

READ THESE INSTRUCTIONS FIRST!

OFFICE OF THE SHERIFF PERSONAL HISTORY PACKET

This form is part of the initial phase of the employment process. It is imperative that all questions are answered in detail. All information is **CONFIDENTIAL**. This document will be used to verify your personal background. Any **FALSE, MISLEADING, INCOMPLETE**, or **UNTRUTHFUL** response to any questions will disqualify you from the process.

Questions that require a "yes" or "no" response shall be checked in the space provided. If a category or question does not apply, place N/A (not applicable) in the designated area. If additional space is needed for any item, the answer should be continued on page 11. Each answer should be numbered to correspond with the appropriate question.

This form must be typed or printed in black ink, completed by the applicant and each question answered accurately. You are required to sign and date all pages. Read page 12 carefully prior to signing that page.

Fingerprints will be submitted upon the return of your application.

Position applying for:

Detention Deputy: _____ **Clerical:** _____ **Nursing:** _____ **Other:** _____

**Office of the Sheriff
Bannock County, Idaho
Personal History Statement**

Deputy Part Time _____
Deputy Full Time _____

PERSONAL DATA			
1. Name (Print): First, Middle, Last		Maiden Name:	
2. List any other name(s) you have used if different from above: (include all nicknames)			
Have you ever legally changed you name? ()NO ()YES If YES, what was/were your former name(s)?			
Court Jurisdiction: _____		Date: _____	
3. Present Address: (Number, Street, Apt. Number, City State, Zip Code)		Telephone Number: Home: () Work: ()	
4. Social Security Number: / /	Date of Birth:	Hair Color:	Eye Color:
5. Place of Naturalization: (if applicable) City and State: Date of Naturalization: Naturalization and Certificate Number:			
6. Father's Name		7. Mother's Name:	
Address:		Address:	
Phone - Home:	Work:	Phone - Home:	Work:
Father's Occupation:		Mother's Occupation	
8. If you were raised by someone other than your natural parents, provide the following information: Name: Relationship: Address: Telephone Number: Home: Work:			
9. If either parent is remarried, advise the name and address of stepparents: A. B.			
Applicant's Signature _____ Date _____			

10. List the names, ages and addresses of your brothers, half brothers, stepbrothers, sisters, half sisters, stepsisters. **Additional information on page _____**

	Name	Date of Birth	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

11. What is your present marital status? ()Single ()Married ()Divorced ()Widowed

Spouse: (Include maiden name, if applicable) _____
 Name: _____ Date of Birth _____ SSN: ____ / ____ / ____
 Address: _____
 Employer: _____ Occupation: _____
 Address: _____ Telephone: _____

12. How many times have you been married? ____ Number of time divorced? ____ Widowed? _____

	Name of ex-spouse	Address	Date of Divorce	Jurisdiction
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

13. Do you have any children and/or dependents? ()NO ()YES If YES, provide:

	Name	Date of Birth	Address, if other than yours	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Applicant's Signature _____ **Date** _____

14. Have you ever possessed, tried, experimented with, or sold any illegal drug or illegally used prescription medication? ()NO ()YES If YES, provide that information: (**Method**=possessed, tried, experimented, sold)

Drug Name	Number of Times	Method	Last Time Used	Drug Name	Number of Times	Method	Last Time Used
1. Marijuana	_____	_____	_____	12. Barbiturates	_____	_____	_____
2. Hash	_____	_____	_____	13. Morphine	_____	_____	_____
3. Cocaine	_____	_____	_____	14. Methamphetamine	_____	_____	_____
4. Crack	_____	_____	_____	15. Mescaline	_____	_____	_____
5. LSD	_____	_____	_____	16. Codine	_____	_____	_____
6. PCP	_____	_____	_____	17. Ice	_____	_____	_____
7. Acid	_____	_____	_____	18. Designer Drugs	_____	_____	_____
8. Mushrooms	_____	_____	_____	19. Steroids	_____	_____	_____
9. Peyote	_____	_____	_____	20. Inhalants(nitrous oxide, glue, gasoline, etc.)	_____	_____	_____
10. Opium	_____	_____	_____	21. Other, list on page 11	_____	_____	_____
11. Heroin	_____	_____	_____		_____	_____	_____

15. Do you use any tobacco products such as cigarettes, cigars, pipe, chewing tobacco or snuff? _____ The Bannock County Sheriff's Office requires that all newly hired **deputies** be non-smokers and remain a non-smoker during employment. If hired, you will be required to sign an employment contract to that effect. Breach of that contract is grounds for termination.

16. Are you currently, or have you ever been, a member of or affiliated with any communist or subversive organization, or any political party or organization which advocates the overthrow of the United States government? ()NO ()YES
If Yes, explain: _____

17. Are you currently, or have you ever been a member of or supported the basic tenets and beliefs of any group, association or organization which advocates aggression or violence toward any person or group of persons because of race, religion, or ethnic origin? ()NO ()YES If YES, explain: _____

18. Have you ever applied for employment with our agency or any other law enforcement agency? Include Federal, State, Local or any other Public Safety employer. ()NO ()YES If YES, list:

Date	Agency	Position	Status
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Additional Information - page _____

19. If denied by any of the agencies listed above, please explain why in the additional space provided on page 11.

20. Have you ever been requested to take a polygraph examination? ()NO ()YES If YES, reason and where administered:

Additional information on page _____

Applicant's Signature _____ **Date** _____

EDUCATION

21. Name of High School graduated from or last attended: _____
 Address: _____
 Year Graduated: _____ If you did not graduate, highest grade completed: _____
 If G.E.D., give date and State of issuance: _____

22. Colleges, Universities, other schools attended:	Address	Dates Attended	Year and Degree Awarded
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

23. Have you ever attended a police or public safety academy? ()NO ()YES If YES, provide:

Name of Academy, address	List Certifications Received	Dates Attended
1. _____	_____	_____
2. _____	_____	_____

FINANCIAL DATA

24. List all debts, including home mortgages, car notes, all open credit card accounts, personal loans:

Type of Account	Monthly Payment	Present Balance	To Whom owed: Name and Full Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Additional on page _____

25. Have your wages ever been garnished? ()NO ()YES If YES, why? _____

26. Have your tax returns ever been withheld? ()NO ()YES If YES, why? _____

27. Have you ever filed for bankruptcy or been adjudicated bankrupt? ()NO ()YES If YES, give date of discharge in bankruptcy _____ Location _____ Court Jurisdiction _____
 Amount of indebtedness \$ _____ Explain circumstances of bankruptcy: _____

Additional Information on page _____

28. Have you ever been a plaintiff or defendant in a civil action? ()NO ()YES If YES, give details, such as date, place, court, amount of each judgment and final disposition: _____

29. Do you pay alimony or child support? ()NO ()YES
 If YES, list to whom those payments are made: _____
 In the amount of \$ _____ per month, total per year \$ _____
 Details: _____

Applicant's Signature _____ **Date** _____

MILITARY DATA

30. Have you ever been a member of any branch of the Armed Forces? ()NO ()YES

If YES, give the branch name? _____ Service Number: _____

Date entered _____ Date discharged or pending discharge _____ Highest Rank obtained _____

Rank when Discharged _____ Number of Enlistments _____ Primary duties _____

Type of Discharge: () Honorable () General () Dishonorable () Uncharacterized

31. Are you a member of any military reserve unit or National Guard? ()NO ()YES

If YES, give branch name: _____

Serial Number: _____ Rank: _____ ()Active ()Inactive

32. Have you ever been a member of any military service other than the United States? ()NO ()YES

If YES, what country: _____ Identification Number _____

Length of service _____ Type of Discharge: _____

33. During your military service as outlined above:

A.) Were you ever disciplined, or did you ever receive a summary or deck court martial, Article 15? ()NO ()YES

B.) Did you ever appear before any command personnel for disciplinary reasons? ()NO ()YES

If YES, provide:

Date	Charges	Disposition
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Additional information on page _____

C.) Were you ever the subject of any criminal investigation or arrested by military authorities concerning any alleged misconduct? ()NO ()YES If YES, list:

Date	Location	Allegation(s) / Disposition(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

34. Have you ever been turned down, denied entry or rejected by any branch of the Armed Forces for any reason?

()NO ()YES If YES, explain:

Date	Branch	Reason
1. _____	_____	_____
2. _____	_____	_____

Applicant's Signature _____ **Date** _____

EMPLOYMENT HISTORY

35. Start with your current employer and in reverse chronological order, list your entire work history. Include any periods of unemployment, volunteer work, military service, and part-time work. **Additional Information page** _____

Dates of Employment	City/State of Employment	Full Name, Address, ZIP Code and Phone Number of Employer	Position, salary and supervisor	Reason for leaving (Be Specific)
From:	City:			
Present:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			

36. Have you ever been fired or forced to resign from any position? ()NO ()YES
 If YES, give date of each discharge or forced resignation, the place of employment and an explanation:

Applicant's Signature _____ **Date** _____

ARREST RECORD

37. Have you ever been charged, investigated, detained or arrested for any criminal offense as a Juvenile or Adult?
 Include records that have been expunged. Additional information on page _____

() NO () YES If YES, please describe:

	Date	Jurisdiction	Charge(s)	Disposition
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

MOTOR VEHICLE DRIVING HISTORY

38. In what state are you currently licensed to drive? _____ Permit Number: _____
 Expiration Date: _____

Are there any restrictions or special conditions attached with your operator's license? () NO () YES

If YES, explain: _____

List any other state(s) in which you have been licensed to operate a motor vehicle, include Permit Number: _____

39. List all tickets, summonses, citations that you have received regardless of the disposition. (i.e.. Found not guilty, dismissed, nolle prosequi or no contest plea, etc. (exclude parking tickets). **Additional Information page** _____
 Give a chronological listing, starting with the most recent offense and indicate the following:

	Date	Jurisdiction	Charge(s)	Disposition
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

40. Has your privileges to drive ever been suspended or revoked? () NO () YES

If Yes, give date(s), place(s), and reason(s):

41. Have you ever attended a driver improvement course? () NO () YES If YES, provide information:

	Date	Location	Reason
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

42. Has your automobile insurance ever been canceled? () NO () YES

Applicant's Signature _____ **Date** _____

RESIDENTIAL HISTORY

43. List all your residences. Provide the names and addresses of the two nearest neighbors, even if not acquainted. Also list current and former roommates, landlords, realty companies, etc., associated with each location.

If additional space is required, make a copy of this page before filling out.

Dates	Complete Address	Neighbors/ Roommates/ Landlord/ Realty Co. (Full Name, Full Address, Include Zip Codes and Phone #=s)
From:		1.
Present:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.

Applicant's Signature

Date

I understand that all of the information contained herein is **CONFIDENTIAL**, and will only be used to verify my personal history. **FALSE, MISLEADING, INACCURATE** or **INCOMPLETE** answers will disqualify me for employment.

Sign this page in the presence of a Notary Public

I here by certify that all information in the Personal History Statement is accurate and true to the best of my knowledge.

_____ Date

_____ Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____

_____ Notary Public

_____ My commission expires

Applicant, please note:

You **MUST** furnish copies of the following documents upon submission of your Personal History Statement:

1. Birth certificate or other proof of United States citizenship
2. High school diploma or equivalent certificate, **plus** high school transcripts
3. Social Security Card
4. Driver's License & Driver Transcripts if Out-of-State

You **MUST** sign and return the following original documents upon submission of your Personal History Statement:

5. Signed Informed Consent Form
6. Signed Notification and Authorization for Employment Credit Report
7. Signed & Notarized Authorization of Release of Information Form

Also include **two photographs** of yourself (passport type, size - 2X2)

If applicable, furnish copies of:

8. Military discharge (DD214) Member 1 and 4 forms
9. Name change documentation from court
10. Marriage certificate
11. Divorce decree(s) or legal separation papers
12. Certified copies of college or university transcript(s)

NOTIFICATION AND AUTHORIZATION FOR EMPLOYMENT CREDIT REPORT

I, _____, authorize the Bannock County Sheriff's Office to obtain a credit report on me through the credit reporting agency(s) of its choice. If employed, I further authorize the Credit Bureau to check my credit record, as needed, on a continuing basis as it relates to my employment.

If an adverse employment decision is made due totally or partially to the information on the credit report, I can receive a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act and the source of the credit report so that I may contact them, if I wish.

SIGNATURE

DATE

INFORMED CONSENT

I, _____, AS A CONDIDATE TO WORK WITH THE
INFORMATION OF THE BANNOCK COUNTY OFFICE OF THE SHERIFF, UNDERSTAND THAT ALL PERSONAL INFORMATION
FOR THE POSITION IS CONFIDENTIAL AND WILL BE SEEN ONLY BY THOSE PEOPLE DIRECTLY INVOLVED IN MY RECRUITMENT.

I ALSO UNDERSTAND THAT SOME OR ALL OF THIS INFORMATION, AS WELL AS INFORMATION PERTAINING TO EMPLOYMENT;
APPRAIAL RATING; ACCIDENT & ILLNESS RECORDS; AND OTHER INFORMATION ABOUT MY EMPLOYEMNT RECORD MAY BE
USED FOR PURPOSES OF AUTHORIZATION ACCESS TO SHERIFF'S OFFICE INFORMATION ASSESTS FOR ADMINISTRATIVE
PURPOSES.

SIGNATURE

DATE