.United States Park Police

PERSONAL HISTORY STATEMENT

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INSTRUCTIONS TO THE APPLICANT

This form must be PRINTED IN INK by the applicant and each question answered accurately. If a question does not apply to you, write “N/A” (Not Applicable) as your response to that question. Incomplete and/or inaccurate answers will substantially extend the time required to process your application. If the Personal History Statement is incomplete at the time of your personal interview, the form will be returned to you and the interview will be postponed until the application is in compliance with the instructions provided herein.

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

1. the completion of this form is mandatory in order for you to receive consideration for appointment;

2. all statements are subject to verification;

3. deliberate inaccuracies or incomplete statements may bar or remove you from employment consideration; and

4. all time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor contained in the information provided by you will be evaluated in terms of the circumstances and facts surrounding it and its degree of relevance to the job. On the other hand, you may be disqualified if you intentionally make a false statement of material fact or intentionally omit a material fact or if you practice or attempt to practice any form of deception or fraud in this statement.

If additional space is required for an answer to any question, use the continuation sheet found on the back of each answer sheet for that question, or provide your remarks on bond paper at the end of the section. Be sure to identify each entry on the continuation sheet(s) with the appropriate section and question number.

* THE LAST PAGE MUST BE SIGNED AND NOTARIZED *

PUBLIC BURDEN STATEMENT: The public burden for the collection of this information is estimated to be 8 hours per person. This estimate includes reviewing instructions, searching information sources, and gathering and reporting the information. You may send your comments on the time estimate and other aspects of data collection including suggestions for reducing the time it takes to complete this form to the Human Resources Officer, 1100 Ohio Drive S. W., Washington, DC 20024.

Paperwork Reduction Act Statement: A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. This information is collected to determine suitability for the position of a United States Park Police Officer. The obligation to respond is required to obtain the position of a United States Park Police Officer.

PRIVACY ACT NOTICE

General

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 21, 1984, for individuals completing Federal Investigative forms.

Authority

The authority to collect information on the attached form is derived from one or more of the following:

Title 5, Code of Federal Regulations, section 5.2; Title 5, United States Code, sections 1303, 1304, and 3301; sections 8(b), 8(c), and 9(c) of Executive Order 10450; Title 42, United States Code, section 2455; and Title 22, United States Code, sections 1434 and 2585.

Purposes and Uses

The information you supply will be used principally as a basis for an investigation to determine your fitness for employment purposes, including a security clearance and an evaluation of qualifications, suitability, and loyalty to the United States. As part of such an investigation, the Standard Form 87 (Fingerprint Chart) will be sent to the Federal Bureau of Investigation and may be retained there. This information and information developed through investigation may be furnished to designated officers and employees of agencies and departments of the Federal Government for employment purposes, including security clearance determination, an access determination, an evaluation of qualifications, suitability, and loyalty to the U.S. Government, and a determination regarding qualifications or suitability for performing a contractual service to the Federal Government. The information may also be disclosed to any agency of the Federal Government having a working relationship with regard to Office of Personnel Management activities, to the intelligence agencies of the Federal Government, or to others having reasons as published in the Federal Register.

Effects of Nondisclosure

The employment application form requests specific information. If you omit answering an item, however, you may not receive full consideration for a position; and without your social security number, we cannot process your application. Consequently, it is in your best interest to answer all of the questions. The U.S. Criminal Code, Title 18 U.S.C. 1001, provides that knowingly falsifying or concealing a material fact is a felony that may result in fines of up to $10,000 or 5 years in prison, or both. Under 5 U.S.C. 8315, a false answer to questions relating to membership in the Communist Party, U.S.A., or other communist or fascist organizations could deprive you of your right to an annuity when you reach retirement age. Deliberately and materially making false or fraudulent statements on this form will be grounds for not granting you a security clearance and not hiring you or for firing you after you begin work. In addition, these violations will become part of your permanent record for future employment.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b)

Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the United States Office of Personnel Management is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records with the Office of Personnel Management and other Federal agencies in connection with lawful requests for information about you from former employers, educational institutions, and financial or other organizations. The information gathered through the use of the SSN will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of system of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

PERSONAL HISTORY STATEMENT

Part I. Papers – Documents that are required

Unless otherwise indicated, the original document (or a certified true copy) and one copy of each must be presented at the time of the Physical Efficiency Battery (PEB). Copiers will not be available for Applicant use at the PEB.

1. Birth Certificate

2. High School Diploma or GED (GED must be accompanied by test scores)

3. College Diploma and transcripts (transcripts must be official copies provided by the institution in a sealed envelope)

4. DD-214(s) for each period of Military Service

5. Selective Service Card (even if you served in the military)

6. Naturalization certificate

7. Marriage license(s) (copy only)

8. Court Orders:

   a. Divorce/annulment papers and all other legal documents which pertain to your present and/or previous marriage(s)

   b. Legal Separation(s) (copy only)

   c. Child Support

   d. Name change(s)

   e. Adoption(s)

   f. Bankruptcies (copy only)

   g. Copy of disposition(s) of any court action(s) civil and criminal

9. Drivers license (actual current license and 3 copies (front and back)) and certified copy of current driving record(s) from the DMV from all states that you have resided in over the last 10 years.

10. One copy each of the last two years of Federal and State Taxes (include W-2's)

Birth certificate, marriage license, divorce/annulment papers, and change of name documents must be notarized if they are not the originals, or they must be annotated as being true copies by the agency providing the copies.

These documents will be reviewed and the originals will be returned to you at the time they are presented.

PERSONAL HISTORY STATEMENT

Part II. Personal Data

1. Applicant's Name (please print) (Last, First, Middle)

2. Aliases, Maiden Names, and Nicknames (specify which)

Have you ever legally changed your name? ☐ No ☐ Yes

If yes, from: to:

Court jurisdiction:

3. Date of Birth (Month, Day, Year)

4. Place of Birth (city, county, state/Foreign Country)

5. Place where you grew up (city and state)

7. Social Security Number

8. Sex (mark one box)
☐ Female
☐ Male

10. Citizenship ☐ U.S. Citizen ☐ By Birth ☐ Naturalization ☐ Alien

Alien Registration Number _____

Date, Place, Court Certificate Number Petition Number

Complete this section if your U.S. citizenship was derived from your Parent's Naturalization

Name of Parent Certificate Number

☐ Mother

☐ Father

Native country Date, Place, and Port of Entry into U.S. Sponsor

CONTINUATION PAGE

11. U.S. Passport

Passport Number Month/Day/Year Issued

12. Dual Citizenship (If you are (or were) a dual citizen of the United States and another country, provide the name of that country.

Country _____

13. List foreign countries you have visited, other than on official U.S. Government business, beginning with the most recent trip.

Month/Year to Month/Year	Country	Reason

Do you have any foreign property, business connections, or financial interests? No Yes

Are you now, or have you ever been, employed by or acted as a consultant for a foreign Government, firm, or agency? No Yes

Have you ever had any contact with a foreign government, or its representatives, inside or outside the U.S., other than on official U.S. Government business? No Yes

Have you ever had an active passport that was issued by a foreign government? No Yes

If you answered yes to any of these questions provide full details on the continuation sheet.

14. Present Address (House Number, Street, Apt #, city, state, Zip Code)

15. Legal Residence (House Number, Street, Apt #, city state, Zip Code

16. Home Telephone Number	17. Work Telephone Number

18. Present Marital Status Never Married Married Separated Divorced Widowed

19. Full Name of Spouse (Last, First, Middle, Maiden)

Address of current spouse, if different than your current address:

CONTINUATION PAGE

20. Marriage Data (including present and all former marriages)

Name (Last, First, Middle, Maiden)	Date of Birth	Place of Birth
Country of Citizenship	Social Security Number	
Date of Marriage	Place of Marriage (city and state)	

Name (Last, First, Middle, Maiden)	Date of Birth	Place of Birth
Country of Citizenship	Social Security Number	
Date of Marriage	Place of Marriage (city and state)	☐ Divorced ☐ Widowed	Month/Day/Year
Address of Former Spouse	Telephone Number	

Name (Last, First, Middle, Maiden)	Date of Birth	Place of Birth
Country of Citizenship	Social Security Number	
Date of Marriage	Place of Marriage (city and state)	☐ Divorced ☐ Widowed	Month/Day/Year
Address of Former Spouse	Telephone Number	

21. Spouse's employment (Company Name, Address, city/state, Office Telephone)

22. Do you have any objection to our contacting your spouse/former spouse(s)? ☐ No ☐ Yes

23. Has your spouse, or domestic partner, ever called the police on you for any reason? ☐ No ☐ Yes
If yes, provide dates, reasons, police agency contacted, and disposition

24. Date of Present Legal Separation (if presently separated) Month Day Year

25 Date Final Divorce Decree is expected Month Day Year

CONTINUATION PAGE

26. Date of Final Divorce Decree (if presently divorced) Month Day Year

27. Have you ever been (check applicable box) ☐ Separated ☐ Divorced ☐ Widowed

28. Do you pay alimony? ☐ No ☐ Yes (provide amount/frequency) _____

29. List below the Name(s) of each of your children

Name of Child	Date of Birth	Place of Birth	Country of Citizenship

Address where child resides

_____

Name of Child	Date of Birth	Place of Birth	Country of Citizenship

Address where child resides

_____

Name of Child	Date of Birth	Place of Birth	Country of Citizenship

Address where child resides

For each child listed above, enter the Name and Address of the Other Parent/Guardian
(if other than your current spouse)

Name Address

☐ Other Parent ☐ Guardian

☐ Other Parent ☐ Guardian

30. Do you have any dependents other than those listed above?
☐ No ☐ Yes (list below)

Name Address Relationship

CONTINUATION PAGE

31. Are you receiving and/or responsible for paying any child support? ☐ No ☐ Yes
If yes, is the child support court ordered? ☐ No ☐ Yes

If yes, provide the following information.

To Whom Paid or From Whom Received	Amount Paid	Amount Received	Frequency Paid or Received

32. Have you ever been involved as a complainant or defendant in a paternity proceeding?
☐ No ☐ Yes If yes, enter full details on continuation sheet

33. Information regarding applicants Father

Name (Last, First, Middle) Home Telephone Number

Address (House Number, Street, Apt. #, city, state, Zip Code)

Place of Birth Date of Birth (Month, Day, Year)

Occupation Present Employer Length of Employment

Date of Death (if deceased) Age at Death Cause of Death

34. Information regarding applicants Mother

Name (Last, First, Middle) Home Telephone Number

Address (House Number, Street, Apt. #, city, state, Zip Code)

Place of Birth Date of Birth (Month, Day, Year)

Occupation Present Employer Length of Employment

Date of Death (if deceased) Age at Death Cause of Death

35. If either Parent is remarried, give name and address of stepparents.
_____
_____

CONTINUATION PAGE

36. List the names of your Brothers and Sisters, giving date of birth and addresses of each. Also include any Stepbrothers and Stepsisters.

Name	Date of Birth	Citizenship
Address		Relationship
Name	Date of Birth	Citizenship
Address		Relationship
Name	Date of Birth	Citizenship
Address		Relationship
Name	Date of Birth	Citizenship
Address		Relationship

37. If you were raised by anyone other than your natural parents, complete the following items (Do not include institutions or foster homes)

Name (Last First, Middle) Relationship

Address (House Number, Street, Apt. #, city, state, Zip Code)

Telephone Number

Give dates under this persons care/charge

CONTINUATION PAGE

PERSONAL HISTORY STATEMENT

Part III. Selective Service

To be completed by male applicants only.

1. Present Selective Service Classification	2. Date of Classification	3. Selective Service Reg. #

Part IV. Military Data

1. Have you ever applied for any Branch of the military? ☐ No ☐ Yes	2. What is the status of your application?

3. Have you ever been denied entrance to any of the armed forces? ☐ No ☐ Yes

If yes, which branch? ☐ Army ☐ Air Force ☐ Coast Guard ☐ Marine Corp

☐ Merchant Marines ☐ Navy ☐ National Guard

If yes, explain the basis for your denial.

4. List all of your military service

Branch	Primary MOS/ AFSC	Officer	Enlisted	Dates of Active Duty Entered	Released	Service Number

5. Highest Rank Attained	6. Type of Discharge (i.e., Character of Service)

CONTINUATION PAGE

7. Rank at Time of Discharge	8. Were you recommended for re-enlistment after each period of military duty? ☐ Yes ☐ No (Explain) _____ _____

9. Have you ever received a discharge from the Armed Forces that was other than Honorable?

(If yes, enter type of discharge) _____

☐ No ☐ Yes (Explain) _____

_____

10. Were you ever subjected to any disciplinary actions (Judicial or Non-Judicial) while in the Armed Forces?

☐ No ☐ Yes (Explain) _____

_____

11. Were you ever the subject of any criminal investigation that was being conducted by military authorities? concerning any alleged misconduct on your part?

☐ No ☐ Yes (Explain) _____

_____

12. Did you serve in the Reserves?	Date of Membership		Officer	Enlisted	Service No.
	Began	Ended			
☐ No ☐ Yes					

13. National Guard Membership	☐ Army ☐ Air	Date of Membership		Officer	Enlisted	Service Number
	☐ State	Began	Ended			
☐ No ☐ Yes						

Name of National Guard Organization and Address

CONTINUATION PAGE

PERSONAL HISTORY STATEMENT

Part V. Financial Data

1. Do you presently hold active or silent controlling interest in any company?
   ☐ No
   ☐ Yes (Explain your interest) _____
   _____

2. Do you now have (or have you ever had) any wage garnishments on your salary?
   ☐ No
   ☐ Yes (Explain) _____
   _____

3. Have you ever been found delinquent on Income or Other Tax Payments?
   ☐ No
   ☐ Yes (Explain) _____
   _____

   Have the taxes been paid? ☐ No ☐ Yes

4. Have you ever had a lien placed against your property for failing to pay taxes or other debts?
   ☐ No
   ☐ Yes (Explain) _____
   _____

5. Have you ever had any real or personal property repossessed?
   ☐ No
   ☐ Yes (Explain) _____
   _____

6. Have you ever had a court-ordered financial judgment against you?
   ☐ No
   ☐ Yes (Explain) _____
   _____

7. Do you presently have a financial judgment pending in court?
   ☐ No
   ☐ Yes (Explain) _____
   _____

8. Have you ever filed for or declared bankruptcy or utilized a wage earner's plan?
   ☐ No
   ☐ Yes (Explain) _____
   _____

9. What is your Monthly Net Pay?	10. Your Spouse's Monthly Net Pay?

CONTINUATION PAGE

11. Do you or your spouse have any other source(s) income?
 No
 Yes (list below the source(s) of such income and the monthly amount(s).

Source of Income	Self	Spouse	Monthly Income

12. List all current loans, credit cards, mortgage/rent, contractual agreements for which you have payments.

Type of Debt	Monthly Payment	Present Balance	To Whom Owed

13. Have you been over 180 days delinquent on any debt(s)? No Yes

Are you currently over 90 days delinquent on any debt(s)? No Yes

If you answered yes to either question, provide the information requested below.

Type of Debt	When incurred	Amount	Present Balance	To Whom Owed

14. Have you been a party to any public record civil court actions? No Yes

If you answered yes, provide the information requested below.

Month/Year	Action	Result	Name of Parties	Court

CONTINUATION PAGE

Part VI. References

Give the data requested below on three (3) references who:

a. Are not related to you by blood or marriage,

b. Are not former employers and not mentioned elsewhere in this form,

c. Are responsible adults of reputable standing in their community, and are located in the United States,

d. Are aware of your qualifications and fitness for this position, and

e. Have known you well for at least five (5) years.

Check One ☐ Mr. ☐ Ms. ☐ Mrs ☐ Miss	Name (Last, First, Middle)	Years known	Citizenship
Residence Address (Street Number, city, state, and Zip Code		Home Telephone Number	
Occupation	Place of Employment		
Address of Employment (Street Number, city, state, Zip Code)		Business Phone Number	

Check One ☐ Mr. ☐ Ms. ☐ Mrs ☐ Miss	Name (Last, First, Middle)	Years known	Citizenship
Residence Address (Street Number, city, state, and Zip Code)		Home Telephone Number	
Occupation	Place of Employment		
Address of Employment (Street Number, city, state, Zip Code)		Business Phone Number	

Check One ☐ Mr. ☐ Ms. ☐ Mrs ☐ Miss	Name (Last, First, Middle)	Years known	Citizenship
Residence Address (Street Number, city, state, and Zip Code		Home Telephone Number	
Occupation	Place of Employment		
Address of Employment (Street Number, city, state, Zip Code)		Business Phone Number	

PERSONAL HISTORY STATEMENT

Part VII. Personal Associates

Give the data requested below on three (3) persons with whom you have associated (i.e., persons whom you have seen frequently) during the past three (3) years. Do not include relatives, former employers, or any persons mentioned elsewhere in this form.

Check One ☐ Mr. ☐ Ms. ☐ Mrs ☐ Miss	Name (Last, First, Middle)	Years known
Residence Address (Street Number, city, state, and Zip Code		Home Telephone Number
Occupation	Place of Employment	
Address of Employment (Street Number, city, state, Zip Code)		Business Phone Number

Check One ☐ Mr. ☐ Ms. ☐ Mrs ☐ Miss	Name (Last, First, Middle)	Years known
Residence Address (Street Number, city, state, and Zip Code		Home Telephone Number
Occupation	Place of Employment	
Address of Employment (Street Number, city, state, Zip Code)		Business Phone Number

Check One ☐ Mr. ☐ Ms. ☐ Mrs ☐ Miss	Name (Last, First, Middle)	Years known
Residence Address (Street Number, city, state, and Zip Code		Home Telephone Number
Occupation	Place of Employment	
Address of Employment (Street Number, city, state, Zip Code)		Business Phone Number

PERSONAL HISTORY STATEMENT

Part VIII. Residence Data

Provide the information requested below on all your residences during the last fifteen (15) years, beginning with your present residence. In each case, provide the name and present correct street address of two (2) neighbors (not necessarily a personal acquaintance). Include your mailing and/or street addresses during all periods of Military Service.

Dates of Residence				Location of Residence
FROM			TO	Street Address (Apt. #, city, state, Zip Code)
Month	Day	Year	Present	
Neighbors Name (Last, First, MI)			Neighbor's Telephone Number	
Neighbors Address (Street Number, city, state, and Zip Code)				
Neighbors Name (Last, First, MI)			Neighbor's Telephone Number	
Neighbors Address (Street Number, city, state, and Zip Code)				

FOR PRESENT RESIDENCE ONLY:
Do you ☐ Rent ☐ Own
Do you reside with ☐ Self ☐ Spouse & Children (if any) ☐ Other_____

Dates of Residence		Location of Residence
FROM	TO	Street Address (Apt. #, city, state, Zip Code)
Neighbors Name (Last, First, MI)	Neighbor's Telephone Number	
Neighbors Address (Street Number, city, state, and Zip Code)		
Neighbors Name (Last, First, MI)	Neighbor's Telephone Number	
Neighbors Address (Street Number, city, state, and Zip Code)		

Dates of Residence		Location of Residence
FROM	TO	Street Address (Apt. #, city, state, Zip Code)

Neighbors Name (Last, First, MI)	Neighbor's Telephone Number

Neighbors Address (Street Number, city, state, and Zip Code)

Neighbors Name (Last, First, MI)	Neighbor's Telephone Number

Neighbors Address (Street Number, city, state, and Zip Code)

Dates of Residence		Location of Residence
FROM	TO	Street Address (Apt. #, city, state, Zip Code)

Neighbors Name (Last, First, MI)	Neighbor's Telephone Number

Neighbors Address (Street Number, city, state, and Zip Code)

Neighbors Name (Last, First, MI)	Neighbor's Telephone Number

Neighbors Address (Street Number, city, state, and Zip Code)

Dates of Residence		Location of Residence
FROM	TO	Street Address (Apt. #, city, state, Zip Code)

Neighbors Name (Last, First, MI)	Neighbor's Telephone Number
Neighbors Address (Street Number, city, state, and Zip Code)	

Neighbors Name (Last, First, MI)	Neighbor's Telephone Number
Neighbors Address (Street Number, city, state, and Zip Code)	

Dates of Residence		Location of Residence
FROM	TO	Street Address (Apt. #, city, state, Zip Code)

Neighbors Name (Last, First, MI)	Neighbor's Telephone Number
Neighbors Address (Street Number, city, state, and Zip Code)	

Neighbors Name (Last, First, MI)	Neighbor's Telephone Number
Neighbors Address (Street Number, city, state, and Zip Code)	

Dates of Residence		Location of Residence
FROM	TO	Street Address (Apt. #, city, state, Zip Code)

Neighbors Name (Last, First, MI)	Neighbor's Telephone Number
Neighbors Address (Street Number, city, state, and Zip Code)	

Neighbors Name (Last, First, MI)	Neighbor's Telephone Number
Neighbors Address (Street Number, city, state, and Zip Code)	

Dates of Residence		Location of Residence
FROM	TO	Street Address (Apt. #, city, state, Zip Code)

Neighbors Name (Last, First, MI)	Neighbor's Telephone Number
Neighbors Address (Street Number, city, state, and Zip Code)	

Neighbors Name (Last, First, MI)	Neighbor's Telephone Number
Neighbors Address (Street Number, city, state, and Zip Code)	

PERSONAL HISTORY STATEMENT

Part XI. Education Data

1. Name of Senior High School | Address (Street Address, city, state, Zip Code

Dates Attended (Month, Year) From	To	Highest Grade Completed	Did you graduate? ☐ No ☐ Yes Did you receive a diploma? ☐ No ☐ Yes

2. Did you pass a General Education Development (G.E.D.) Test? ☐ N/A ☐ Yes (answer questions 4 through 6)

4. Did you obtain your G.E.D. Certificate from the Armed Forces? ☐ No ☐ Yes

5. If you have a G.E.D. certificate, has it been presented to a Board of Education?

   ☐ N/A ☐ No (Explain on continuation sheet) ☐ Yes (Answer question 8)

6. Did the Board of Education present you with a High School Diploma?

   ☐ N/A ☐ No ☐ Yes (complete the following)

Name of Board of Education	Board's Complete Mailing Address	Date Diploma Issued

7. List Athletic, Scholastic, Honors, or other Awards

   _____

   _____

8. Were you ever Disciplined, Dismissed, Suspended, or Expelled in High School?

   ☐ No

   ☐ Yes (Explain) _____

   _____

   _____

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9. List all Colleges and Universities attended

Name of College/University	Location	Dates Attended	Degree Atained

How many credit hours did you complete?

What was your Major?

11. Characterize your grades (check one)

Poor Passable Average Good Excellent

12. List Athletic, Scholastic, Honors, or other Awards received while in College/University

_____

_____

13. Were you ever Disciplined, Dismissed, Suspended, or Expelled in College/University?

No Yes _____

_____

How was your conduct and deportment in college (Give details)?

_____

_____

_____

14. Have you ever been interviewed, cited, detained, arrested, or had any other contact with any College/University police agency?

No Yes (Give details on continuation sheet)

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PERSONAL HISTORY STATEMENT

Part X. Employment Data

List your COMPLETE work history, starting with your present position. List all periods of active military duty and all periods of employment. Include periods of part-time, temporary, voluntary, or unemployment and identify as such.

FROM (Month/Year) TO (Month/Year)

EMPLOYER: _____

EMPLOYER ADDRESS: _____

JOB TITLE/DESCRIPTION: _____SALARY: _____

☐ Full-time ☐ Part-time ☐ Temporary ☐ Voluntary ☐ Intermittent ☐ Unemployed

SUPERVISOR'S NAME (First, Last): _____

SUPERVISOR'S PHONE NUMBER: _____

REASON FOR LEAVING: _____

FROM (Month/Year) TO (Month/Year)

EMPLOYER: _____

EMPLOYER ADDRESS: _____

JOB TITLE/DESCRIPTION: _____SALARY: _____

☐ Full-time ☐ Part-time ☐ Temporary ☐ Voluntary ☐ Intermittent ☐ Unemployed

SUPERVISOR'S NAME (First, Last): _____

SUPERVISOR'S PHONE NUMBER: _____

REASON FOR LEAVING: _____

FROM (Month/Year) TO (Month/Year)

EMPLOYER: _____

EMPLOYER ADDRESS: _____

JOB TITLE/DESCRIPTION: _____SALARY: _____

☐ Full-time ☐ Part-time ☐ Temporary ☐ Voluntary ☐ Intermittent ☐ Unemployed

SUPERVISOR'S NAME (First, Last): _____

SUPERVISOR'S PHONE NUMBER: _____

REASON FOR LEAVING: _____

FROM (Month/Year) TO (Month/Year)

EMPLOYER: _____

EMPLOYER ADDRESS: _____

JOB TITLE/DESCRIPTION: _____SALARY: _____
Full-time Part-time Temporary Voluntary Intermittent Unemployed

SUPERVISOR'S NAME (First, Last): _____

SUPERVISOR'S PHONE NUMBER: _____

REASON FOR LEAVING: _____

FROM (Month/Year) TO (Month/Year)

EMPLOYER: _____

EMPLOYER ADDRESS: _____

JOB TITLE/DESCRIPTION: _____SALARY: _____
Full-time Part-time Temporary Voluntary Intermittent Unemployed

SUPERVISOR'S NAME (First, Last): _____

SUPERVISOR'S PHONE NUMBER: _____

REASON FOR LEAVING: _____

FROM (Month/Year) TO (Month/Year)

EMPLOYER: _____

EMPLOYER ADDRESS: _____

JOB TITLE/DESCRIPTION: _____SALARY: _____
Full-time Part-time Temporary Voluntary Intermittent Unemployed

SUPERVISOR'S NAME (First, Last): _____

SUPERVISOR'S PHONE NUMBER: _____

REASON FOR LEAVING: _____

FROM (Month/Year) TO (Month/Year)

EMPLOYER: _____

EMPLOYER ADDRESS: _____

JOB TITLE/DESCRIPTION: _____SALARY: _____
 Full-time Part-time Temporary Voluntary Intermittent Unemployed

SUPERVISOR'S NAME (First, Last): _____

SUPERVISOR'S PHONE NUMBER: _____

REASON FOR LEAVING: _____

FROM (Month/Year) TO (Month/Year)

EMPLOYER: _____

EMPLOYER ADDRESS: _____

JOB TITLE/DESCRIPTION: _____SALARY: _____
 Full-time Part-time Temporary Voluntary Intermittent Unemployed

SUPERVISOR'S NAME (First, Last): _____

SUPERVISOR'S PHONE NUMBER: _____

REASON FOR LEAVING: _____

FROM (Month/Year) TO (Month/Year)

EMPLOYER: _____

EMPLOYER ADDRESS: _____

JOB TITLE/DESCRIPTION: _____SALARY: _____
 Full-time Part-time Temporary Voluntary Intermittent Unemployed

SUPERVISOR'S NAME (First, Last): _____

SUPERVISOR'S PHONE NUMBER: _____

REASON FOR LEAVING: _____

FROM (Month/Year) TO (Month/Year)

EMPLOYER: _____

EMPLOYER ADDRESS: _____

JOB TITLE/DESCRIPTION: _____SALARY: _____

Full-time Part-time Temporary Voluntary Intermittent Unemployed

SUPERVISOR'S NAME (First, Last): _____

SUPERVISOR'S PHONE NUMBER: _____

REASON FOR LEAVING: _____

FROM (Month/Year) TO (Month/Year)

EMPLOYER: _____

EMPLOYER ADDRESS: _____

JOB TITLE/DESCRIPTION: _____SALARY: _____

Full-time Part-time Temporary Voluntary Intermittent Unemployed

SUPERVISOR'S NAME (First, Last): _____

SUPERVISOR'S PHONE NUMBER: _____

REASON FOR LEAVING: _____

FROM (Month/Year) TO (Month/Year)

EMPLOYER: _____

EMPLOYER ADDRESS: _____

JOB TITLE/DESCRIPTION: _____SALARY: _____

Full-time Part-time Temporary Voluntary Intermittent Unemployed

SUPERVISOR'S NAME (First, Last): _____

SUPERVISOR'S PHONE NUMBER: _____

REASON FOR LEAVING: _____

1. If you are currently unemployed, are you receiving, have you applied for, or do you intend to apply for

Unemployment Compensation	☐ No	☐ Yes
Welfare Payments	☐ No	☐ Yes
Strike Benefits	☐ No	☐ Yes
Other Sources of Income	☐ No	☐ Yes

If you checked "Yes" to any of the above, give details, including amounts received or to be received and the Name(s) of the Organization(s) providing the benefits or income.

_____

_____

2. Have you had any extended work absences for reasons other than earned vacation?

☐ No ☐ Yes (Explain)

3. Have you ever been discharged from employment (fired) for any reason?

☐ No ☐ Yes (Explain)

4. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason?

☐ No ☐ Yes (Explain)

5. Have you ever resigned (quit) after being informed that your employer intended to take any form of disciplinary action against you?

☐ No ☐ Yes (Explain)

6. Have you ever walked off (left) a job without giving proper notice?

☐ No ☐ Yes (Explain)

7. Have you ever stolen anything from any of your employers?

☐ No ☐ Yes (Explain)

8. Have you ever used illegal drugs on any job you ever held?

☐ No ☐ Yes (Explain)

9. Have you ever committed any other crimes (EVEN THOSE WHICH WENT UNDETECTED) while on any job you ever held?

☐ No ☐ Yes (Explain)

CONTINUATION PAGE

PERSONAL HISTORY STATEMENT

Part XI. Driving Record

1. Insert data below for **all** (even dismissed) traffic violations or citations (excluding Parking Tickets) that you have received since first receiving a driver's license. Include in your response, but do not limit it to, such violations as Speeding, Reckless Driving, Changing Lanes Without Caution, Stop Sign Violations, Red Light Violations, and Driving While Intoxicated (DWI/DUI).

Date	Violation/Charge	Location (city/state)	Police Agency	Final Disposition	Fine Amt.	Points

2. Do you currently have a valid driver's license for the state in which you reside? ☐ No ☐ Yes

3. Provide the information requested below on **all** Driver's Licenses that are now or have been issued to you from any state (even though these licenses may now be expired or have been replaced by another issuing agency or state).

Issuing state	License Number	Expiration Date	Type of License

4. Is your Driver's License now or has it ever been:

Denied or Refused	☐ No	☐ Yes
Suspended	☐ No	☐ Yes
Revoked	☐ No	☐ Yes
Subjected to any other similar Penalty or Action	☐ No	☐ Yes

If you answered "Yes" to any of the above, explain in detail below.

_____

_____

5. Are there any restrictions or special conditions attached with your Driver's License?

CONTINUATION PAGE

6. Have you ever obtained or possessed a falsified or fictitious driver's license?
   No Yes (Explain) _____

   _____

7. What is your Vehicle(s) Registration (Tag) Number and state?

8. Are your Vehicle License Plates now or have they ever been:

Denied	No	Yes
Suspended	No	Yes
Revoked	No	Yes
Subjected to any other similar Penalty or Action	No	Yes

   If you answered "Yes" to any of the above, explain in detail below.

   _____

   _____

9. List all Motor Vehicle Accidents (include Date, Time, Place, Charges, Fault, Injuries, name of Police Agency that made the report, and final disposition of the case.

   _____

   _____

   _____

10. Is there anything you wish to state about your driving record? Please use the space below.

   _____

   _____

   _____

   _____

   _____

CONTINUATION PAGE

PERSONAL HISTORY STATEMENT

Part XII. Arrest/Conviction Data

1. Have you ever been

Arrested	☐ No	☐ Yes
Charged by any Law Enforcement Authority	☐ No	☐ Yes
Convicted of any offense against the law	☐ No	☐ Yes
Subjected to Forfeiture of Collateral in Connection with an arrest	☐ No	☐ Yes
Placed on Probation	☐ No	☐ Yes
Released on Parole	☐ No	☐ Yes
Required to appear before a Juvenile Court for an act that would have been a crime if committed by an Adult	☐ No	☐ Yes
Fingerprinted for any reason	☐ No	☐ Yes
Placed in handcuffs for any reason	☐ No	☐ Yes
Investigated or questioned for any reason by any Law Enforcement Authority	☐ No	☐ Yes

NOTE: List below (see item 6) all charges even those dismissed, expunged, or nolle processed. If more than one instance, fully explain each instance.

2. Are you now

Charged with an offense by any Law Enforcement Authority	☐ No	☐ Yes
Presently on Bail or Out on Personal Recognizance or other Conditional Release	☐ No	☐ Yes
On Probation of any type (include restricted drivers license)	☐ No	☐ Yes

3. Are you now or have you ever been involved as a Defendant in any Criminal Court action?
☐ No ☐ Yes

4. Are you now or have you ever been involved as a Plaintiff or Defendant in any Civil Court action?
☐ No ☐ Yes

5. Do you currently have any judgments against you? ☐ No ☐ Yes

6. If you answered "Yes" to any of the questions on this page, give full and complete details below. Include (as a minimum) the date of the offense, original charge(s), final charge(s), city and state, name of law enforcement agency involved, Circumstances of case, and final disposition. For judgments give case number, court location, reason for case, and final disposition.

_____

_____

_____

_____

_____

_____

CONTINUATION PAGE

PERSONAL HISTORY STATEMENT

Part XIII. Criminal History

1. Do you now, or have you in the past, used, tried, or experimented with

Marijuana (in any form)	No	Yes
Narcotics of any kind (Heroin, Cocaine, Crack, Morphine, Codeine, etc.)	No	Yes
Dangerous Drugs of any kind (LSD, PCP, MDA, Ecstasy)	No	Yes
Other illegal drugs not mentioned above (Amphetamines, Barbiturates, Quaaludes, Valium, etc.)	No	Yes
Inhalants (Glue, solvents, aerosols, whip-its, etc.)	No	Yes

2. Do you now, or have you in the past, bought, sold, or possessed Marijuana, Narcotics, other dangerous drugs, or illegal drugs? No Yes

3. Have you ever closely associated with or had an ongoing friendship/personal relationship with anyone you suspected/or knew was a seller of controlled substances? No Yes

4. Have you been present when controlled substances were either used, sold, possessed, or delivered? No Yes

5. Do you now take, or have you ever taken, any medication other than under your Doctor's prescription (with the exception of over-the-counter medications)? No Yes

6. Has your use of alcoholic beverages resulted in any alcohol-related treatment or counseling? No Yes

7. Have you ever participated in underage drinking? No Yes

8. Has any member of your immediate family habitually used alcoholic beverages or habit-forming drugs? No Yes

9. Have you ever been in a physical altercation? No Yes

10. Have you ever intentionally damaged or defaced someone else's property? No Yes

11. Have you ever stolen/shoplifted? No Yes

12. Have you been involved in undetected crimes? No Yes

NOTE: If you answered "Yes" to any of the questions on this page, give complete details on the reverse (continuation sheet) side of this page.

CONTINUATION PAGE

PERSONAL HISTORY STATEMENT

Part XIV. Gambling

1. Do you gamble? ☐ Never ☐ Seldom ☐ Occasionally ☐ Regularly

   If so, on what:

2. Have you ever placed a wager/bet by telephone or made a hand-to-hand transaction with a bookmaker (bookie or numbers runner) on the results of a professional or collegiate sports event, other than a legitimate lottery, or other legalized gambling event?

   ☐ No ☐ Yes (Explain) _____

   _____

3. Have you ever worked for a bookie? ☐ No ☐ Yes (Explain)

   _____

4. Have you ever been "paid off" while or after playing any illegal slot machine/video game?

   ☐ No ☐ Yes (Explain) _____

5. Do you have any outstanding gambling debts? ☐ No ☐ Yes (Explain)

   _____

6. Have you ever borrowed money to gamble? ☐ No ☐ Yes (Explain)

   _____

7. Have you ever used an employer's money to gamble? ☐ No ☐ Yes (Explain)

   _____

8. Have you ever stolen money with which to gamble? ☐ No ☐ Yes (Explain)

   _____

CONTINUATION PAGE

PERSONAL HISTORY STATEMENT

Part XV. Miscellaneous

1. Are you a member of, or have you ever been a member of, any Communist or Subversive Organization or any Political Party or Organization that advocates the Overthrow of our Constitutional Form of Government in the United States, or do you have membership in, or any affiliation with any Group, Association, or Organization that advocates or lends support to any Organization or Movement advocating the overthrow of our Constitutional Form of Government in the United States?

   ☐ No ☐ Yes (name the organization and give complete details)

   _____

   _____

2. The U.S Park Police maintains standards for the proficiency in firearms, a 24 hour work schedule and for minimum appearance and grooming. Is your situation one that could:

Limit or prohibit your use of weapons or firearms	☐ No	☐ Yes
Restrict or prohibit you from working on particular days or hours	☐ No	☐ Yes
Restrict you from conforming to Departmental Standards of appearance and/or grooming	☐ No	☐ Yes

   If you answered "Yes" give complete details.

   _____

3. Have you ever been issued a permit or license to carry a handgun or other weapon on your person?
   ☐ No ☐ Yes (Explain) _____

4. If you have ever been issued a permit or license to carry a handgun, have you ever discharged your weapon (other than at an approved range), or been the subject of an investigation regarding the discharge of your weapon?

   ☐ No ☐ Yes (Explain) _____

5. List any special skills you possess that you believe may be applicable to the position for which you are applying (skills with equipment, public speaking experience, membership in a professional, scientific, community, or other such organization, etc.)

   _____

   _____

CONTINUATION PAGE

6. Are you able to communicate in any language other than English (including sign language)?

Enter language and indicate your knowledge of each by placing an "x" in the proper column.

	Reading			Speaking			Understanding			Writing		
Language	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

7. List hobbies and spare-time interests.

_____

8. List all police/law enforcement/fire agencies below with whom you have applied. List the steps you have completed with the agency (written test, oral interview, polygraph, background completed, physical agility, medical, psychological, etc.) also list final status. If you have applied to the same agency more than once, list each time separately.

Agency	Address	Phone	Date Applied	Ann. No.	Steps Taken	Investigator	Final Status

9. Have you ever applied for a police officer position with the U.S. Park Police? ☐ No ☐ Yes
If yes, provide dates applications were submitted _____

10. Have you ever been denied employment by any Organization noted in items 8 and 9 above?
☐ No ☐ Yes (provide agency name and reason for denial)

_____

_____

11. Have you ever applied for any Federal position for which a background investigation was initiated?
☐ No ☐ Yes (provide agency name)

CONTINUATION PAGE

12. Do you have experience as a sworn police/law enforcement officer?

☐ No ☐ Yes (Provide details) _____

_____

13. Do you have any objections to being reassigned to any area within the United States? ☐ No ☐ Yes

If yes, state objection _____

_____

14. If you are selected for appointment, how many days notice do you require? _____

15. List any family member or friend who is currently employed by this Department or who has been employed by this Department in the past.

_____

_____

16. Are there incidence in your life not mentioned elsewhere herein that may reflect upon your suitability to perform the duties that you may be called upon to take or that might require further explanation?

☐ No ☐ Yes (If yes, give details) _____

_____

_____

_____

_____

_____

_____

_____

_____

CONTINUATION PAGE

PERSONAL HISTORY STATEMENT

Part XVI. Essay

State in your own handwriting why you want to be a U.S.P.P. Police Officer.

CONTINUATION PAGE

CONTINUATION PAGE

APPLICANT'S CERTIFICATION AND SIGNATURE

I understand that sworn appointments to the United States Park Police are probationary for a period of one year from the hire date. During this probationary period officers must demonstrate their fitness for continued employment with the United States Park Police.

I am aware that withholding/omitting information or making false statements on the Personal History Statement may be the basis for disapproval before appointment, or dismissal after appointment, and constitutes a felony violation of the United States Code, Title 18, Section 1001. I hereby acknowledge these conditions and certify that all statements made by me on this Personal History Statement are true and complete, to the best of my knowledge.

Signature of Applicant _____

Date _____20____

SUBSCRIBED AND SWORN TO BEFORE ME

This _____ day of _____ 20 _____

_____
Notary Public

SEAL