

**Bethany Beach Police Department
Personal History Statement**

Please Read: Answer each question on this form. Information must **HANDWRITTEN AND PRINTED IN BLACK INK (DO NOT TYPE)**. If additional information must be submitted in response to a s specific question, please submit this information on additional sheets of 8 ½ “ x 11” paper (**NO SCRAP SHEETS**) and attach them to this form. Precede each answer with the number and letter of the referenced section. **DO NOT MISSTATE OR OMIT ANY FACTS**, as all information is verified. **ACCURACY IS ESSENTIAL. ANY FALSE STATEMENTS OR INFORMATION KNOWINGLY OMITTED IN THIS QUESTIONNAIRE IS JUST CAUSE FOR DENYING OR TERMINATING YOUR APPLICATION.** There are to be no UNKNOWN or UNANSWERED questions when this form is completed and turned in. If a question or the information requested does not apply, indicate this by using the symbol N/A (not applicable). Should this questionnaire be **UNSATISFACTORILY FILLED OUT**, you will be rejected from further consideration.

When the Personal History Statement is turned in, the following support documents **MUST ALSO BE TURNED IN:**

1. A copy of your Birth Certificate.
2. A copy of your Drivers License.
3. Your original Military DD214 Member 2 (including character of discharge Section),and any other discharge document(s), if applicable, for us to witness and a copy for us to retain.
4. Active Reserves who currently attend Military Drills must submit a Military Letter of Good Standing. This letter can be obtained from a staff member upon receipt of your application packet. The applicant must also submit all original DD214 discharge documents as soon as they become available to the applicant.
5. Applicants who have previously served in the Active Reserves **MUST** submit a copy of their discharge papers, showing character of discharge from the Reserve Unit.
6. All full time police applicants must submit transcripts from **ALL** colleges attended.
7. All seasonal police omit #6.

FAILURE TO TURN IN THESE DOCUMENTS WILL RESULT IN YOUR APPLICATION BEING REJECTED BY THE BETHANY BEACH POLICE DEPARTMENT.

I hereby certify that I have read and understand all of he above stated information.

Signature _____ **Date** _____

****Please Print** If this application packet is NOT LEGIBLE, IT WILL NOT BE ACCEPTED**

1. PERSONAL HISTORY

Date _____ Position Applied For _____

A. _____
Full Name (Last) (First) (Middle) Sex/Race Date of Birth

B. _____
Current Street Address Apt. # City State Zip Code

C. _____
Home Phone Work Phone Cell Phone Pager Number Work Hours Days Off

D. _____
Name and phone number of a neighbor or relative with whom you are in regular contact, where a message can be left for you.

E. Are you a United States Citizen? _____ Yes _____ No

_____ Social Security Number Birthplace City State County

F. List any maiden name or any other names that you have ever used, including all married names or Nicknames, etc. _____

G. Marital Status _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

H. Driver's License _____
State Number Type or Classification

_____ Expiration Date Conditions (Corrective Lens, etc.)

2. FAMILY HISTORY

A. _____
Full Name of Present Spouse Maiden Name Age Date of Birth

B. _____
Present Employment of Spouse Address (City/State) Phone Number

C. _____
Full Name of Former Spouse(s) Maiden Name Age Date of Birth

_____ Address (City/State) of Former Spouse(s)

D. List ALL Children and Step-Children:

	Full Name	Address	Phone Number	Age	Date of Birth
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

E. List separately, Mother, Father, Step-Mother, and Step-Father:

1.

Full Name of Father	Age	Date of Birth
Home Address (City/State/Zip)		Phone Number

2.

Full Name of Mother	Age	Date of Birth
Home Address (City/State/Zip)		Phone Number

3.

Full Name of Step-Mother	Age	Date of Birth
Home Address (City/State/Zip)		Phone Number

4.

Full Name of Step-Father	Age	Date of Birth
Home Address (City/State/Zip)		Phone Number

5. List all persons who reside at your present residence:

Full Name	Age	Date of Birth
Full Name	Age	Date of Birth
Full Name	Age	Date of Birth
Full Name	Age	Date of Birth

5. EMPLOYMENT

On the following pages you will find employment reference sheets. It is very important that employment information be accurate.

Please list your **ENTIRE** employment history.
Include **ALL PART-TIME, TEMPORARY, and SEASONAL EMPLOYMENT** regardless of Time employed.

IF UNEMPLOYED FOR ANY LENGTH OF TIME, LIST DATES OF UNEMPLOYMENT

BEGIN WITH YOUR CURRENT EMPLOYMENT, OR MOST RECENT JOB, AND WORK BACKWARDS.

Employment history must cover from **HIGH SCHOOL GRADUATION TO PRESENT.**

LIST ALL AREA CODES AND ZIP CODES

MAKE SURE THAT ALL ADDRESSES AND PHONE NUMBERS ARE COMPLETE AND ACCURATE.

If additional employment reference sheets are needed, please make photocopies prior to filling out any forms.

6. EMPLOYMENT TERMINATION

A. Have you ever been dismissed, fired, or asked to resign from any employment or position you Have held, knowing that you would be fired if you did not resign?

_____ YES _____ NO If yes, explain below:

TERMINATIONS:

1 Company Name _____

Street address _____

Dates of Employment: From _____ To _____

Position _____ Supervisor _____

Phone Number () _____

Termination #1

EXPLAIN IN DETAIL CIRCUMSTANCES OF TERMINATION:

*** ANY ADDITIONAL TERMINATIONS PLEASE USE A SEPARATE SHEET AND ATTACH.**

Employment Reference Sheet

MAY WE CONTACT YOUR CURRENT EMPLOYER?

_____ YES _____ NO

- If the response is "NO" you will be required to provide proof of employment and dates of employment.
- You may also be required to provide proof and dates of any previous employment, including any periods of self-employment and unemployment.

Name of Employer or Business: _____

Street Address: _____ City _____ State _____ Zip _____

Date of Employment: From: _____ To: _____ Full time ___ Part Time ___

Phone Number: (_____) _____ Supervisor: _____

Position: _____ Work Duties: _____

Reason for Leaving (explain in detail): _____

Name of Employer or Business: _____

Street Address: _____ City _____ State _____ Zip _____

Date of Employment: From: _____ To: _____ Full Time ___ Part Time ___

Phone Number: (_____) _____ Supervisor: _____

Position: _____ Work Duties: _____

Reason for Leaving (explain in detail): _____

Name of Employer or Business: _____

Street Address: _____ City _____ State _____ Zip _____

Date of Employment: From: _____ To: _____ Full Time ___ Part Time ___

Phone Number: (_____) _____ Supervisor: _____

Positions: _____ Work Duties: _____

Reason for Leaving (explain in detail): _____

Employment Reference Sheet

Name of Employer or Business: _____

Street Address: _____ City: _____ State: _____ Zip _____

Date of Employment: From: _____ To: _____ Full Time _____ Part Time _____

Phone Number (_____) _____ Supervisor: _____

Position: _____ Work Duties: _____

Reason for Leaving (explain in detail) _____

Name of Employer or Business: _____

Street Address: _____ City: _____ State: _____ Zip _____

Date of Employment: From: _____ To: _____ Full Time _____ Part Time _____

Phone Number (_____) _____ Supervisor: _____

Position: _____ Work Duties: _____

Reason for Leaving (explain in detail): _____

Name of Employer or Business: _____

Street Address: _____ City: _____ State: _____ Zip _____

Dates of Employment: From: _____ To: _____ Full Time _____ Part Time _____

Phone Number (_____) _____ Supervisor: _____

Position: _____ Work Duties: _____

Reason for Leaving (explain in detail): _____

**IF ADDITIONAL EMPLOYMENT SHEETS ARE NEEDED, PLEASE
MAKE PHOTOCOPIES PRIOR TO FILLING OUT ANY FORMS.**

7. VEHICLE INFORMATION

A. List all vehicles that you own and/or drive for personal use. (Include vehicle belonging to parents Or others with whom you reside.)

Year	Make	Model	Color	Auto Tag Number	State	Own/Buying

8. DRUG HISTORY

A. Are you currently using any kinds of drugs or controlled substances not prescribed by a Physician?

_____ Yes _____ No If yes, explain: _____

B. Drug/Narcotic Information (Explain any "YES" answer in "Comments" section)

- | YES | NO | |
|-------|-------|-------------------------------------------------------------------------------------------------------------------------------------|
| _____ | _____ | 1. Have you ever tried, used, puffed, experimented, taken orally or injected any drug or narcotic? |
| _____ | _____ | 2. Have you ever tried or used marijuana? _____ If yes, how many times have you tried _____, puffed _____, or used marijuana _____? |
| _____ | _____ | 3. Have you ever tried or used hashish? |
| _____ | _____ | 4. Have you ever tried or used heroin? |
| _____ | _____ | 5. Have you ever tried or used cocaine? |
| _____ | _____ | 6. Have you ever tried or used LSD or any other hallucinogen? |
| _____ | _____ | 7. Have you ever tried or used speed, amphetamine, ecstasy, or methphetamines? |
| _____ | _____ | 8. Have you ever tried or used downers, barbiturates, or mandrax? |
| _____ | _____ | 9. Have you ever used any prescription drugs not intended for you? |
| _____ | _____ | 10. Have you ever used anabolic steroids? |
| _____ | _____ | 11. Have you ever tried or used any other illegal drug or narcotic? |
| _____ | _____ | 12. Have you ever sold marijuana? |
| _____ | _____ | 13. Have you ever sold any illegal drugs or narcotics? |
| _____ | _____ | 14. Have you ever been present when others were using marijuana? |
| _____ | _____ | 15. Have you ever been present when others were using illegal drugs or narcotics? |
| _____ | _____ | 16. Have you ever altered a prescription given to you by a doctor? |
| _____ | _____ | 17. Have you ever taken a substance not knowing what it was? |
| _____ | _____ | 18. Have you ever inhaled paint, gases, glues, or other abusable chemicals? |
| _____ | _____ | 19. Have you ever obtained a drug from an altered prescription? |

Comments _____

9. MILITARY RECORD

- A. Have you ever been on active duty in the Armed Forces of the United States?
 _____ YES _____ NO **If yes:**
- B. Branch of Military Service _____
- C. Type of Discharge _____ **If other than HONORABLE, explain:**

- D. Dates of Active Duty (Month, Day, and Year) FROM _____ TO _____
- E. Have you ever been, or are you currently, a member of a **Reserve Unit** _____ YES _____ NO
- If yes, Branch _____ Ready _____ Standby/RR _____
 Date of Discharge: _____ Type of Discharge _____
- F. Are you currently active in the military? _____ YES _____ NO
 If yes, what is your anticipated release date _____
- G. If you were in the military, were you ever court-martialed? _____ YES _____ NO
 If yes, explain: _____
- Did you ever have ANY type of disciplinary action taken against you while in the military (this includes Article 15, Captain's Mast, etc.)? _____ YES _____ NO
- If YES explain: _____

10. COURT RECORD

- A. Have you ever been arrested as an **adult or a juvenile** (arrest is defined as being taken into custody and transported to a jail/detention facility) or charged with a crime as an adult or a juvenile (charged with a crime means issued a misdemeanor citation, a juvenile summons, an adult summons, arrested on a warrant, or indicted by a grand jury)? _____ YES _____ NO
- B.** List **ALL** times you have been arrested or had criminal charges placed against you, including a detailed explanation of the circumstances (use additional sheets if needed). You must list **ALL** arrests or charges even if they were dropped or did not result in a conviction and even if the public records of the arrest or charges were expunged and erased and even if you have been told that you do not have to admit to arrests or charges which have been expunged or erased. An independent investigation of your criminal history will be conducted and, **if arrests or charges are found which you did not report, your application can be rejected due to untruthfulness.**

Date	City/State	Charges	Circumstances	Disposition

- C. Have you ever, as an **adult or a juvenile**, been convicted of or entered a guilty plea or a plea of nolo contendere to any criminal charge? This question includes ALL criminal offenses including felonies, misdemeanors, misdemeanor citations, traffic citations, city ordinance summons, and juvenile summons _____ YES _____ NO

- D. List below ALL adult and juvenile convictions, guilty pleas and pleas of nolo contendere With a disposition for each.

You must list ALL convictions and pleas even if the conviction or plea was later expunged or erased and even if you were told that you did not have to admit to the conviction or plea since it had been expunged or erased. Failure to list a conviction or plea, which is later uncovered during the background investigation, can result in your application being rejected for untruthfulness.

ARRESTS:

Date	City/State	Charges	Circumstances	Disposition

- D. Has your Driver's License ever been suspended, canceled or revoked? Y N
If yes, please explain: _____

Have you ever had a Driver's License in any other state? Y N
If yes, which state(s), list license number if known: _____

TRAFFIC TICKETS:

Date	City /State	Charges	Circumstances	Disposition

11. MISCELLANEOUS

- A. Based on your religion, are there any special considerations you might request as to the handling of a firearm or days off? Y N
- B. List all relatives employed by the Town of Bethany Beach, including the Bethany Beach Police Department. _____
- C. Are you currently, or have you ever been, an employee of the Town of Bethany Beach or Bethany Beach Police Department? y N. If yes, list what agency, dates of employment, position and designate whether or not you were a permanent employee, temporary, reserve or volunteer. _____

- D. Have you previously submitted an application for employment or tested for the **Bethany Beach Police Department or any other law enforcement agency. If Yes, list below:** _____

- E. Do you currently possess a Special Officer's (Security Guard) Commission?
___Y___N
If yes, list agency issuing commission: _____
- E. Do you currently possess a valid gun permit? ___Y___N
- G. Have you ever submitted to a polygraph test? ___Y___N
If yes, explain: _____
- H. Are you presently involved or have knowledge that you might become involved in any criminal or civil lawsuits? ___Y___N. If yes, explain: _____

12. REFERENCES:

A. List three (3) references who are responsible adults or reputable standing in their community, Who you **HAVE KNOWN WELL FOR AT LEAST THREE YEARS, AND WHO KNOW YOU**. References **CANNOT** be relatives, former employers, or present employers. You **MUST** include their full names, **COMPLETE** home address and business address (include city, state, zip code), and correct home or business telephone number (including area code) were **they may be contacted Monday through Friday during normal business hours:**

1.

Full Name (Last, First, Middle)			Years Known
Current Street Address Apt. #	City	State	Zip Code
Employment Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	Pager Number

2.

Full Name (Last, First, Middle)			Years Known
Current Street Address Apt #	City	State	Zip Code
Employment Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	Pager

3.

Full Name (Last, First, Middle)			Years Known
Current Street Address Apt. #	City	State	Zip Code
Employment Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	Pager

13. APPLICATION PROCESS

A. If you are applying for the position of Police Officer, and fail to meet the minimum requirements, of age and/or college experience, do you want to be considered for another position within the Police Department?

_____Y_____N_____N/A

I hereby certify that ALL statements made by me on this application are TRUE and COMPLETE to the best of my knowledge. I further certify that this application contains no willful misrepresentation or falsifications. I am aware that should any investigation at anytime reveal or disclose any such misrepresentations or falsifications, my application maybe rejected and my name may be removed from the employment list and I may be disqualified from applying in the future for positions with the Bethany Beach Police Department or my employment with the Town of Bethany Beach may be terminated. If any information changes on your application, you MUST keep this office updated. This includes jobs, addresses, phone numbers, any contact with law enforcement officers and any other important information.

DO NOT WRITE BELOW THIS DOUBLE LINE

Signature: _____ Date: _____

Received by: _____ Date: _____

FOR EMPLOYMENT TEAM USE ONLY

RIGHT THUMB PRINT



