

**WILLISTON POLICE DEPARTMENT
PERSONAL HISTORY QUESTIONNAIRE INSTRUCTIONS**

Be sure to sign and date the Authorization for Release form that accompanies this questionnaire. If you have any questions, please feel free to contact the Training Division at 802.764.1152 between 0800 and 1600 hours, Monday through Friday.

Purpose of the Personal History Questionnaire

The Williston Police Department conducts background investigations to establish that applicants meet the Williston Police Department requirements for employment. The information from this questionnaire is used as the basis for this investigation. If any intentional omissions, misrepresentations and/or falsifications are found in ANY phase of the selection process applicants are permanently disqualified immediately. If these omissions, misrepresentations and/or falsifications are found after the date of hire, they may be considered grounds for dismissal.

Instructions for Completing this Form

- This form must be signed and dated. You should retain a copy of the complete form for your records.
- Type or legibly print your answers in black ink. If your answers are not legible, the form will not be accepted.
- All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by entering "None" or "N/A". If you find that you cannot remember an exact date, estimate the date to the best of your ability and indicate this by marking "Approx." or "Est."
- Any changes that you make to this form after you sign it must be initialed and dated by you. If you need additional space for any item on the questionnaire, attach an extra sheet of paper with your name at the top of the page.

Return the completed Personal History Questionnaire to: **Williston Police Department ATTN: Office of The Chief of Police, 7928 Williston Road Williston, VT 05495.**

Organization of the Personal History Questionnaire

This form includes background information including where you have lived, attended school and worked. We require that you furnish us with information regarding such matters as being fired from a job, your criminal history, use of illegal drugs, and abuse of alcohol. Any use of an illicit drug or prescription drug not prescribed for you within twelve months of application will result in a temporary rejection for one year from the date of the last use.

Any omission of a police contact that resulted in any enforcement action, i.e., parents contacted, tickets issued, citation, arrest, etc. will result in a permanent rejection. In addition, any omissions regarding any court action involving you including dismissals, acquittals, etc., will result in a permanent rejection. Information developed on these issues during our investigation that are not reported on the Personal History Questionnaire will result in an immediate rejection from the process.

Applicants will be given the opportunity to explain the circumstances regarding any answers on the Personal History Questionnaire. The explanation must be provided before the date of any scheduled polygraph examination and oral board interview.

**PERSONAL HISTORY QUESTIONNAIRE
WILLISTON POLICE DEPARTMENT**

Prior to completing this form read the instructions carefully.

Name: First	Middle	Last
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Current Address: Street (Legal address, not a post office box.)

City/Town	State	Zip Code
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Telephone Number (Home)	Telephone Number (Work)
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Telephone Number (Pager)	Telephone Number (Cellular)
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E-mail address:

Nicknames or other names you have used including Maiden names:

Social Security Number	Date of Birth	Place of Birth
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Name(s), Date of Birth and Relationship (to you) of all persons living in your household:

List of previous addresses where you have lived during the past ten (10) years. Include dates Use additional pages if necessary.

Date	Address

Have you been a legal resident of Vermont for at least two (2) years? Yes No

Have you ever applied for a position with the Williston Police? Yes No
If yes, indicate month, year, and reason you were not hired.

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Please attach recent photograph of yourself here.

Mother's Name - First	Maiden	Last
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Current Address - Street	City/Town	State
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Date of Birth	Telephone # (include area code)
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Father's Name - First	Middle	Last
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Current Address - Street	City/Town	State
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Date of Birth	Telephone # (include area code)
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Name and address of all siblings:

Name	Address
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Name	Address
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Name	Address
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Name	Address
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Name	Address
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Name	Address
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What is your marital status (check off at least one)	Never Married	Married	Widow(er)
	Legally Separated	Civil Union	Annulled
	Divorced		

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Present Spouse/Civil Union Partner (if applicable)			
First	Middle	Maiden	Last
Address - Street		City/Town	State
Date of Birth		Date of Marriage/Civil Union	
Former Spouse(s)/Civil Union Partner(s) (For additional former marriages/civil unions use blank paper and insert here.)			
First	Middle	Maiden	Last
Address - Street		City/Town	State
Telephone			
Date marriage/civil union terminated:		Court:	
Conditions of termination i.e., alimony, child support, etc.			
List all persons dependent upon you for support.			
Name	DOB	Address	Relationship
Have you registered with Selective Service? Yes No			
Have you ever been rejected by any of the armed forces? Yes No			
Have you ever served on active duty with the Armed Forces of the United States? Yes No - If yes, complete the following:			
Branch of Service	Service #:	Date of Service From To	
Highest Rank Held		Rank at Separation	
Type of Separation: (Court Martial, other non-judicial punishment)		Conditions of Separation: Honorable, General, Medical, etc.	
Were you ever charged criminally while in the Armed Service? Yes No - If yes, state the facts.			

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Did you receive any non judicial punishment while in the Armed Services? Yes No - If yes, state the facts. Attach a copy of your DD Form 214.		
Explain your duty assignments.		
Are you a member of any active or reserve U.S. military units? Yes No - If yes, complete the following:		
Branch of Service	Service Number	Present Rank
Present Unit		Address
Have you ever sold or furnished any person any form of illegal drugs, including marijuana? Yes No - If yes, complete the following:		
What types of illegal drugs?		Date last sold or furnished:
Have you ever used, or possessed for use, any illegal drugs, including marijuana? Yes No - If yes, complete the following:		
What types of illegal drugs?		Date last used:
Have you ever taken non-prescribed steroids? Yes No - If yes, explain:		
Do you have any employment applications pending with other police agencies? Yes No - If yes, what agencies?		
Have you ever applied for employment with a police agency and were rejected or not hired? Yes No - If yes, complete the following:		
Name and address of the agency(ies)		
Date and reason for rejection(s):		
Have you ever had a relief from abuse order served on you? Yes No		

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Has your privilege to operate a motor vehicle ever been suspended or revoked? Yes No - If yes, complete the following:

Where	Suspension Date	Reason	Reinstatement Date

Are you presently required to furnish proof of financial responsibility? Yes No If yes, what state(s)

Reason financial responsibility is required:

List all traffic accidents in which you have been involved as a motor vehicle operator. If none, so state -

Date of Accident	Town/City/State	Investigating Agency

Name of High School you Attended	High School Address
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Have you attended college? Yes No - If yes, complete the following:

Name of College	Dates Attended
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Field of Study	Degree Obtained
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Attach a copy of your transcripts. Note - Use this space if you attended more than one high school or university. (If you need additional space - attach additional pages.)

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List below starting with your most recent employment, all work experiences you have had. Include part time work.

Employer Name			Address		
Telephone #			Dates of Employment:		
Supervisor's Name		Your Job Title		Salary	
Description of Duties:					
List any discipline actions against you, including verbal counseling/warnings from this employer:					
Reason for Leaving?					
May we contact this employer? Yes No					
Employer Name			Address		
Telephone #			Dates of Employment:		
Supervisor's Name		Your Job Title		Salary	
Description of Duties:					
List any discipline actions against you, including verbal counseling/warnings from this employer:					
Reason for Leaving?					
May we contact this employer? Yes No					
Employer Name			Address		
Telephone #			Dates of Employment:		
Supervisor's Name		Your Job Title		Salary	
Description of Duties:					
List any discipline actions against you, including verbal counseling/warnings from this employer:					
Reason for Leaving?					
May we contact this employer? Yes No					

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Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
List any discipline actions against you, including verbal counseling/warnings from this employer:			
Reason for Leaving?			
May we contact this employer? Yes No			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
List any discipline actions against you, including verbal counseling/warnings from this employer:			
Reason for Leaving?			
May we contact this employer? Yes No			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
List any discipline actions against you, including verbal counseling/warnings from this employer:			
Reason for Leaving?			
May we contact this employer? Yes No			

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Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
List any discipline actions against you, including verbal counseling/warnings from this employer:			
Reason for Leaving?			
May we contact this employer? Yes No			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
List any discipline actions against you, including verbal counseling/warnings from this employer:			
Reason for Leaving?			
May we contact this employer? Yes No			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
List any discipline actions against you, including verbal counseling/warnings from this employer:			
Reason for Leaving?			
May we contact this employer? Yes No			

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List below any charge accounts you currently have. If none, so state.

Company Name	Address	Account #	Amount Owed

List all outstanding debts. If none, so state. (In the Purpose column indicate what the debt is for, i.e., auto loan, home mortgage, school loan debt, etc.)

Creditor Name	Monthly Payment	Current Balance	Purpose

Name/Address/Telephone of bank holding mortgage or your landlord if renting:

Have you ever filed for bankruptcy? Yes No

Do you have any lawsuits pending for or against you at this time? Yes No - If yes, explain:

Does any member of your family object to you becoming a police officer? Yes No

Do you know of anyone who you feel wishes to harm you? Yes No - If yes, explain:

Additional space if needed:

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List below the names and addresses of three personal references. Do not include relatives or former employers.

Name		AddressNumber and Street	
City/Town		State	Zip Code
Telephone - Home (include area code)		Telephone - Work (include area code)	
Best time to contact: a.m. p.m. at Home Work			

Name		AddressNumber and Street	
City/Town		State	Zip Code
Telephone - Home (include area code)		Telephone - Work (include area code)	
Best time to contact: a.m. p.m. at Home Work			

Name		AddressNumber and Street	
City/Town		State	Zip Code
Telephone - Home (include area code)		Telephone - Work (include area code)	
Best time to contact: a.m. p.m. at Home Work			

Additional space if needed.

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In 200 words or less, describe your reasons for wanting to become a Williston Police Department Police Officer. Do not type. This must be in your own legible handwriting.

I hereby certify that this personal history questionnaire and all attachments to it contain no false information and is complete to the best of my knowledge. I am aware that if an investigation discloses intentional omissions, misrepresentation or falsification, my application will be rejected. My name will be removed from any register, and if already employed, I may be dismissed from employment with the Williston Police Department and I may be disqualified from applying in the future for any position covered by the rules and regulations of the Williston Police Department.

Date:

Applicant Signature: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, (name) _____

(address) _____

(Social Security #) _____

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Williston Police Department, whether the said records are public or private, including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information that will be used for investigation resource material. I further authorize the full and complete disclosure of the records of present and former employers, educational, financial, or credit institutions, commercial and retail mercantile establishments and retail credit agencies, medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, United States Veterans Administration, and all military and pre-employment records, including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me, records of complaints of a civil nature made by or against me, including, but not limited to, the records and recollections of me, including, but not limited to, the records and recollections of attorneys or other counsel representing, or have represented myself or another person in any case in which I presently have, or have had, an interest.

A photocopy of this release will be valid as an original hereof, even though the photocopy does not contain an original signature.

Date: _____

Applicant Signature _____

State of _____

County of _____, ss. _____

On this day of _____, _____, before me, the above signed individual personally appeared, known to me, or satisfactorily proved, to be the person whose name is subscribed hereto and acknowledged that she/he executed the same in the capacity stated herein and for the purpose contained therein. In witness whereof, I hereunto set my hand and official seal.

Notary Public _____

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ATTACHMENTS TO THE PHI MUST INCLUDE AT LEAST THE FOLLOWING:

1. A copy of Birth Certificate.
2. A copy of Social Security Number Certificate.
3. Documentation of highest education level attained.
4. A recent head and shoulders photograph of yourself.
5. DD-214(s) for each period of Military service.
6. Naturalization Certificate (if applicable).
7. Documentation of name changes, bankruptcies, etc.