United States Park Police Personal History Statement

CONFIDENTIAL

QUESTIONNAIRE

POLICE OFFICER CANDIDATE



United States Department of the Interior National Park Service United States Park Police Washington, DC 20242

United States Park Police PERSONAL HISTORY STATEMENT

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INSTRUCTIONS TO THE APPLICANT

This form must be PRINTED by the applicant and each question answered completely and 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 and/or not notarized, it will be returned to you and you will not move forward in the process until the application is in compliance with the instructions provided herein. The date of the notary seal must match the date of your signature on the last page and must be completed prior to the date you submit the form to the United States Park Police.

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;
- 4. all time periods in your background must be accounted for; and
- 5. no changes to the document are permitted after it is notarized.

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 removed from further consideration 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.

The employment application form requests specific information. 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.

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 OF THIS DOCUMENT MUST BE SIGNED AND NOTARIZED *

Paperwork Reduction Act Statement. We collect this information to help us determine your suitability for the position of a United States Park Police Officer. Your obligation to respond is required to obtain the position of a United States Park Police Officer. A Federal agency may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a valid OMB control number. We estimate that it will take you 8 hours to complete this form, which includes time to review instructions, search information sources, and gather and report the information. You may send comments on the time estimate and other aspects of this information collection to the Information Collection Clearance Officer, National Park Service, 1849 C Street, NW. (2600), Washington, DC 20240.

PRIVACY ACT STATEMENT

Authority: 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.

Purpose: To investigate and determine the applicant's fitness for employment purposes, including a security clearance and an evaluation of qualifications, suitability, and loyalty to the United States.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, all or a portion of the information collected may be disclosed as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To the United States or any agency, pursuant to litigation; pursuant to an inquiry from a congressional office; to the National Archives and Records Administration or other Federal government agencies pursuant to records management inspections; to an agency or organization for the purpose of performing audit or oversight operations; to contractors and their agents, grantees, consultants, and others performing on a contract, grant, cooperative agreement, when necessary to accomplish an agency function; to the Department of Justice and other Federal, State, and local governmental agencies having a prosecution function; and for civil and other proceedings involving the USPP protective functions; to Federal, State, and local law enforcement agencies, foreign and domestic, for the purpose of developing information on subjects involved in USPP protective investigations and evaluation, and protective functions; 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; to any agency of the Federal Government having a working relationship with regard to Office of Personnel Management activities; and to the intelligence agencies of the Federal Government, or to others having reasons as published in the Federal Register.

Disclosure: Furnishing this information is voluntary; however, failure to furnish the requested information may delay or prevent the completion of your background investigation, which may remove you from the hiring process and you will not be able to obtain the services, benefits, or processes that you are seeking.

Information Regarding Disclosure of your Social Security Number (SSN) Under Public Law 93-579, Section 7(b) - Solicitation of SSNs by the Office of Personnel Management (OPM) is authorized under provisions of the 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.

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 when directed.

- 1. Birth Certificate
- 2. High School Diploma or GED (GED must be accompanied by test scores)
- 3. College transcripts (transcripts must be official copies provided by the institution in a sealed envelope) and diploma upon request
- 4. DD-214(s) for each period of Military Service, as well as all paperwork that supports any judicial or non-judicial punishment, and all paperwork related to any military discharge considered other than honorable
- 5. Selective Service Card (even if you served in the military)
- 6. Naturalization certificate
- 7. Marriage license(s)
- 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, and copies of police reports of incidents you have been involved in.
- Driver's 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 tax transcripts and State Tax forms (include W-2's) (contact <u>www.irs..gov</u> and each State tax authority you filed in to obtain transcripts and copies of filed returns
- 11. A copy of your credit report, obtained after the opening date of this current vacancy announcement

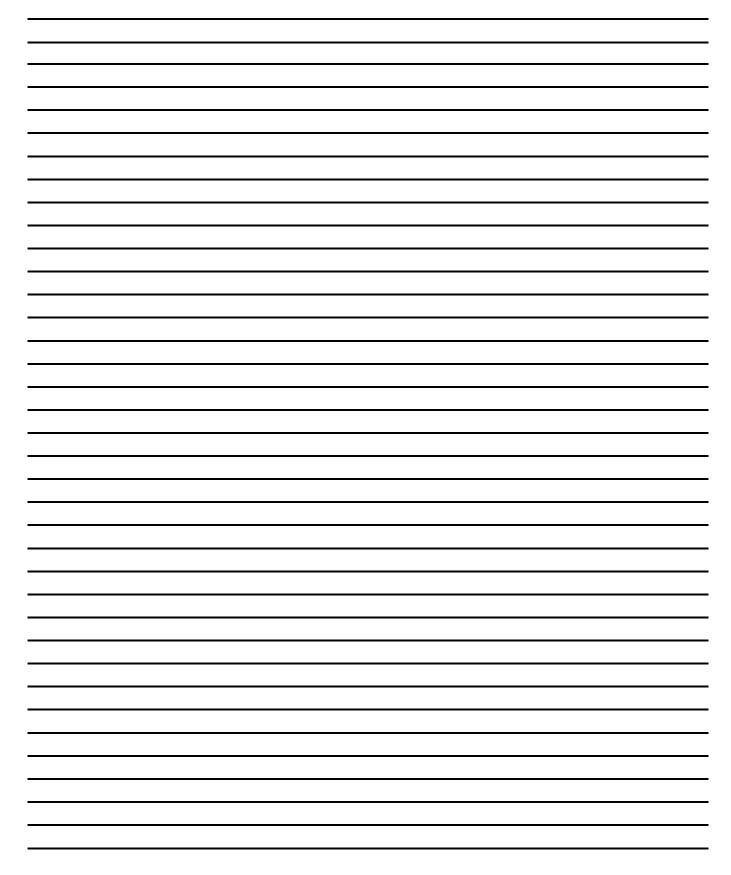
Continued...

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. Failure to present required documents could delay your processing or remove you from further consideration

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



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)

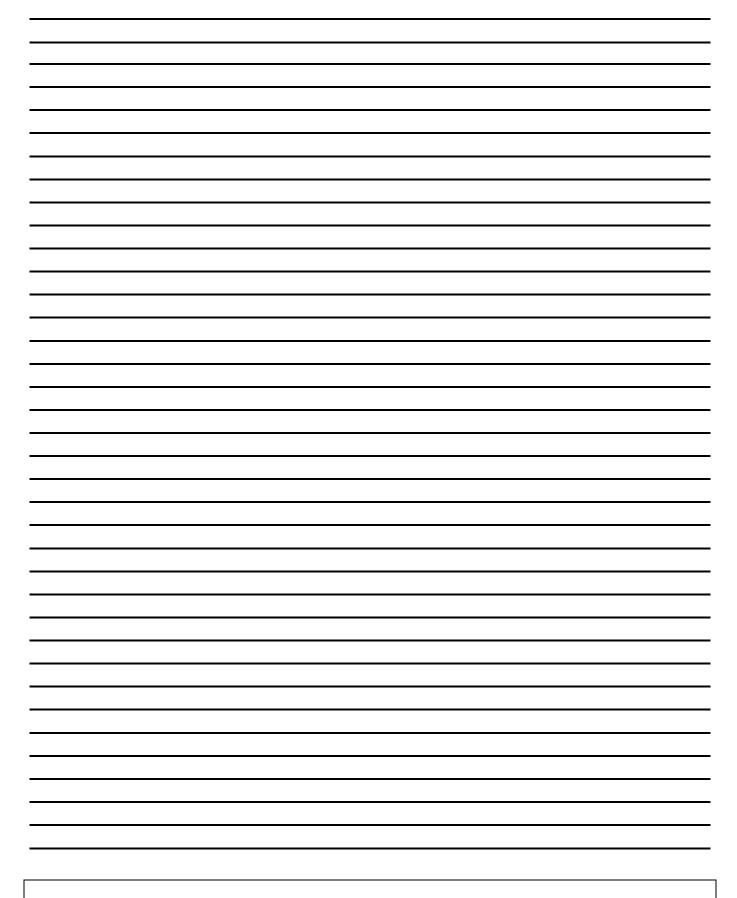
15. Legal Residence (House Number, Street, Apt #, city State, Zip Code

16. Home Telephone Number	17. Work Telephone Number

18. Present Marital Status	Never Married	Married	Separated	Divorced	Widowed	
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19. Full Name of Spouse (Last, First, Middle, Maiden)

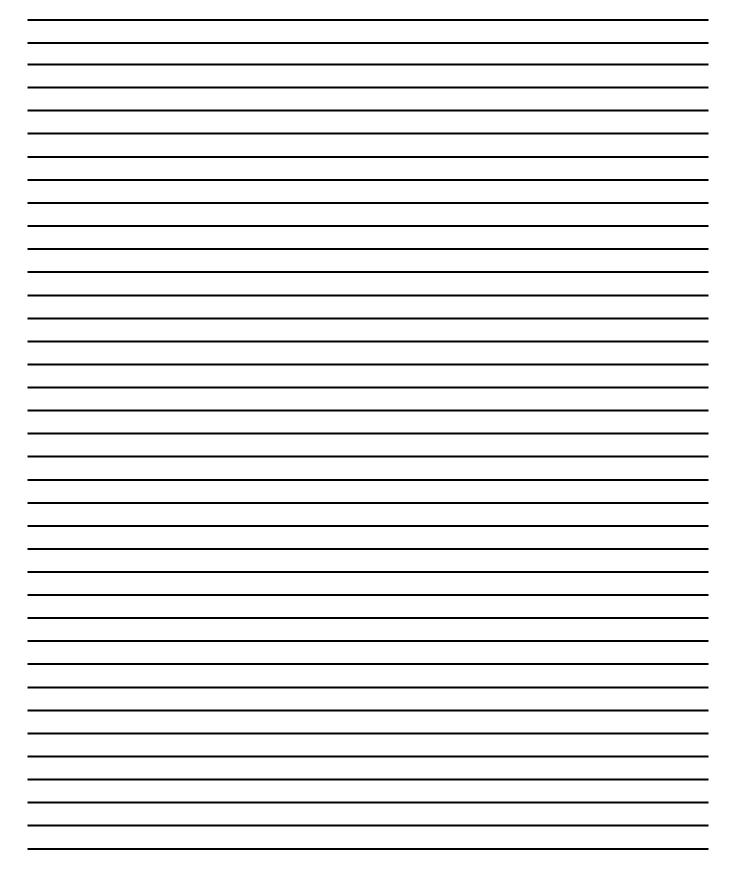
Address of current spouse, if different than your current address:



Name (Last, First, Middle, Maiden)		Date of Birth	Place of Birt	h
ountry of Citizenship		Social Security	/ Number	
Date of Marriage Place of Marria		age (city and Sta	te)	
ame (Last, First, Middle, Maide	en)	Date of Birth	Place of Birth	1
ountry of Citizenship		Social Security	/ Number	
Date of Marriage Place of Marriage (city and St		tate)	Divorced	Month/Day/Year
dress of Former Spouse			Telep	hone Number
ame (Last, First, Middle, Maide	en)	Date of Birth	Place of Birt	h
ountry of Citizenship		Social Security	/ Number	
ate of Marriage Place of Mar	riage (city and S	tate)	Divorced	Month/Day/Year
ddress of Former Spouse		Telepl	hone Number	
ouse's employment (Compan	v Name, Addres	s. citv/State, Offi	ce Telephone)	
		o, oky okao, ohi		

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

25 Date Final Divorce Decree is expected Month Day Year



26. D	ate of Final	Divorce Decree	(if presently	divorced)	Month	Day	Year
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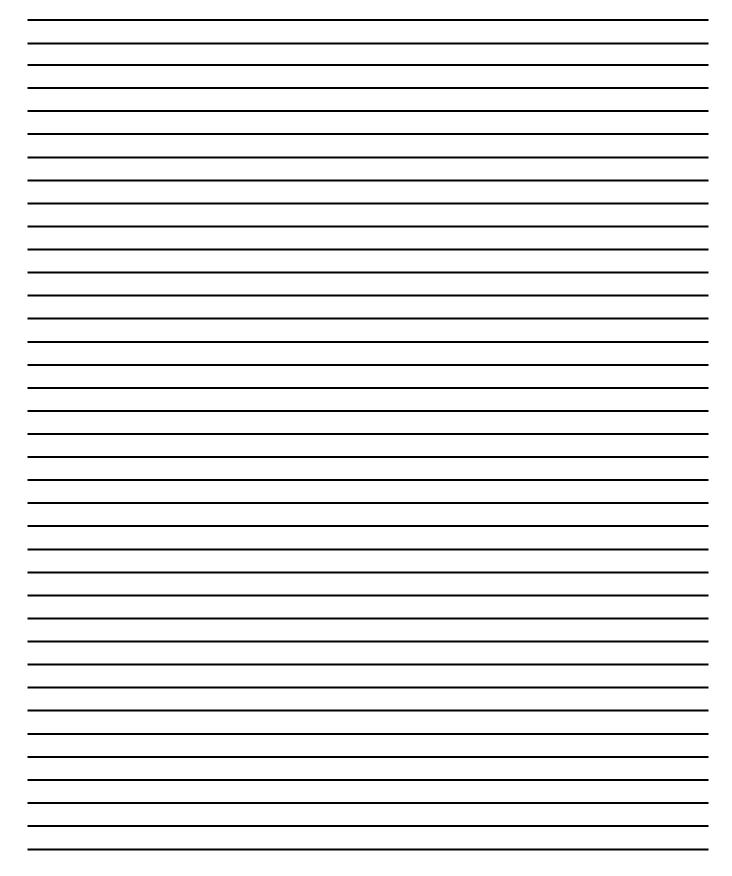
□ Widowed

28. Do you pay alimony?

No
Yes (provide amount/frequency) _____

Name of Child	Date of Birth	Place of Birth	Country of Citizenship
Address where child read	sides	1	
Name of Child	Date of Birth	Place of Birth	Country of Citizenship
Address where child read	sides		
Name of Child	Date of Birth	Place of Birth	Country of Citizenship

For each child listed above, er (if other than your current spor		ddress of the Other Parent/Guardian	
	Name	Address	
□ Other Parent □ Guardian			
Other Parent Guardian			
30. Do you have any depender	nts other than those	listed above?	
□ No □ Yes (list	t below)		
Name	Address	Relationship	



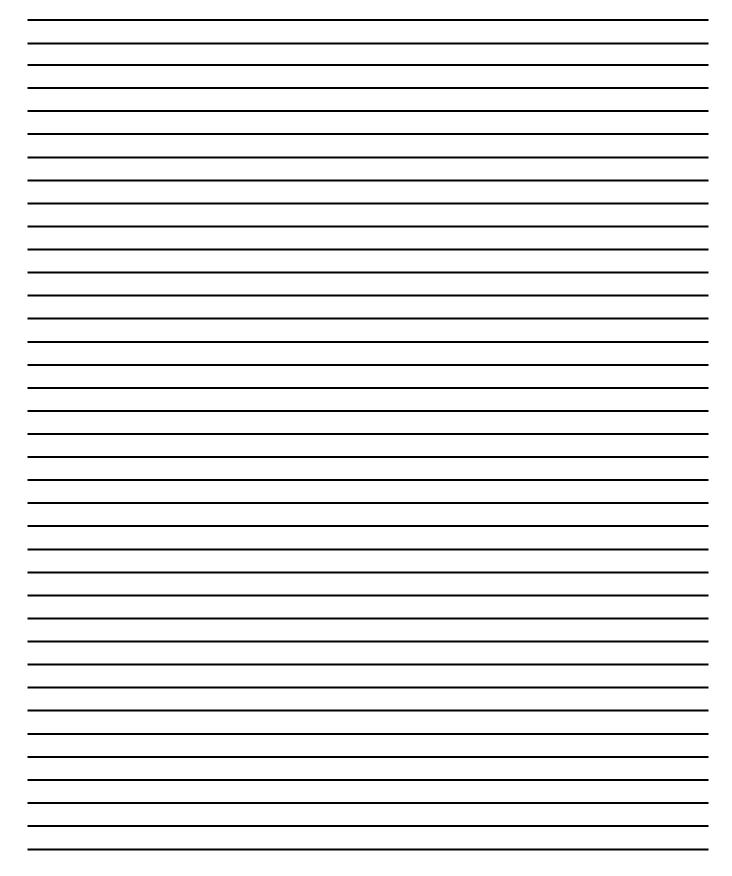
31. Are you receiving and/or responsible for paying any child support? □ No □ Yes If yes, is the child support court ordered? □ No □ Yes				
If yes, provide the following information.				
To Whom Paid or From Whom Received	Amount Paid	Amount Received	Frequency Paid or Received	

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

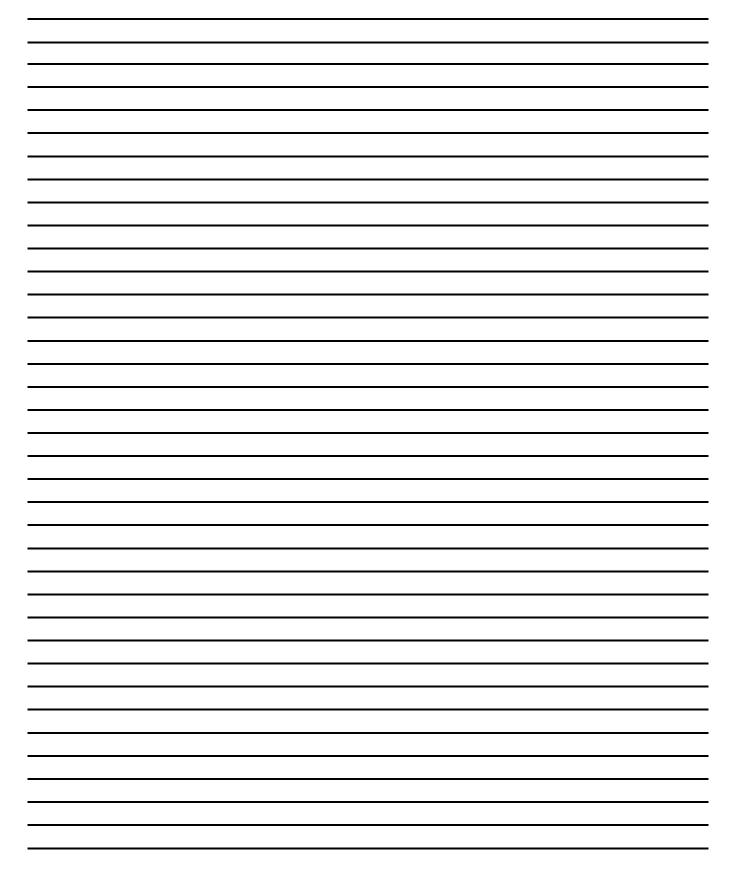
33. Information regarding applicant's Father					
Name (Last, First, Middle)		Home Telephone Num	ber		
Address (House Number, Stre	et, Apt. #, city, Sta	ate, Zip Code)			
Place of Birth		Date of Birth (Month, Day, Yea	r)		
Occupation Prese	ent Employer		Length of Employment		
Date of Death (if deceased)	Age at Death	Cause of Death			

34. Information regarding applicants Mother					
Name (Last, First, Middle)		Home Telephone Num	ber		
Address (House Number, Stre	et, Apt. #, city, State	, Zip Code)			
Place of Birth	D	ate of Birth (Month, Day, Yea	ır)		
Occupation Pres	ent 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.



36. List the names of your Brothers and include any Stepbrothers and Stepsi		addresses of each. Also				
Name	Date of Birth	Citizenship				
Address	I	Relationship				
Name	Date of Birth	Citizenship				
Address	I	Relationship				
Name	Date of Birth	Citizenship				
Address		Relationship				
Name	Date of Birth	Citizenship				
Address		Relationship				
37. If you were raised by anyone other th items (Do not include institutions or f		ete the following				
Name (Last First, Middle)	Relationshi	р				
Address (House Number, Street, Ap	Address (House Number, Street, Apt. #, city, State, Zip Code)					
Telephone Number						
Give dates under this persons care/charge						



Part III. Selective Service

To be completed by male applicants only.

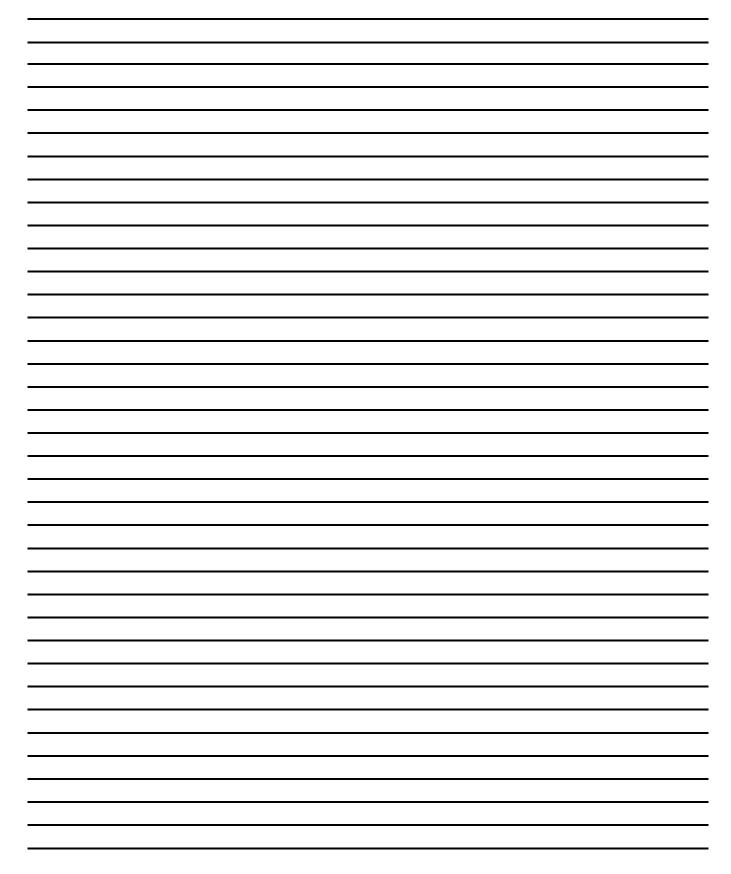
1. Selective Service Number	2. Date of Registration

Part IV. Military Data

1. Have you ever applied for any Branch of the military?	2. What is the status of your application?		
🗆 No 🛛 Yes			
3. Have you ever been denied entrand	ce to any of the armed forces?		
If yes, which branch? Army	Air Force 🛛 Coast Guard	□ Marine Corp	
🗆 Merchant N	Aarines 🛛 Navy	National Guard	
If yes, explain the basis for your de	nial and provide copies of all re	elevant paperrwork.	

4. List all of you	Ir military service					
Branch	Primary MOS/ AFSC	Officer	Enlisted	Dates of Active Duty	Service Number	
5 Highest Ran	k Attained		6 Type of Dis	scharge (i.e. Character	of Service)	

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



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)				
		-				
			Provide copies of all relevant paperwork			
10	Were you ever (subjected to any d	isciplinary actions (Judicial or Non-Judicial) while in the Armed Forces?			
10						
	□ No	\Box Yes (Explain) _				

Provide copies of all relevant paperwork

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

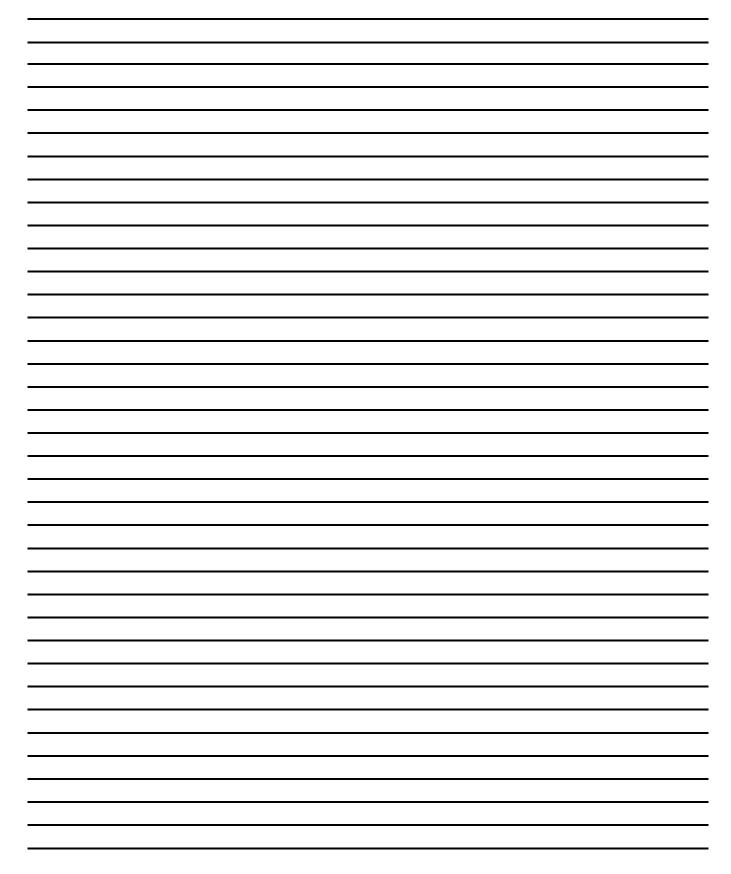
🗆 No

Yes (Explain) ______

12. Did you serve in the Reserves?		Date of Membership		Officer	Enlisted	Service No.
		<u>Began</u>	Ended	-		
□ No	□ Yes					

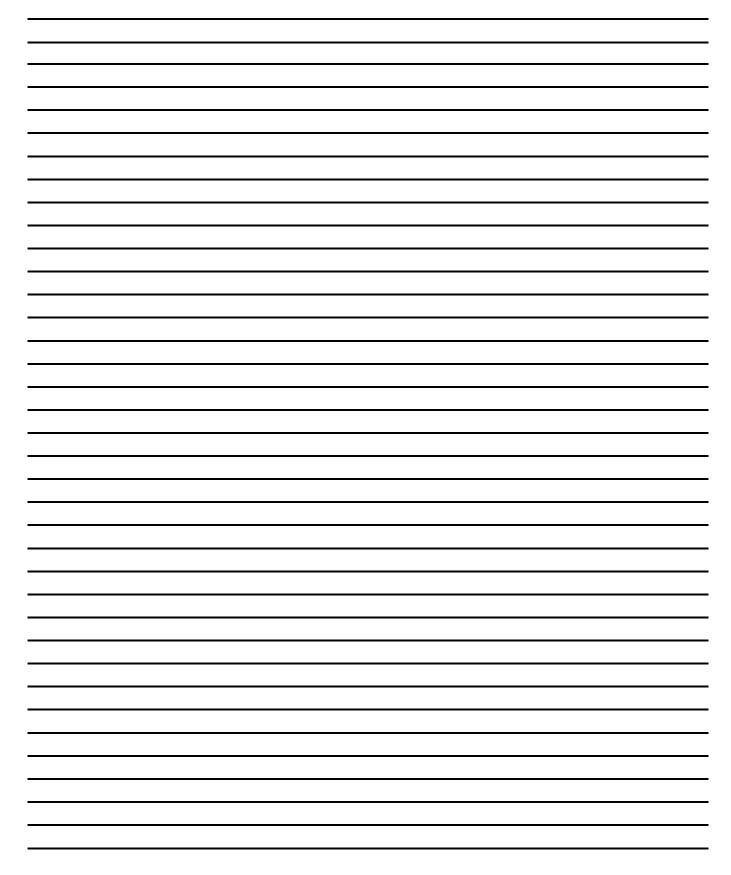
13. National Guard	🗆 Army	🗆 Air	Date of Membe	ership	Officer	Enlisted	Service Number
Membership	□ State		Began	Ended			
🗆 No 🛛 Yes							

Name of National Guard Organization and Address



Part V. Financial Data

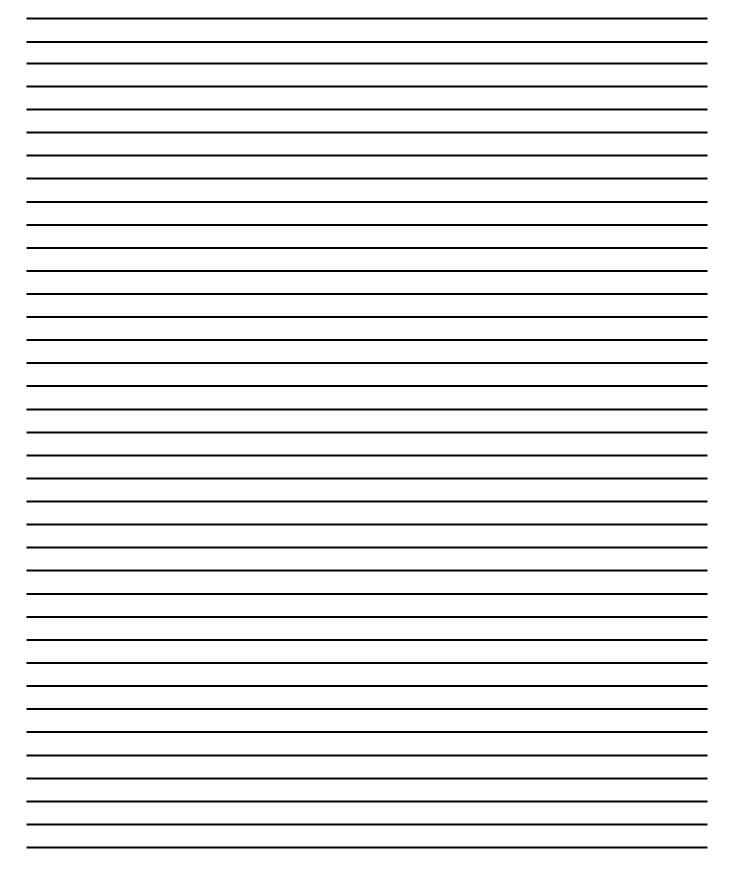
1 De vou presently held active ar allent controlling interact in any company?
 Do you presently hold active or silent controlling interest in any company?
Yes (Explain your interest)
Do you now have (or have you ever had) any wage garnishments on your salary?
□ No
□ Yes (Explain)
Have you ever been found delinquent on Income or Other Tax Payments?
□ Yes (Explain)
Have the taxes been heid? \Box No. \Box Vec.
Have the taxes been paid? No Yes
4. Have you ever had a light placed against your property for failing to new taylog or other debte?
4. Have you ever had a lien placed against your property for failing to pay taxes or other debts?
□ Yes (Explain)
5 Have you ever had any real or personal property represented?
5. Have you ever had any real or personal property repossessed?
□ No □ Yes (Explain)
□ Yes (Explain)
Yes (Explain) A A a court-ordered financial judgment against you?
 Yes (Explain) Have you ever had a court-ordered financial judgment against you? No
Yes (Explain) A A a court-ordered financial judgment against you?
 Yes (Explain) Have you ever had a court-ordered financial judgment against you? No
 Yes (Explain) Have you ever had a court-ordered financial judgment against you? No
 Yes (Explain) Have you ever had a court-ordered financial judgment against you? No
 Yes (Explain) Have you ever had a court-ordered financial judgment against you? No Yes (Explain)
Yes (Explain) G. 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) Have you ever had a court-ordered financial judgment against you? No Yes (Explain) To you presently have a financial judgment pending in court?
Yes (Explain) G. 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) G. 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) 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) Yes (Explain)
Yes (Explain) G. 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)
Yes (Explain) Generalized 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?
Yes (Explain)
Yes (Explain)
Yes (Explain)



11. Do you or your spouse have any □ No	other source(s) income?			
\Box 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.			
	mongage, rent, contractal agreements for which you have payments.			
Type of Debt	Monthly Payment Present Balance To Whom Owed			

13. Have you been over 180 days de	elinquent on any debt(s)? No	
Are you currently over 90 days d	lelinquent on any debt(s)? \Box No	
If you answered yes to either que	estion, provide the information req	uested below.
Type of Debt	When incurred Amount Prese	ent Balance To Whom Owed

14. Have you been a party	to any public re	ecord civil court actions?	No 🗆 Yes			
If you answered yes, provide the information requested below.						
Month/Year Action	Result	Name of Parties	Court			



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 k	nown	Citizenship
	ess (Street Number, city, State, and Zip Code			Home	Telephone Number
Occupation		Place of Employment		.	
Address of Emp	loyment (Street Number, city	, State, Zip Code)	Busine	ss Phor	ne Number

Check One	Name (Last, First, Middle)		Years known	Citizenship
□ Mrs □ Miss				
Residence Addr	Residence Address (Street Number, city, State, and Zip Code)			ne Number
Occupation	Occupation Place of Employment			
Address of Employment (Street Number, city, State, Zip Code)			Business Phor	ne Number

Check One	Name (Last, First, Middle)		Years known	Citizenship
□ Mr. □ Ms.				
🗆 Mrs 🛛 Miss				
Residence Addr	ess (Street Number, city, Sta	ite, and Zip Code	Home Telepho	ne Number
Occupation		Place of Employment		
Address of Emp	loyment (Street Number, city	, State, Zip Code)	Business Phon	e Number

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	Name (Last, First, Middle)			Years known
□ Mrs □ Miss				
Residence Addr	ess (Street Number, city, Sta	ite, and Zip Code	Home T	elephone Number
Occupation		Place of Employment		
Address of Emp	loyment (Street Number, city	, State, Zip Code)	Business Phone	e Number

Check One Name (Last, First, Middle)		Years known
□ Mr. □ Ms.		
□ Mrs □ Miss		
Residence Address (Street Number, city, Sta	ite, and Zip Code	Home Telephone Number
Occupation	Place of Employment	
Address of Employment (Otrest Number site		Dusiness Dhane Number
Address of Employment (Street Number, city	, State, Zip Code)	Business Phone Number

Check One	Name (Last, First, Middle)			Years known	
□ Mr. □ Ms.					
□ Mrs □ Miss					
Residence Addr	ess (Street Number, city, S	State, and Zip Code		Home T	elephone Number
Occupation		Place of Employment			
Address of Emp	of Employment (Street Number, city, State, Zip Code)			ess Phone	Number

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) neighbor's (not necessarily a personal acquaintance). Include your mailing and/or street addresses during all periods of Military Service.

Dates of Res	idence				Location of Residence
FROM	FROM TO		0	Street Address (Apt. #, city, State, Zip Code)	
Month	Day	Year			
			Pre	sent	
Neighbor's N	ame (Last	First MI)		Neigh	bor's Telephone Number
i toigniser e rt				rtorgri	
Neighbor's A	ddress (Stre	et Number,	city, Sta	ate, and	I Zip Code)
Neighbor's N	ame (Last, I	First, MI)			Neighbor's Telephone Number
Neighbor's A	ddress (Stre	et Number,	city, Sta	ate, and	l Zip Code)
1					

-	R PRESENT RESIDENCE ONLY:					
-	□ Rent □ Ov reside with □ Self □ Sp		if anv)	□ Other		
o you i			ii ariy)			
D	ates of Residence			Location of Residence		
	FROM	TO		Street Address (Apt. #, city, State, Zip Code)		
N	leighbor's Name (Last, Fi	rst, MI)	Neigh	bor's Telephone Number		
	J		- 3			
N	leighbor's Address (Stree	t Number, city, Sta	ate, and	I Zip Code)		
	0		,			
N	leighbor's Name (Last, Fi	rst, MI)		Neighbor's Telephone Number		
N	leighbor's Address (Stree	t Number, city, Sta	ate, and	I Zip Code)		

Dates of Residence		Location of Residence
FROM	ТО	Street Address (Apt. #, city, State, Zip Cod
Neighbor's Name (Last, Fi	rst, MI)	Neighbor's Telephone Number
Neighbor's Address (Stree	t Number, city, Sta	ate, and Zip Code)
Neighbor's Name (Last, Fi	rst, MI)	Neighbor's Telephone Number
Neighbor's Address (Stree	t Number, city, St	ate, and Zip Code)

Dates of Residence		Location of Residence
FROM	ТО	Street Address (Apt. #, city, State, Zip Code)
Neighbor's Name (Last, Fi	rst, MI)	Neighbor's Telephone Number
Neighbor's Address (Stree	t Number, city, St	ate, and Zip Code)
Neighbor's Name (Last, Fi	rst, MI)	Neighbor's Telephone Number
Neighbor's Address (Stree	t Number, city, St	ate, and Zip Code)

Dates of Residence		L	ocation of Residence	
FROM	ТО		Street Address (Apt. #, city, State, Zip Code)	
Niejekke vie Nieve e. (Leet E:	nat MI)	Natable	Ve Telenhaue Numehau	
Neighbor's Name (Last, Fi	rst, MI)	Neighbo	r's Telephone Number	
Neighbor's Address (Stree	t Number, city, Sta	ate, and Z	ip Code)	
Neighbor's Name (Last, Fi	rst, MI)	Ν	leighbor's Telephone Number	
Neighbor's Address (Street Number, city, State, and			ip Code)	

Dates of Residence			Location of Residence
FROM	ТО		Street Address (Apt. #, city, State, Zip Code)
Neighbor's Name (Last, Fi	rst, MI)	Neight	por's Telephone Number
Neighbor's Address (Stree	t Number, city, St	ate, and	Zip Code)
Neighbor's Name (Last, Fi	rst, MI)		Neighbor's Telephone Number
Neighbor's Address (Stree	t Number, city, St	ate, and	Zip Code)
Ť,			• • •

Dates of Residence			Location of Residence		
FROM	TO		Street Address (Apt. #, city, State, Zip Code)		
Neighbor's Name (Last, Fi	rst MI)	Neight	oor's Telephone Number		
		Ticigin			
Neighbor's Address (Street Number, city, State, and Zip Code)					
Neighbor's Name (Last, First, MI)			Neighbor's Telephone Number		
Neighbor's Address (Street Number, city, State, and Zip Code)					

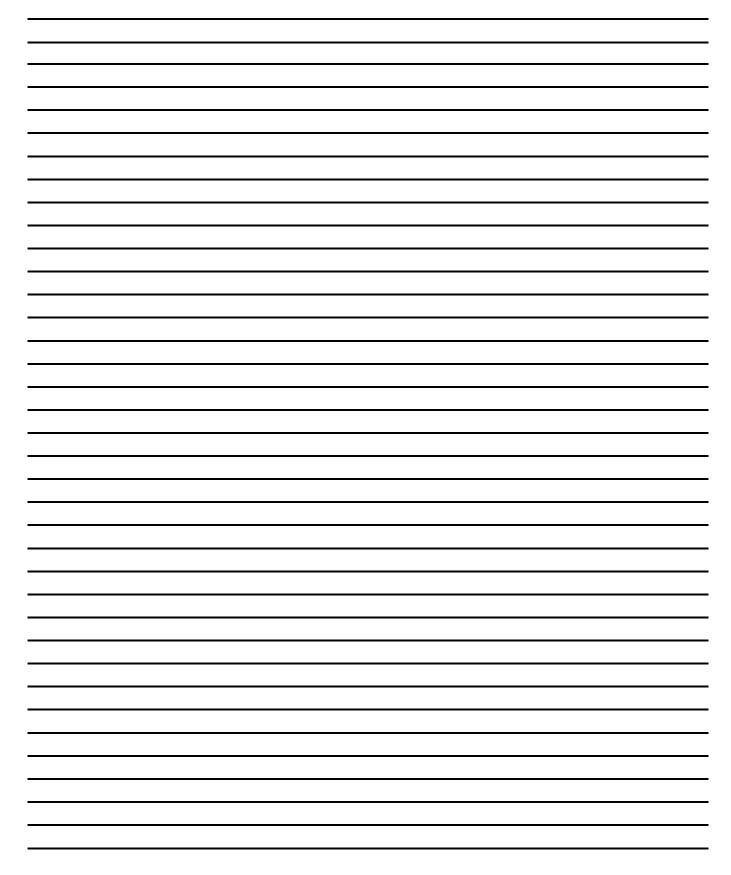
Dates of Residence			Location of Residence		
FROM	TO		Street Address (Apt. #, city, State, Zip Code)		
Neighbor's Name (Last, First, MI)		Neighbor's Telephone Number			
Neighbor's Address (Street Number, city, State, and Zip Code)					
Neighbor's Name (Last, First, MI)			Neighbor's Telephone Number	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

Part XI. Education Data

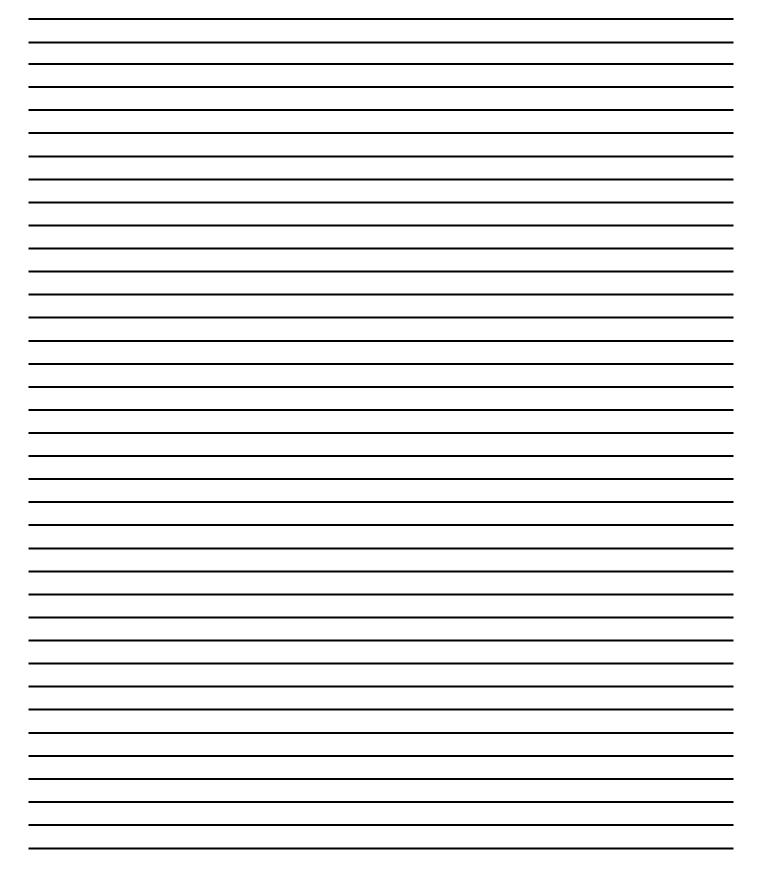
1. Name of Senior High School	Address (Stre	Address (Street Address, city, State, Zip Code				
Dates Attended (Month, Year) From To	Highest Grade Completed	Did you graduate? No Yes Did you receive a diploma? No Yes				
2. Did you pass a General Education Development (G.E.D.) Test? N/A Yes (answer questions 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						
6. Did the Board of Education present you with a High School Diploma?						
□ N/A □ No □ Ye	□ Yes (complete the following)					
Name of Board of Education Board's Complete Mailing Address Date Diploma Issued						
7 List Athletic Scholastic Henors or oth	or Awarda					

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

8. Were you ever Disciplined, Dismissed, Suspended, or Expelled in High School?
No
Yes (Explain)



Name of College/University	Location	Dates Attended	Degree Atained
ow many credit hours did you complete	?	What was your Major?	
 Characterize your grades (check one))		
Poor Passable Average	age 🛛 🗆 G	ood 🛛 Excellent	
			rsity
			rsity
			rsity
Poor Passable Avera 2. List Athletic, Scholastic, Honors, or ot			rsity
2. List Athletic, Scholastic, Honors, or ot	her Awards re	eceived while in College/Unive	
 List Athletic, Scholastic, Honors, or ot 	her Awards re	ceived while in College/Unive	
2. List Athletic, Scholastic, Honors, or ot	her Awards re	ceived while in College/Unive	
 List Athletic, Scholastic, Honors, or ot 	her Awards re	ceived while in College/Unive	
2. List Athletic, Scholastic, Honors, or ot 3. Were you ever Disciplined, Dismissed □ No □ Yes	her Awards re	ceived while in College/Unive	
 List Athletic, Scholastic, Honors, or ot 	her Awards re	ceived while in College/Unive	
2. List Athletic, Scholastic, Honors, or ot 3. Were you ever Disciplined, Dismissed	her Awards re	ceived while in College/Unive	



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:		
	SALARY: Voluntary Intermittent Unemployed	
SUPERVISOR'S NAME (First, Last): _		
SUPERVISOR'S PHONE NUMBER: _		
REASON FOR LEAVING:		
FROM (Month/Year)	TO (Month/Year)	
EMPLOYER:		
EMPLOYER ADDRESS:		
	SALARY:	
SUPERVISOR'S NAME (First, Last): _		
SUPERVISOR'S PHONE NUMBER: _		
REASON FOR LEAVING:		
FROM (Month/Year)	TO (Month/Year)	
EMPLOYER:		
JOB TITLE/DESCRIPTION:	SALARY:	
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: 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:
SUPERVISOR'S NAME (First, Last): _	
SUPERVISOR'S PHONE NUMBER: _	
REASON FOR LEAVING:	

FROM (Month/Year)	TO (Month/Year)
EMPLOYER:	
EMPLOYER ADDRESS:	
	SALARY: Oluntary 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: 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: V
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: 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:
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:	
SUPERVISOR'S NAME (First, Last): _		
SUPERVISOR'S PHONE NUMBER: _		
REASON FOR LEAVING:		

FROM (Month/Year)	TO (Month/Year)	
EMPLOYER:		
EMPLOYER ADDRESS:		
	SALARY: Oluntary Intermittent Intermittent Intermittent Intermittent Intermittent Intermittent Intermittent Intermittent	
SUPERVISOR'S NAME (First, Last):		
SUPERVISOR'S PHONE NUMBER:		
REASON FOR LEAVING:		

nemployment Compensation	□ No		
Vorker's Compensation			
Welfare Payments	□ No		
Strike Benefits	🗆 No	□ Yes	
Other Sources of Income	🗆 No	□ Yes	
		s, including amounts received or to 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?

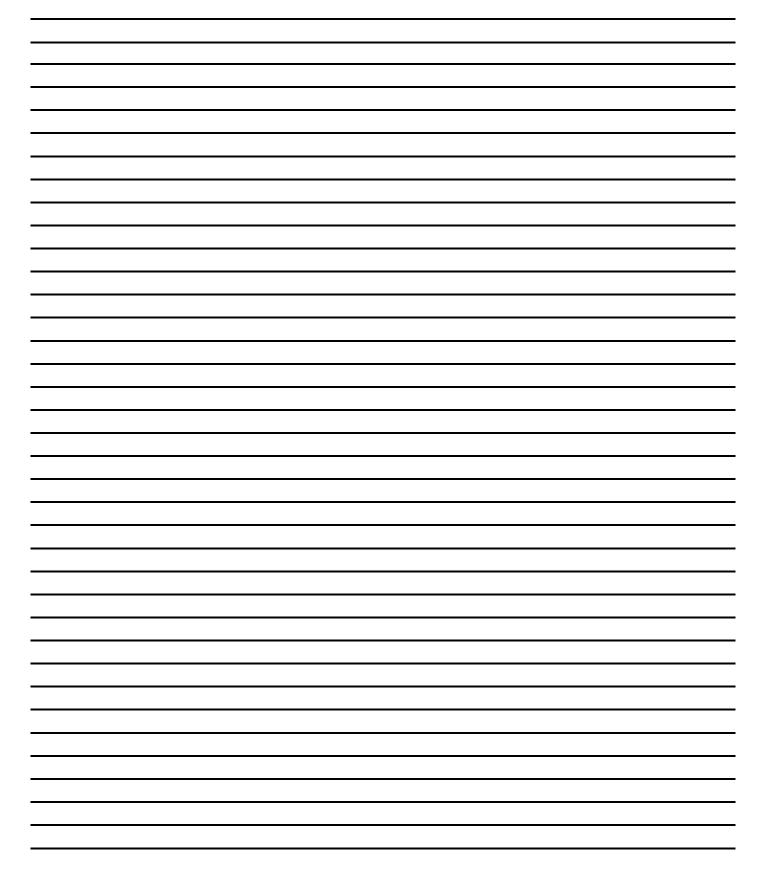
□ No □ Yes (Explain)

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)



Part XI. Driving Record

rece Spe	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	
	Dato	violation, orlargo				1 110 / 1111		
_								

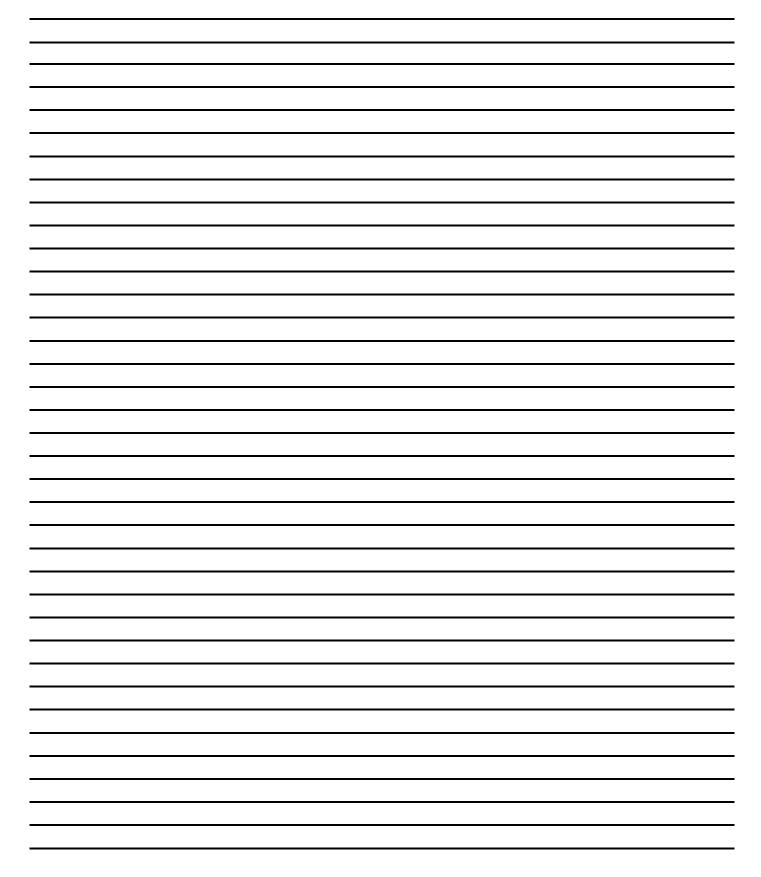
2. Do you currently have a valid driver's license for the State in which you reside?

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

enied or Refused	🗆 No		
Suspended	🗆 No	□ Yes	
Revoked	🗆 No	□ Yes	
Subjected to any other sim	nilar		
Penalty or Action	🗆 No	□ Yes	

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



6.	Have yo	ou ever	obtained c	r possessed	a falsified	or fictitious	driver's	license?
	🗆 No	Yes	(Explain)					

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

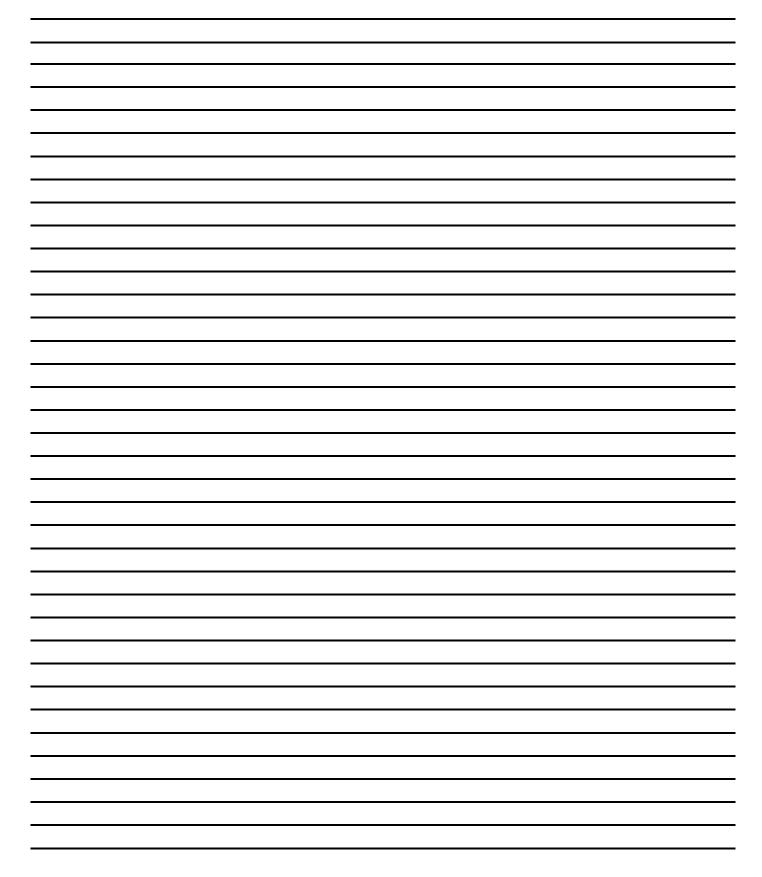
8. Are your Vehicle License Plates now or have they ever been:

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.

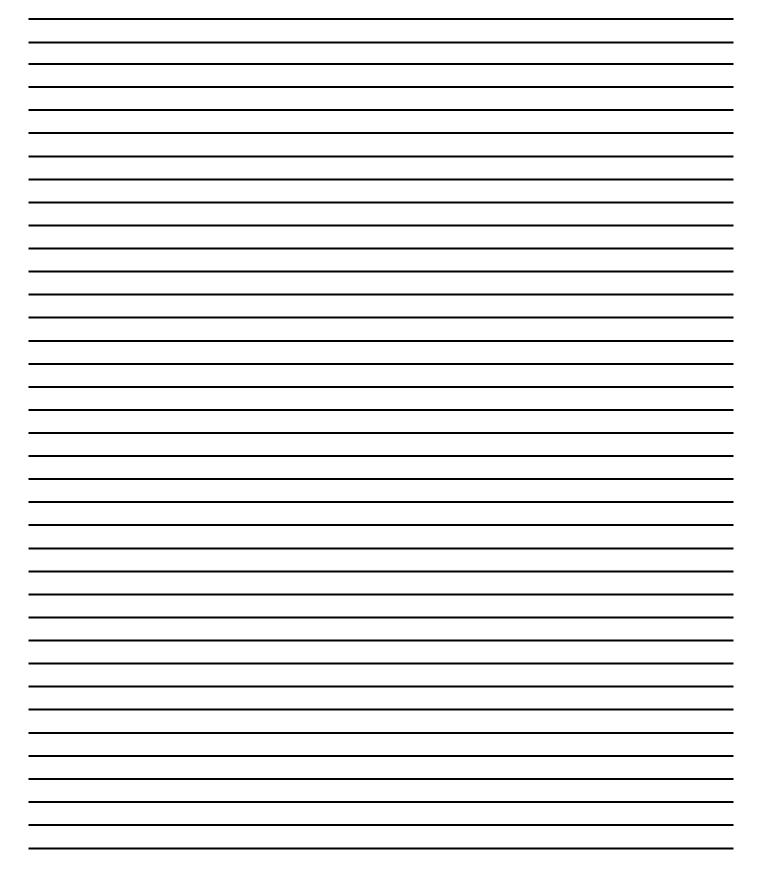
9. List all Motor Vehicle Accidents (include Date, Time, Place, Charges, Fault, Injuries, name of Police Agency that made the report, and final disposition of the case.

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



Part XII. Arrest/Conviction Data

1. Have you ever been			
Arrested	□ No	□ Yes	
Charged by any Law Enforcement Authority	□ No		
Convicted of any offense against the law	□ No		
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 dismisse If more than one instance, fully explain each instance.	ed, expunged,	or nolle processed.	
2. Are you now			
Charged with an offense by cruck and Enforcement A. the site	□ NI-		
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		
3. Are you now or have you ever been involved as a Defendant in		Court action?	
 No □ Yes 	n any Chiminai		
4. Are you now or have you ever been involved as a Plaintiff or D	Andont in or	Ny Civil Court action?	
 Are you now or have you ever been involved as a Plaintiff or D No □ Yes 	elendant in ar	IV CIVIL COULT ACTION?	
	,		
5. Do you currently have any judgments against you? No	res		
6. If you answered "Yes" to any of the questions on this page, give			
Include (as a minimum) the date of the offense, original charge			
of law enforcement agency involved, Circumstances of case, a number, court location, reason for case, and final disposition.	and final dispos	sition. For judgments give case	;
		· · · · · · · · · · · · · · · · · · ·	
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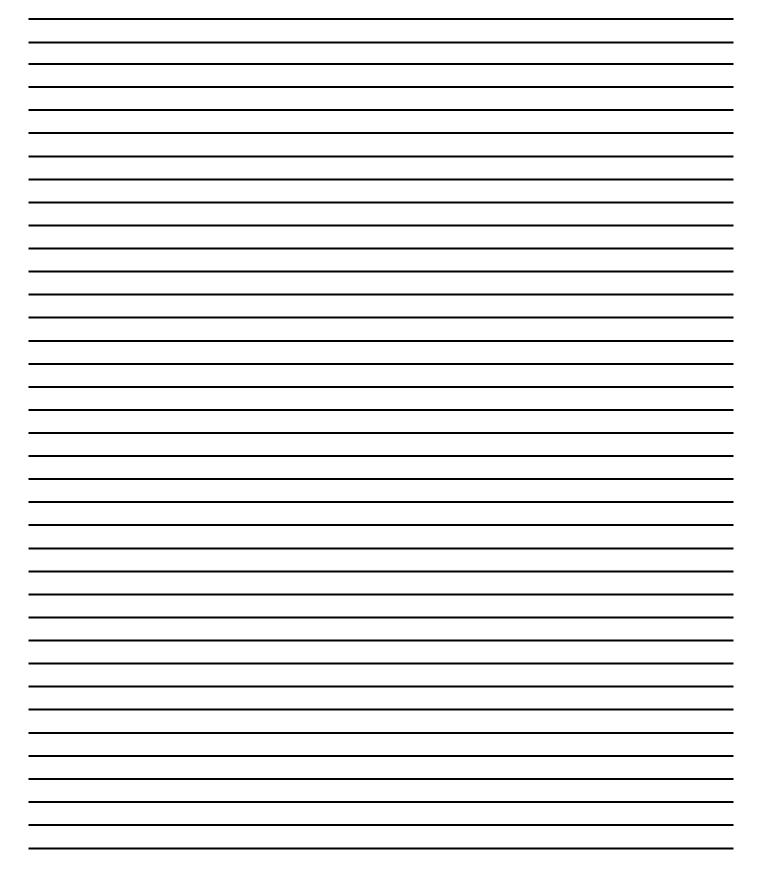
Part XIII. Criminal History

1. Do you now, or have you in the past, used, tried, or experiment	nted with				
Marijuana (in any form) Narcotics of any kind (Heroin, Cocaine, Crack,	□ No	□ Yes			
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.)					
Inhalants (Glue, solvents, aerosols, whip-its, etc.)	□ No				
2. Do you now, or have you in the past, bought, sold, or possess other dangerous drugs, or illegal drugs? No Yes 	ed Marijuana,	Narcotics,			
3. Have you ever closely associated with or had an ongoing frier					
with anyone you suspected/or knew was a seller of controlled	substances?	□ No □ Yes			
4. Have you been present when controlled substances were eith	er used sold i	possessed or			
delivered? No Yes					
5. Do you now take, or have you ever taken, any medication oth	er than under v	our Doctor's			
prescription (with the exception of over-the-counter medications)? No Yes					
6. How many alcoholic beverages do you consume on a daily basis, weekly basis					
Do you now, or have you ever in the past, used alcoholic beve	erages excessi	vely? 🗆 No 🛛 Yes			
Has your use of alcoholic beverages resulted in any alcohol-re	elated treatmer	at or counseling? □ No □ Yes			
7. Have you ever participated in underage drinking? No Y	es				
8. Has any member of your immediate family habitually used alo No Yes	oholic beverag	es or habit-forming drugs?			
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 Y	es				
13. Have you been found responsible for violating any confidenti employer?	ality agreemen	t between yourself and your			
14. Have you obtained copy-written material by electronic means	? (songs, movi	es, software) I No I 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.

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)



Part XV. Miscellaneous

1.	Are you or a member of your family currently or previously been a member of, any identified Communist, Terrorist 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 that advocates the overthrow of our Constitutional Form of Government in the United States?
2.	Do you belong to any Organization and/or adhere to any belief that would in any way

days or hoursImage: NoImage: YesRestrict you from conforming to Departmental StandardsImage: NoImage: Yesof appearance and/or groomingImage: NoImage: Yes	Restrict you from conforming to Departmental Standards of appearance and/or grooming
of appearance and/or grooming	of appearance and/or grooming
	If you answered "Yes" give complete details.
	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.)

—
—
 —
-
—
—
—
 —
_
—

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.
 <u>Reading Speaking Understanding Writing</u>
 Language Exc. Good Fair Exc. Good Fair Exc. Good Fair Exc. Good Fair Output to the proper column of the proper column.

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 current application status with each agency. If you have applied to the same agency more than once, list each time separately.

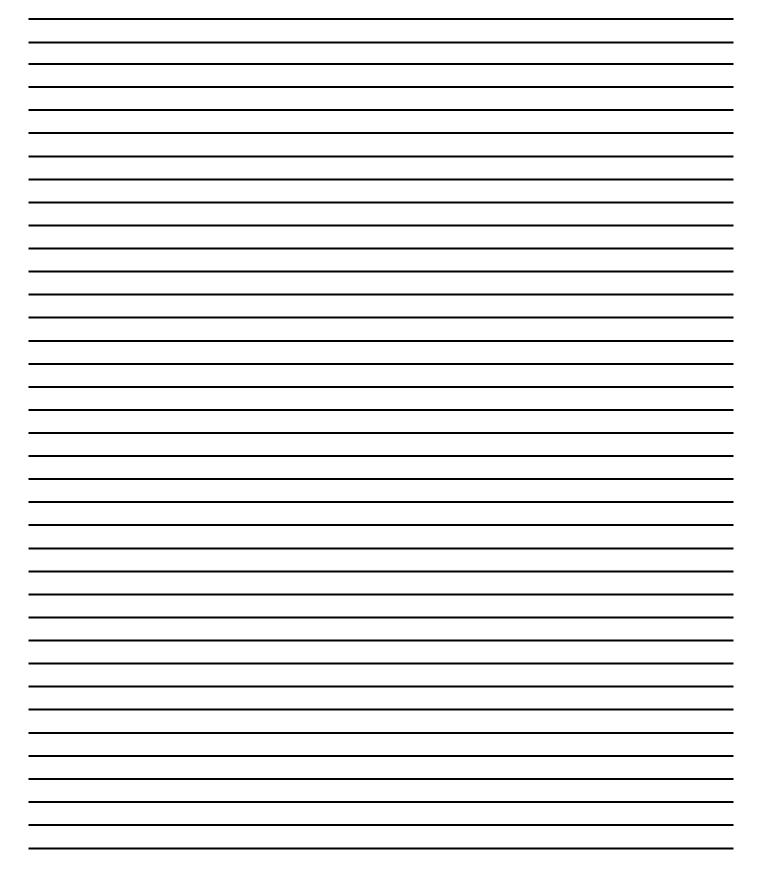
	1		Date	Step	1	Current
Agency	Address	Phone	Applied	Taken	Investigator	Status

9. Have you ever applied for a police officer position with the U.S. Park Police?

No
Yes

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)



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

□ No □ Yes (Provide details) _____

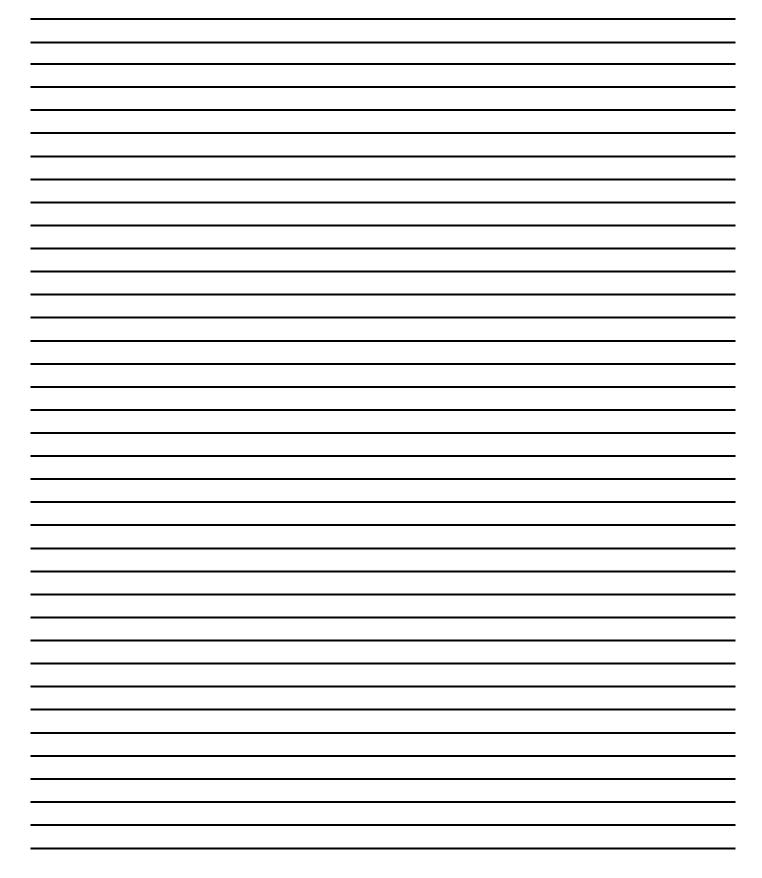
13. Do you have any objections to being reassigned to any area within the United States?
No Yes
If yes, state objection

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 incidences 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) _____



Part XVI. Essay (200 words minimum, addressing all questions below)

- Describe in your own words why you want to be a United States Park Police Officer?
- How did you hear about the United States Park Police?
- What do you think your role as a park police officer shall be?
- What are your career aspirations/expectations as a United States Park Police Officer?

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. Any changes to this document after the document is notarized will invalidate the applicant from further processing.

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 ______ 20 _____

Notary Public

SEAL