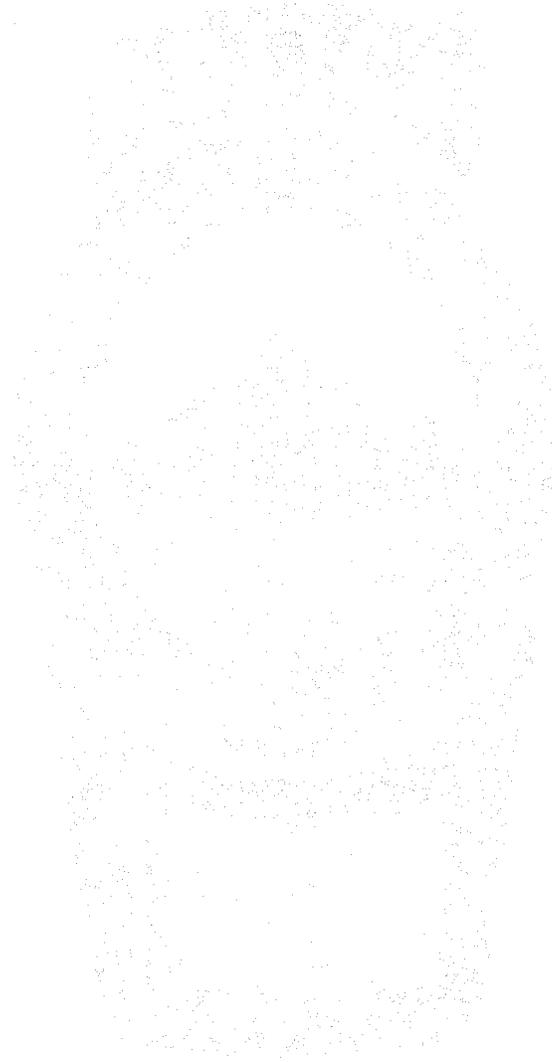


Town of Stanley

POLICE DEPARTMENT



**PERSONAL HISTORY
STATEMENT**

PERSONAL HISTORY STATEMENT INDEX

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PART I

Papers / Documents that are required

- _____ 1. Birth Certificate.
- _____ 2. High School Diploma or G.E.D. (G.E.D. must have scores).
- _____ 3. DD Form 214 (**Long Form**) (for each period of military service).
- _____ 4. College / University transcripts and Diploma
- _____ 5. Trade School / Technical School / Business School transcripts and Diploma
- _____ 6. Naturalization Certificate.
- _____ 7. Previous Law Enforcement Training (Academy certificate, first responder, etc).
- _____ 8. Applications **Must** be either typed or hand written in **BLACK or BLUE INK.**
- _____ 9. Use separate pages of blank paper for additional information including page #, part #.

THIS PERSONAL HISTORY STATEMENT WILL NOT BE ACCEPTED WITHOUT THE ABOVE REQUIRED ITEMS

COPIES OF DOCUMENTS WILL NOT BE ACCEPTED

ORIGINAL DOCUMENTS MUST ACCOMPANY THE PERSONAL HISTORY STATEMENT, SPD PERSONNEL WILL COPY DOCUMENTS FOR THE HIRING FILES

INFORMATION COLLECTED IN THIS PERSONAL HISTORY STATEMENT WILL BE USED FOR INVESTIGATION PURPOSES ONLY.

THE STANLEY POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, RELIGION OR MARITAL STATUS.

PART II

PERSONAL DATA

MARITAL STATUS (CONTINUED):
FORMER:

HAVE YOU EVER BEEN:

PREVIOUSLY MARRIED: _____ DATE SEPERATION/DIVORCE/WIDOWED: _____

(1) FORMER SPOUSE'S NAME: _____
(LAST) (MAIDEN) (FIRST) (MIDDLE)

FORMER SPOUSE'S ADDRESS: _____

CITY/STATE/PHONE #: _____

(2) FORMER SPOUSE'S NAME: _____
(LAST) (MAIDEN) (FIRST) (MIDDLE)

FORMER SPOUSE'S ADDRESS: _____

CITY/STATE/PHONE #: _____

NAME OF CHILDREN: (LIST ALL CHILDREN, STEP-CHILDREN AND FOSTER CHILDREN YOU ARE RESPONSIBLE FOR)

NAME	DATE OF BIRTH	PLACE OF BIRTH (CITY / STATE)	RESIDENCE

NAME OF PARENT / GUARDIAN: (LIST NAME AND ADDRESS OF OTHER PARENT / GUARDIAN OF EACH OF YOUR CHILDREN)

NAME	ADDRESS / PHONE NUMBER

PART II
PERSONAL DATA

LIST ANY OTHER DEPENDANTS YOU ARE RESPONSIBLE FOR:

NAME	RELATIONSHIP	ADDRESS / PHONE NUMBER

APPLICANTS PARENTS: (APPLICANT MUST PROVIDE ALL INFORMATION REQUESTED CONCERNING. IF PARENT (S) ARE DECEASED, NAME, DATE OF BIRTH, PLACE OF BIRTH AND DATE OF DEATH MUST STILL BE PROVIDED)

NAME OF FATHER	DATE OF BIRTH	PLACE OF BIRTH

ADDRESS	PHONE NUMBER

NAME OF MOTHER	DATE OF BIRTH	PLACE OF BIRTH

ADDRESS	PHONE NUMBER

GUARDIAN (S): (IF YOU WERE REARED BY ANYONE OTHER THAN YOUR PARENTS, APPLICANT MUST PROVIDE ALL INFORMATION REQUESTED CONCERNING. IF PARENT (S) ARE DECEASED, NAME, DATE OF BIRTH, PLACE OF BIRTH AND DATE OF DEATH MUST STILL BE PROVIDED)

NAME OF GUARDIAN	DATE OF BIRTH	PLACE OF BIRTH

ADDRESS	PHONE NUMBER

NAME OF GUARDIAN	DATE OF BIRTH	PLACE OF BIRTH

ADDRESS	PHONE NUMBER

PART III
MILITARY DATA

BRANCH OF ACTIVE SERVICE	DATES OF ACTIVE DUTY
BRANCH OF RESERVE SERVICE	DATES OF RESERVE DUTY
BRANCH OF NATIONAL GUARD	DATES OF NATIONAL GUARD DUTY
NAME OF ORGANIZATION	ADDRESS / PHONE NUMBER
MILITARY CAREER FIELD	SCHOOL TRAINED / OJT

LIST STATIONS OF DUTY, UNIT ASSIGNED AND DATES WHILE ON ACTIVE DUTY:

TYPE OF DISCHARGE	DATE OF DISCHARGE	RANK AT DISCHARGE
-------------------	-------------------	-------------------

HAVE YOU EVER RECEIVED A DISCHARGE FROM THE ARMED FORCES THAT WAS "OTHER THAN HONORABLE? IF YES EXPLAIN: _____

HAVE YOU EVER RECEIVED ANY DISCIPLINARY ACTION (JUDICIAL OR NON-JUDICIAL WHILE IN THE MILITARY? IF YES EXPLAIN: _____

HAVE YOU EVER BEEN THE SUBJECT OF ANY CRIMINAL INVESTIGATIONS CONDUCTED BY THE MILITARY AUTHORITIES? IF YES EXPLAIN: _____

PART III

MILITARY DATA

LIST ANY GUARD OR RESERVE OBLIGATIONS YOU HAVE. TYPE AND DATE OF
ETS/RETIREMENT: _____

HAVE YOU EVER FILED A CLAIM WITH THE VETERANS ADMINISTRATION FOR ANY PHYSICAL
OR MENTAL DISABILITY? IF YES EXPLAIN _____

DO YOU ANTICIPATE THE POSSIBILITY OF EVER FILING A CLAIM WITH THE VETERANS
ADMINISTRATION FOR ANY PHYSICAL OR MENTAL DISABILITY? IF YES EXPLAIN _____

PRESENT SELECTIVE SERVICE, CLASSIFICATION: _____

DATE OF CLASSIFICATION: _____

HAVE YOU EVER BEEN DENIED ENTRANCE INTO ANY BRANCH OF THE ARMED FORCES? IF
YES EXPLAIN: _____

PART IV

REFERENCES

NON-ASSOCIATES (THESE ARE PROFESSIONAL ASSOCIATES THESE ARE NOT FRIENDS!!!)
(GIVE DATA REQUIRED ON THREE (3) PERSONS WHO ARE NOT RELATED TO YOU AND HAVE NOT BEEN LISTED ELSEWHERE ON THIS FORM, WHO YOU KNOW PROFESSIONALLY AND ARE RESPONSIBLE ADULTS AND WHO HAVE KNOWN YOU WELL FOR AT LEAST THREE (3) YEARS. SUCH AS: TEACHERS, COUNSELERS, AND MEMBERS OF THE CLERGY, PROPERTY OWNERS AND BUSINESS PERSONS). DO NOT INCLUDE POLICE OFFICERS.

1

NAME	STREET ADDRESS	
CITY	STATE	PHONE NUMBER
OCCUPATION	PLACE OF EMPLOYMENT	PHONE NUMBER

2

NAME	STREET ADDRESS	
CITY	STATE	PHONE NUMBER
OCCUPATION	PLACE OF EMPLOYMENT	PHONE NUMBER

3

NAME	STREET ADDRESS	
CITY	STATE	PHONE NUMBER
OCCUPATION	PLACE OF EMPLOYMENT	PHONE NUMBER

ASSOCIATES: (THESE ARE YOUR FRIENDS & PEOPLE WHO YOU SOCIALIZE WITH!!!)
(GIVE DATA REQUESTED ON THREE (3) PERSONS WHOM YOU HAVE FREQUENTLY SOCIALIZED WITH DURING THE PAST THREE (3) YEARS. EXCLUDE RELATIVES, FORMER EMPLOYERS, POLICE OFFICERS AND PERSONS ALREADY LISTED ON THIS FORM):

1

NAME	STREET ADDRESS	
CITY	STATE	PHONE NUMBER
OCCUPATION	PLACE OF EMPLOYMENT	PHONE NUMBER

2

NAME	STREET ADDRESS	
CITY	STATE	PHONE NUMBER
OCCUPATION	PLACE OF EMPLOYMENT	PHONE NUMBER

3

NAME	STREET ADDRESS	
CITY	STATE	PHONE NUMBER
OCCUPATION	PLACE OF EMPLOYMENT	PHONE

PART IV

REFERENCES

POLICE OFFICERS:

(LIST NO MORE THAN FIVE (5) POLICE OFFICERS THAT YOU KNOW PERSONALLY.)

1	NAME	RANK	DEPARTMENT
	ADDRESS	PHONE NUMBER	YEARS KNOWN
2	NAME	RANK	DEPARTMENT
	ADDRESS	PHONE NUMBER	YEARS KNOWN
3	NAME	RANK	DEPARTMENT
	ADDRESS	PHONE NUMBER	YEARS KNOWN
4	NAME	RANK	DEPARTMENT
	ADDRESS	PHONE NUMBER	YEARS KNOWN
5	NAME	RANK	DEPARTMENT
	ADDRESS	PHONE NUMBER	YEARS KNOWN

PART V

FINANCIAL DATA

HAVE YOU EVER HAD ANY WAGE GARNISHMENTS ON YOUR SALARY? IF YES EXPLAIN:

HAVE YOU EVER BEEN FOUND DELIQUENT ON INCOME OR OTHER TAXES? IF YES EXPLAIN:

HAVE YOU EVER HAD A COURT ORDERED JUDGEMENT AGAINST YOU? IF YES EXPLAIN:

DO YOU HAVE ANY COURT ORDERED JUDGEMENTS PENDING AGAINST YOU? IF YES EXPLAIN:

HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED? IF YES EXPLAIN:

YOUR PRESENT MONTHLY INCOME: _____

YOUR SPOUSE'S PRESENT MONTHLY INCOME: _____

DO YOU OR YOUR SPOUSE HAVE ANY OTHER SOURCE (S) OF INCOME: IF YES EXPLAIN:

PART VI

RESIDENCE DATA

GIVE DATA REQUESTED ON ALL PAST RESIDENCES IN THE LAST 10 YEARS, STARTING WITH PRESENT RESIDENCE. FOR EACH, GIVE THE NAME AND ADDRESS OF A NEIGHBOR (NOT NECESSARILY A PERSONAL ACQUAINTANCE), AND THE NAME OF THE PROPERTY OWNER / MORTGAGE HOLDER TO WHOM YOU PAID RENT OR MORTGAGE PAYMENTS. INCLUDE MAILING ADDRESS (ES) FOR ALL PERIODS OF MILITARY SERVICE

PRESENT RESIDENCE:

FROM: _____ ADDRESS: _____
TO: PRESENT _____ ADDRESS: _____
NEIGHBOR: _____ ADDRESS: _____
PHONE: _____
LANDLORD: _____ ADDRESS: _____
PHONE: _____
DO YOU: _____ RENT _____ OWN WITH WHO DO YOU LIVE _____

FROM: _____ ADDRESS: _____
TO: _____ ADDRESS: _____
NEIGHBOR: _____ ADDRESS: _____
PHONE: _____
LANDLORD: _____ ADDRESS: _____
PHONE: _____

FROM: _____ ADDRESS: _____
TO: _____ ADDRESS: _____
NEIGHBOR: _____ ADDRESS: _____
PHONE: _____
LANDLORD: _____ ADDRESS: _____
PHONE: _____

FROM: _____ ADDRESS: _____
TO: _____ ADDRESS: _____
NEIGHBOR: _____ ADDRESS: _____
PHONE: _____
LANDLORD: _____ ADDRESS: _____
PHONE: _____

FROM: _____ ADDRESS: _____
TO: _____ ADDRESS: _____
NEIGHBOR: _____ ADDRESS: _____
PHONE: _____
LANDLORD: _____ ADDRESS: _____
PHONE: _____

USE SEPARATE SHEET OF PAPER FOR ADDITIONAL RESIDENCES

PART VII

EDUCATIONAL HISTORY

GIVE DATA REQUESTED ON ALL SCHOOLS ATTENDED SINCE NINTH GRADE, STARTING WITH THE MOST RECENT. BE SURE TO INCLUDE ALL COLLEGES, UNIVERSITIES, BUSINESS OR TRADE SCHOOLS AND MILITARY SCHOOLS.

NAME OF SCHOOL	ADDRESS
FROM/ TO	HIGHEST GRADE GRADUATED?
	AREA OF STUDY
NAME OF SCHOOL	ADDRESS
FROM/ TO	HIGHEST GRADE GRADUATED?
	AREA OF STUDY
NAME OF SCHOOL	ADDRESS
FROM/ TO	HIGHEST GRADE GRADUATED?
	AREA OF STUDY
NAME OF SCHOOL	ADDRESS
FROM/ TO	HIGHEST GRADE GRADUATED?
	AREA OF STUDY
NAME OF SCHOOL	ADDRESS
FROM/ TO	HIGHEST GRADE GRADUATED?
	AREA OF STUDY
NAME OF SCHOOL	ADDRESS
FROM/ TO	HIGHEST GRADE GRADUATED?
	AREA OF STUDY
NAME OF SCHOOL	ADDRESS
FROM/ TO	HIGHEST GRADE GRADUATED?
	AREA OF STUDY

PART VIII

EMPLOYMENT HISTORY

GIVE DATA REQUESTED ON YOUR **COMPLETE WORK HISTORY**, BE SURE TO INCLUDE ALL PERIODS OF MILITARY DUTY AND IDENTIFY ALL PERIODS OF UNEMPLOYMENT. IDENTIFY ALL PERIODS OF PART-TIME, TEMPORARY, AND VOLUNTARY EMPLOYMENT.

PRESENT EMPLOYER: _____ ADDRESS: _____

FROM: _____ TO: _____ PHONE: _____

SUPERVISOR: _____ PHONE: _____

POSITION: _____ SALARY: _____

DUTIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____

FROM: _____ TO: _____ PHONE: _____

SUPERVISOR: _____ PHONE: _____

POSITION: _____ SALARY: _____

DUTIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____

FROM: _____ TO: _____ PHONE: _____

SUPERVISOR: _____ PHONE: _____

POSITION: _____ SALARY: _____

DUTIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____

FROM: _____ TO: _____ PHONE: _____

SUPERVISOR: _____ PHONE: _____

POSITION: _____ SALARY: _____

DUTIES: _____

REASON FOR LEAVING: _____

PART VIII

EMPLOYMENT HISTORY

PREVIOUS EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ PHONE: _____
SUPERVISOR: _____ PHONE: _____
POSITION: _____ SALARY: _____
DUTIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ PHONE: _____
SUPERVISOR: _____ PHONE: _____
POSITION: _____ SALARY: _____
DUTIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ PHONE: _____
SUPERVISOR: _____ PHONE: _____
POSITION: _____ SALARY: _____
DUTIES: _____

REASON FOR LEAVING: _____

DO YOU RECEIVE, HAVE YOU APPLIED FOR, OR INTEND TO APPLY FOR:
UNEMPLOYMENT: _____ WELFARE: _____ STRIKE BENEFITS: _____

HAVE YOU EVER HAD EXTENDED ABSENCES FROM WORK? _____ YES _____ NO
HAVE YOU EVER BEEN FIRED FROM A POSITION? _____ YES _____ NO
HAVE YOU EVER QUIT AFTER NOTIFICATION THAT YOUR EMPLOYER INTENDED TO FIRE
YOU? _____ YES _____ NO
HAVE YOU EVER HAD DISCIPLINARY ACTIONS TAKEN AGAINST YOU BY AN EMPLOYER?
_____ YES _____ NO

EXPLAIN ANY YES ANSWER: _____

PART IX

DRIVING HISTORY

GIVE DATA REQUESTED ON YOUR DRIVING HISTORY FOR THE PAST 10 YEARS

VIOLATIONS: LIST ALL TRAFFIC VIOLATIONS

DATE: _____ VIOLATION: _____ LOCATION: _____
ISSUING AGENCY: _____ DISPOSITION: _____

DATE: _____ VIOLATION: _____ LOCATION: _____
ISSUING AGENCY: _____ DISPOSITION: _____

DATE: _____ VIOLATION: _____ LOCATION: _____
ISSUING AGENCY: _____ DISPOSITION: _____

DATE: _____ VIOLATION: _____ LOCATION: _____
ISSUING AGENCY: _____ DISPOSITION: _____

DATE: _____ VIOLATION: _____ LOCATION: _____
ISSUING AGENCY: _____ DISPOSITION: _____

DATE: _____ VIOLATION: _____ LOCATION: _____
ISSUING AGENCY: _____ DISPOSITION: _____

**DRIVERS LICENSE: LIST ALL DRIVERS LICENSES YOU HAVE EVER BEEN ISSUED, (EVEN
THOUGH THE LICENSE IS EXPIRED OR SURRENDERED) AND THE ISSUING STATE.**

CURRENT:
TYPE/CLASS: _____ NUMBER: _____ STATE: _____
EXPIRATION DATE: _____

PREVIOUS:
TYPE/CLASS: _____ NUMBER: _____ STATE: _____
EXPIRATION DATE: _____

TYPE/CLASS: _____ NUMBER: _____ STATE: _____
EXPIRATION DATE: _____

TYPE/CLASS: _____ NUMBER: _____ STATE: _____
EXPIRATION DATE: _____

IS YOUR DRIVERS LICENSE NOW OR HAS IT EVER BEEN:
DENIED _____ SUSPENDED _____ REVOKED _____ SUBJECT TO ACTION _____

EXPLAIN: _____

PART IX

DRIVING HISTORY

TRAFFIC ACCIDENTS: LIST ALL TRAFFIC ACCIDENTS YOU BEEN INVOLVED IN WITHIN THE LAST 10 YEARS?

DATE: _____ LOCATION: _____
CHARGES: _____ POLICE AGENCY: _____

DATE: _____ LOCATION: _____
CHARGES: _____ POLICE AGENCY: _____

DATE: _____ LOCATION: _____
CHARGES: _____ POLICE AGENCY: _____

DATE: _____ LOCATION: _____
CHARGES: _____ POLICE AGENCY: _____

PART X

ARREST / CONVICTIONS

GIVE DATA REQUIRED ON ALL INTERACTIONS WITH ANY POLICE AGENCY.

HAVE YOU EVER BEEN:

- ARRESTED: YES NO
- CHARGED BY ANY LAW ENFORCEMENT AGENCY: YES NO
- CONVICTED OF ANY OFFENSE AGAINST THE LAW:
(Omit any Traffic Offenses Already Listed in Part IX) YES NO
- FINED IN CONNECTION WITH A CONVICTION:
(Omit any Traffic Offenses Already Listed in Part IX) YES NO
- REQUIRED TO APPEAR IN JUVENILE COURT FOR AN
ACT THAT WOULD HAVE BEEN A CRIME FOR AN ADULT: YES NO
- UNDER ANY COURT ORDERED FAMILY PROTECTIVE ORDER: YES NO
- CHARGED OR CONVICTED OF A DOMESTIC VIOLENCE LAW: YES NO
- INVOLVED AS A PLAINTIFF OR DEFENDANT IN ANY CIVIL
COURT ACTION: YES NO

ARE YOU NOW:

- CHARGED BY ANY LAW ENFORCEMENT AGENCY: YES NO
- RELEASED ON BAIL OR PERSONAL RECOGNIZANCE, OR
OTHER CONDITIONAL RELEASE: YES NO
- ON PROBATION OF ANY TYPE: YES NO
- CHARGED WITH ANY DOMESTIC VIOLENCE VIOLATIONS OR
VIOLATIONS OF ANY COURT ORDERED FAMILY PROTECTIVE ORDER: YES NO
- UNDER ANY COURT ORDERED FAMILY PROTECTIVE ORDER: YES NO
- INVOLVED AS A PLAINTIFF OR DEFENDANT IN ANY CIVIL
COURT ACTION: YES NO

IF YES (TO ANY) EXPLAIN, INCLUDE DATES, LOCATIONS, LAW ENFORCEMENT AGENCY,
CHARGES AND FINAL DISPOSITION: _____

PART XI
MISCELLANEOUS

DO YOU BELONG TO ANY ORGANIZATION, OR ADHERE TO ANY BELIEF THAT WOULD:

- LIMIT OR PROHIBIT YOUR USE OF FIREARMS ___ YES ___ NO
- PROHIBIT YOUR WORKING SPECIFIC DAYS OR HOURS ___ YES ___ NO
- RESTRICT YOUR CONFORMANCE TO AGENCY STANDARDS ___ YES ___ NO

IF YES EXPLAIN: _____

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF OR ESPOUSED THE BELIEFS OF:

- THE COMMUNIST PARTY ___ YES ___ NO
- SEEK THE OVERTHROW OF THE UNITED STATES GOVERNMENT
BY FORCE OR VIOLATION OF LAW ___ YES ___ NO

IF YES EXPLAIN: _____

DO YOU NOW USE OR HAVE YOU EVER USED, TRIED, EXPERIMENTED OR EXPERIENCE WITH:

	<u>YES</u>	<u>NO</u>	<u>TIMES</u>	<u>LAST USAGE</u>
MARIJUANA	___	___	___	___
NARCOTICS OF ANY KIND	___	___	___	___
DANGEROUS DRUGS OF ANY KIND	___	___	___	___
PRESCRIPTION DRUGS (Not your own)	___	___	___	___

IF YES EXPLAIN: _____

ARE YOU CURRENTLY TAKING ANY MEDICATION: _____

IF SO, WHEN DID YOU START TAKING THE MEDICATION: _____

NAME OF PHYSICIAN PRESCRIBING THE MEDICATION: _____

HAVE YOU EVER BEEN ISSUED A PERMIT OR LICENSE TO CARRY A HANDGUN OR OTHER WEAPON UPON THE PERSON? ___ YES ___ NO

LIST ANY SPECIAL SKILLS, EXPERIENCE, LANGUAGES, AND MEMBERSHIPS THAT MIGHT BE APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING: _____

PART XI

MISCELLANEOUS

HAVE YOU EVER BEEN A MEMBER OF ANY FEDERAL, STATE OR LOCAL LAW ENFORCEMENT AGENCY OR FIRE DEPARTMENT YES NO

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY FEDERAL, STATE OR LOCAL LAW ENFORCEMENT AGENCY OR FIRE DEPARTMENT YES NO

LIST ANY/ ALL FEDERAL, STATE OR LOCAL LAW ENFORCEMENT AGENCY OR FIRE DEPARTMENT TO WHICH YOU HAVE APPLIED:

AGENCY: _____ TYPE OF AGENCY: _____

WHEN APPLIED: _____ RESULTS: _____

AGENCY: _____ TYPE OF AGENCY: _____

WHEN APPLIED: _____ RESULTS: _____

AGENCY: _____ TYPE OF AGENCY: _____

WHEN APPLIED: _____ RESULTS: _____

AGENCY: _____ TYPE OF AGENCY: _____

WHEN APPLIED: _____ RESULTS: _____

AGENCY: _____ TYPE OF AGENCY: _____

WHEN APPLIED: _____ RESULTS: _____

AGENCY: _____ TYPE OF AGENCY: _____

WHEN APPLIED: _____ RESULTS: _____

AGENCY: _____ TYPE OF AGENCY: _____

WHEN APPLIED: _____ RESULTS: _____

AGENCY: _____ TYPE OF AGENCY: _____

WHEN APPLIED: _____ RESULTS: _____

PART XIII
RELEASE OF INFORMATION

IF INFORMATION SHOULD SURFACE DURING THE EARLY STAGES OF YOUR BACKGROUND INVESTIGATION THAT WOULD DISQUALIFY YOU FROM FURTHER CONSIDERATION, THE INVESTIGATION WILL BE TERMINATED IMMEDIATELY AND YOU WILL BE SO NOTIFIED.

ON THIS _____ DAY OF _____, 20____ I HAVE COMPLETED THE FOREGOING PERSONAL HISTORY STATEMENT FOR THE STANLEY POLICE DEPARTMENT, AND I FULLY UNDERSTAND THE CONTENTS. THE INFORMATION GIVEN BY ME IS CORRECT AND FACTUAL TO THE BEST OF MY KNOWLEDGE, AND CONTAINS NO MATERIAL MISREPRESENTATION OR OMISSION OF FACT. I UNDERSTAND THAT ANY SUCH MISREPRESENTATION OR OMISSION OF FACT BY ME SHALL BE CAUSE FOR REJECTION BEFORE APPOINTMENT, OR DIMISSAL AFTER APPOINTMENT.

Notary Public Seal:

Signature: _____

Date: _____

D.O.B. _____

SSN: _____

NOTARY: _____

Witness: _____

My Commission Expires: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize full release and disclosure of any and all records concerning myself to the **STANLEY POLICE DEPARTMENT**, and its appointed agent (s), whether said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of, educational institutions , financial or credit institutions (including records of deposits, withdrawals, and balances of checking and savings accounts and loans); records of commercial or retail credit agencies (including credit ratings); medical and psychiatric treatments and consultations; hospital; clinics; private practitioners; U.S. Armed Forces clinics and hospitals; U.S. Veterans Administration; public utility companies; employment and pre-employment records (including any and all background investigations, efficiency ratings, complaints or grievances against me, and salary records); any other financial statements and records, wherever filed; records of complaints, arrest, trial and/or convictions for alleged or actual violations of the law (including criminal and traffic records, complaints of a civil nature made by or against me and to include records and recollections of attorney or other counsel, whether representing me or others , in any case I presently have, or have had an interest).

The total intent of this authorization is to provide full and free access to my background history for the specific purpose of pursuing a background investigation which may provide pertinent data for the **STANLEY POLICE DEPARTMENT**, to consider in determining my suitability for employment and the sources of information enumerated above is not intended to deny access records not specifically identified.

I understand that any information obtained during this investigation may be released by the **STANLEY POLICE DEPARTMENT** to professional offices/individuals outside of the department, who are involved in the hiring process (i.e.: Polygraph Operators, Psychological Evaluators, Medical Professionals). All such information shall be held in the strictest confidence and will not be released to any other parties, without the expressed approval of the Chief or his/her designee.

I understand that information obtained by this investigation, developed directly or indirectly, in whole or in part, from this release will be considered in determining my suitability for employment by the **STANLEY POLICE DEPARTMENT**. A copy of this release form will be considered valid, even though the copy does not contain an original of my signature.

Notary Public Seal:

Signature: _____

Date: _____

DOB: _____

SSN: _____

NOTARY: _____

Witness: _____

My Commission Expires: _____

CERTIFICATION AND PENALTY

I, _____ do hereby declare that all statements and information provided to the **STANLEY POLICE DEPARTMENT** in the Personal History Statement, as well as any other statements provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief.

I understand that any mis-statement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal.

I further understand that these aforementioned mis-statements, omission, or deceptions are also grounds for termination after employment, without notice and without any right of appeal.

Dated this _____ day of _____, 20_____.

X _____ Signature of Applicant

Subscribed and sworn to before me on the _____ day of

_____, 20_____.

Notary Public in and for the County of _____

State of _____

X _____ Notary Public

Physical Ability Examination

Applicants must successfully pass a pre-employment physical ability examination.

The following tests have been validated and demonstrate the ability to perform job-related tasks necessary to carry out the essential functions of the position of police officer. The minimum passing scores for employment are as indicated.

SIT UPS Designed to measure abdominal muscular endurance. The score is the number of bent knee sit-ups performed in one (1) minute. The minimum standard for this test is 27 sit-ups.

PUSH-UPS Designed to measure upper body muscular endurance and absolute strength. The score is the number of conventional push-ups performed in one (1) minute. The minimum standard for this test is 18.

1.5 MILE RUN Designed to measure cardiovascular capacity. The score is in minutes and seconds. The minimum standard for this test is completion of the run in 15 minutes and 20 seconds.

Each test is graded as PASS or FAIL. Acceptance is based upon successfully passing all three measures.

APPLICANTS SHOULD BRING APPROPRIATE GYM CLOTHING, TENNIS SHOES AND TOWELS TO PARTICIPATE IN THE PHYSICAL ABILITY EXAMINATION.

07/06/06