



ST. JOHNSBURY POLICE DEPARTMENT

PERSONAL HISTORY INFORMATION FOR SWORN POSITION

Type text here

CANDIDATE NAME

CONFIDENTIAL

INSTRUCTIONS

The hiring process for employment with the St. Johnsbury Police Department includes a written examination, physical examination, interview and background investigation. Upon conditional offer of employment, a candidate must successfully complete a polygraph examination, psychological examination and medical/drug screening examination. Your Personal History Information (PHI) packet is an integral component of our hiring process. **CONSISTENCY THROUGHOUT THE ENTIRE PROCESS IS CRITICAL AND WILL BE ASSESSED.**

Each question must be answered completely and accurately. Do not leave any lines blank. Enter N/A (Not Applicable) if there are areas that do not pertain to you. If you need more room for answers, please attach additional sheets. **CAREFULLY** read the signature page before you fill out this packet.

INTENTIONAL OMISSIONS, INCONSISTENCIES, MISREPRESENTATIONS, OR FALSIFICATIONS IN THIS DOCUMENT, OR AT ANY STEP IN THE PROCESS, WILL BE GROUNDS FOR IMMEDIATE DISQUALIFICATION.

ATTACHMENTS TO THE PHI MUST INCLUDE THE FOLLOWING:

1. A resume AND cover letter
2. A copy of your birth certificate
3. Documentation of highest education level attained
4. DD-214(s) for each period of military service
5. Naturalization certificate/work authorization documentation
6. Documentation of name changes, bankruptcies, arrests, etc.
7. List of personal and employment references
8. Head and shoulders passport style photograph
9. Notarized signature

Return To:
St. Johnsbury Police Department
Recruitment Office
1187 Main Street Ste 1, St. Johnsbury, VT 05819

If you have any questions, please contact the Recruitment Office at (802) 748-2314 or Additional information is available on our website at www.stjvt.com

PERSONAL DATA

1. NAME: LAST, FIRST, MIDDLE: _____

2. ALIASES, NICKNAMES, MAIDEN NAME, MARRIED NAME(S) AND ANY OTHER NAME(S) YOU HAVE BEEN KNOWN BY:

3. CURRENT STREET ADDRESS, CITY, STATE, ZIP:

4. HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

E-MAIL ADDRESS: _____

5. FEMALE/MALE/TRANSGENDER: _____

6. DATE OF BIRTH: _____

7. PLACE OF BIRTH: _____

8. SOCIAL SECURITY NUMBER: _____

9. NAME OF FATHER: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

10. NAME OF MOTHER: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

11. NAME OF FATHER-IN-LAW: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

12. NAME OF MOTHER-IN-LAW: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

13. IF YOU WERE RAISED BY ANYONE OTHER THAN YOUR BIOLOGICAL PARENT(S), PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF PERSON(S) WHO RAISED YOU: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

14. SIBLING, HALF SIBLINGS, STEP SIBLINGS:

GENDER	NAME	AGE	ADDRESS	TELEPHONE & EMAIL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. PRESENT RELATIONSHIP STATUS:

SINGLE____ CIVIL UNION ____ MARRIED____ SEPARATED____

DIVORCED____ WIDOWED____ COHABITATING____ DATING____

16. CURRENT SPOUSE AND/OR PARTNER:

GENDER	NAME	AGE	ADDRESS	TELEPHONE & EMAIL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17. EX-SPOUSE(S)/EX-CIVIL UNION PARTNER(S):

GENDER NAME AGE ADDRESS TELEPHONE & EMAIL

18. CHILDREN, STEP-CHILDREN, AND/OR DEPENDENTS:

GENDER NAME AGE ADDRESS TELEPHONE & EMAIL

19. ARE YOU RESPONSIBLE FOR PAYING ANY COURT ORDERED CHILD SUPPORT OR SPOUSAL SUPPORT? YES _____ NO _____

HAVE YOU MISSED ANY PAYMENTS? IF YES, EXPLAIN BELOW.

20. LIST ALL OUTSTANDING DEBTS (I.E. MORTGAGE, VEHICLES, PERSONAL LOANS, STUDENT LOANS, CREDIT CARDS, ETC.)

ACCOUNT NAME/TYPE/NUMBER MONTHLY PAYMENT BALANCE

21. HAVE YOU EVER DECLARED BANKRUPTCY? YES _____ NO _____
IF YES, EXPLAIN BELOW (INCLUDING YEAR AND TYPE OF BANKRUPTCY):
DO YOU OR HAVE YOU HAD ANY DEBTS LISTED WITH A COLLECTION AGENCY OR AGENCIES?

22. HAVE YOU EVER BEEN IN DEFAULT RESULTING IN REPOSSESSION?
YES _____ NO _____
IF YES, EXPLAIN BELOW:

23. HAVE YOU EVER BEEN MORE THAN 90 DAYS LATE ON A LOAN PAYMENT?
YES _____ NO _____
IF YES, EXPLAIN BELOW:

EDUCATIONAL DATA

24. LIST ALL SCHOOLS AND SPECIALIZED TRAINING YOU HAVE ATTENDED SINCE THE 9TH GRADE, BEGINNING WITH THE MOST RECENT.

SCHOOL/TRAINING ADDRESS DATES CERTIFICATION/DEGREE/ # CREDITS

25. HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL OR COLLEGE FOR ANY ACADEMIC OR DISCIPLINARY REASONS?
YES _____ NO _____
IF YES, EXPLAIN BELOW:

MILITARY DATA

26. IF APPLICABLE, HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE AS REQUIRED BY LAW? YES _____ NO _____
IF YES, PROVIDE YOUR SELECTIVE SERVICE CLASSIFICATION NUMBER.
THIS CAN BE FOUND AT: _____

27. ARE YOU NOW, OR HAVE YOU EVER BEEN, ON ACTIVE MILITARY SERVICE? YES _____ NO _____
IF YES, COMPLETE THE FOLLOWING:

SERVICE BRANCH _____
DATE ENTERED _____

M.O.S. _____
DATE RELEASED _____

28. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A MILITARY RESERVE OR A NATIONAL GUARD UNIT? YES _____ NO _____
IF YES, COMPLETE THE FOLLOWING:

SERVICE BRANCH _____ M.O.S. _____
DATE ENTERED _____ DATE RELEASED _____

29. DURING YOUR SERVICE, WERE YOU EVER DISCIPLINED (I.E. COURT-MARTIAL, ARTICLE 15)? YES _____ NO _____
IF YES, EXPLAIN BELOW:

30. IF YOU WERE DISCHARGED, OTHER THAN HONORABLY, PLEASE LIST THE REASON(S) BELOW:

EMPLOYMENT DATA

31. IN CHRONOLOGICAL ORDER, PLEASE LIST ALL OF YOUR WORK EXPERIENCE, BEGINNING WITH YOUR MOST RECENT EMPLOYMENT. ANY PERIOD OF UNEMPLOYMENT, MILITARY SERVICE, AND PART-TIME EMPLOYMENT MUST ALSO BE INCLUDED.

DATES (from-to)	BUSINESS ADDRESS/PHONE	POSITION	SUPERVISOR	REASON LEFT
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32. HAVE YOU EVER BEEN FIRED, SUSPENDED OR DISCIPLINED BY AN EMPLOYER? YES _____ NO _____ IF YES, EXPLAIN BELOW:

33. HAVE YOU EVER RESIGNED AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO TERMINATE OR DISCIPLINE YOU FOR ANY REASON? YES _____ NO _____ IF YES, EXPLAIN BELOW:

RESIDENCE DATA

34. LIST YOUR RESIDENCES FOR THE LAST *TEN* YEARS, BEGINNING WITH YOUR PRESENT ADDRESS. PROVIDE THE NAMES AND CURRENT ADDRESSES OF YOUR NEAREST NEIGHBORS AND ALL ROOMMATES AT EACH RESIDENCE. INCLUDE ALL MILITARY RESIDENCES.

DATES (from-to)	ADDRESS	ROOMATES/NEIGHBORS	TELEPHONE & EMAIL
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35. IF YOU ARE PRESENTLY RENTING, PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR LANDLORD:

NAME: _____
 ADDRESS: _____
 TELEPHONE & EMAIL: _____

DRIVING RECORD

36. LIST ALL TRAFFIC VIOLATIONS, CITATIONS AND WARNINGS YOU HAVE RECEIVED. PROVIDE THE FOLLOWING DATA FOR EACH INCIDENT:

DATE	VIOLATION	LOCATION	POLICE DEPT/ACTION
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37. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ANY DRIVER'S LICENSES YOU HAVE HELD OR CURRENTLY HOLD:

ISSUING STATE	LICENSE NUMBER	TYPE OF LICENSE
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38. IS YOUR DRIVER'S LICENSE CURRENTLY, OR HAS IT EVER BEEN, DENIED, SUSPENDED OR REVOKED? YES _____ NO _____

IF YES, EXPLAIN BELOW:

39. ARE YOUR REGISTRATION PLATES CURRENTLY, OR HAVE THEY EVER BEEN, DENIED, SUSPENDED OR REVOKED? YES _____ NO _____

IF YES, EXPLAIN BELOW:

CRIMINAL CHARGES/ILLEGAL ACTIVITY

40. HAVE YOU EVER BEEN:

1. CONVICTED OF A FELONY? YES _____ NO _____
2. CONVICTED OF A MISDEMEANOR CRIME OF DOMESTIC VIOLENCE?
YES _____ NO _____
3. PROHIBITED BY STATE OR FEDERAL LAW FROM POSSESSING A
FIREARM? YES _____ NO _____

IF YOU ANSWERED YES TO ANY OF THE ABOVE, EXPLAIN BELOW:

41. HAVE YOU EVER BEEN THE SUBJECT OF A DOMESTIC RESTRAINING ORDER OR PROTECTIVE ORDER? YES _____ NO _____ IF YES, EXPLAIN BELOW:

42. HAVE YOU EVER COMMITTED AN ACT OF DOMESTIC VIOLENCE OR STALKING? IF YES, EXPLAIN BELOW:

43. ARE YOU NOW, OR HAVE YOU EVER BEEN, A PLAINTIFF OR DEFENDANT IN ANY CIVIL COURT ACTION? YES _____ NO _____ IF YES, EXPLAIN BELOW:

44. HAVE YOU EVER USED, TRIED, OR EXPERIMENTED WITH:

MARIJUANA?

YES _____ NO _____ IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

COCAINE?

YES _____ NO _____ IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

HEROIN?

YES _____ NO _____ IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

HALLUCINOGENIC DRUGS (LSD, PCP, MUSHROOMS, ECSTASY)?

YES _____ NO _____ DRUG TYPE(S) _____
IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

METHAMPHETAMINE?

YES _____ NO _____ IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

PRESCRIPTION DRUGS THAT WERE NOT PRESCRIBED TO YOU?

YES _____ NO _____ DRUG TYPE(S) _____

IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

OTHER DRUGS NOT PREVIOUSLY LISTED?

YES _____ NO _____ DRUG TYPE(S) _____

IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

HAVE YOU EVER SOLD OR DISTRIBUTED ANY DRUG?

YES _____ NO _____

IF YES, EXPLAIN BELOW:

GENERAL DATA

45. DO YOU BELONG TO ANY ORGANIZATION AND/OR ADHERE TO ANY BELIEF WHICH WOULD IN ANY WAY:

1. LIMIT OR PROHIBIT YOUR USE OF WEAPONS OR FIREARMS?

YES _____ NO _____

2. RESTRICT YOU FROM CONFORMING TO DEPARTMENTAL STANDARDS OF APPEARANCE AND/OR GROOMING?

YES _____ NO _____

3. INCLUDE YOUR INVOLVEMENT IN, OR SUPPORT OF, ANY HATE GROUP(S)?

YES _____ NO _____

IF YES, EXPLAIN BELOW:

46. ARE YOU A MEMBER OF, OR HAVE YOU EVER BEEN A MEMBER OF, ANY COMMUNIST OR SUBVERSIVE ORGANIZATION OR ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

YES _____ NO _____

IF YES, PROVIDE THE NAME OF THE ORGANIZATION AND EXPLAIN BELOW:

**47. HAVE YOU EVER FILED AN APPLICATION OR ARE YOU NOW AWAITING THE RESULTS OF A FILED APPLICATION WITH ANY OTHER LAW ENFORCEMENT AGENCY? YES _____ NO _____
IF YES, PLEASE LIST BELOW:**

DEPARTMENT PENDING/ACCEPTED/REJECTED/IF REJECTED, WHY?

**48. HAVE YOU EVER TAKEN A POLYGRAPH? YES _____ NO _____
IF YES, PROVIDE THE FOLLOWING DATA:**

DATE LOCATION/AGENCY PURPOSE

49. LIST ANY AND ALL EMPLOYEES OF THE _____ POLICE DEPARTMENT WITH WHOM YOU ARE ACQUAINTED:

- 1. _____
- 2. _____
- 3. _____

50. HOW DID YOU HEAR ABOUT THIS JOB POSTING?

INTERNET WHAT SITE? _____
FAMILY/FRIEND/ACQUAINTANCE: NAME: _____
MEDIA WHICH ONE? _____
JOB FAIR WHICH ONE? _____
ST.J EMPLOYEE NAME: _____
OTHER _____

51. LIST ANY FAMILY, FRIENDS, ETC. WHO YOU WOULD RECOMMEND TO BE A POLICE OFFICER.

52. PLEASE TAPE A RECENT HEAD AND SHOULDERS PHOTOGRAPH OF YOURSELF (PASSPORT TYPE) AND A COPY OF YOUR DRIVER'S LICENSE TO THIS PAGE.

SIGNATURE PAGE

I _____ AUTHORIZE A DULY AUTHORIZED AGENT OF THE ST. JOHNSBURY POLICE DEPARTMENT TO CONTACT ANY OF MY PREVIOUS EMPLOYER(S), TO OBTAIN INFORMATION FROM THEM, AND TO FURTHER INVESTIGATE THE TRUTHFULNESS OF THIS INFORMATION.

FURTHERMORE, HAVING APPLIED FOR EMPLOYMENT AS A SWORN OFFICER WITH THE ST. JOHNSBURY POLICE DEPARTMENT, I HEREBY AUTHORIZE AND REQUEST ANY AND EVERY PHYSICIAN, SCHOOL OFFICIAL, CREDIT BUREAU, AND OTHER PERSON, FIRM, OFFICER, CORPORATION, ASSOCIATION, ORGANIZATION, OR INSTITUTE HAVING CONTROL OF ANY DOCUMENTS, RECORDS, OR OTHER INFORMATION PERTAINING TO ME TO PERMIT THE ST. JOHNSBURY POLICE DEPARTMENT OR ANY OF ITS REPRESENTATIVES TO INSPECT AND MAKE COPIES OF ANY SUCH DOCUMENTS, RECORDS, AND OTHER INFORMATION. I HEREBY AUTHORIZE ALL SUCH PERSONS AND ENTITIES, AS SET OUT ABOVE, TO ANSWER INQUIRIES, QUESTIONS, OR INTERROGATORIES CONCERNING ME, WHICH MAY BE SUBMITTED TO THEM BY THE ST. JOHNSBURY POLICE DEPARTMENT OR ANY OF ITS REPRESENTATIVES. I HEREBY RELEASE AND HOLD HARMLESS ANY AND EVERY PHYSICIAN, SCHOOL, OFFICIAL, CREDIT BUREAU, AND OTHER PERSON, FIRM, OFFICER, CORPORATION, ASSOCIATION, ORGANIZATION, OR INSTITUTION WHO OR WHICH COMPLIES WITH THE AUTHORIZATION AND REQUEST MADE HEREIN FROM ANY AND ALL LIABILITY OF EVERY NATURE AND KIND ARISING OUT OF OR IN ANY WAY PERTAINING TO THE FURNISHING OR DISCLOSURE OF SUCH DOCUMENTS, RECORDS, AND OTHER INFORMATION TO THE ST. JOHNSBURY POLICE DEPARTMENT OR ANY OF ITS REPRESENTATIVES.

I UNDERSTAND THAT MY DISCLOSURE OF INFORMATION ABOUT MY CRIMINAL HISTORY, FINANCIAL HISTORY, AND/OR HISTORY OF DRUG OR ALCOHOL USE WILL NOT NECESSARILY SERVE AS AN ABSOLUTE BAR TO MY EMPLOYMENT. HOWEVER, I UNDERSTAND AND AGREE THAT THESE ISSUES MAY BE CONSIDERED, ALONG WITH FACTORS SUCH AS THE NATURE, SERIOUSNESS AND DURATION OF THE CONDUCT, THE DATE OF ITS OCCURRENCE, AND REHABILITATION EFFORTS IN DETERMINING MY FITNESS FOR THE POSITION OF A POLICE OFFICER. I VOLUNTARILY PROVIDE SUCH INFORMATION IN CONSIDERATION FOR MY DESIRE TO BE CONSIDERED AS A CANDIDATE FOR A POSITION AT THE ST. JOHNSBURY POLICE DEPARTMENT. I FREELY PROVIDE ALL OF THE INFORMATION REQUESTED IN THE PERSONAL HISTORY INFORMATION PACKET AND HEREBY WAIVE ANY RIGHT TO PRIVACY OR CONFIDENTIALITY, INCLUDING ANY STATUTORY OR CONSTITUTIONAL RIGHTS, THAT I MAY HAVE TO THE CONFIDENTIALITY OF SUCH INFORMATION. THIS WAIVER IS MADE FOR THE LIMITED PURPOSE OF THE DEPARTMENT'S CONSIDERATION OF ME AS AN OFFICER CANDIDATE AND WITH THE UNDERSTANDING THE DEPARTMENT WILL OTHERWISE MAINTAIN THIS INFORMATION IN A CONFIDENTIAL MANNER.

I understand further that any false answers, statements, or misleading omissions made by me on this Personal History Information packet in connection with the above mentioned investigation can be sufficient grounds for my rejection as a candidate for employment or denial of any other request. **I HEREBY CERTIFY THAT ALL OF THE FOREGOING ANSWERS ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.**

DATE: _____ SIGNED: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____,

NOTARY PUBLIC: _____

