE NAME OF REFERENCE				YEARS KNOWN	PLACE OF EMPLOYMENT			
STREET ADDRESS				EMPLOYMENT ADDRESS				
CITY	STATE	ZIP CODE	HOME PHONE	CITY	STATE	ZIP CODE	WORK PHONE	
COMPLETE NAME OF REFERENCE				YEARS KNOWN	PLACE OF EMPLOYMENT			

STREET ADDRESS				EMPLOYMENT ADDRESS			
CITY	STATE	ZIP CODE	HOME PHONE	CITY	STATE	ZIP CODE	WORK PHONE
COMPLETE NAME OF REFERENCE			YEARS KNOWN	PLACE OF EMPLOYMENT			
STREET ADDRESS				EMPLOYMENT ADDRESS			
CITY	STATE	ZIP CODE	HOME PHONE	CITY	STATE	ZIP CODE	WORK PHONE
COMPLETE NAME OF REFERENCE			YEARS KNOWN	PLACE OF EMPLOYMENT			
STREET ADDRESS				EMPLOYMENT ADDRESS			
CITY	STATE	ZIP CODE	HOME PHONE	CITY	STATE	ZIP CODE	WORK PHONE
COMPLETE NAME OF REFERENCE			YEARS KNOWN	PLACE OF EMPLOYMENT			
STREET ADDRESS				EMPLOYMENT ADDRESS			
CITY	STATE	ZIP CODE	HOME PHONE	CITY	STATE	ZIP CODE	WORK PHONE
COMPLETE NAME OF REFERENCE			YEARS KNOWN	PLACE OF EMPLOYMENT			
STREET ADDRESS				EMPLOYMENT ADDRESS			
CITY	STATE	ZIP CODE	HOME PHONE	CITY	STATE	ZIP CODE	WORK PHONE

### 3. RESIDENCES:

LIST BELOW ALL RESIDENCES SINCE AGE 16 OR FOR THE LAST 15 YEARS WHICH EVER IS LONGER. LIST PRESENT RESIDENCE FIRST. LIST ALL MILITARY DUTY STATIONS.

FROM MO./YR.	TO MO./YR.	ADDRESS	CITY	STATE	ZIP CODE
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH, & RELATIONSHIP)				LANDLORD INFORMATION NAME ADDRESS PHONE	
FROM MO./YR.	TO MO./YR.	ADDRESS	CITY	STATE	ZIP CODE
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH, & RELATIONSHIP)				LANDLORD INFORMATION NAME ADDRESS PHONE	
FROM MO./YR.	TO MO./YR.	ADDRESS	CITY	STATE	ZIP CODE
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH, & RELATIONSHIP)				LANDLORD INFORMATION NAME ADDRESS PHONE	

FROM MO./YR.	TO MO./YR.	ADDRESS	CITY	STATE	ZIP CODE
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH, & RELATIONSHIP)			LANDLORD INFORMATION NAME ADDRESS PHONE		
FROM MO./YR.	TO MO./YR.	ADDRESS	CITY	STATE	ZIP CODE
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH, & RELATIONSHIP)			LANDLORD INFORMATION NAME ADDRESS PHONE		
FROM MO./YR.	TO MO./YR.	ADDRESS	CITY	STATE	ZIP CODE
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH, & RELATIONSHIP)			LANDLORD INFORMATION NAME ADDRESS PHONE		
FROM MO./YR.	TO MO./YR.	ADDRESS	CITY	STATE	ZIP CODE
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH, & RELATIONSHIP)			LANDLORD INFORMATION NAME ADDRESS PHONE		
FROM MO./YR.	TO MO./YR.	ADDRESS	CITY	STATE	ZIP CODE
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH, & RELATIONSHIP)			LANDLORD INFORMATION NAME ADDRESS PHONE		
FROM MO./YR.	TO MO./YR.	ADDRESS	CITY	STATE	ZIP CODE
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH, & RELATIONSHIP)			LANDLORD INFORMATION NAME ADDRESS PHONE		
FROM MO./YR.	TO MO./YR.	ADDRESS	CITY	STATE	ZIP CODE
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH, & RELATIONSHIP)			LANDLORD INFORMATION NAME ADDRESS PHONE		
FROM MO./YR.	TO MO./YR.	ADDRESS	CITY	STATE	ZIP CODE
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH, & RELATIONSHIP)			LANDLORD INFORMATION NAME ADDRESS PHONE		

#### 4. EMPLOYMENT:

LIST EVERY PERIOD OF EMPLOYMENT OR UNEMPLOYMENT THAT YOU HAVE HAD IN THE LAST 15 YEARS OR FROM HIGH SCHOOL WHICHEVER IS GREATER. BEGIN WITH PRESENT EMPLOYER / EMPLOYMENT, INCLUDE PART TIME JOBS, AND VOLUNTEER POSITIONS. LIST ZIP CODES

Dates Of Employment		Name & Address Of Employer		Telephone	Names Of Supervisors (2)
FROM MO. YR.	TO MO. YR.			( )	
/ /					
<input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY		TITLE & DUTIES	SALARY / MO.	Names of co-workers (3)	
REASON FOR LEAVING					
List any disciplinary action taken against you					

I HAVE OBJECTIONS TO YOUR MAKING INQUIRIES OF MY PRESENT EMPLOYER. YES  NO   
 I REALIZE THAT BECAUSE OF THIS, MY BACKGROUND INVESTIGATION MAY BE DELAYED.

REASON:

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Dates Of Employment		Name & Address Of Employer		Telephone	Names Of Supervisors (2)
FROM MO. YR.	TO MO. YR.			( )	
/ /					
<input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY		TITLE & DUTIES	SALARY / MO.	Names of Co-workers (3)	
REASON FOR LEAVING					
List any disciplinary action taken against you					

Dates Of Employment		Name & Address Of Employer		Telephone	Names Of Supervisors (2)
FROM MO. YR.	TO MO. YR.			( )	
/ /					
<input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY		TITLE & DUTIES	SALARY / MO.	Names of Co-workers (3)	
REASON FOR LEAVING					
List any disciplinary action taken against you					

<b>Dates Of Employment</b> FROM MO. YR. TO MO. YR. / / <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY	<b>Name &amp; Address Of Employer</b>		<b>Telephone</b> ( )	<b>Names Of Supervisors (2)</b>
	<b>TITLE &amp; DUTIES</b>		<b>SALARY / MO.</b>	<b>Names of Co-workers (3)</b>
<b>REASON FOR LEAVING</b>				
<b>List any disciplinary action taken against you</b>				

<b>Dates Of Employment</b> FROM MO. YR. TO MO. YR. / / <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY	<b>Name &amp; Address Of Employer</b>		<b>Telephone</b> ( )	<b>Names Of Supervisors (2)</b>
	<b>TITLE &amp; DUTIES</b>		<b>SALARY / MO.</b>	<b>Names of Co-workers (3)</b>
<b>REASON FOR LEAVING</b>				
<b>List any disciplinary action taken against you</b>				

<b>Dates Of Employment</b> FROM MO. YR. TO MO. YR. / / <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY	<b>Name &amp; Address Of Employer</b>		<b>Telephone</b> ( )	<b>Names Of Supervisors (2)</b>
	<b>TITLE &amp; DUTIES</b>		<b>SALARY / MO.</b>	<b>Names of Co-workers (3)</b>
<b>REASON FOR LEAVING</b>				
<b>List any disciplinary action taken against you</b>				

<b>Dates Of Employment</b> FROM MO. YR. TO MO. YR. / / <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY	<b>Name &amp; Address Of Employer</b>		<b>Telephone</b> ( )	<b>Names Of Supervisors (2)</b>
	<b>TITLE &amp; DUTIES</b>		<b>SALARY / MO.</b>	<b>Names of Co-workers (3)</b>
<b>REASON FOR LEAVING</b>				
<b>List any disciplinary action taken against you</b>				

**5. POLICE CONTACT / ARREST RECORD:**

LIST ALL MATTERS THAT RESULTED IN POLICE CONTACT EVEN IF NOT FORMALLY CHARGED, OR NO COURT APPEARANCE, OR FOUND NOT GUILTY OR MATTER SETTLED BY PAYMENT OF A FINE; WHETHER AS A JUVENILE OR ADULT; WHERE YOU WERE ARRESTED, TAKEN INTO CUSTODY, HELD ON SUSPICION, FINGERPRINTED, BEEN A SUSPECT, DETAINED, QUESTIONED, AND/OR ISSUED A FELONY OR MISDEMEANOR CITATION. (EXCLUDING PARKING TICKETS) LIST ALL MATTERS THAT RESULTED IN A DETENTION, QUESTIONED AS A SUSPECT, ISSUED A CITATION OR ARRESTED BY NON-LAW ENFORCEMENT PERSONNEL OR MILITARY AUTHORITIES FOR ANY VIOLATION.

Date	Place	Charge	Final Disposition	Details

**6. TRAFFIC RECORD:**

LIST ALL TRAFFIC CITATIONS AND ALL SUSPENSIONS ISSUED IN YOUR LIFETIME. (EXCLUDING PARKING TICKETS).

**TRAFFIC CITATIONS**

Date	Place	Charge	Final Disposition	Details

**SUSPENSIONS**

Date From	Date To	Classification	Details

## 7. MOTOR VEHICLE ACCIDENTS

LIST ALL MOTOR VEHICLE ACCIDENTS YOU HAVE HAD AS A DRIVER IN THE LAST 10 YEARS.

Date	Police Investigation	City / County / State	Police Agency
	YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> NOT AT FAULT <input type="checkbox"/> AT FAULT <input type="checkbox"/> INJURY <input type="checkbox"/> NON-NJURY
	YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> NOT AT FAULT <input type="checkbox"/> AT FAULT <input type="checkbox"/> INJURY <input type="checkbox"/> NON-NJURY
	YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> NOT AT FAULT <input type="checkbox"/> AT FAULT <input type="checkbox"/> INJURY <input type="checkbox"/> NON-NJURY
	YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> NOT AT FAULT <input type="checkbox"/> AT FAULT <input type="checkbox"/> INJURY <input type="checkbox"/> NON-NJURY

## 8. ASSOCIATES ARREST HISTORY

HAS A MEMBER OF YOUR FAMILY, CLOSE RELATIVES, IN-LAWS, OR ANYONE ELSE YOU ARE CLOSELY ASSOCIATED WITH EVER BEEN ARRESTED FOR ANYTHING OTHER THAN TRAFFIC VIOLATIONS? IF SO, LIST BELOW.

Date	Name And Relationship	DOB	Place	Charge	Final Disposition

## 9. RELATIVES;

LIST BELOW THE **FULL NAMES** OF **ALL** PARENTS, STEP-PARENTS, SPOUSES, DOMESTIC PARTNERS, BROTHERS/SISTERS, STEP-BROTHERS/SISTERS, SPECIFIED IN-LAWS, CHILDREN AND STEP CHILDREN WITH FULL DATES OF BIRTH. IF DECEASED, INDICATE WITH AN ASTERISK (\*).

Father	Birth Date	Home Phone	Home Address, City, State, Zip Code
Father's Employer And Occupation		Business Phone	Business Address, City, State, Zip Code
Step-Father	Birth Date	Home Phone	Home Address, City, State, Zip Code
Step-Fathers Employer And Occupation		Business Phone	Business Address, City, State, Zip Code
Mother	Birth Date	Home Phone	Home Address, City, State, Zip Code



<b>Mother's Employer And Occupation</b>		<b>Business Phone</b>	<b>Business Address, City, State, Zip Code</b>
<b>Step-Mother</b>	<b>Birth Date</b>	<b>Home Phone</b>	<b>Home Address, City, State, Zip Code</b>
<b>Step-Mothers Employer And Occupation</b>		<b>Business Phone</b>	<b>Business Address, City, State, Zip Code</b>
<b>Brothers &amp; Sisters (Step also)</b>	<b>Birth Date</b>	<b>Home Phone</b>	<b>Home Address, City, State, Zip Code</b>

**10. MILITARY STATUS:**

HAVE YOU SERVED IN THE UNITED STATES ARMED FORCES? YES  NO

IF YES, ATTACH A **MEMBER 4 COPY** OF YOUR DISCHARGE OR SEPARATION PAPERS (DD214).

- WHILE IN MILITARY SERVICE WERE YOU EVER QUESTIONED, DETAINED, THE SUBJECT OF ANY REPORT, HELD ON SUSPICION, CITED, TAKEN INTO CUSTODY OR ARRESTED FOR ANY OFFENSE, OR A DEFENDANT IN ANY TRIAL BY CIVILIAN OR MILITARY AUTHORITIES? YES  NO

- WHILE IN THE MILITARY DID YOU RECEIVE ANY DISCIPLINARY ACTION? YES  NO

IF YES, ON A SUPPLEMENTAL SHEET, GIVE DATE, PLACE, LAW ENFORCING AUTHORITY OR TYPE OF CONVENING AUTHORITY, CHARGE AND ACTION TAKEN IN EACH INCIDENT.

ARE YOU PRESENTLY A MEMBER OF THE U.S. RESERVE OR NATIONAL GUARD? YES  NO

Branch of Service	Component	From Date	To Date	Type of Discharge & Service Number

**11. EDUCATION**

LIST ALL CIVILIAN AND MILITARY SCHOOLS. LIST MOST CURRENT SCHOOL FIRST. INCLUDE HIGH SCHOOL OR DATE & PLACE OF GED.

From Date	To Date	Name & Location of School	Graduated Year	Degree/Diploma	Major

**12.** I HEARBY SWEAR OR AFFIRM THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR OMISSIONS IN, OR FALSIFICATIONS OF, THE PRECEDING STATEMENTS AND ANSWERS. I AM AWARE THAT SHOULD THIS INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, FALSIFICATIONS, OR OMISSIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING FOR ANY FUTURE POSITION IN THE SERVICE OF THE SIMLA POLICE DEPARTMENT, OR IF AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE MISREPRESENTATION, FALSIFICATION, OR OMISSION, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**TO WHOM IT MAY CONCERN:** As an applicant for a position with the Simla Police Department, I am required to furnish information concerning my moral, physical, educational, and mental qualifications. The Simla Police Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's best interest that all-relevant information concerning my personal and employment history be disclosed to The Town of Simla. I hereby authorize any representative of the Simla Police Department bearing this release to obtain any information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself; by and to any duly authorized agent of the Simla Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. 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 that may provide pertinent data for the Simla Police Department to consider in determining my suitability for employment in that office. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to your release of any and all public and private information that you have concerning me, to include the following: work records, background data, details regarding my reputation, military service records, educational records, financial status, criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, your organization and its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Simla Police Department. Resources regardless of any agreement I may have made with you previously to the contrary. The Simla Police Department will discontinue processing my application if you refuse to disclose the information requested.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION (continued)** For and in consideration of the Simla Police Department acceptance and processing of my application for appointment or employment, I agree to hold the Simla Police Department, its agents and employees harmless from any and all claims and liability associated with my application for appointment or employment in any way connected with the decision whether or not to appoint or employ me with the Simla Police Department. I understand that should information of a criminal nature surface as a result of this investigation, such information will be turned over to the proper authorities. I understand that I have rights guaranteed by law to privacy with regards to the disclosure of records or information concerning me and I voluntarily, knowingly, and willingly waive those rights with the understanding that information furnished will be used by the Simla Police Department in conjunction appointment or employment procedures. I agree any information provided by me, by others concerning me, or discovered during a background investigation concerning this application, is the sole property of The Town of Simla. Further, that it will not be released to anyone, including me, except at the discretion of the Simla Police Department. I further understand that it is my responsibility to provide any records requested and failure to do so will result in my application for appointment or employment to be terminated. A photocopy or FAX copy of this release form will be valid as an original thereof; even though said photocopy or FAX copy does not contain an original writing of my signature. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. 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. This waiver is valid for a period of one year from the date of my signature.

Full Name (print) \_\_\_\_\_

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

Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip  
Code \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public

\_\_\_\_\_