

SELECT
SARPY EXCLUSIVE LAW ENFORCEMENT COMBINED TEST
PERSONAL HISTORY STATEMENT

INSTRUCTIONS TO THE APPLICANT

The information in this Personal History Statement will be used in the investigation into your background and will assist in determining your suitability for the position of Law Enforcement Officer. The Personal History Statement must be complete and accurate.

1. **All information and statements are subject to verification.**
2. **Deliberate inaccuracies or omissions may bar or remove you from employment.**
3. **All time periods must be accounted for on the Personal History Statement.**

You should respond openly. Any negative factors in your background shall be evaluated in terms of the circumstances and facts surrounding the occurrence and the degree of relevance on the position of Law Enforcement Officer.

All information on the Personal History Statement should be printed in **black ink** or **typed**. If a question does not apply to you, write N/A (not applicable) in the space provided. If you need additional space to respond to a question, use the Additional Responses page and identify the additional information by category.

You are responsible for obtaining correct addresses and phone numbers. When listing addresses, include all of the following: full-street address, apartment number (if applicable), city, state and zip code. Include the area code with all telephone numbers.

A copy of this Personal History Statement must be returned via personal service or mail to any and all agencies that contact you after successful completion of the SELECT written exam and physical fitness test. The last page must be signed before a notary public. Notary services are available at the all City Clerks Offices and Sarpy County Personnel Department.

Bellevue Police Department
2207 Washington St
Bellevue, NE
Attn: Lt. Mark Elbert
(402)293-3106

Papillion Police Department
1000 East 1st Street
Papillion, NE 68046
Attn: Paula Shrader
(402) 597-2035

Sarpy County Sheriffs Office
1208 Golden Gate Drive
Papillion, NE 68046
Attn: Sergeant Bruce Meyer
(402)593-4413

Printed Name (Last, First, Middle):
Social Security Number:
Date:

PHONE:		STARTING SALARY:	ENDING SALARY:
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			
2. DATES OF EMPLOYMENT: FROM:		TO:	JOB TITLE:
NAME OF BUSINESS:		SUPERVISOR:	
ADDRESS	CITY	STATE	ZIP CODE
COWORKER:			
PHONE:		STARTING SALARY:	ENDING SALARY:
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			
3. DATES OF EMPLOYMENT: FROM:		TO:	JOB TITLE:
NAME OF BUSINESS:		SUPERVISOR:	
ADDRESS	CITY	STATE	ZIP CODE
COWORKER:			
PHONE:		STARTING SALARY:	ENDING SALARY:
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			
4. DATES OF EMPLOYMENT : FROM:		TO:	JOB TITLE:
NAME OF BUSINESS:		SUPERVISOR:	
ADDRESS	CITY	STATE	ZIP CODE
COWORKER:			
PHONE:		STARTING SALARY:	ENDING SALARY:
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			

5. DATES OF EMPLOYMENT : FROM: _____ TO: _____		JOB TITLE:	
NAME OF BUSINESS:		SUPERVISOR:	
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____	COWORKER:	
PHONE:	STARTING SALARY:	ENDING SALARY:	
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			
6. DATES OF EMPLOYMENT : FROM: _____ TO: _____		JOB TITLE:	
NAME OF BUSINESS:		SUPERVISOR:	
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____	COWORKER:	
PHONE:	STARTING SALARY:	ENDING SALARY:	
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			
7. DATES OF EMPLOYMENT : FROM: _____ TO: _____		JOB TITLE:	
NAME OF BUSINESS:		SUPERVISOR:	
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____	COWORKER:	
PHONE:	STARTING SALARY:	ENDING SALARY:	
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			
8. DATES OF EMPLOYMENT : FROM: _____ TO: _____		JOB TITLE:	
NAME OF BUSINESS:		SUPERVISOR:	
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____	COWORKER:	
PHONE:	STARTING SALARY:	ENDING SALARY:	
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			

D. HAVE YOU EVER APPLIED FOR ANY POSITION WITH ANY LAW ENFORCEMENT AGENCY.....? YES NO
 IF YES, COMPLETE BELOW. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.

DATE	POSITION	LAW ENFORCEMENT AGENCY	DISPOSITION

E. HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY.....? YES NO
WERE YOU CERTIFIED.....? YES NO
 IF YES, COMPLETE BELOW.

NAME OF ACADEMY ATTENDED:	DATES ATTENDED:

6. LEGAL HISTORY

THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES AS BOTH A JUVENILE AND AN ADULT. **DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS.** EXPLAIN ALL "YES" ANSWERS IN DETAIL ON THE ADDITIONAL RESPONSES PAGE.

- A. HAVE YOU EVER HAD ANY CONTACT WITH ANY LAW ENFORCEMENT OFFICER IN AN OFFICIAL CAPACITY..?** YES NO
- B. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL.....?** YES NO
- C. HAVE YOU EVER BEEN ACCUSED OF A CRIME.....?** YES NO
- D. HAVE YOU EVER BEEN CHARGED WITH A CRIME.....?** YES NO
- E. HAVE YOU EVER BEEN ARRESTED.....?** YES NO
- F. HAVE YOU EVER BEEN CONVICTED OF A CRIME.....?** YES NO
- G. HAVE YOU EVER BEEN BOOKED INTO JAIL.....?** YES NO
- H. HAVE YOU EVER RECEIVED A CRIMINAL CITATION.....?** YES NO
- I. HAVE ANY MEMBERS OF YOUR IMMEDIATE FAMILY EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL OR PRISON.....?** YES NO
- J. HAS LAW ENFORCEMENT EVER BEEN CALLED TO YOUR HOME FOR ANY REASON.....?** YES NO
- K. HAVE YOU EVER BEEN SERVED WITH A PROTECTION/RESTRAINING ORDER.....?** YES NO

L. IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, LIST THE INCIDENT BELOW AND MAKE CERTAIN YOU HAVE EXPLAINED IT ON THE ADDITIONAL RESPONSES PAGE. ALL INCIDENTS MUST BE EXPLAINED IN DETAIL.

SECTION # (A-K)	DATE	REASON/CHARGE	LAW ENFORCEMENT AGENCY/CITY/STATE	DISPOSITION/SENTENCE

7. DRIVING HISTORY

A. HAVE YOU EVER HAD A DRIVER'S LICENSE OR YOUR DRIVING PRIVILEGES CANCELED, REFUSED, REVOKED, OR SUSPENDED.....? YES NO
 IF YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE INCLUDING REASON FOR THE ACTION AND DATES.

B. LIST ALL VALID DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD:

ISSUE DATE	TYPE OF LICENSE	EXPIRATION DATE	STATE	LICENSE NUMBER

C. HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL.....? YES NO

IF YES, COMPLETE BELOW

WHEN DID YOU ATTEND THE SCHOOL?	WHERE DID YOU ATTEND THE SCHOOL?	WHY DID YOU ATTEND THE SCHOOL?
---------------------------------	----------------------------------	--------------------------------

D. LIST EACH AND EVERY TRAFFIC CITATION, SUMMONS AND WRITTEN WARNING YOU HAVE RECEIVED WITHIN THE LAST SEVEN (7) YEARS. LIST THE OFFENSES IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.

MONTH/YEAR	CHARGE	CITY OR STATE	DISPOSITION/RESULT

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

- E. HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.....?** YES NO
- F. HAVE YOU EVER BEEN INVOLVED WITH CARELESS OR WRECKLESS DRIVING.....?** YES NO
- G. HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT THAT WAS YOUR FAULT.....?** YES NO

8. GAMBLING

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

- A. DO YOU NOW, OR HAVE YOU EVER HAD ANY GAMBLING DEBTS.....?** YES NO
- B. HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE.....?** YES NO
- C. HAVE YOU EVER WORKED FOR A GAMBLING OPERATION, OR BOOKED ANY BETS.....?** YES NO

9. NARCOTICS

A. HAVE YOU EVER TRIED OR USED ANY NARCOTIC OR DRUG WITHOUT A DOCTOR'S PRESCRIPTION.....? YES NO
IF YES, EXPLAIN ON ADDITIONAL RESPONSES PAGE.

B. IF YOU HAVE TRIED, USED, OR INGESTED ANY OF THE DRUGS LISTED BELOW, CHECK THE "YES" BOX. IF YOU HAVE NOT, CHECK THE "NO" BOX. INCLUDE THE NUMBER OF TIMES USED AND DATES.

	YES		NO		TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE		YES		NO		TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MARIJUANA	<input type="checkbox"/>	<input type="checkbox"/>	()	()				COCAINE	<input type="checkbox"/>	<input type="checkbox"/>	()	()			
INHALANTS	<input type="checkbox"/>	<input type="checkbox"/>	()	()				HEROIN	<input type="checkbox"/>	<input type="checkbox"/>	()	()			
THAI STICKS	<input type="checkbox"/>	<input type="checkbox"/>	()	()				OPIUM	<input type="checkbox"/>	<input type="checkbox"/>	()	()			
BARBITURATES	<input type="checkbox"/>	<input type="checkbox"/>	()	()				INJECTABLE STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	()	()			
AMPHETAMINES (Speed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	()	()				ORAL STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	()	()			
HASHISH	<input type="checkbox"/>	<input type="checkbox"/>	()	()				HALLUCINOGENIC	<input type="checkbox"/>	<input type="checkbox"/>	()	()			
METHAMPHETAMINES	<input type="checkbox"/>	<input type="checkbox"/>	()	()				SUBSTANCES (LSD, PCP, Mescaline, Mushrooms, Ecstasy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	()	()			

C. IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE OR IF YOU HAVE TRIED OR USED ANY OTHER DRUG WITHOUT A DOCTOR'S PRESCRIPTION, EXPLAIN IN DETAIL BELOW. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE. YOU MUST INCLUDE DATES AND NUMBER OF TIMES USED.

D. IF YOU HAVE EVER PURCHASED, SOLD, OR HAD IN YOUR POSSESSION ANY OF THE DRUGS LISTED ABOVE IN SECTION (B), EXPLAIN IN DETAIL BELOW. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.

10. ORGANIZATION MEMBERSHIP

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

- | | |
|---|--|
| A. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF NEBRASKA.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B. ARE YOU NOW IN A GROUP WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| C. HAVE YOU EVER PARTICIPATED IN ANY DEMONSTRATION, STRIKE, PICKET LINE OR DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATIONS AS A PROTEST MEASURE.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

11. MILITARY STATUS

- | | |
|--|--|
| A. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION.....?
IF YES, LIST EACH SERVICE PERIOD SEPARATELY BELOW. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

MONTH/YEAR ENTERED	BRANCH/ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

B. LIST ALL MILITARY SERVICE NUMBERS:

C. SELECTIVE SERVICE NUMBER:	CURRENT MILITARY STATUS:
-------------------------------------	---------------------------------

D. DID YOU EVER RECEIVE ANY DISCIPLINARY ACTION WHILE SERVING IN THE MILITARY.....? IF YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

E. ARE YOU CURRENTLY IN THE MILITARY.....? IF YES, COMPLETE BELOW.	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

F. CURRENT UNIT'S NAME:	IMMEDIATE COMMANDER:	ADDRESS, CITY, STATE, ZIP:	PHONE:
--------------------------------	-----------------------------	-----------------------------------	---------------

12. FINANCIAL HISTORY

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

- | | |
|--|--|
| A. HAVE YOU EVER DECLARED BANKRUPTCY.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B. HAVE ANY OF YOUR BILLS BEEN TURNED OVER TO A COLLECTION AGENCY.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| C. HAVE YOU EVER PURCHASED GOODS THAT WERE LATER REPOSSESSED.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| D. HAVE YOUR WAGES EVER BEEN GARNISHED.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| E. HAVE YOU EVER BEEN DELINQUENT ON ANY INCOME OR STATE TAXES.....? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

F. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION.....? IF YES, WHAT IS THE SOURCE OF THE INCOME: _____ WHAT IS THE AMOUNT OF THE INCOME: \$ _____ PER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

G. LIST EACH MONTHLY FINANCIAL OBLIGATION INCLUDING: RENT, MORTGAGES, VEHICLE PAYMENTS, LOANS, CHARGE ACCOUNTS, INSURANCE, CREDIT CARDS, CHILD SUPPORT PAYMENTS, AND ANY OTHER DEBTS OR MONTHLY PAYMENTS. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.

NAME OF MONTHLY PAYMENT/INSTITUTION (E.G. CHASE BANK, STATE FARM, JOAN SMITH)	REASON FOR PAYMENT/ITEM PURCHASED (E.G. MORTGAGE, INSURANCE, CHILD SUPPORT)	AMOUNT OF PAYMENT
		\$
		\$
		\$
		\$
		\$
		\$
		\$

