



# Applicant Personal History Statement

March 1, 2023

# 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 will 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.
- (5) You are responsible for updating this Personal History Statement in the event changes occur during the background investigation (e.g. change of address, arrests or legal actions, personal/family changes, telephone number change). Notification of such changes must be submitted in writing to the employing agency.
- (6) If you have any questions regarding any section or part of this application, do not hesitate to contact this office at \_\_\_\_\_ for clarification. Our personnel will be glad to take time to explain any section or part of the application that you do not fully understand.

**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** your responses to this questionnaire into this fillable form and save it to your local computer. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. Once completed, you may print and submit the form along with your supporting documents.

## IDAHO LAW ENFORCEMENT AGENCY PHS Required Documents Checklist

It is your responsibility to obtain the required documents listed below. It may take several weeks to gather some of these documents, so begin working on them at once. Do not delay completing your background package while waiting for these documents. Submit your background package by the stated deadline, even if some of the original documents are not immediately available. You must attach legible **copies** of these original documents, when you turn in your background package. All copies of documents are *one item per page except driver's license and Social Security card*. Failure to promptly provide these documents may result in the suspension of your background from employment consideration.

- Birth Certificate:** Documentation of U.S. Citizenship. Birth certificate, US Passport, Naturalization Certificate, Consular Report of Birth Abroad or Certification of Birth, or Certificate of Citizenship.
- Driver's License/SS card:** Driver's license and official Social Security card photocopied together on one page.
- Legal Documents:** Any document relating to any civil, criminal, (i.e., arrest reports, traffic collision reports within the past 5 years, case reports, civil suits) or other proceeding.
- Highest level of education of 15 credits or more-High School Diploma or College Transcripts:** High school or home school diploma **or** GED Certificate with test scores **or** high school proficiency certificate **or** high school transcript with graduation date listed **or** official college transcripts for all colleges you have attended. If you attended more than one college and did not transfer your credits, you will need to request transcripts from all colleges.
- Military DD-214:** Military DD-214 Long Form for anyone who served any time in the military.
- Vehicle Insurance:** Insurance cover page(s) indicating proof of required vehicle insurance listing your vehicles, your coverage and indicating that you are an insured driver.
- Vehicle Registration:** Vehicle registration for all owned vehicles.

THE FOLLOWING ADDITIONAL INFORMATION AND DOCUMENTS ARE REQUIRED FROM APPLICANTS WHO ARE PRESENTLY IN LAW ENFORCEMENT, OR WHO HAVE BEEN LAW ENFORCEMENT, OR CORRECTIONS OFFICERS, OR HAVE ATTENDED ANY LAW ENFORCEMENT ACADEMY.

1. Law Enforcement Training Academy or Corrections Academy Graduation Certificate(s).
2. All POST Certificates.
3. CPR Card, First Aid Card.
4. Copies of any Internal Affairs Files.
5. Copies of performance evaluations from the last three years.
6. List of last three supervisors, indicating rank, current assignment, and work number.

## 1) PERSONAL

NAME: Last		First		Middle	
Other names (including nicknames) you have used or been known by		Social Security Number		Email Address	
Address at which you can be contacted – DO NOT USE PO BOX					
Street					
City		State		Zip Code	
PHONE: J qo g''' ""J qwtu" "		Y qtn'''''''''' ""		""J qwtu" "	
Height		Weight	Eye Color	Hair Color	List any scars, marks, and tattoos (and location if visible)
Marital Status – List marriage date if applicable			Your place of birth		Your date of birth
If divorced or separated, list all previous spouses and dates of separation or divorce					
Current Name		Current Address		Phone #	Date of Separation or Divorce

## 2) SPOUSE, CHILDREN, AND DEPENDENTS

List information on your current spouse (include maiden name), all of your children, include step-children and adopted children. If engaged, list fiancée.

Name	Address	Age	Relationship

Provide the appropriate information pertaining to any individuals with whom you have resided with in the last three years (excluding relatives). Continue on back if necessary.

Name	Phone #	Address of Residence	Dates (mm/yy)

### 3) REFERENCES AND FAMILY LISTINGS

In the spaces below, please list at least three people as references who have knowledge of you and your qualifications. **Exclude relatives in this section.** Please provide at least two phone numbers for each reference.

Name	Relation to You	Complete Address	Telephone
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:

In the spaces below, list the requested information on your family members (even if deceased) to include mother, father, guardian, step-parents, parents-in-law, foster parents, brothers, sisters, and step-siblings. Include their relationship to you and at least two phone numbers if possible.

Name	Relationship	Address	Telephone #
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:

#### 4) EDUCATION

Have you ever been suspended or expelled from any high school or post-secondary school? (Post - Secondary schools include colleges and universities, graduate schools, business and vocational schools, or any formal education beyond high school level.) Yes  No

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

Do you speak a foreign language? Yes  No  If yes, identify the language and your level of comprehension. Language \_\_\_\_\_

- Reading  Very Fluent  Somewhat fluent (can read above beginner level)  
 Writing  Very Fluent  Somewhat fluent (can write above beginner level)  
 Speaking  Very Fluent  Somewhat fluent (can speak above beginner level)

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

Name of School	Location of School (City & State)	Date Attended		Did you Graduate? Please list major and/or any degree obtained
		From	To	

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

#### 5) RESIDENCE

Please list all your residences since 16 years of age, include those while in college and the Armed Forces. Begin with your most current residence. DO NOT USE P.O. BOXES.

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

List any organizations, clubs, fraternities, sororities, civic groups, and social groups of which you are now, or have ever been a member of or associated with. Indicate any office or position held.


**6) 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	MOS	Dates of Service	Type of Discharge or Current Status
		____/____ to ____/____	
		____/____ to ____/____	

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

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


List your rank and describe your duties:


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

Military Installation	City / State	Assignment

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

Name	Address	Telephone	Years Known
		Home: Work:	to
		Home: Work:	to
		Home: Work:	to

**7) FINANCIAL**

Please fill the financial statement below. Be complete and accurate.

Current Monthly Income		Current Monthly Expenses	
Your salary-----→	_____	Real Estate (mortgage) Payment(s)-----→	_____
Spouse's salary-----→	_____	Rent-----→	_____
Other monthly income - describe:  _____ _____ _____	_____ _____ _____	Other monthly payments – list any monthly obligation over \$100 per month (this would include school loans, car payments, other bank loans, etc.). Do not list utility expenses (gas, electricity, etc.).  _____ _____ _____ _____ _____	_____ _____ _____ _____ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b> _____	<b>TOTAL MONTHLY EXPENDITURES</b>	<b>\$</b> _____

Current Assets		Current Liabilities / Debts	
Savings -----→	_____	Real Estate Indebtedness -----→	_____
Checking -----→	_____	Long-term loans -----→	_____
Real Estate -----→	_____	Charge accounts -----→	_____
Stocks and Bonds -----→	_____	Other Liabilities - describe:  _____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Autos -----→	_____		
Other Assets - describe:  _____ _____ _____ _____	_____ _____ _____ _____		
<b>TOTAL ASSETS</b>	<b>\$</b> _____	<b>TOTAL LIABILITIES</b>	<b>\$</b> _____



**7) FINANCIAL**

Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.

Name of Firm	Address	Type of Debt (credit card, loan, etc.)

Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? YES  NO   
If "Yes", please give details (include when, where, why). Include a copy of all court related papers.

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Have any of your bills ever been turned over to a collection agency? YES  NO   
If "Yes", please give details (include when, firms involved, circumstances).

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Have you ever had purchased goods repossessed (taken back)? YES  NO   
If "Yes", please give details (include when, firms involved, circumstances).

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**7) FINANCIAL**

Have your wages ever been garnisheed? YES  NO

If "Yes", please give details (include when, where, why).

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Have you ever been delinquent on income or other tax payments? YES  NO

If "Yes", please give details (include when, where, why).

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Have you ever been delinquent on child support payments? YES  NO

If "Yes", please give details (include when, where, why).

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**8) LEGAL**

Have you ever been charged with a violation of law; arrested; or issued a defendant summons for **any** offense? Include adult and juvenile offenses whether dropped, suspended, deferred or withheld, dismissed, or expunged. **Do not include traffic offenses.**  Yes  No If "Yes", provide the following information

Date	Police Agency	Charge	Type	Disposition
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Felony   
Misdemeanor

Explanation:

Date	Police Agency	Charge	Type	Disposition
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Felony  
Misdemeanor

Explanation:

Date	Police Agency	Charge	Type	Disposition
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Felony  
Misdemeanor

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony Misdemeanor	

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony Misdemeanor	

Have you ever committed an illegal act or done anything that would have been considered illegal if caught? Include adult and juvenile incidents. Yes  No  If "Yes", provide a detailed explanation (include dates).

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## 8) LEGAL

Have you ever committed, been charged with, or convicted of a domestic assault type offense? For example: assaults against family members; stalking; threats; or violations of a Protective Order. YES  NO  If "Yes", provide details below.

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Have you or your spouse ever been involved as a plaintiff or defendant in any civil court action? YES  NO  If "Yes", please give details (include when, where, name and location of court, and circumstances).

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Have you ever had a criminal warrant or Protective Order issued against you; or have you ever obtained a criminal warrant or Protective Order against someone else? YES  NO  If "Yes", provide details below. Do not include cases if you are/were a law enforcement officer.

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- Are you now or have you ever been a member of any organization, gang, group of individuals, movement, or association that:
- advocates denying other individuals their equal civil rights or liberties? NO  YES
  - advocates the overthrow of our constitutional form of government by force or violence? NO  YES
  - has conducted or been involved in any illegal activity? NO  YES
- If yes, please list the organization and details below.

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**9) MOTOR VEHICLE OPERATION**

Driver's license number	Name under which license was granted	Exp. Date	State

Please list <i>other states</i> where you have been licensed to operate a motor vehicle and the name under which the license was issued.	Name	Operator's License Number	State
	_____	_____	_____
	_____	_____	_____

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

If "Yes", please give details (include when, where, why).

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\_\_\_\_\_

\_\_\_\_\_

Idaho law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Please list the current liability insurance information for your vehicles:

Make	Year	Insurance Company	Phone Number	Policy Number	Expiration Date

Please list all traffic citations (exclude parking tickets) 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"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>

**9) MOTOR VEHICLE OPERATION**

Have you ever been involved as a driver in a motor vehicle accident? Yes  No   
 If "Yes", give details for each accident.

Date	Location	Police Investigation:	Police Agency	Type:	
				Injury	Non-injury
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Has your license ever been suspended or revoked by Idaho or any other state? Yes If  No   
 "Yes", please give details (include what, when, where, why).

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Have you ever been charged or convicted of a DUI related offense? YES  NO   
 If "Yes", please give details (include when, where, why).

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**10) GENERAL INFORMATION**

Are you a citizen of the United States? Yes  No

Are you legally eligible to work in the United States? Yes  No

If you are successful in gaining an appointment to this agency, do you expect to engage in any other gainful occupation? If "Yes", please explain. Yes No

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**10) GENERAL INFORMATION**

Are you currently using any illegal drugs (including prescription drugs not prescribed to you)? If "Yes", give details including dates.

Yes  No

Have you ever used any illegal drugs (including prescription drugs not prescribed to you)? If "Yes", give details including dates.

Yes  No

Have you ever purchased, transported, and/or sold any illegal drugs? If "Yes", give details including dates.

Yes  No

Have you ever manufactured or stored any illegal drugs? If "Yes", give details including dates.

Yes  No

Do you participate in a social networking capacity?

Yes  No

If yes, please provide the name of the service(s) that you have:

**10) GENERAL INFORMATION**

Have you ever applied for a permit to carry a concealed weapon? Yes No

If "Yes", please provide the following information:

Permit granted?	Type Weapon	Date	Law Enforcement Agency
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Purpose for permit:

Have you ever applied for employment with another law enforcement agency? Yes No

If "Yes", please provide the following information:

Agency Name (City & State)	Position	Date	Disposition / Status

Have you ever applied for employment with this agency? Yes No If "Yes", list below:

Position	Date	Disposition

Are you acquainted with any members of this agency? Yes No If "Yes", please list.

\_\_\_\_\_

\_\_\_\_\_

Have you ever participated in an internship program with a Law Enforcement Agency? Yes No

College/University Affiliation	Law Enforcement Agency	Dates of Participation

Have you ever been refused insurance for any reason other than failure to pay a premium? YES NO  
 If "Yes", please explain on back of this sheet (include company name and address, date and reason).



## 11) EMPLOYMENT

Beginning with your most current employment, please list in descending order all jobs (including part-time, temporary, and voluntary positions) you have held for the past 20 years. (For the purposes 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.

Dates of Employment				Name and address of employer	Telephone number
<b>From</b>		<b>To</b>			
Mo.	Yr.	Mo.	Yr.		
_____ / _____					
Full-time		Part-time		<u>Title or duties</u>	<u>Name of supervisor:</u>
Voluntary					<u>Names of co-workers:</u>
Your name if different				Salary	
				Starting:	Ending:
Termination Status					
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated					
Explain:					

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr.	TO: Mo. Yr.
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Dates of Employment				Name and address of employer	Telephone number
<b>From</b>		<b>To</b>			
Mo.	Yr.	Mo.	Yr.		
_____ / _____					
Full-time		Part-time		<u>Title or duties</u>	<u>Name of supervisor:</u>
Voluntary					<u>Names of co-workers:</u>
Your name if different				Salary	
				Starting:	Ending:
Termination Status					
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated					
Explain:					

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr.	TO: Mo. Yr.
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## 11) EMPLOYMENT

Dates of Employment		Name and address of employer	Telephone number
<b>From</b>	<b>To</b>		
Mo. Yr.	Mo. Yr.		
____/____	____/____		
Full-time	Part-time	<u>Title or duties</u>	<u>Name of supervisor:</u>
Voluntary			<u>Names of co-workers:</u>
Your name if different		Salary	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated			
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr.	TO: Mo. Yr.
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Dates of Employment		Name and address of employer	Telephone number
<b>From</b>	<b>To</b>		
Mo. Yr.	Mo. Yr.		
____/____	____/____		
Full-time	Part-time	<u>Title or duties</u>	<u>Name of supervisor:</u>
Voluntary			<u>Names of co-workers:</u>
Your name if different		Salary	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated			
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr.	TO: Mo. Yr.
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## 11) EMPLOYMENT

Dates of Employment		Name and address of employer	Telephone number
<b>From</b> Mo.    Yr.	<b>To</b> Mo.    Yr.	_____	_____
_____ / _____	_____ / _____	_____	<u>Name of supervisor:</u>
Full-time	Part-time	<u>Title or duties</u>	<u>Names of co-workers:</u>
Voluntary		_____	_____
Your name if different		<b>Salary</b>	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated			
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM:    Mo.    Yr.	TO:    Mo.    Yr.
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Dates of Employment		Name and address of employer	Telephone number
<b>From</b> Mo.    Yr.	<b>To</b> Mo.    Yr.	_____	_____
_____ / _____	_____ / _____	_____	<u>Name of supervisor:</u>
Full-time	Part-time	<u>Title or duties</u>	<u>Names of co-workers:</u>
Voluntary		_____	_____
Your name if different		<b>Salary</b>	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated			
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM:    Mo.    Yr.	TO:    Mo.    Yr.
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## 11) EMPLOYMENT

Dates of Employment		Name and address of employer	Telephone number
<b>From</b> Mo.    Yr.	<b>To</b> Mo.    Yr.		
_____ / _____	_____ / _____		
Full-time	Part-time	<u>Title or duties</u>	Name of supervisor: _____
Voluntary			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 being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated			
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM:    Mo.    Yr.	TO:    Mo.    Yr.
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Dates of Employment		Name and address of employer	Telephone number
<b>From</b> Mo.    Yr.	<b>To</b> Mo.    Yr.		
_____ / _____	_____ / _____		
Full-time	Part-time	<u>Title or duties</u>	Name of supervisor: _____
Voluntary			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 being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated			
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM:    Mo.    Yr.	TO:    Mo.    Yr.
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Please list all employment for the past 20 years. If additional pages are needed, duplicate this page and attach in chronological order. Please be detailed as possible.

## 11) EMPLOYMENT

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

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When should such contact be made? \_\_\_\_\_

If you have had no prior employment, please explain.

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Have you ever been disciplined, suspended, or otherwise received punitive actions at a current or former place of employment? If yes, please explain. Yes  No

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

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Have you ever been fired, asked to resign, or resigned because you believed you would be fired from a job? If yes, please give details (include when, where, & circumstances). Yes  No

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Have you ever been involved in any administrative or internal affairs investigations? Yes  No  If yes, attach explanation regardless of whether it was conducted by your organization or an outside organization.

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The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions in this application will be sufficient cause to disqualify me from employment consideration with the \_\_\_\_\_ . If such intentional misstatements or omissions are found after employment, it will be considered grounds for dismissal. I understand that this completed application and any materials submitted with it are the property of the agency and will not be returned regardless if I am offered employment. I understand that any offer of employment is contingent upon my ability to produce documentation required by the Immigration and Naturalization Service documenting eligibility, if necessary, for employment.

I understand that part of the agency employment process includes a comprehensive review of my background, including but not limited to the following areas: credit and consumer reports, current and previous residences, employment history, education background, character references, civil and criminal history records, driving records, and other information pertaining to me that the agency believes may have a bearing on my fitness for employment.

I authorize any individual, company, firm, corporation, or public agency to release any and all information or data, verbal or written, pertaining to me, to the agency or its representatives. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

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Signature

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Date Completed

# Personal History Statement

## AUTHORIZATION FOR RELEASE OF RECORDS AND PERSONAL INFORMATION FOR PRE-EMPLOYMENT BACKGROUND INVESTIGATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records and information concerning myself to any duly authorized agent of the \_\_\_\_\_ (the agency), regardless of whether the said records and information are of a public, private, or confidential nature. This shall include, but not be limited to, employment files, personnel records; background investigation files; disciplinary records; any and all internal affairs investigations, complaints or grievances filed by or against me; training files; arrest, criminal, probation and driving records; polygraph and psychological examination and opinions .

The intent of this authorization is to give my unqualified consent for disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U. S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records of attorneys or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the agency. I also certify that any partnership, person, association, organization, governmental entity or agency, including their officials, employee(s), agents and assigns who may furnish such information concerning me shall not be held liable for giving records or information. I do hereby release said partnership, person, association, organization, governmental entity or agency, including their officials, employee(s), agents and assigns from any and all claims or causes of action whatsoever for damages, expenses, costs or attorney's fees which may be incurred as a result of furnishing such information.

I understand that the agency is a law enforcement agency, and has an obligation to report and investigate any allegations of criminal misconduct. I understand that any information involving any criminal misconduct disclosed or discovered during the course of this background investigation may be forwarded to the appropriate law enforcement agency. Understanding the above, I hereby give the agency full and complete consent to disclose without further notice the findings and results of this comprehensive background investigation to an appropriate law enforcement agency in furtherance of any criminal investigation.

By means of this authorization, I am giving my consent to the agency to follow up inquiries into my personal history statement.

**Once submitted, your PHS and all material and information gathered and/or discovered during the hiring process becomes the sole property of the agency.**

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_  
City State Zip Code

Telephone: \_\_\_\_\_

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

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

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed (or attested) before me on \_\_\_\_\_ by \_\_\_\_\_ Name(s) of individual(s)

Signature of Notary Public

My commission expires: \_\_\_\_\_

# Personal History Statement

ADDITIONAL WAIVER – Peace Officer applicants only

To Whom It May Concern:

I, \_\_\_\_\_ (Name, date of birth), am an applicant for a **commissioned position** within the State of Idaho.

\_\_\_\_\_ I fully understand the \_\_\_\_\_ will perform a complete and thorough background investigation to ensure that I have the necessary skills, abilities, and integrity to perform as a commissioned officer in the State of Idaho. I recognize and understand that this background investigation will include, but not be limited to, personal history, usage of illegal drugs, criminal misconduct, domestic violence, immoral behavior, and any other behaviors deemed by this agency to be detrimental for the service as a commissioned officer in the State of Idaho. I also fully understand that information discovered may result in adverse employment consequences, including, but not limited to, not being hired.

\_\_\_\_\_ Recognizing all of the above, I hereby give the agency full and complete permission to disclose the findings and results of this comprehensive background investigation to my current employer and/or Idaho POST. I understand that this disclosure may result in adverse consequences for me in my current job, including, but not limited to, termination from employment, negative reference for future employment, possible criminal prosecution and the possibility of disqualification of being a peace officer in the State of Idaho. I agree to hold the the agency harmless from any and all claims made by me as a result of this release of information. I further understand that the decision to release this information to my current employer rests solely with the agency.

\_\_\_\_\_ I have initialed each of the above paragraphs and have signed this waiver at the bottom of this page voluntarily with full understanding of the contents and consequences of this waiver. I further acknowledge that I have been offered the opportunity to withdraw my application for employment before submitting to a background investigation.

Current Employer: \_\_\_\_\_

Department Head: \_\_\_\_\_

Address and phone number: \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone:

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

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed (or attested) before me on \_\_\_\_\_ by \_\_\_\_\_ Name(s) of individual(s)

Signature of Notary Public

My commission expires: \_\_\_\_\_