

LINCOLN  
**P O L I C E**

Leadership Performance Dedication



**PERSONAL HISTORY STATEMENT**

Name: \_\_\_\_\_

Written Test Date: \_\_\_\_\_

## **REQUIRED DOCUMENT LIST**

The below listed documents are to be provided by the applicant. **Original documents must be provided at the time of your oral interview.** Copies will be made of your documents and the original will be returned to you at the time of your interview. We will keep the original copy of your transcripts. Place a check mark in the space provided to the left of this form to verify that the required documents have been obtained. If a particular document does not apply to you, enter "N/A" in the space provided. **YOU MUST OBTAIN ALL REQUIRED DOCUMENTS AND PRESENT THEM AT YOUR INTERVIEW. FAILURE TO DO SO MAY RESULT IN DISQUALIFICATION.**

- \_\_\_\_\_ 1. Birth Certificate or other official proof of birth (official seal)
- \_\_\_\_\_ 2. Social Security Card
- \_\_\_\_\_ 3. Valid Motor Vehicle Operator's License
- \_\_\_\_\_ 4. High School Transcripts (official copies only)
- \_\_\_\_\_ 5. High School Diploma
- \_\_\_\_\_ 6. College Transcripts (official copies only)
- \_\_\_\_\_ 7. College Diploma
- \_\_\_\_\_ 8. Marriage Certificate for each marriage
- \_\_\_\_\_ 9. Divorce Decree/Annulment for each incident
- \_\_\_\_\_ 10. Military DD214
- \_\_\_\_\_ 11. Any Temporary Restraining or Protection Order issued on your behalf or against you

### **CERTIFICATION**

I hereby certify that I have read and understood the above information. I further understand that failure to provide the necessary requested documents or offering fictitious/erroneous statements may result in disqualification. It is imperative that you are honest. Dishonestly, minimization or embellishment of events and failing to disclose any information will not be tolerated and may prohibit your ability to move forward in the hiring process. *Furthermore, I understand that the information contained in this Personal History Statement, along with the information on my application and the following will be covered in the polygraph exam: crimes against persons and property, drug and alcohol use and distribution and truthfulness.*

\_\_\_\_\_  
Applicant's Name (Please print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# **INSTRUCTIONS**

## **READ THESE INSTRUCTIONS CAREFULLY**

### **BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. ***It is essential that the information is accurate in all respects.*** It will be used as a basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink. Answer all questions honestly.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses, phone numbers and email addresses. If you are not sure, check it by personal verification.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite our background investigation. On the other hand, **deliberate omissions or falsifications may result in disqualification.**
7. The original Personal History Statement will not be returned to you. Keep a copy for your records.



**B. Applications to other agencies**

1. Have you ever made an application for employment with this or any other law enforcement or related agency? If so, give agency, date(s) and status of application.

<b>Agency/Location</b>	<b>Date Applied:</b>	<b>How far did you advance? What, in your opinion, was the reason you were not hired?</b>

**C. Residences** – List all addresses where you have lived during the past 10 years. ***Begin with present address. List date by month and year. Attach extra page(s) if necessary. Make sure the landlord and co-habitant information is current.***

**#1. (Present Address) Dates resided there:**

<b>Address:</b>	<b>Landlord Info</b>	<b>Co-habitants:</b>	<b>Co-habitants:</b>
	<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
	<b>Address:</b>	<b>Address:</b>	<b>Address:</b>
<b>Rent or Own?</b>			
	<b>Phone Number</b>	<b>Phone Number:</b>	<b>Phone Number:</b>
	<b>Email:</b>	<b>Email:</b>	<b>Email:</b>

Why did you leave: \_\_\_\_\_

*\*\*If you have more co-habitants, please check here \_\_\_\_\_ and continue on the back.*

**#2. Dates resided there:**

<b>Address:</b>	<b>Landlord Info</b>	<b>Co-habitants:</b>	<b>Co-habitants:</b>
	<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
	<b>Address:</b>	<b>Address:</b>	<b>Address:</b>
<b>Rent or Own?</b>			
	<b>Phone Number</b>	<b>Phone Number:</b>	<b>Phone Number:</b>
	<b>Email:</b>	<b>Email:</b>	<b>Email:</b>

Why did you leave: \_\_\_\_\_

*\*\*If you have more co-habitants, please check here \_\_\_\_\_ and continue on the back.*

**#3. Dates resided there:**

<b>Address:</b>	<b>Landlord Info</b>	<b>Co-habitants:</b>	<b>Co-habitants:</b>
	<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
	<b>Address:</b>	<b>Address:</b>	<b>Address:</b>
<b>Rent or Own?</b>			
	<b>Phone Number</b>	<b>Phone Number:</b>	<b>Phone Number:</b>
	<b>Email:</b>	<b>Email:</b>	<b>Email:</b>

Why did you leave: \_\_\_\_\_

*\*\*If you have more co-habitants, please check here \_\_\_\_\_ and continue on the back.*

**#4. Dates resided there:**

<b>Address:</b>	<b>Landlord Info</b>	<b>Co-habitants:</b>	<b>Co-habitants:</b>
	<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
	<b>Address:</b>	<b>Address:</b>	<b>Address:</b>
<b>Rent or Own?</b>			
	<b>Phone Number</b>	<b>Phone Number:</b>	<b>Phone Number:</b>
	<b>Email:</b>	<b>Email:</b>	<b>Email:</b>

Why did you leave: \_\_\_\_\_

*\*\*If you have more co-habitants, please check here \_\_\_\_\_ and continue on the back.*

**#5. Dates resided there:**

<b>Address:</b>	<b>Landlord Info</b>	<b>Co-habitants:</b>	<b>Co-habitants:</b>
	<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
	<b>Address:</b>	<b>Address:</b>	<b>Address:</b>
<b>Rent or Own?</b>			
	<b>Phone Number</b>	<b>Phone Number:</b>	<b>Phone Number:</b>
	<b>Email:</b>	<b>Email:</b>	<b>Email:</b>

Why did you leave: \_\_\_\_\_

*\*\*If you have more co-habitants, please check here \_\_\_\_\_ and continue on the back.*

**#6. Dates resided there:**

<b>Address:</b>	<b>Landlord Info</b>	<b>Co-habitants:</b>	<b>Co-habitants:</b>
	<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
	<b>Address:</b>	<b>Address:</b>	<b>Address:</b>
<b>Rent or Own?</b>			
	<b>Phone Number</b>	<b>Phone Number:</b>	<b>Phone Number:</b>
	<b>Email:</b>	<b>Email:</b>	<b>Email:</b>

Why did you leave: \_\_\_\_\_

*\*\*If you have more co-habitants, please check here \_\_\_\_\_ and continue on the back.*

**\*\*\*If you have more residents to list, please do so on a separate piece of paper.**

1. Have the police ever been called to any of your residences for any reason?  Yes  No  
\*If yes, please explain: \_\_\_\_\_

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2. Have you ever had any problems with any landlords, neighbors or other tenants?  
 Yes  No \*If yes, please explain? \_\_\_\_\_

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3. Have you ever been late on your rent?  Yes  No  
\*If yes, please explain: \_\_\_\_\_

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4. Have you always given proper notice when vacating a property?  Yes  No  
\*If no, please explain: \_\_\_\_\_

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5. Have you ever been evicted?  Yes  No  
\*If yes, please explain: \_\_\_\_\_

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<b>D. Education (High School, Technical and College)</b>			
<b><u>HIGH SCHOOL NAME:</u></b>	<b><u>ADDRESS:</u></b>	<b><u>YEARS ATTENDED</u></b> <b><u>From:</u></b> <b><u>To:</u></b>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>REFERENCE:</u></b>
<b><u>HIGH SCHOOL NAME:</u></b>	<b><u>ADDRESS:</u></b>	<b><u>YEARS ATTENDED</u></b> <b><u>From:</u></b> <b><u>To:</u></b>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>REFERENCE:</u></b>
<b><u>COLLEGE:</u></b>	<b><u>ADDRESS:</u></b>	<b><u>YEARS ATTENDED</u></b> <b><u>From:</u></b> <b><u>To:</u></b>	<b><u>REFERENCE:</u></b>
	<b><u>UNITS COMPLETED</u></b>	<b><u>MAJOR/MINOR</u></b>	<b><u>DEGREE RECEIVED?/DATE</u></b>
<b><u>COLLEGE:</u></b>	<b><u>ADDRESS:</u></b>	<b><u>YEARS ATTENDED</u></b> <b><u>From:</u></b> <b><u>To:</u></b>	<b><u>REFERENCE:</u></b>
	<b><u>UNITS COMPLETED</u></b>	<b><u>MAJOR/MINOR</u></b>	<b><u>DEGREE RECEIVED?/DATE</u></b>
<b><u>COLLEGE:</u></b>	<b><u>ADDRESS:</u></b>	<b><u>YEARS ATTENDED</u></b> <b><u>From:</u></b> <b><u>To:</u></b>	<b><u>REFERENCE:</u></b>
	<b><u>UNITS COMPLETED</u></b>	<b><u>MAJOR/MINOR</u></b>	<b><u>DEGREE RECEIVED?/DATE</u></b>
<b><u>TECHNICAL SCHOOL:</u></b>	<b><u>ADDRESS:</u></b>	<b><u>YEARS ATTENDED</u></b> <b><u>From:</u></b> <b><u>To:</u></b>	<b><u>REFERENCE:</u></b>
	<b><u>UNITS COMPLETED</u></b>	<b><u>MAJOR/MINOR</u></b>	<b><u>DEGREE RECEIVED?/DATE</u></b>
<b><u>OTHER:</u></b>	<b><u>ADDRESS:</u></b>	<b><u>YEARS ATTENDED</u></b> <b><u>From:</u></b> <b><u>To:</u></b>	<b><u>REFERENCE:</u></b>
	<b><u>UNITS COMPLETED</u></b>	<b><u>MAJOR/MINOR</u></b>	<b><u>DEGREE RECEIVED?/DATE</u></b>

1. During high school were you involved in any extra-curricular activities?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What awards and/or recognition did you receive in high school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. During college were you involved in any extra-curricular activities?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What awards and/or recognition did you receive, if any, in college? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been placed on academic probation?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## E. 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 that 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. Have you ever done or do you currently do any volunteer work? **\*If yes**, please list:

Name of Agency

Volunteer Duties:


5. Are you a member of any organizations? (Past and/or present). Please list name of organization, type (social, fraternal, professional, etc.) and dates of membership.

<b>Name of Organization</b>	<b>Type</b>	<b>From</b>	<b>To</b>

6. List any other skills or qualifications you possess.

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7.  I possess/possessed a **Law enforcement Certificate/P.O.S.T. Certificate** (attach copy).

State: \_\_\_\_\_ Date issued: \_\_\_\_\_

Status:  Active or  Inactive

## F. WORK HISTORY

\*Beginning with your most current employment, list all jobs you have held since the age of 16. **Part-time, temporary or seasonal work should be included. Periods of unemployment must also be identified.** Attach extra pages if necessary.

<b>CURRENT EMPLOYER</b>		
<b>Name of Employer:</b>	<b>Address:</b>	<b>Phone number (current):</b>
<b>Position/Title:</b>	<b>From:</b> <b>To:</b>	<b>Email:</b> <b>Supervisor:</b>
<b>Co-worker/address/phone #</b>	<b>Duties:</b>	
<b>Email:</b>		
<input type="checkbox"/> <b>Full-time</b>	<input type="checkbox"/> <b>Part-time</b>	<input type="checkbox"/> <b>Temporary</b> <input type="checkbox"/> <b>Volunteer</b>
<b>Reason for Leaving:</b>		
_____		
_____		
_____		

<b>Name of Employer:</b>	<b>Address:</b>	<b>Phone number (current):</b>
<b>Position/Title:</b>	<b>From:</b> <b>To:</b>	<b>Email:</b> <b>Supervisor:</b>
<b>Co-worker/address/phone #</b>	<b>Duties:</b>	
<b>Email:</b>		
<input type="checkbox"/> <b>Full-time</b>	<input type="checkbox"/> <b>Part-time</b>	<input type="checkbox"/> <b>Temporary</b> <input type="checkbox"/> <b>Volunteer</b>
<b>Reason for Leaving:</b>		
_____		
_____		
_____		

<b>Name of Employer:</b>	<b>Address:</b>	<b>Phone number (current):</b>
		<b>Email:</b>
<b>Position/Title:</b>	<b>From:</b>	<b>Supervisor:</b>
	<b>To:</b>	
<b>Co-worker/address/phone #</b>	<b>Duties:</b>	
<b>Email:</b>		
<input type="checkbox"/> <b>Full-time</b>	<input type="checkbox"/> <b>Part-time</b>	<input type="checkbox"/> <b>Temporary</b> <input type="checkbox"/> <b>Volunteer</b>
<b>Reason for Leaving:</b>		
_____		
_____		
_____		

<b>Name of Employer:</b>	<b>Address:</b>	<b>Phone number (current):</b>
		<b>Email:</b>
<b>Position/Title:</b>	<b>From:</b>	<b>Supervisor:</b>
	<b>To:</b>	
<b>Co-worker/address/phone #</b>	<b>Duties:</b>	
<b>Email:</b>		
<input type="checkbox"/> <b>Full-time</b>	<input type="checkbox"/> <b>Part-time</b>	<input type="checkbox"/> <b>Temporary</b> <input type="checkbox"/> <b>Volunteer</b>
<b>Reason for Leaving:</b>		
_____		
_____		
_____		

<b>Name of Employer:</b>	<b>Address:</b>	<b>Phone number (current):</b>
		<b>Email:</b>
<b>Position/Title:</b>	<b>From:</b>	<b>Supervisor:</b>
	<b>To:</b>	
<b>Co-worker/address/phone #</b>	<b>Duties:</b>	
<b>Email:</b>		
<input type="checkbox"/> <b>Full-time</b>	<input type="checkbox"/> <b>Part-time</b>	<input type="checkbox"/> <b>Temporary</b> <input type="checkbox"/> <b>Volunteer</b>
<b>Reason for Leaving:</b>		
_____		
_____		
_____		

<b>Name of Employer:</b>	<b>Address:</b>	<b>Phone number (current):</b>  <b>Email:</b>
<b>Position/Title:</b>	<b>From:</b>  <b>To:</b>	<b>Supervisor:</b>
<b>Co-worker/address/phone #</b>  <b>Email:</b>	<b>Duties:</b>	
<input type="checkbox"/> <b>Full-time</b>	<input type="checkbox"/> <b>Part-time</b>	<input type="checkbox"/> <b>Temporary</b> <input type="checkbox"/> <b>Volunteer</b>
<b>Reason for Leaving:</b> _____ _____ _____		

<b>Name of Employer:</b>	<b>Address:</b>	<b>Phone number (current):</b>  <b>Email:</b>
<b>Position/Title:</b>	<b>From:</b>  <b>To:</b>	<b>Supervisor:</b>
<b>Co-worker/address/phone #</b>  <b>Email:</b>	<b>Duties:</b>	
<input type="checkbox"/> <b>Full-time</b>	<input type="checkbox"/> <b>Part-time</b>	<input type="checkbox"/> <b>Temporary</b> <input type="checkbox"/> <b>Volunteer</b>
<b>Reason for Leaving:</b> _____ _____ _____		

<b>Name of Employer:</b>	<b>Address:</b>	<b>Phone number (current):</b>  <b>Email:</b>
<b>Position/Title:</b>	<b>From:</b>  <b>To:</b>	<b>Supervisor:</b>
<b>Co-worker/address/phone #</b>  <b>Email:</b>	<b>Duties:</b>	
<input type="checkbox"/> <b>Full-time</b>	<input type="checkbox"/> <b>Part-time</b>	<input type="checkbox"/> <b>Temporary</b> <input type="checkbox"/> <b>Volunteer</b>
<b>Reason for Leaving:</b> _____ _____		

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<b>Name of Employer:</b>	<b>Address:</b>	<b>Phone number (current):</b>
<b>Position/Title:</b>	<b>From:</b>	<b>Email:</b>
<b>Co-worker/address/phone #</b>	<b>To:</b>	<b>Supervisor:</b>
<b>Email:</b>	<b>Duties:</b>	
<input type="checkbox"/> <b>Full-time</b>	<input type="checkbox"/> <b>Part-time</b>	<input type="checkbox"/> <b>Temporary</b> <input type="checkbox"/> <b>Volunteer</b>
<b>Reason for Leaving:</b>		
_____		
_____		
_____		

1. May we contact your present employer during the course of the background investigation?  
 Yes    No  
 \*If no, when should contact be made? \_\_\_\_\_  
 \_\_\_\_\_

2. Have you ever been fired or asked to resign from any place of employment?  
 Yes    No  
 \*If yes, please give details. Include when this occurred, name of the employer and why.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Have you ever received any documented reprimands or write-ups from an employer?  
 Yes    No  
 \*If yes, please list when, circumstances and employer.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Have you ever received any awards or recognition in any of your employment?  
 Yes    No  
 \*If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Have you ever been disciplined at work? Anything from being scolded to being written up?

Yes  No

\*If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## G. Military Experience/Record

**Selective Service Number:** \_\_\_\_\_

*\*(18 to 26 year old males must register with the U.S. Selective Service)*

Date and address of registration: \_\_\_\_\_

\_\_\_\_\_

1. Have you served in the U.S. Armed Forces, National Guard or Military Reserves?  Yes  No

Date of service: From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

2. Were you ever turned down by any of the Armed Forces?  Yes  No

3. Unit of Designation:

\_\_\_\_\_

4. Highest rank held:

\_\_\_\_\_

5. Did you receive any awards or recognition while in the military?  Yes  No

\*If yes, please list them: \_\_\_\_\_

\_\_\_\_\_

6. Type of discharge:  Honorable  General  Medical  Less than honorable  Other

\*\*If other than honorable or medical discharge, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Are you eligible to reenlist?  Yes  No

8. Did you ever receive any judicial or non-judicial discipline while in the military?  Yes  No

9. Did you receive any negative counseling statements while in the military?  Yes  No

10. Were you ever charged with a violation of the UCMJ?  Yes  No

11. Were you ever the subject of any military investigation, detained, arrested or incarcerated by the Military Police, NCIS, CID, OIS or any other investigative agency?  Yes  No

12. Have you ever been involved in a traffic accident or received a traffic citation while on a military



base?  Yes  No

\*\*If you answered YES to any question #7-#11, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## H. Traffic Record

\*Current Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Please list other states in which you have been licensed to operate a motor vehicle

Driver's License number and State:	Name under which license was issued:
Driver's License number and State:	Name under which license was issued:

Please list all vehicles registered to you and/or your spouse

Year:	Make/Model:	License Plate Number/State:	Vehicle ID Number (VIN)
Year:	Make/Model:	License Plate Number/State:	Vehicle ID Number (VIN)
Year:	Make/Model:	License Plate Number/State:	Vehicle ID Number (VIN)

1. Have you ever been refused a driver's license by any state?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has your driver's license ever been suspended, revoked, restricted or placed on probation?

Yes  No \*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you drive while on suspension or revocation?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. With what insurance company do you carry auto insurance?

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

Yes  No

\*If yes, please give details including company name, date and reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever driven without a proper license either as a juvenile or an adult?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

7. Have you ever had a traffic or parking citation turn into a failure to appear warrant?  Yes  No  
\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

*List all driving citations you have received as an adult or as a juvenile, excluding warnings and parking tickets.*

<b>Nature of Violation:</b>	<b>Location/Agency Name (City/State):</b>	<b>Date:</b>	<b>Disposition (Fine, Court):</b>
<b>Nature of Violation:</b>	<b>Location/Agency Name (City/State):</b>	<b>Date:</b>	<b>Disposition (Fine, Court):</b>
<b>Nature of Violation:</b>	<b>Location/Agency Name (City/State):</b>	<b>Date:</b>	<b>Disposition (Fine, Court):</b>
<b>Nature of Violation:</b>	<b>Location/Agency Name (City/State):</b>	<b>Date:</b>	<b>Disposition (Fine, Court):</b>
<b>Nature of Violation:</b>	<b>Location/Agency Name (City/State):</b>	<b>Date:</b>	<b>Disposition (Fine, Court):</b>
<b>Nature of Violation:</b>	<b>Location/Agency Name (City/State):</b>	<b>Date:</b>	<b>Disposition (Fine, Court):</b>
<b>Nature of Violation:</b>	<b>Location/Agency Name (City/State):</b>	<b>Date:</b>	<b>Disposition (Fine, Court):</b>

Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates, locations, investigating agency and if you were given a citation as a result of those accidents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

## I. Arrests, Detentions and Litigation

*If you have ever been arrested, detained by the police, taken into physical custody, issued a citation or convicted of any crime as a juvenile or adult, please indicate this below. This includes any charges that were dismissed or dropped. Exclude driving citations mentioned previously.*

<b>Date:</b>	<b>Agency/Location:</b>	<b>Charge (if any):</b>	<b>Disposition:</b>
<b>Date:</b>	<b>Agency/Location:</b>	<b>Charge (if any):</b>	<b>Disposition:</b>
<b>Date:</b>	<b>Agency/Location:</b>	<b>Charge (if any):</b>	<b>Disposition:</b>
<b>Date:</b>	<b>Agency/Location:</b>	<b>Charge (if any):</b>	<b>Disposition:</b>
<b>Date:</b>	<b>Agency/Location:</b>	<b>Charge (if any):</b>	<b>Disposition:</b>
<b>Date:</b>	<b>Agency/Location:</b>	<b>Charge (if any):</b>	<b>Disposition:</b>
<b>Date:</b>	<b>Agency/Location:</b>	<b>Charge (if any):</b>	<b>Disposition:</b>
<b>Date:</b>	<b>Agency/Location:</b>	<b>Charge (if any):</b>	<b>Disposition:</b>

1. Have you been placed on court probation as a juvenile or as an adult?  Yes  No

\*If yes, list all details:

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2. Have you ever been arrested or detained?  Yes  No

\*If yes, please explain: \_\_\_\_\_

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3. Have you ever been contacted by the police for any reason?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been (or are you currently) involved as a plaintiff or defendant in a civil court action?  
 Yes  No

\*If yes, please give details to include date, location, name of court and circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever settled a civil suit out of court in which you, your insurance company or anyone else on your behalf was required to make payment to another party?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. Do you engage in gambling or any other gaming activities?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

6. Have you ever participated in any gambling activities?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

7. Have you ever had any financial problems due to gambling?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

8. Have you ever borrowed or stolen any money to gamble with?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

9. Have you ever had to borrow or steal to pay a gambling debt?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

10. What is the most you have ever won gambling? \_\_\_\_\_

11. What is the most you have ever lost gambling? \_\_\_\_\_

12. Have you ever bet through a bookie?  Yes  No

13. Have you ever bet on a sporting event?  Yes  No

14. Have you ever been a member of a street gang, attended a gathering of any street gang or participated in any gang activity?  Yes  No

15. Have you ever associated or lived with anyone who has been involved in any gang activities or illegal activities?  Yes  No
16. Have you ever been a participant in a riot, illegal protest , illegal strike or illegal demonstration or similar activity?  Yes  No

\*If you answered YES to #12-16, please explain below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. What kind of websites do you visit? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

18. Please list the social networking sites you frequent and/or have accounts with (i.e.; Facebook, Twitter, etc. \_\_\_\_\_

\_\_\_\_\_

19. Have you ever carried on your person, or in a vehicle, any weapon for protection when not authorized?  Yes  No

\*If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

20. Have you ever carried an illegal weapon?

\*If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

21. Have you ever committed a theft related crime such as:

- a. Shoplifting?  Yes  No
- b. Switching price tags?  Yes  No
- c. Stealing money?  Yes  No
- d. Theft of property?  Yes  No
- e. Theft of services, i.e. meals, utilities, cable, or anything else of value?  Yes  No

\*\*If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Have you ever received or sold any property that you knew was stolen or suspected was stolen?  Yes  No

\*If yes, please explain: \_\_\_\_\_

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23. Have you ever committed, attempted to commit, made plans to commit, or been present during the commission of any of the following:

- a. Murder or suicide  Yes  No
- b. Robbery  Yes  No
- c. Embezzlement  Yes  No
- d. Arson  Yes  No
- e. Burglary  Yes  No
- f. Rape or sexual related crime  Yes  No
- g. Theft  Yes  No
- h. Forgery (with or without permission)  Yes  No
- i. Vehicle theft or tampering  Yes  No
- j. Any hate crime  Yes  No
- k. Perjury  Yes  No
- l. Produce, distribute obtain or use a false ID  Yes  No

\*\*If you answered yes to any of the above, please explain: \_\_\_\_\_

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24. Have you ever paid or been paid for any sexual activity?  Yes  No

\*If yes, please explain: \_\_\_\_\_

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25. Have you ever been involved in any activity involving prostitution?

- a. Pimping?  Yes  No
- b. Call Service?  Yes  No
- c. Escort Service?  Yes  No
- d. Illegal Massage Parlors?  Yes  No
- e. Pay for someone else to receive sex?  Yes  No

26. Have you ever had a protection order or restraining order against you?  Yes  No

\*If yes, please give details and date: \_\_\_\_\_

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27. Have you ever been ticketed, cited, arrested or convicted for domestic assault?  Yes  No  
 \*If yes, please give location, date and circumstances: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## J. Marital & Family History

<b>Current Marital Status</b>		<b>Name of Spouse:</b>
<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<b>Spouse Maiden Name:</b>
		<b>Name of Fiancé if engaged:</b>
		<b>Address:</b>
		<b>Telephone number:</b>
		<b>Occupation:</b>
		<b>Date of marriage:</b>
<b>Former Spouse(s)</b>		
<b>Name:</b>	<b>Date of marriage:</b>	<b>City/State:</b>
<b>Address:</b>	<b>Separated, divorced or annulled (Circle which)</b>	
<b>Phone number:</b>	<b>Date of order or decree:</b>	<b>City/State:</b>
<b>Name:</b>	<b>Date of marriage:</b>	<b>City/State:</b>
<b>Address:</b>	<b>Separated, divorced or annulled (State which)</b>	
<b>Phone number:</b>	<b>Date of order or decree:</b>	<b>City/State:</b>
<b>Name:</b>	<b>Date of marriage:</b>	<b>City/State:</b>
<b>Address:</b>	<b>Separated, divorced or annulled (State which)</b>	
<b>Phone number:</b>	<b>Date of order or decree:</b>	<b>City/State:</b>

### List all of your Children (Including stepchildren and adopted)

<b>Name:</b>	<b>Date of Birth:</b>	<b>Supported by whom:</b>
<b>Relation:</b>	<b>Address:</b>	
<b>Name:</b>	<b>Date of Birth:</b>	<b>Supported by whom:</b>
<b>Relation:</b>	<b>Address:</b>	
<b>Name:</b>	<b>Date of Birth:</b>	<b>Supported by whom:</b>
<b>Relation:</b>	<b>Address:</b>	
<b>Name:</b>	<b>Date of Birth:</b>	<b>Supported by whom:</b>
<b>Relation:</b>	<b>Address:</b>	
<b>Name:</b>	<b>Date of Birth:</b>	<b>Supported by whom:</b>
<b>Relation:</b>	<b>Address:</b>	

<b>Relation:</b>	<b>Address:</b>	
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**Family History**

<b>Father:</b>	<b>Address:</b>	<b>Phone: Occupation:</b>
<b>Mother:</b>	<b>Address:</b>	<b>Phone: Occupation:</b>
<b>Step-Father:</b>	<b>Address:</b>	<b>Phone: Occupation:</b>
<b>Step-Mother:</b>	<b>Address:</b>	<b>Phone: Occupation:</b>
<b>Father-in-law:</b>	<b>Address:</b>	<b>Phone: Occupation:</b>
<b>Mother-in-law:</b>	<b>Address:</b>	<b>Phone: Occupation:</b>
<b>Brother or Sister:</b> (Include step-brothers and sisters)	<b>Address:</b>	<b>Phone: Occupation:</b>
	<b>Address:</b>	<b>Phone: Occupation:</b>
	<b>Address:</b>	<b>Phone: Occupation:</b>
	<b>Address:</b>	<b>Phone: Occupation:</b>
	<b>Address:</b>	<b>Phone: Occupation:</b>
	<b>Address:</b>	<b>Phone: Occupation:</b>
	<b>Address:</b>	<b>Phone: Occupation:</b>



## K. Financial History

<b>Current Annual Income</b>		<b>Current Monthly Expenditures</b>	
Annual Income:	\$	Rent or Mortgage:	\$
Spouse's Income:	\$	Other monthly payments:	\$
Other Income:	\$		
<b>Current Assets</b>			
Savings:	\$	Real Estate	\$
Checking:	\$	Stocks & Bonds	\$
(Average balance)			

List names of the individuals, companies, institutions or others to whom you are indebted and the extent of your debt. Include mortgages, vehicle payments, loans, charge accounts, credit cards, child support payments and any other debts or payments.

Creditor/Type of Account	Reason for Debt:	Monthly payment/Total Balance
Creditor/Type of Account	Reason for Debt:	Monthly payment/Total Balance
Creditor/Type of Account	Reason for Debt:	Monthly payment/Total Balance
Creditor/Type of Account	Reason for Debt:	Monthly payment/Total Balance
Creditor/Type of Account	Reason for Debt:	Monthly payment/Total Balance
Creditor/Type of Account	Reason for Debt:	Monthly payment/Total Balance
Creditor/Type of Account	Reason for Debt:	Monthly payment/Total Balance
Creditor/Type of Account	Reason for Debt:	Monthly payment/Total Balance
Creditor/Type of Account	Reason for Debt:	Monthly payment/Total Balance
Creditor/Type of Account	Reason for Debt:	Monthly payment/Total Balance

Creditor/Type of Account	Reason for Debt:	Monthly payment/Total Balance
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1. Have you ever had any of your bills turned over to a collection agency?     Yes    No  
 \*If yes, please give details regarding any collections to include when, where and why: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. Have your wages ever been garnished?     Yes    No  
 \*If yes, please give details to include when, where and why: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Have you ever had any purchased goods repossessed?     Yes    No  
 \*If yes, please give details to include when, where and why: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. Have you ever been delinquent on child support, income tax or other tax payments or simply failed to make those said payments?     Yes    No  
 \*If yes, please give details to include when, where and why: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. Have you ever been late in paying your taxes, filed a false return or failed to do a return at all?  
 Yes    No  
 \*If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
6. Have you ever received unemployment benefits?     Yes    No  
  
 \*If yes, did you ever work (even on the side) without reporting it and still collecting unemployment?  
 Yes    No
  
7. Have you ever filed for or collected welfare, unemployment or workmen's comp benefits when it was not entitled to you?     Yes    No    \*If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Have you ever been investigated for welfare fraud?  Yes  No \*\*If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## L. References

List six (6) persons who know you well enough to provide information about you. ***Do not list relatives or former employers. Make sure the information is current.***

Name: Address:	Phone Number: Email Address: Occupation:	How long have you known this reference?	How did you meet this reference?
Name: Address:	Phone Number: Email Address: Occupation:	How long have you known this reference?	How did you meet this reference?
Name: Address:	Phone Number: Email Address: Occupation:	How long have you known this reference?	How did you meet this reference?
Name: Address:	Phone Number: Email Address: Occupation:	How long have you known this reference?	How did you meet this reference?
Name: Address:	Phone Number: Email Address: Occupation:	How long have you known this reference?	How did you meet this reference?
Name: Address:	Phone Number: Email Address: Occupation:	How long have you known this reference?	How did you meet this reference?

- What do you think your references will say about you? How will they describe you?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How would they describe your temper? Is anyone, not just the above references, likely to say you have a problem with your temper? \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
3. How would you describe your temper? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
4. When was the last time you lost control of your temper and why? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
5. Have you ever damaged any property in anger?  Yes  No  
 \*If yes, please explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**ASSOCIATION WITH PERSONS CONVICTED/CHARGED WITH CRIMES THAT ARE CATEGORIZED AS A FELONY:**

List any **family members, friends and acquaintances** you know to be a **felon, ex-felon or involved in any criminal activity**.

<b>Name:</b>	<b>Address:</b>	<b>Relationship:</b>	<b>Date of Last Contact:</b>
<b>Name:</b>	<b>Address:</b>	<b>Relationship:</b>	<b>Date of Last Contact:</b>
<b>Name:</b>	<b>Address:</b>	<b>Relationship:</b>	<b>Date of Last Contact:</b>

**Discrimination:** *Unequal treatment of persons without adequate justification because of their race, religious creed, color, national origin, ancestry, physical/medical handicap, medical condition, pregnancy, marital status, sex, sexual orientation, age, political beliefs or other non-merit factor.*

**Sexual Harassment:** *Influencing, offering to influence or threatening the career, pay or job of another person in exchange for sexual favors, unwelcome sexual advances or deliberate or repeated comments, written material, gestures or physical contact of a sexual nature in a work or work related environment.*

1. Have you ever discriminated against anyone?  Yes  No
2. Have you ever sexually harassed anyone?  Yes  No
3. Have you ever been accused of discriminating against or sexually harassing anyone?  
 Yes  No
4. Have you ever used any racist or sexist language in conversation or jokes?  
 Yes  No
5. Do you have any prejudices or biases that could influence your judgment or ability to enforce the law?  Yes  No
6. Are there any communities or areas of Lincoln that you would not like to work?  
 Yes  No

\*\*If you answered YES to any of the above questions (#1-#6) please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## M. Alcohol and Drugs

1. How often do you consume alcohol per week? \_\_\_\_\_
2. How often do you consume alcohol per month? \_\_\_\_\_
3. How much do you consume on any one occasion? \_\_\_\_\_
4. Have you ever misrepresented your age in order to purchase alcohol or to get into a club or bar?  
 Yes  No  
\*If yes, please give details including date(s) and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Have you ever been convicted of driving under the influence?  Yes  No  
\*If yes, please give details including date of offense, date of conviction, location, arresting agency and circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you ever purchased alcohol for a minor?  Yes  No  
\*If yes, please give details including date(s) and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever used, tried, tasted, experimented with, injected, ingested, sniffed, smoked, swallowed or in any way introduced into your body any of the following?

Type of Drug	Yes or No	Date First Used	Date Last Used	Approx. Times Used
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Hash, Hashish Oil or THC	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Crack, Rock, Ice	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Barbiturates, Hypnotics, or other "Downers"	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Amphetamines (Cross-tops, Whites Bennies, "Uppers"	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Methamphetamines (Speed, Crank, Crystal Meth)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
LSD, mushrooms, mescaline, PCP, Peyote or any other Hallucinogens	<input type="checkbox"/> Yes <input type="checkbox"/> No			
PCP (Angel Dust, Sherm)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heroin, Methadone or other Opiates	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ecstasy, Ketamine, GHB, GBL, BD or any other designer, rave or club type drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Drugs to stay awake	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Opium	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Depressants or tranquilizers: Valium, Prozac, Xanax	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Sniffed or huffed any volatile substance such as glue, paint, solvents, aerosol sprays, household cleaners or any other substance for the purpose of getting high or altering your state of mind.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Salvia or K-2	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Bath Salts	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any prescription drug not prescribed to you.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any other illegal or controlled substance not mentioned	<input type="checkbox"/> Yes <input type="checkbox"/> No			

7. Have you ever introduced into your body a substance which you thought was an illegal drug and then found out it was not?  Yes  No
8. Have you ever introduced into your body any substance for reasons other than its intended use?  Yes  No
9. Have you ever sold or furnished drugs or narcotics to anyone?  Yes  No
10. Have you ever purchased or contributed to the purchase of any illegal drug?  
 Yes  No
11. Have you ever used prescription drugs in a manner other than intended by your physician, such as for recreational use, to obtain an altered state of mind, taken a larger dose than prescribed or more often than prescribed?  Yes  No
12. Have you ever participated in the manufacture, cultivation, or production of any illegal drug, narcotic or controlled substance?  Yes  No
13. Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?  Yes  No
14. Have you ever acted as a middle man, go-between, or “done a favor for a friend” by becoming involved in any illegal drug transaction?  Yes  No
15. Have you ever told anyone where to purchase illegal drugs?  Yes  No
16. Have you ever temporarily stored or “held” any illegal drug, narcotic or controlled substance?  Yes  No
17. Have you ever had illegal drugs in your possession while at work?  Yes  No
18. Are there any illegal drugs presently in your home or car?  Yes  No
19. Have you ever driven after using marijuana or any other kind of drug?  Yes  No
20. Do you currently use tobacco or cigarettes?  Yes  No
21. Have you ever been required to submit to a urinalysis that came out positive?  
 Yes  No

**If you have answered “Yes” to any of the above questions, please give details and circumstances:**

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**N. Misc.**

1. If it became necessary to take a human life in the course of your duties as a police officer, would any beliefs prevent you from doing so?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you capable of fully performing the duties of a police officer, including working weekends, holidays, evenings or nightshifts?  Yes  No

\*If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. 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 police officer?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What are your strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What are your weaknesses? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





