

County of Henrico, Virginia



Henrico Sheriff's Office
Personal History Statement



APPLICANT RELEASE FORMS AND DOCUMENTS

INSTRUCTIONS FOR THE FOLLOWING FORMS AND DOCUMENTS:

(Please separate this instruction sheet and the following forms from the Personal History Booklet)

FORMS:

- I. The *Authorization to Obtain Information* form must be completed, notarized, and returned with the *Personal History Booklet*.
- II. The *Authorization to Obtain Credit Report Information* form must be completed and returned with the *Person History Booklet*.
- III. The Military Records Release form must be typed, notarized, and returned with the *Personal History Booklet*.

DOCUMENTS:

The following items are required by the stipulated return date in order to completely process your application for appointment:

1. High School Transcripts or copy of GED
2. College Transcripts
3. Copy of Valid Operator's License
4. Documentation of Military Obligation or Discharge
5. Certified Copy of Birth Certificate
6. All Certificates of Training which pertain to the position for which you are applying.
7. Three Reference Letters

COUNTY OF HENRICO
OFFICE OF THE SHERIFF

PERSONAL HISTORY STATEMENT

INSTRUCTIONS TO THE APPLICANT

The information you provide in this personal history statement will be used in the investigation of your background to determine your suitability for the position for which you have applied. Please fill out the questionnaire completely and accurately. Keep in mind that:

- (1) All statements are subject to verification.
- (2) **Deliberate inaccuracies or omissions may bar or remove you from further consideration for employment.**
- (3) **Failure to follow instructions, or answer questions completely and accurately may bar or remove you from further consideration for employment.**
- (4) All time periods in your background must be accounted for beginning with your 18th birthday.
- (5) You are responsible for updating this Personal History Statement in the event changes occur during the background investigation (e.g. change of address, telephone number changes). Notification of such changes must be submitted in writing to the Henrico County Sheriff's Office, Human Resources Unit, P.O Box 90775, Henrico, VA 23273.
- (6) If you have any questions regarding any section or part of this application, do not hesitate to contact this office for clarification. Our personnel will willingly take time to explain any section or part of the application that you do not fully understand.
- (7) If you were not given a specific date and time to return this application, contact the Sheriff's Office Human Resource Unit at 501-5495 to make an appointment to return it.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and the degree of relevance to the position for which you have applied. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Please TYPE or clearly **PRINT** (in black ink) your responses to this questionnaire. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the reverse side of the page.

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration, or dismissal from service.

Signature

Date

OFFICE OF THE SHERIFF
COUNTY OF HENRICO, VIRGINIA

Authorization to Obtain Information

I authorize the **County of Henrico, Sheriff's Office** to perform a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, arrest and conviction records, Division of Motor Vehicle records, personal references, professional references, previous employers, present employers, polygraph results and any other appropriate sources the Sheriff's Office deems necessary.

I authorize the release of any information that the County of Henrico, Sheriff's Office may request from the above sources. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the County of Henrico, Sheriff's Office in connection with this applicant and background investigation is confidential and shall not be disclosed to me.

Applicant's Name (Print)

Applicant's Signature

Date of Birth

Date

Social Security Number

State of Virginia, County of Henrico.

On this _____ day of _____, 20____

Applicant's Name

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My commission expires: _____

Notary Public



OFFICE OF THE SHERIFF
COUNTY OF HENRICO, VIRGINIA

Authorization to Obtain Credit Report Information

By signing this document, **I authorize the County of Henrico, Sheriff's Office** to obtain information regarding my creditworthiness, standing, or capacity, character, general reputation, personal characteristics, or mode of living from any outside source that regularly provides such information. I understand that information from such a report may be used by the Sheriff's Office in making a decision regarding my employment.

Applicant's Name (Print)

Applicant's Signature

Date of Birth

Date

Social Security Number

OFFICE OF THE SHERIFF
COUNTY OF HENRICO, VIRGINIA

STATEMENT OF UNDERSTANDING

I, _____, understand that in accepting a position with the Henrico County Sheriff's Office that I serve at the pleasure of the Sheriff, subject to the following conditions:

1. All assignments with the Sheriff's Office are considered temporary in nature. Consequently, while I am subject to being assigned to the Jail Operations Division, I may be assigned or reassigned to any other division and/or shift (at any time) as instructed by the Sheriff or his designee.
2. I must successfully complete all training as mandated by the Department of Criminal Justice Services, and whatever additional training as may be mandated by the Sheriff.
3. I may be removed from my position with the Henrico County Sheriff's Office at any time pursuant to the provisions of Section 15.2-1603 of the Code of Virginia.
4. I understand that the salary for the position for which I am applying is contingent upon funding from the State Compensation Board and/or the County of Henrico. Knowing this, I understand that if I am employed and, subsequently, funding is not made available, that the position for which I was hired will be abolished.

Signature

Date

AFFIDAVIT
COMMONWEALTH OF VIRGINIA
COUNTY OF HENRICO

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, and with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____ 20____

My commission expires _____

Notary's Signature

OFFICE OF THE SHERIFF
COUNTY OF HENRICO, VIRGINIA

PHYSICAL EXAMINATION COST AGREEMENT

A final step in the selection process for Correctional Deputy is a physical examination. This examination is completed in two parts:

1. Testing and collection of medical data and

2. Evaluation of the medical data and examination of the applicant by a physical selected by the County.

The County of Henrico will pay the cost and will provide a copy of the medical data to the applicant's private physician provided the applicant provides the County with a request from the physician, in writing, stating his desire to obtain it. The request for information must also be signed by the applicant.

Because the cost of the physician examination is \$131.50, if employment is offered to the applicant after completion of the physical examination and employment is not accepted by the applicant, then the applicant agrees to pay for the total cost of the physician examination. If the applicant completes the physical examination and is not offered employment, the County of Henrico will pay the total cost of the physical examination.

Signature of Applicant

Date

State of Virginia, County of Henrico

On this _____ day _____, 20____

_____ whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made oath that the statements made oath that the statements made in the said instrument are true.

My commission expires _____

Notary Public

GENERAL SERVICES ADMINISTRATION
National Personnel Records Center
(Military Personnel Records)
9700 Page Boulevard
St. Louis, Missouri 63132

RE:

Dear Sir:

The above individual is an applicant for Deputy Sheriff with the Henrico County Sheriff's Office. His appointment is subject to the completion of a background investigation being conducted.

The applicant provided the following information about his military service:

Branch of Service:

Service Number:

Date Entered:

Date Discharged:

Type of Discharge:

Disciplinary Actions:

Please verify or refute the above information and send copies of any disciplinary actions physical or psychological evaluations.

Very truly yours,

Col. Carlos V. Talley

Col. Carlos V. Talley

Undersheriff

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records to release to the Henrico County Sheriff's Office, information or photocopies from my military personnel records and related evaluations, disciplinary records, and criminal convictions. This will include a photocopy of my DD form 214, Certificate of Release or Discharge from Active Duty, and the type and reason for release or discharge.

(APPLICANT'S SIGNATURE)

(DATE)

(ADDRESS)

.....

NOTARY PUBLIC: _____

DATE: _____

My Commission expires: _____

APPLICANT RESPONSIBILITIES FOR BACKGROUND INVESTIGATIONS



Applicant is required to submit the following items:

:

Copy of Driver's License Copy of Social Security Card
 Copy of Birth Certificate (**certified**) Copy of Military Separation Papers (DD-214)
Certified copy is only issued by the original issuing agency.

Copy of Resume Copy of U.S. Naturalization Record *if applicable*

Three completed Personal Reference Questionnaires

*Personal Reference Questionnaire **MUST** be completed by the person providing the reference. **No family members.** The Questionnaire must be placed in an envelope, sealed, signed across the seal, and returned to the applicant.*

The certificates listed below can be submitted with the above documents or may be sent directly by the school to the (Henrico Sheriff's Office Personnel),

**ATTN: Human Resources/Recruitment
P. O Box 90775
Henrico, VA 23273**

Copy of High School Transcript (**certified**) Copy of College Transcript (**certified**)
Certified copy is only issued by the original issuing agency.

Copy of High School Diploma or G.E.D Copy of College Diploma

If transcripts are not included with the above documents, please provide written verification that these transcripts have been requested

DOCUMENTS WILL NOT BE RETURNED TO APPLICANTS. NO EXCEPTIONS!

If you have any questions, call the Sheriff's Office Personnel at (804)501-5495 or (804)501-5558.

PERSONAL HISTORY STATEMENT

PERSONAL					
NAME		LAST		FIRST	MIDDLE
Other names (including nicknames) you have used or been known by				Social Security Number	
Address at which you can be contacted					
Street					
City		State		Zip Code	
Phone Numbers					
Home:		Hours:		Work:	
Other:					
Height	Weight	Eye Color	Hair Color	List any scars, tattoo's or other distinguishing marks	
Marital Status			Place of birth		Date of Birth
<input type="checkbox"/> Single <input type="checkbox"/> Married					
If married, please indicate current address, date of marriage, and phone number of spouse					
Current Name		Date of Marriage	Current Address		Daytime Phone
If divorced or separated, list all spouses and dates of separation or divorce					
Current Name		Current Marital Status	Date of Marriage	Date of Separation or Divorce	

List **ALL** organizations, clubs, social groups of which you are now or ever having been a member of or associate with.

1		4		
2		5		
3		6		

REFERENCES					
Provide the appropriate information pertaining to any individuals residing in your household					
Name		DOB	Occupation	Place of employment	Relationship

PERSONAL HISTORY STATEMENT

Provide the appropriate information pertaining to any individuals with whom you have resided within the last three years (excluding relatives).

Name	DOB	Address of Residence	Dates (mm/yy)

REFERENCES

1

In the space below, please list references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives. Please provide at least two phone numbers for each.

Name	Address where person can be contacted (included City, State, Zip Code)	Telephone at which person can be contacted
		Home: Work: Other:

Please list 3-5 individuals who are social acquaintances (i.e., persons with whom you are close to or socialize with regularly) and have knowledge of you and your qualifications. Exclude relatives and former employers.

		Home: Work: Other:

PERSONAL HISTORY STATEMENT

EDUCATION

Have you ever been suspended or expelled from any high school or post secondary school? (Post – Secondary schools include colleges or universities, graduate schools, business and vocational schools-any formal education beyond high school level.)

YES

NO

If “YES”, please explain (include school, date, and circumstances).

EDUCATION

Please indicate below all the schools you have attended beginning with middle school.

Name of School	Location of School (City & State)	Date Attended		Degree/Course of Study
		From	To	

If you do not possess a college degree, how many college semester credits have you successfully completed/ earned?

--

FOREIGN LANGUAGES

Do you possess any foreign language skills (including sign language)?

YES

NO

If “YES”, specify language and skill level.

PERSONAL HISTORY STATEMENT

RESIDENCE

Please list all your residences since leaving high school, including those while in college and the Armed Forces. Begin with your most current residence.

Address of Residence	City, State, & Zip Code	Dates	
		From	To

MILITARY

Have you ever served in the Armed Forces, National Guard, or Military Reserves? YES NO
 If "Yes", please supply the following information:

Branch of Service	Service Number	Dates of Service	
		____/____ to ____/____ ____/____ to ____/____	
		____/____ to ____/____ ____/____ to ____/____	

Are you currently participating in any military reserve or National Guard program? YES NO

Have you ever been rejected from military service? YES NO
 If "Yes", please explain.

Did you receive any disciplinary actions while in the Military? YES NO
 If "Yes", please explain.

--

Were you ever reduced or demoted in rank? Yes No If yes, describe in detail.

PERSONAL HISTORY STATEMENT

List your rank, Military Occupation and Specialty and describe your duties:

List all duty stations, including Basic Training and other schools:

Military Installation	City/State	Assignment

Please list those individuals in the military who know you well enough to provide accurate information about you.

Name	Address	Telephone	to
		Home: Work:	to
		Home: Work:	to
		Home: Work:	to

PERSONAL HISTORY STATEMENT

FINANCIAL

Have your wages ever been garnished? YES NO
If, "Yes", please give details (include when, where, why).

Have you ever been delinquent on income or other tax payments? YES NO
If, "Yes", please give details (include when, where, why).

Have you ever been delinquent on child support payments? YES NO
If, "Yes", please give details (include when, where, why).

PERSONAL HISTORY STATEMENT

FINANCIAL

Complete the following financial statement:

Current Monthly Income

Your salary \$ _____

Spouse's salary \$ _____

Other monthly income---Describe:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

**TOTAL MONTHLY
INCOME-----** \$ _____

Current Assets

Savings \$ _____

Checking \$ _____

Real Estate \$ _____

Stocks and Bonds \$ _____

Autos \$ _____

Other Assets-Describe:

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL ASSETS \$ _____

Current Monthly Expenditures

Real estate (mortgage) payments \$ _____

Rent \$ _____

Other monthly payments-Describe:

Estimated monthly cost of living (including utilities, food, gasoline, home and car maintenance, entertainment, etc.) And any other obligations such as court ordered child support and alimony.

_____ \$ _____

_____ \$ _____

**TOTAL MONTHLY
EXPENDITURES---** \$ _____

Current Liabilities

Real Estate Indebtedness----- \$ _____

Long-term loans----- \$ _____

Charge accounts----- \$ _____

Other Liabilities- Describe:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL LIABILITIES \$ _____

Signify with an "X" in the box next to every offense you have ever committed, participated in or conspired to commit, or for which you have been convicted, arrested, charged, or detained. For each crime marked with an "X", provide on the next page in details regarding the offense, including the date and circumstances.

- | | | | |
|-------------------------------------|--------------------------|----------------------------------|--------------------------|
| Alcohol Violations | <input type="checkbox"/> | Harassment//Threats | <input type="checkbox"/> |
| Arson/Fire Setting/Reckless Burning | <input type="checkbox"/> | Hunting/Fishing Violations | <input type="checkbox"/> |
| Assault/Verbal or Physical | <input type="checkbox"/> | Impersonating a Police Officer | <input type="checkbox"/> |
| Auto Theft | <input type="checkbox"/> | Indecent Exposure | <input type="checkbox"/> |
| Bomb Threats | <input type="checkbox"/> | Pedophilia | <input type="checkbox"/> |
| Burglary/Breaking and Entering | <input type="checkbox"/> | Perjury | <input type="checkbox"/> |
| Child Abuse/ Molestation | <input type="checkbox"/> | Prescription Drugs (Illegal Use) | <input type="checkbox"/> |
| Concealed Weapons | <input type="checkbox"/> | Prostitution | <input type="checkbox"/> |
| Domestic Violence | <input type="checkbox"/> | Rape | <input type="checkbox"/> |
| Drugs: | | Robbery | <input type="checkbox"/> |
| Use | <input type="checkbox"/> | Stalking | <input type="checkbox"/> |
| Possession | <input type="checkbox"/> | Thefts/Larceny | <input type="checkbox"/> |
| Sale | <input type="checkbox"/> | Receive Stolen Property | <input type="checkbox"/> |
| Embezzlement | <input type="checkbox"/> | Shoplifting | <input type="checkbox"/> |
| Extortion | <input type="checkbox"/> | Vandalism/Tagging | <input type="checkbox"/> |
| Forgery | <input type="checkbox"/> | Illegal Gambling/Betting | <input type="checkbox"/> |
| Fraud/Bad Checks | <input type="checkbox"/> | | |

If you checked any of the above boxes explain in detail on the next page. Include dates and circumstances for all explanations.

Have you ever assaulted anyone (fights, domestic violence, etc.)? Yes No **If yes, Explain.**

Have you ever committed any other illegal act or done anything that would have been considered unlawful if caught? Yes No If "YES," give details (include when, where and why.)

PERSONAL HISTORY STATEMENT

MOTOR VEHICLE OPERATION					
Driver's license no.	Name under which license was granted	Exp. Date	State		
Please list other states where you have been licensed to operate a motor vehicle and the name under which the license was issued.	Name	Operators License Number	State		
Have you ever been refused a driver's license by any state? If "Yes", please give details (include when, where, why). YES <input type="checkbox"/> NO <input type="checkbox"/>					
Virginia law requires that operator and owners of motor vehicles be covered by automobile liability insurance or that the Uninsured Motorists Fee be paid. Please list the current liability insurance information for each of your vehicles:					
Make	Year	Insurance Company	Address	Policy Number	Exp. Date
Please list all traffic citations (exclude parking citations) you have received.					
Nature of Violation	Location (City/State)	Date	Disposition		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/> Nolle Prossed <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/> Nolle Prossed <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/> Nolle Prossed <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/> Nolle Prossed <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/> Nolle Prossed <input type="checkbox"/>		

PERSONAL HISTORY STATEMENT

PERSONAL

Are you currently using any illegal drugs? If "Yes", explain. YES NO

Have you ever used any illegal drugs? If "Yes", explain. YES NO

Have you ever purchased, transported, and/or sold any illegal drugs? If "Yes", explain. YES NO

Have you ever manufactured or stored any illegal drugs? If "Yes", explain. YES NO

How many times have you been intoxicated in public in the past:

12 months _____

24 months _____

Lifetime _____

PERSONAL HISTORY STATEMENT

EMPLOYMENT			
Dates of Employment <u>From</u> <u>To</u> Mo. Yr. Mo. Yr. ____/____ ____/____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center;"> Name and Address of Employer _____ _____ _____ Title or Duties _____ _____ </td> <td style="width: 30%; text-align: center;"> Telephone Number () _____ Supervisor's Name _____ Names of Co-Workers _____ _____ </td> </tr> </table>	Name and Address of Employer _____ _____ _____ Title or Duties _____ _____	Telephone Number () _____ Supervisor's Name _____ Names of Co-Workers _____ _____
Name and Address of Employer _____ _____ _____ Title or Duties _____ _____	Telephone Number () _____ Supervisor's Name _____ Names of Co-Workers _____ _____		
Your Name (If different)	Salary		
Starting: _____ Ending: _____			
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of Termination <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated			
Explain: _____			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed	<u>From</u> <u>To</u> Mo. Yr. Mo. Yr. ____/____ ____/____		
Dates of Employment <u>From</u> <u>To</u> Mo. Yr. Mo. Yr. ____/____ ____/____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center;"> Name and Address of Employer _____ _____ _____ Title or Duties _____ _____ </td> <td style="width: 30%; text-align: center;"> Telephone Number () _____ Supervisor's Name _____ Names of Co-Workers _____ _____ </td> </tr> </table>	Name and Address of Employer _____ _____ _____ Title or Duties _____ _____	Telephone Number () _____ Supervisor's Name _____ Names of Co-Workers _____ _____
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Your Name (If different)	Salary		
Starting: _____ Ending: _____			
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of Termination <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated			
Explain: _____			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed	<u>From</u> <u>To</u> Mo. Yr. Mo. Yr. ____/____ ____/____		

Employment History

On the next few pages, beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions you have held since age 18. (For the purpose of this employment history report, voluntary work should be included as employment). Please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

PERSONAL HISTORY STATEMENT

EMPLOYMENT			
Dates of Employment	Name and Address of Employer	Telephone Number	
<p style="margin: 0;"><u>From</u> <u>To</u></p> <p style="margin: 0;">Mo. Yr. Mo. Yr.</p> <p style="margin: 0;">____/____ ____/____</p> <p style="margin: 0;"><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time</p> <p style="margin: 0;"><input type="checkbox"/> Voluntary</p>	<p>_____</p> <p>_____</p> <p style="text-align: center; padding: 10px 0;">Title or Duties</p> <p>_____</p> <p>_____</p>	<p style="margin: 0;">() _____</p> <p style="margin: 10px 0;">Supervisor's Name</p> <p>_____</p> <p style="margin: 0;">Names of Co-Workers</p> <p>_____</p> <p>_____</p>	
Your Name (If different)		Salary	
		Starting: _____ Ending: _____	
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of Termination <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated			
Explain: _____			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		<p style="margin: 0;"><u>From</u> <u>To</u></p> <p style="margin: 0;">Mo. Yr. Mo. Yr.</p> <p style="margin: 0;">____/____ ____/____</p>	
Dates of Employment	Name and Address of Employer	Telephone Number	
<p style="margin: 0;"><u>From</u> <u>To</u></p> <p style="margin: 0;">Mo. Yr. Mo. Yr.</p> <p style="margin: 0;">____/____ ____/____</p> <p style="margin: 0;"><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time</p> <p style="margin: 0;"><input type="checkbox"/> Voluntary</p>	<p>_____</p> <p>_____</p> <p style="text-align: center; padding: 10px 0;">Title or Duties</p> <p>_____</p> <p>_____</p>	<p style="margin: 0;">() _____</p> <p style="margin: 10px 0;">Supervisor's Name</p> <p>_____</p> <p style="margin: 0;">Names of Co-Workers</p> <p>_____</p> <p>_____</p>	
Your Name (If different)		Salary	
		Starting: _____ Ending: _____	
Termination Status			
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Explain: _____			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		<p style="margin: 0;"><u>From</u> <u>To</u></p> <p style="margin: 0;">Mo. Yr. Mo. Yr.</p> <p style="margin: 0;">____/____ ____/____</p>	

PERSONAL HISTORY STATEMENT

EMPLOYMENT			
Dates of Employment	Name and Address of Employer	Telephone Number	
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>From</u> Mo. Yr. ____/____ </div> <div style="text-align: center;"> <u>To</u> Mo. Yr. ____/____ </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Voluntary </div>	_____ _____ _____ <div style="text-align: center; margin-top: 10px;">Title or Duties</div> _____ _____	() _____ Supervisor's Name _____ Names of Co-Workers _____ _____	
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Explain: _____			
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PERSONAL HISTORY STATEMENT

EMPLOYMENT		
Dates of Employment <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>From</u> Mo. Yr. ___/___ <input type="checkbox"/> Full-Time </div> <div style="text-align: center;"> <u>To</u> Mo. Yr. ___/___ <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary </div> </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Name and Address of Employer</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div> <div style="text-align: center; padding: 5px;">Title or Duties</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Telephone Number</div> <div style="text-align: center; padding: 5px;">() _____</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Supervisor's Name</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Names of Co-Workers</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div>
Your Name (If different)	Salary	
	Starting: _____ Ending: _____	
Termination Status		
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of Termination <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated		
Explain: _____		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>From</u> Mo. Yr. ___/___ </div> <div style="text-align: center;"> <u>To</u> Mo. Yr. ___/___ </div> </div>	
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EMPLOYMENT

Would any problems result if your present employer was contacted during the course of the background investigation? YES NO If "Yes", explain why.

When should such contact be made?

If you have had no prior employment, please explain.

Are you able, with or without reasonable accommodations, and willing to perform the essential job functions of the position for which you have applied? If "No", explain why. YES NO

Are you willing to work the type of shift associated with the position for which you have applied? If "No", explain why. YES NO

Have you ever been terminated (fired) from a job? If "Yes", please give details (include when, where, & circumstances). YES NO

