

CLINTON POLICE DEPARTMENT PERSONAL HISTORY QUESTIONNAIRE

INSTRUCTIONS: Print using black or blue ink. Applicant must complete the personal history questionnaire truthfully and accurately. All information and statements are subject to verification. If additional writing space is needed, then use the continuation sheet at the end of this document and identify the additional information by the corresponding page number and question number. Enter "N/A" if the question does not apply.

POSITION FOR WHICH YOU ARE APPLYING:	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME
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PERSONAL INFORMATION			
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NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER
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ADDRESS

CITY	STATE	ZIP	COUNTY
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HOME TELEPHONE (INCLUDE AREA CODE)	CELLULAR TELEPHONE (INCLUDE AREA CODE)	OTHER TELEPHONE NUMBER
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EMAIL ADDRESS

DATE OF BIRTH (MM/DD/YYYY)	AGE	SEX	PLACE OF BIRTH (CITY, STATE & ZIP)
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HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
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1. ARE YOU A U.S. CITIZEN?	IF YES, THEN	IF YOU ARE A NATURALIZED CITIZEN, THEN GIVE PARTICULARS.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NATIVE BORN <input type="checkbox"/> NATURALIZED	

2. LIST OTHER NAMES THAT YOU HAVE USED, INCLUDING NICKNAMES, AND NAMES IN WHICH OTHER PEOPLE MAY KNOW YOU (INCLUDE MAIDEN NAME).
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3. WITH WHOM DO YOU RESIDE AT THE ABOVE ADDRESS (PROVIDE FULL NAMES AND RELATIONSHIPS)?

4. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY. INCLUDE FATHER, MOTHER, SISTERS, AND BROTHERS. IF DECEASED, THEN INDICATE.

NAME	RELATIONSHIP	ADDRESS	OCCUPATION

5. MARITAL STATUS				
<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED
6. DO YOU RESIDE WITH YOUR SPOUSE?			IF NO, THEN EXPLAIN.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
7. PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR MARRIAGE OR MARRIAGES:				
DATE	LOCATION (CITY & STATE)	SPOUSE'S NAME (IF APPLICABLE, INDICATE WIFE'S MAIDEN NAME)		
8. IF YOU WERE EVER IN A MARRIAGE THAT WAS DISSOLVED, COMPLETE THE FOLLOWING SECTION.				
	EXPLANATION OF CIRCUMSTANCES	WHO INITATED THE DISSOLUTION?		
SEPARATED				
DIVORCED				
ANNULLED				
9. ARE YOU REQUIRED TO PAY ALIMONY?		IF YES, THEN EXPLAIN.		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
10. IF YOU ARE DIVORCED, LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) AND WHERE THEY RESIDE.				
11. LIST EVERY CHILD BORN TO YOU, ADOPTED BY YOU, STEP CHILDREN OR CHILDREN WITH WHICH YOU RESIDE.				
NAME	DATE OF BIRTH	PLACE OF BIRTH	WITH WHOM DOES THE CHILD RESIDE? (NAME & ADDRESS)	
12. ARE YOU SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED BY YOU, YOUR STEPCHILDREN OR CHILDREN WITH WHOM YOU RESIDE?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO			
IF NO, THEN EXPLAIN				
13. ARE YOU REQUIRED TO PAY CHILD SUPPORT?		IF YES, TO WHOM?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO			

20. HAVE YOU EVER BEEN EXPELLED OR SUSPENDED FROM ANY EDUCATIONAL INSTITUTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.
21. LIST OTHER FORMAL EDUCATION AND TRAINING THAT YOU POSSESS.		
22. LIST ALL PROFESSIONAL LICENSES OR CERTIFICATES IN WHICH YOU POSSESS (INCLUDED ACTIVE AND INACTIVE LICNESES).		
23. LIST ANY FOREIGN LANGUAGE IN WHICH YOU ARE FLUENT.	<input type="checkbox"/> READ	<input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK
	<input type="checkbox"/> READ	<input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK

MILITARY SERVICE

24. HAVE YOU EVER SERVED IN ANY BRANCH OF THE UNITED STATES MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHICH BRANCH?	
25. WHAT IS YOUR SERVICE SERIAL NUMBER?	26. HIGHEST RANK HELD	27. RANK AT TIME OF DISCHARGE	
28. ENTRANCE TO ACTIVE DUTY	DATE	LOCATION	
29. DISCHARGE FROM ACTIVE DUTY	DATE	LOCATION	
30. LIST PERIOD(S) OF ACTIVE SERVICE	FROM (DATE)	TO (DATE)	
31. WHAT TYPE OF DISCHARGE DID YOU RECEIVE?		IF OTHER THAN HONORABLE, EXPLAIN.	
32. HAVE YOU EVER BEEN <u>CHARGED</u> WITH VIOLATING THE UNIFORM CODE OF MILITARY JUSTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.	
33. HAVE YOU EVER BEEN <u>CONVICTED</u> OR <u>ADJUDICATED</u> OF VIOLATING THE UNIFORM CODE OF MILITARY JUSTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.	
34. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY U.S. RESERVE FORCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, INDICATE ACTIVE OR INACTIVE <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	
BRANCH	UNIT	RANK	LOCATION
DISCHARGE TYPE	FROM (DATE)	TO (DATE)	
35. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, INDICATE ACTIVE OR INACTIVE <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	
BRANCH	UNIT	RANK	LOCATION
DISCHARGE TYPE	FROM (DATE)	TO (DATE)	
36. LIST ALL DISCIPLINARY ACTION AGAINST YOU AS A MEMBER OF THE MILITARY RESERVES OR NATIONAL GUARD.			

DRIVING HISTORY

37. CAN YOU OPERATE A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		38. DO YOU POSSESS A VALID WISCONSIN DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS THE NUMBER AND EXPIRATION DATE?	
39. LIST ALL OTHER STATES IN WHICH YOU POSSESS OR HAVE POSSESSED A DRIVERS LICENSE.		STATE	LICENSE NUMBER	EXPIRATION DATE	
40. HAS ANY STATE REFUSED TO ISSUE YOU A DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.			
41. HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED, REVOKED OR CANCELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.			
42. LIST ALL TRAFFIC CITATION(S) YOU HAVE RECEIVED.					
LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE		

SECURITY DATA

43. HAVE YOU EVER BEEN <u>ARRESTED</u> FOR A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN BELOW.			
DATE OF ARREST	ARRESTING POLICE AGENCY	CHARGE	DISPOSITION		
44. HAVE YOU EVER BEEN <u>CONVICTED</u> OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN BELOW.			
DATE OF CONVICTION	ARRESTING POLICE AGENCY	CHARGE	DISPOSITION		
45. HAVE YOU EVER BEEN ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.			
46. HAVE YOU EVER BEEN ON COURT SUPERVISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.			
47. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$50.00? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.			
48. ARE YOU CURRENTLY OR HAVE YOU EVER BEEN A REGISTERED SEX OFFENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.			
49. ARE YOU CURRENTLY OR HAVE YOU EVER BEEN THE RESPONDANT OF AN ORDER OF PROTECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.			
50. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR RUNAWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.			
51. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST? <input type="checkbox"/> YES <input type="checkbox"/> NO		AGENCY	DATE	PURPOSE	
52. ARE THERE ANY ARREST WARRANTS, CRIMINAL, TRAFFIC OR OTHERWISE, NOW PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.			

EMPLOYMENT HISTORY

53. LIST ALL OF YOUR PREVIOUS EMPLOYERS AND PERIODS OF UNEMPLOYMENT IN CHRONOLOGICAL ORDER, BEGINNING WITH YOUR PRESENT EMPLOYER. INCLUDE ALL FULL-TIME, PART-TIME, TEMPORARY, VOLUNTARY AND MILITARY SERVICE.

1	FROM	TO	EMPLOYER	TELEPHONE NUMBER	
	JOB TITLE		ADDRESS	CITY, STATE & ZIP	
	SALARY PER MONTH		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
	IMMEDIATE SUPERVISOR & TITLE		REASON FOR LEAVING		
2	FROM	TO	EMPLOYER	TELEPHONE NUMBER	
	JOB TITLE		ADDRESS	CITY, STATE & ZIP	
	SALARY PER MONTH		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
	IMMEDIATE SUPERVISOR & TITLE		REASON FOR LEAVING		
3	FROM	TO	EMPLOYER	TELEPHONE NUMBER	
	JOB TITLE		ADDRESS	CITY, STATE & ZIP	
	SALARY PER MONTH		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
	IMMEDIATE SUPERVISOR & TITLE		REASON FOR LEAVING		
4	FROM	TO	EMPLOYER	TELEPHONE NUMBER	
	JOB TITLE		ADDRESS	CITY, STATE & ZIP	
	SALARY PER MONTH		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
	IMMEDIATE SUPERVISOR & TITLE		REASON FOR LEAVING		
5	FROM	TO	EMPLOYER	TELEPHONE NUMBER	
	JOB TITLE		ADDRESS	CITY, STATE & ZIP	
	SALARY PER MONTH		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
	IMMEDIATE SUPERVISOR & TITLE		REASON FOR LEAVING		
6	FROM	TO	EMPLOYER	TELEPHONE NUMBER	
	JOB TITLE		ADDRESS	CITY, STATE & ZIP	
	SALARY PER MONTH		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
	IMMEDIATE SUPERVISOR & TITLE		REASON FOR LEAVING		
7	FROM	TO	EMPLOYER	TELEPHONE NUMBER	
	JOB TITLE		ADDRESS	CITY, STATE & ZIP	
	SALARY PER MONTH		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
	IMMEDIATE SUPERVISOR & TITLE		REASON FOR LEAVING		

54. INDICATE, BY NUMBER, ANY EMPLOYER YOU DO NOT WANT US TO CONTACT AND EXPLAIN.				
55. HAVE YOU EVER TAKEN A PRE-EMPLOYMENT EXAM GIVEN BY ANY STATE, COUNTY, OR MUNICIPAL HIRING BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THEN EXPLAIN	AGENCY	EXAM DATE	POSITION ON LIST	STATUS
56. WERE YOU EVER REJECTED FROM AN ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.		
57. WERE YOU EVER PLACED ON AN ELIGIBILITY LIST, BUT NOT HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.		
58. ARE YOU CURRENTLY ON AN ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.		
59. HAVE YOU EVER BEEN A PUBLIC SAFETY EMPLOYEE OR HELD A SIMILAR POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THEN EXPLAIN	POSITION	FROM (DATE)	TO (DATE)	LOCATION
60. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN FROM ANY EMPLOYMENT? (INCLUDE NAMES AND ADDRESSES OF EMPLOYERS)		IF YES, THEN EXPLAIN.		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
61. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.		

CREDIT HISTORY

62. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES SUCH AS BANK, CHARGE ACCOUNT, OR OTHER LENDER. (INCLUDE LOAN OPEN & CLOSE DATE)					
NAME & ADDRESS OF FIRM	TYPE OF BUSINESS	AMOUNT	APPROXIMATE DATES		
63. HAVE YOU EVER BEEN THE DEFENDANT IN A LAWSUIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.			
64. LIST ALL DEBTS, THE TOTAL AMOUNT AND INDICATE WHETHER OR NOT THEY ARE IN ARREARS.					
TOTAL ORIGINAL DEBT	TOTAL CURRENT DEBT	IN ARREARS?		CREDITOR	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	NAME	ADDRESS
65. HAVE YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THEN EXPLAIN.			

REFERENCES

64. PROVIDE THE NAMES OF FIVE ADULTS WHO ARE NEITHER RELATIVES NOR FORMER EMPLOYERS WHO HAVE KNOWN YOU FOR FIVE YEARS. ALL PERSONS WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES.

1	NAME	ADDRESS	HOME TELEPHONE
	OCCUPATION/PROFESSION	BUSINESS NAME, ADDRESS & TELEPHONE NUMBER	NUMBER OF YEARS KNOWN
2	NAME	ADDRESS	HOME TELEPHONE
	OCCUPATION/PROFESSION	BUSINESS NAME, ADDRESS & TELEPHONE NUMBER	NUMBER OF YEARS KNOWN
3	NAME	ADDRESS	HOME TELEPHONE
	OCCUPATION/PROFESSION	BUSINESS NAME, ADDRESS & TELEPHONE NUMBER	NUMBER OF YEARS KNOWN
4	NAME	ADDRESS	HOME TELEPHONE
	OCCUPATION/PROFESSION	BUSINESS NAME, ADDRESS & TELEPHONE NUMBER	NUMBER OF YEARS KNOWN
5	NAME	ADDRESS	HOME TELEPHONE
	OCCUPATION/PROFESSION	BUSINESS NAME, ADDRESS & TELEPHONE NUMBER	NUMBER OF YEARS KNOWN

ACQUAINTANCES

65. PROVIDE THE NAMES OF THREE ADULTS WHO ARE FRIENDS, FELLOW STUDENTS OR CO-WORKERS, BUT NOT RELATIVES, FORMER EMPLOYERS OR REFERENCES, WITH WHOM YOU HAVE HAD FREQUENT CONTACT IN THE PAST YEAR.

1	NAME	ADDRESS	HOME TELEPHONE
	OCCUPATION/PROFESSION	BUSINESS NAME, ADDRESS & TELEPHONE NUMBER	RELATIONSHIP
2	NAME	ADDRESS	HOME TELEPHONE
	OCCUPATION/PROFESSION	BUSINESS NAME, ADDRESS & TELEPHONE NUMBER	RELATIONSHIP
3	NAME	ADDRESS	HOME TELEPHONE
	OCCUPATION/PROFESSION	BUSINESS NAME, ADDRESS & TELEPHONE NUMBER	RELATIONSHIP

EMERGENCY CONTACTS

66. PERSONS TO BE CONTACTED IN CASE OF AN EMERGENCY.

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
NAME	ADDRESS	TELEPHONE	RELATIONSHIP

