



PERSONAL HISTORY STATEMENT

Instructions – Personal History Statement
Read these instructions carefully before proceeding.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects.** This will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be typed or printed legibly in dark ink. Answer all questions to the best of your ability, providing as much information as possible. If a question is not applicable to you, **enter “N/A”** in the space provided. If you do not know the answer to a particular question, **enter “don’t know”** in the space provided as a last resort.
2. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
3. You are responsible for obtaining correct addresses and telephone numbers. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local telephone directories.
4. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
5. An accurate and complete form will help expedite the hiring process. **Deliberate omissions or falsifications will result in disqualification.**
6. Copies of any and all documentation, which may serve to verify information provided herein, should accompany the Personal History Statement. Examples might include:

Birth Certificate
Driver’s License
High School Diploma / GED
College Transcripts / Diploma

NOTE: For purposes of this form, an unofficial transcript will suffice.

However, an official transcript may be required at a later date.

Certification Documents
Police Academy Records and/or Diploma
Military Discharge (DD-214’s)

7. You have 14 days to complete the entire statement and return it to UVM Police Services. Once completed, please save the document and email it to policerecruitment@uvm.edu. If you are unable to email the document or need further assistance, please contact UVM Police Services by email or by phone at (802) 656-2027.

BE ADVISED

Per Rule 16f. of the Vermont Criminal Justice Training Council, candidates will not be admitted to the Vermont Police Academy Basic Training if any of the following conduct is identified during the process:

- Domestic assault and/or related conduct (stalking, Abuse Protection Order violations)
- Sex offenses
- Victimizing children or vulnerable adults
- Distribution (selling) of controlled substances
- Under the influence of controlled substances, not lawfully possessed, within a year prior to the proposed training session entry date
- Fraud or related offenses involving an attempt to deceive for financial gain
- Violation of court orders
- Any other conduct that would be deemed unbecoming a police professional

Additionally, individuals convicted of any felony, a misdemeanor involving injury to another, or is under any order prohibiting the possession of a firearm will not be considered.

Personal History

- A. Applicant Identification: Information provided in this section is used for identification purposes only.

1. Name: _____
(last) (first) (middle initial)
2. Address: _____
(number) (street) (apt. #)

(city) (state) (zip)
3. Telephone #s: _____
(home) (work) (cell)
4. Date of Birth: ____/____/____ Race: _____
Sex: _____ Gender Identity: _____
5. Social Security Number: _____ - _____ - _____
6. Place of Birth: _____
(city) (county) (state) (zip)
7. Nickname(s), maiden name, or other name(s) by which you have been known:

8. Citizenship: ☐ U.S. Citizen ☐ By Birth
☐ By Naturalization
☐ Alien/ Registration Number: _____
9. Driver's License #: _____ State: _____
Expiration Date: _____
10. Height: _____
11. Weight: _____
12. Eye Color: _____
13. Hair Color: _____
14. Scars, tattoos, or other distinguishing marks/ location if applicable: _____

B. Residences: List all addresses where you have lived during the past ten (10) years, *beginning with present address*. Attach extra pages if necessary.

1. From _____ to _____
(date) (date)

(number) (street) (town) (state) (zip)
2. From _____ to _____
(date) (date)

(number) (street) (town) (state) (zip)
3. From _____ to _____
(date) (date)

(number) (street) (town) (state) (zip)
4. From _____ to _____
(date) (date)

(number) (street) (town) (state) (zip)
5. From _____ to _____
(date) (date)

(number) (street) (town) (state) (zip)
6. From _____ to _____
(date) (date)

(number) (street) (town) (state) (zip)
7. From _____ to _____
(date) (date)

(number) (street) (town) (state) (zip)
8. From _____ to _____
(date) (date)

(number) (street) (town) (state) (zip)
9. From _____ to _____
(date) (date)

(number) (street) (town) (state) (zip)

10. From _____ to _____
(date) (date)

(number) (street) (town) (state) (zip)

C. Experience & Employment: *Beginning with your present or most recent job*, list all employment held in the past ten (10) years, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. Employer: _____
Address: _____
(number) (street) (town) (state) (zip)
Telephone #: (_____) _____ - _____
Job Title: _____
Supervisor: _____ Title: _____
Name of Co-Worker: _____
Date Started: _____ Date Left: _____
Reason for Leaving: _____
2. Employer: _____
Address: _____
(number) (street) (town) (state) (zip)
Telephone #: (_____) _____ - _____
Job Title: _____
Supervisor: _____ Title: _____
Name of Co-Worker: _____
Date Started: _____ Date Left: _____
Reason for Leaving: _____
3. Employer: _____
Address: _____
(number) (street) (town) (state) (zip)
Telephone #: (_____) _____ - _____
Job Title: _____

Supervisor: _____ Title: _____

Name of Co-Worker: _____

Date Started: _____ Date Left: _____

Reason for Leaving: _____

4. Employer: _____

Address: _____
(number) (street) (town) (state) (zip)

Telephone #: (_____) _____ - _____

Job Title: _____

Supervisor: _____ Title: _____

Name of Co-Worker: _____

Date Started: _____ Date Left: _____

Reason for Leaving: _____

5. Employer: _____

Address: _____
(number) (street) (town) (state) (zip)

Telephone #: (_____) _____ - _____

Job Title: _____

Supervisor: _____ Title: _____

Name of Co-Worker: _____

Date Started: _____ Date Left: _____

Reason for Leaving: _____

6. Employer: _____

Address: _____
(number) (street) (town) (state) (zip)

Telephone #: (_____) _____ - _____

Job Title: _____

Supervisor: _____ Title: _____

Name of Co-Worker: _____

Date Started: _____ Date Left: _____

Reason for Leaving: _____

7. Have you ever been fired from employment for any reason? If yes, list pertinent facts.

☐ Yes ☐ No

8. Have you ever resigned (quit) after being informed that your employer intended to terminate you for any reason? If yes, list pertinent facts.

☐ Yes ☐ No

9. Have you ever resigned after being informed that your employer intended to take any form of disciplinary action against you? If yes, list pertinent facts.

☐ Yes ☐ No

D. Military History:

1. Have you served in the U.S. Armed Forces?

☐ Yes ☐ No

2. Date of Service: From _____ To _____

Branch: _____

Unit Designation: _____

Highest Rank Held: _____

Type of Discharge: _____

3. Were you ever disciplined while in the military service? Include court-martial, captain's masts, company punishment, etc.

Charge #1: _____ Agency: _____

Date: _____ Age at Time: _____

Disposition: _____

Charge #2: _____ Agency: _____

Date: _____ Age at Time: _____

Disposition: _____

Charge #3: _____ Agency: _____

Date: _____ Age at Time: _____

Disposition: _____

If you received a discharge other than honorable, give details:

E. Education:

1. High School: _____

Address: _____
(number) (street) (town) (state) (zip)

From M/Yr: ____/____ To M/Yr: ____/____ Graduated ☐ Yes ☐ No

2. College or University: _____

Address: _____
(number) (street) (town) (state) (zip)

Degree Received: ☐ Yes ☐ No

Dates Attended: From M/Yr: ____/____ To M/Yr: ____/____

Credits Completed: _____ Major/Minor: _____

3. College or University: _____

Address: _____
(number) (street) (town) (state) (zip)

Degree Received: ☐ Yes ☐ No

Dates Attended: From M/Yr: ____/____ To M/Yr: ____/____

Credits Completed: _____ Major/Minor: _____

4. College or University: _____

Address: _____
(number) (street) (town) (state) (zip)

Degree Received: ☐ Yes ☐ No

Dates Attended: From M/Yr: ____/____ To M/Yr: ____/____

Credits Completed: _____ Major/Minor: _____

5. List other schools attended (trade, vocational, business, etc.):

Name: _____ From: _____ To: _____

Address: _____
(number) (street) (town) (state) (zip)

Course of Study: _____

Diploma/Certificate: ☐ Yes ☐ No

Name: _____ From: _____ To: _____

Address: _____
(number) (street) (town) (state) (zip)

Course of Study: _____

Diploma/Certificate: ☐ Yes ☐ No

F. Special Qualifications and Skills:

1. List any special licenses you hold (such as pilot, radio operator, scuba, etc.):

Licensing Authority: _____

Date of Issue: _____ Expiration Date: _____

Licensing Authority: _____

Date of Issue: _____ Expiration Date: _____

Licensing Authority: _____

Date of Issue: _____ Expiration Date: _____

2. If you are fluent in a *foreign* language, indicate your degree of fluency in each area:

Language: _____

	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. List any other special skills or qualifications you may possess:

G. Legal:

1. Have you ever perpetrated any of the following:
- Domestic assault and/or related conduct (stalking, Abuse Protection Order violations)
☐ Yes ☐ No
 - Sex offenses
☐ Yes ☐ No
 - Victimizing children or vulnerable adults
☐ Yes ☐ No
 - Fraud or related offenses involving an attempt to deceive for financial gain
☐ Yes ☐ No
 - Violation of court orders
☐ Yes ☐ No
2. Have you ever been convicted, arrested, detained by police, or summoned to court?
☐ Yes ☐ No

If yes, please complete the following (list juvenile, as well as adult occurrences):

Police Agency: _____
(city) (state)

Year: _____

Crime/ Violation: _____ Disposition: _____

Police Agency: _____
(city) (state)

Year: _____

Crime/ Violation: _____ Disposition: _____

Police Agency: _____
(city) (state)

Year: _____

Crime/ Violation: _____ Disposition: _____

3. Have you ever been involved as a party in civil litigation? If yes, give details:

☐ Yes ☐ No

4. Have you **used** or **possessed for use**, **tried** or **experimented with** any form of illegal drug to include, but not limited to, the following:

Previous drug use does not automatically disqualify you from our hiring process. It is vital that all of the information provided is accurate.

	Yes	No	Date of first use	Last date used
Marijuana*	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Narcotics	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
LSD, PCP, MDA, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Non-prescribed drugs, including steroids	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other unlisted drugs: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTE: If you answered yes to **marijuana, please clarify the questions below:*
a) Have you ever sold any marijuana? If so, when and how much?

b) The location of use and during what time frame:

c) *Were there lapses in use during the above period of time? How long?*

d) *Details of last use, including location, amount possessed, etc.*

e) *Any other information we may find informative in assessing your application based on the aforementioned questions:*

5. Have you ever sold, furnished, or given any form of drug including, but not limited to, the above-noted? ☐ Yes ☐ No

If yes, explain: _____

6. Have you ever **sold** controlled substances? ☐ Yes ☐ No

7. When was the last time that you were under the influence of controlled substances which were not lawfully possessed? _____

H. Motor Vehicle Operation:

1. Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No
If yes, give date, location, and reason:

2. Name of Auto Insurance Carrier: _____
Branch: _____ Policy #: _____
Telephone #: (_____) _____ - _____

3. List, to the best of your recollection, all driving citations you have received as a juvenile and adult, excluding parking tickets.

Month & Year	Charge	City & State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

I. Have you ever been administered a pre-employment polygraph?
☐ Yes ☐ No

If yes, list agency, location of polygraph, and date:

J. Relatives:

1. Are you: ☐ Single ☐ Cohabiting ☐ Divorced
☐ Separated ☐ Civil Marriage/Civil Union ☐ Widowed

2. If Married/Civil Union/Domestic Partnership, provide your partner's name (and partner's maiden name, if applicable):

Date of Union: _____ City & State: _____

3. Ex-partner's name (include maiden name, if applicable):

Date of Union: _____ City & State: _____

Present address: _____
(number) (street) (town & state) (zip)

Telephone #: (_____) _____ - _____

State which: ☐ Separation ☐ Divorce ☐ Annulment

Date of order: _____ Court & State: _____

4. List all children related to you or your partner (natural, stepchildren, adopted and foster):

Name: _____ Relation: _____

Address: _____
(number) (street) (town) (state) (zip)

Date of Birth: _____ Supported by: _____

Name: _____ Relation: _____

Address: _____
(number) (street) (town) (state) (zip)

Date of Birth: _____ Supported by: _____

Name: _____ Relation: _____

Address: _____
(number) (street) (town) (state) (zip)

Date of Birth: _____ Supported by: _____

Name: _____ Relation: _____

Address: _____
(number) (street) (town) (state) (zip)

Date of Birth: _____ Supported by: _____

5. List all other dependents not listed above:

Name: _____ Relation: _____

Address: _____
(number) (street) (town) (state) (zip)

Date of Birth: _____ Supported by: _____

Name: _____ Relation: _____

Address: _____
(number) (street) (town) (state) (zip)

Date of Birth: _____ Supported by: _____

Name: _____ Relation: _____

Address: _____
(number) (street) (town) (state) (zip)

Date of Birth: _____ Supported by: _____

6. List relatives:

Parent: _____

Address: _____
(number) (street) (town) (state) (zip)

Telephone #: (_____) _____ - _____

☐ Deceased ☐ Estranged

Parent: _____

Address: _____
(number) (street) (town) (state) (zip)

Telephone #: (_____) _____ - _____

☐ Deceased ☐ Estranged

Sibling: _____

Address: _____
(number) (street) (town) (state) (zip)

Telephone #: (_____) _____ - _____

☐ Deceased ☐ Estranged

Sibling: _____

Address: _____
(number) (street) (town) (state) (zip)

Telephone #: (_____) _____ - _____

☐ Deceased ☐ Estranged

Sibling: _____

Address: _____
(number) (street) (town) (state) (zip)

Telephone #: (_____) _____ - _____

☐ Deceased ☐ Estranged

7. If you were raised by anyone other than your natural parents, give the following information:

Name of person who raised you: _____
(last) (first) (middle)

Address: _____
(number) (street) (town) (state) (zip)

Telephone #: (_____) _____ - _____

☐ Deceased ☐ Estranged

Name of person who raised you: _____
(last) (first) (middle)

Address: _____
(number) (street) (town) (state) (zip)

Telephone #: (_____) _____ - _____

☐ Deceased ☐ Estranged

K. References and Acquaintances:

List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

1. Name: _____ Telephone #: (_____) _____ - _____

Address: _____

(number) (street) (town) (state) (zip)

Years known: _____

2. Name: _____ Telephone #: (_____) _____ - _____

Address: _____
(number) (street) (town) (state) (zip)

Years known: _____

3. Name: _____ Telephone #: (_____) _____ - _____

Address: _____
(number) (street) (town) (state) (zip)

Years known: _____

4. Name: _____ Telephone #: (_____) _____ - _____

Address: _____
(number) (street) (town) (state) (zip)

Years known: _____

5. Name: _____ Telephone #: (_____) _____ - _____

Address: _____
(number) (street) (town) (state) (zip)

Years known: _____

L. Financial:

1. What is your present salary or wages? _____

2. Income from any sources other than your principal occupation?
☐ Yes ☐ No

If yes, from what: _____

How much? _____ How often? _____

3. Do you own any real estate? ☐ Yes ☐ No

Value: _____ Location: _____

Value: _____ Location: _____

4. Do you own any bonds, government or other? ☐ Yes ☐ No

Value: _____

5. Do you own any corporate stock? ☐ Yes ☐ No

6. Do you have a bank account? ☐ Yes ☐ No

Checking account bank: _____

Address: _____
(number) (street) (town) (state) (zip)

Telephone #: (_____) _____ - _____

Checking account #: _____ Average balance: _____

Savings account bank: _____

Address: _____
(number) (street) (town) (state) (zip)

Telephone #: (_____) _____ - _____

Savings account #: _____ Average balance: _____

7. Financial Obligations: ALL AREAS MUST BE COMPLETE

Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and any other debts and payments. Include account numbers where applicable:

Name: _____ Type account : _____

Address: _____
(number) (street) (town) (state) (zip)

Account #: _____

Monthly payment: _____ Balance Due: _____

Reason for purchase: _____

Name: _____ Type account : _____

Address: _____

(number) (street) (town) (state) (zip)

Account #: _____

Monthly payment: _____ Balance Due: _____

Reason for purchase: _____

Name: _____ Type account : _____

Address: _____
(number) (street) (town) (state) (zip)

Account #: _____

Monthly payment: _____ Balance Due: _____

Reason for purchase: _____

Name: _____ Type account : _____

Address: _____
(number) (street) (town) (state) (zip)

Account #: _____

Monthly payment: _____ Balance Due: _____

Reason for purchase: _____

Name: _____ Type account : _____

Address: _____
(number) (street) (town) (state) (zip)

Account #: _____

Monthly payment: _____ Balance Due: _____

Reason for purchase: _____

Name: _____ Type account : _____

Address: _____
(number) (street) (town) (state) (zip)

Account #: _____

Monthly payment: _____ Balance Due: _____

Reason for purchase: _____

Name: _____ Type account : _____

Address: _____
(number) (street) (town) (state) (zip)

Account #: _____

Monthly payment: _____ Balance Due: _____

Reason for purchase: _____

List any other police departments you have applied to and the status of those applications:

Department	Date Applied	Status
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

By signing this document, I acknowledge that **the information provided above is complete, true, and accurate to the best of my knowledge.** I understand that this information will be used in a pre-employment polygraph and background investigation. **Any deliberate and/or intentional misrepresentations, omissions or falsifications will result in disqualification for employment.**

Signature of Applicant

Date



The University of Vermont

POLICE SERVICES

Authority for Release of Information

I hereby authorize and request any and every physician, psychologist, medical facility records custodian, school official, and any other person, firm, officer, corporation association, organization, to include banking and financial institutions, credit bureaus, or institutes having control of any documents, records, or other information pertaining to me to permit University of Vermont Police Services or any of its representatives to inspect and make copies of any such documents, records and other information.

I hereby authorize any such persons or entities as set out above to answer inquiries, questions, or interrogatories concerning me which may be submitted to them by University of Vermont Police Services or any of its representatives.

I hereby release and hold harmless any and every physician, psychologist, medical facility records custodian, to include banking and financial institutions, or institute who or which complies with the authorization and request made herein from any and all liability of every nature and kind arising out of, or in any way pertaining to, the furnishing or disclosure of such documents, records, and other information to the University of Vermont Police Services or any of its representatives.

Date: ____/____/____

Full Name (print): _____

Other Names Used (include maiden name, nicknames): _____

Date of Birth: ____/____/____

Telephone #: (____) ____ - ____

Current Address: _____
(number) (street) (town) (state) (zip)

I hereby certify that **there are no willful misrepresentations, omissions, or falsifications** in the previous statements and answers to questions. I am fully aware that **any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.**

Signature of Applicant (please sign before a notary) _____/____/____
Date

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

Notary Signature (incl. commission number) _____/____/____
Commission Expires



284 East Avenue, Burlington, Vermont 05405-3461
General: (802) 656-3473 • Administration: (802) 656-2027 • Fax: (802) 656-8077
Emergency: 911 • Tip Line: (802) 656-TIPS • www.uvm.edu/police

Equal Opportunity/Affirmative Action Employer

RESPECT – INTEGRITY – SERVICE – PRIDE



PEER REPORT REQUEST FORM

CBC Innovis Specialized Services

875 Greentree Road, 8 Parkway Center, Pittsburgh PA 15220

Phone: 1-800-216-3463 Fax: 1-866-758-5011

Member Number: _____ Contact Person: _____

Member Name: _____

Address: _____

Phone: _____ Fax: _____

(Please check desired services)

Fax Back: _____ Mail Back: _____

(Please include complete City, State, and Zip Code)

PLEASE PRINT

Applicant Name: _____

Address: _____
(number) (street) (town) (state) (zip)

Former Address: _____
(number) (street) (town) (state) (zip)

Social Security Number: _____ - _____ - _____ County: _____

Maiden or Other
Names Used _____

I authorize **UVM Police Services** to obtain a copy of my credit report.
Company

Applicant's Signature

Date