

Western Nevada College
WESTERN NEVADA STATE PEACE OFFICER ACADEMY
PERSONAL HISTORY STATEMENT

INSTRUCTIONS TO THE APPLICANT

The information you provide in this personal history statement will be used during your background investigation to assist in determining your suitability for the position of police academy recruit. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. The completion of this questionnaire is mandatory, as authorized by N.A.C. 289.110.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements *may bar you from consideration* for academy entrance.
4. All the time periods in your background, unless otherwise specified, must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding the occurrence or the degree of relevance it has to becoming an academy recruit or employment as a peace officer. For example, being fired from a job or having an arrest record may not in itself be sufficient justification for disqualification. The investigator will inquire into the facts surrounding such an occurrence and an evaluation will then be made of the relevance of these facts to the requirements of the job.

Please print in ink or type your responses to this questionnaire. **If a question does not apply to you, write "N/A" in the space provided for your answer.** If you need additional space to answer a question, use the reverse side of the page or additional sheets of paper and identify the additional information by the question number.

The contents of the questionnaire will be considered confidential and used only for investigation employment suitability and/or entrance into the Western Nevada State Peace Officer Academy.

Return the completed questionnaire to the Western Nevada State Peace Officer Academy, 2201 W. College Parkway, Carson City, Nevada 89703, Attention: Academy Staff. If you have any questions please call the academy office at 775-445-4408.

You **must include** (a copy or original) of the following when you submit the application:

- Driver's license
- Medical insurance card (must be current)
- Proof of vehicle insurance
- Drug screening
- Physician's clearance
- Two fingerprint cards (original only)
- DMV printout from every state you have had a driver's license issued in the past 10 years.
- High school diploma/GED/college transcripts
- DD-214 (if applicable)
- Birth certificate

Keep a copy of the Personal History Statement and the instructions for your records.
WE WILL NOT PROVIDE COPIES.

PERSONAL HISTORY STATEMENT

The following information is required of you for verification and contact purposes.

1. Your name (Please print or type):

LAST: _____ FIRST: _____ MIDDLE: _____

Other names (*including nicknames*) you have used or been known by: _____

List any married name you have used: _____

2. Please provide address at which you can be contacted:

Number Street City State Zip Code

***Please provide mailing address, if different from physical address:**

Please provide e-mail address: _____

3. Please list your local telephone number(s):

HOME: _____ Cell or Work: _____

Hours you can be contacted: _____

Hours you can be contacted: _____

4. Birth date: _____ Place of Birth: _____
(Month) (Day) (Year)

5. **U.S. citizenship is required for a position as a peace officer.** Proof is required that you are a legal resident in this country. Can you provide such documentation? Yes No .

Please attach birth certificate, proof of citizenship.

6. Social Security Number: _____ - _____ - _____.

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)

7. For the purposes of identification, please provide the following:

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

* Describe any scars, tattoos, or other distinguishing marks:

RELATIVES, REFERENCES, ACQUAINTANCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of peace officer. Inquiries may not necessarily be confined to job-relevant matters.

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A".

Name of your:	Date of Birth, if Living	<u>Mailing Address where person can be contacted</u> <u>(Include City, State and Zip Code)</u>	Telephone at which person can be contacted
FATHER			Home: Work:
MOTHER			Home: Work:
FATHER-IN-LAW			Home: Work:
MOTHER-IN-LAW			Home: Work:
SPOUSE			Home: Work:
FORMER SPOUSE(S)			Home: Work:
			Home: Work:
CHILDREN/STEP CHILDREN			Home: Work:
BROTHERS/SISTERS			Home: Work:
			Home: Work:

Name of your:	Date of Birth, if living	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
HALF-SISTERS/BROTHERS			Home: Work:
STEP-MOTHER			Home: Work:
STEP-FATHER			Home: Work:
STEP-BROTHERS/SISTERS			Home: Work:

Other relatives with whom you have a close personal relationship.

Name	Relationship	Complete Mailing Address	Telephone Number

9. Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Begin with the most recent and list dates.

Name	Telephone number <i>or</i> Mailing address	Dates
		From: To
		From To
		From To

10. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. **Exclude relatives and former employers.** Do not list anyone previously listed.

Name	<u>Complete Address</u> where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
		Home: Work
		Home: Work
		Home: Work
		Home: Work
		Home: Work

11. Please list 3-5 individuals who are social acquaintances (persons whom you have seen frequently during the past year) and have knowledge of you and your qualifications. Exclude relatives and former employers.

Name	<u>Complete Address</u> where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:

EDUCATION

12. The Commission of Peace Officer Standards and Training requires a peace officer to possess a U.S. high school diploma or its equivalent. Please indicate your current situation with

regard to this requirement by checking one of the appropriate boxes. **Please attach a copy of your high school diploma or GED certificate.**

- I possess a high school diploma from a U.S. institution.
- I passed the G.E.D. (General Educational Development) test.
- I possess a two-year college degree. Major
(Please attach a copy of your transcripts)
- I possess a four-year college degree. Major
(Please attach a copy of your transcripts)
- I possess other equivalent. Explain
- I formerly held a peace officer's certificate.

When:

Where (name/address of agency):

- I currently hold a peace officer's certificate.

Where (name/address of agency):

13. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

NAME OF SCHOOL	SCHOOL MAILING ADDRESS AND PHONE NUMBER	Dates Attended From - To	Degree Attained	SCHOOL REFERENCES (TEACHERS, ETC.)

14. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools - any formal education beyond the high school level.)

Yes No

If "Yes", please explain (include school, date and circumstances).

RESIDENCE

Individuals who have become acquainted with you by reason of your residing in different locations are often helpful in providing useful information for the background investigation.

15. Please list all of your residences during the last 10 years (list no information prior to your 15th birthday). **Begin with your most current residence.**

Complete address	Dates From --To	If rented, give name and mailing address of person responsible for the collection of rent.

16. Have you ever been evicted or required to leave any of the residences listed above?

Yes No

If yes, please explain in detail (use additional pages if necessary).

EXPERIENCE AND EMPLOYMENT

17. **Starting with your most current employment**, list all jobs (including part-time, temporary, and voluntary positions) you have held in the past ten years. For purposes of this personal history statement, voluntary work should be included as employment. For identification and verification, please indicate the nature of this activity (i.e. full-time, part-time, voluntary, or unemployment). Please list those periods in sequence in the spaces provided. Account for all periods of time.

(1). Name you work under:

Name and mailing address of employer:

Dates of employment: From: _____ To: _____

Telephone: _____ Full-time: Part-time: Voluntary:

Title or duties (for identification purposes):

Full name of supervisor: _____

Full name(s) of co-workers:

- 1.
- 2.
- 3.

Reason for leaving (be specific): _____

Military Service: Not employed: From: _____ To: _____

(2). Name you worked under:

Name and mailing address of employer:

Dates of employment: From: _____ To: _____

Telephone: _____ Full-time: Part-time: Voluntary:

Title or duties (for identification purposes):

Full name of supervisor: _____

Full name(s) of co-workers:

- 1.
- 2.
- 3.

Reason for leaving (be specific): _____

Military Service: Not employed: From: _____ To: _____

(3). Name you worked under:

Name and mailing address of employer:

Dates of employment: From: _____ To: _____

Telephone: _____ Full-time: Part-time: Voluntary:

Title or duties (for identification purposes):

Full name of supervisor: _____

Full name(s) of co-workers:

- 1.
- 2.
- 3.

Reason for leaving (be specific): _____

Military Service: Not employed: From: _____ To: _____

(4). Name you worked under:

Name and mailing address of employer:

Dates of employment: From: _____ To: _____

Telephone: _____ Full-time: Part-time: Voluntary:

Title or duties (for identification purposes):

Name of supervisor: _____

Name(s) of co-workers:

1.

2.

3.

Reason for leaving (be specific): _____

Military Service: Not employed:

From: _____ To: _____

(5). Name you worked under:

Name and mailing address of employer:

Dates of employment: From: _____ To: _____

Telephone: _____ Full-time: Part-time: Voluntary:

Title or duties (for identification purposes):

Name of supervisor: _____

Name(s) of co-workers:

1.

2.

3.

Reason for leaving (be specific): _____

Military Service: Not employed:

From: _____ To: _____

(6). Name you worked under:

Name and mailing address of employer:

Dates of employment: From: _____ To: _____

Telephone: _____ Full-time: Part-time: Voluntary:

Title or duties (for identification purposes):

Name of supervisor: _____

Name(s) of co-workers:

1.

2.

3.

Reason for leaving (be specific): _____

Military Service: Not employed:

From: _____ To: _____

18. Would any problem result if your present employer is contacted during the course of the background investigation? Yes No:

If no, when would such contact be made?

19. If you have had no prior employment, please explain in the space provided.

20. Have you ever been fired or asked to resign from any place of employment?

Yes No

If "yes" please give details (include when, name of employer, why). Failure to give full details can result in rejection.

21. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers? Yes No

If "yes" please give details (include when, name of agency, circumstances).

MILITARY SERVICE

22. Have you ever served in the armed forces, National Guard or military reserves?

Yes **(Please attach a copy of your DD-214.)**

No

If "yes" please supply the following information:

Branch of service: _____

Dates of service: From: _____ To: _____

Type of discharge: _____

Service Number: _____

Approximate date of registration: _____

Address at time of registration: _____

23. Are you *currently* a member of any U.S. military reserves? Yes No

Are you *currently* serving in the military? Yes Branch _____ Location _____
 No

24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military reserves? Yes No

If "yes" please give details (include branch of service, when, where, circumstances).

25. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact Address	Contact Telephone	Years Known From: To:

FINANCIAL

26. *The management of personal finances is relevant to an individual's qualifications for the position of peace officer.* Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

CURRENT MONTHLY INCOME		CURRENT MONTHLY EXPENDITURES		
Monthly Salary		Real Estate (mortgage payment)		

Spouse's Salary			Rent		
Other monthly income- describe:			Other monthly payments- describe:		
Total Monthly Income			Estimate monthly cost of living (include utilities, food, gasoline, home and care maintenance, etc.) and any other obligations.		
			Total Monthly Expenditures		
CURRENT ASSETS			CURRENT LIABILITIES		
Savings Checking Real Estate Life Insurance (cash value) Automobiles Other assets - describe:			Real Estate Indebtedness Long-term loans Charge Accounts Other liabilities - describe		
TOTAL ASSETS			TOTAL LIABILITIES		

27. Have you ever filed for or declared bankruptcy?
Yes No If "yes", please give details (include when, where, and why).

28. Have any of your bills been turned over to a collection agency? Yes No:
If "yes", please give details (include when, firms involved, circumstances).

29. Have you ever had purchased goods repossessed?
 Yes No If "yes", please give details (include when, firms involved, circumstances).
30. Have your wages ever been garnished? Yes No If "yes", please give details (include when, where, and why).
31. Have you ever been delinquent on income tax or other tax payments? Yes No
 If "yes", please give details (include when, where, and why).
32. Are you presently current on all financial responsibilities?
 Yes No If "no", please give details.
33. Are you currently responsible, under court order, for child support? Yes No
 If "yes", please provide name and address of the party to whom payment is sent.

DRUG USE QUESTIONNAIRE

Have you ever used, tried, experimented, injected, ingested or in anyway introduced into your body any illegal controlled substance? YES NO

TYPE OF DRUG	YES OR NO	DATE FIRST USED	DATE LAST USED	APPROX. # OF TIMES USED
Marijuana	Yes or No			
Hash, Hashish Oil	Yes or No			

Cocaine	Yes or No			
Crack ,Rock ,Ice	Yes or No			
Barbiturates, Hypnotics, or other “Downers”	Yes or No			
Amphetamines (Cross-tops, Whites, Bennies, “Uppers”	Yes or No			
Methamphetamines (Speed, Crank)	Yes or No			
LSD or other Hallucinogens	Yes or No			
PCP (Angel Dust, Sherm)	Yes or No			
Heroin or other Opiates	Yes or No			
Steroids	Yes or No			
Pharmaceutical drugs not prescribed for you	Yes or No			
Other controlled substances	Yes or No			

DRUG USE QUESTIONNAIRE (CONTINUED)

1. Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body? **YES** **NO**

2. Have you introduced into your body a substance, which you thought was an illegal drug and then found out it was not? **YES** **NO**

3. Have you ever injected an illegal drug into your body? **YES** **NO**

4. Have you ever sold or purchased any illegal drug? **YES** **NO**

5. Have you ever participated in the manufacture, cultivation, or production of any illegal drug, narcotic or controlled substance? **YES** **NO**
6. Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?
YES **NO**
7. Have you ever acted as a middle man, go-between, or “done a favor for a friend” by becoming involved in any illegal drug transaction? **YES** **NO**
8. Have you ever told anyone where to purchase illegal drugs? **YES** **NO**
9. Have you ever temporarily stored or “held “any illegal drug, narcotic, or controlled substance?
YES **NO**
10. Have you ever had illegal drugs in your possession while at work? **YES** **NO**
11. Have you ever bought or sold any illegal drugs at work? **YES** **NO**
12. Are any illegal drugs presently in your home or car? **YES** **NO**

If you answered **yes** to any of the above questions, please give details and circumstances on the next page of this personal history statement.

DRUG USE QUESTIONNAIRE CONTINUED

Explain any “**YES**” answers from (Drug Use Questionnaire) in detail below, to include when, where, what kind of drug, how taken and detailed circumstances surrounding any and all situations.

Signature _____ Date _____

34. If you have you ever been arrested or taken into custody by any law enforcement agency, please give the following information: *(The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer these questions.)*

Approximate Date	Law Enforcement Agency	Charge / Disposition	Time Served if any

35. Have you ever been placed on court probation as an adult? Yes No

If "yes", please give details (include when, where and why). Use additional pages(s) if necessary.

36. Are you now or have you ever been involved as a plaintiff or a defendant in any civil court action?
Yes No

If "yes", please give details (include when, where, name and location of court, circumstances). Use additional page(s) if necessary.

37. Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult? Yes No

If "yes", please give details (include when, where, and why). Use additional page(s) if necessary.

MOTOR VEHICLE OPERATION

38. Operation of a motor vehicle is an integral part of the position of police officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information. **NOTE:** Possession of a valid driver's license will be required upon the first day of academy instruction.

Current driver's license number and name on driver's license	State that issued the driver's license	Expiration date of driver's license

39. Please list other states where you have been licensed to operate a motor vehicle.

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Name under which license was granted	State

40. Have you ever been refused a driver's license or had your driver's license suspended, restricted, revoked, or canceled by any state? Yes No If "yes", please explain (include when, where, and why).

41. Nevada law requires that operators and owners of motor vehicles be covered by automobile liability insurance, bond, or a cash deposit with the Nevada Department of Motor Vehicles and Public Safety. Therefore, please list the current liability coverage you have with your motor vehicles.

Company	Address	Policy Number	Date of Expiration

42. If you are bonded or have deposited cash to meet your vehicle financial responsibility, please indicate.

Bond Cash If cash, amount \$ _____

43. Please list all motor vehicles currently owned and/or registered in your name.

Year	Make	Model	License Plate Number	State

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44. Please list all traffic citations (excluding parking citations) you have received in any state, county, or province. Use a separate sheet of paper if necessary.

Nature of violation/offense	Location	Approximate Date	Disposition / Fine / Court

45. Have you ever been involved as a driver in a motor vehicle accident (whether or not you were at fault)? Yes No If "yes", please give details for each accident.

Date	Location	Injury or Non-injury	Police Investigation	Police Agency

46. If there is anything you wish to discuss about your driving record, please use the space below.

47. Have you ever failed to appear in court for a traffic citation?
Yes No If "yes", please give specific details. Use additional page(s) if necessary.

GENERAL INFORMATION

48. Have you ever been refused insurance for any reason other than failure to pay a premium?
Yes No If "yes", please explain (include company name and address, date and reason).

49. Have you ever applied for a permit to carry a concealed weapon?
Yes: No: Permit granted? Yes: No: Date: _____

Please attach copy of CCW permit, if applicable.

Name of law enforcement agency _____

Purpose: _____

50. Have you ever applied for a special license, credential or clearance (i.e. gun permit, private investigator's license - NOT hunting/fishing licenses etc.)? Yes No If "yes", what, where and when.

51. Are you now, or have you ever been a member of any subversive or militant organization?

Yes No

52. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons that is or was subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government

of the United States by unconstitutional means?

Yes No

If you answered yes to #51 or #52 identify and explain in detail.

PENALTY

Any falsification, withholding or failure to answer all questions completely and accurately may cause rejection from consideration for the position to which you are applying

CERTIFICATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. All statements and answers are true and correct to the best of my knowledge and belief. I understand that any misstatement of material fact, willful omission of material fact or willful deception will be cause for disqualification and rejection as a recruit or termination after appointment without notice and with out any right of appeal.

_____ Signature of applicant (in ink)

Date signed _____

AS an applicant to the Western Nevada State Peace Officer Academy, Western Nevada College and Nevada System of Higher Education, I recognize that a law enforcement agency has a legal, as well as a moral obligation to take every reasonable effort to ensure that any person appointed as a peace officer conform to the very highest standards.

WAIVER OF LIABILITY

Therefore, I release and promise to hold harmless under any and all causes of legal action the WESTERN NEVADA STATE PEACE OFFICER ACADEMY, WESTERN NEVADA COLLEGE, NEVADA SYSTEM OF HIGHER EDUCATION AND ASSISTING LAW ENFORCEMENT AGENCIES, officers, agents, or employees and any and all persons or entities who shall furnish any information or opinions to the above designated persons or entities in the pursuance of my background investigation, now and in the future, from any claim or damages in law or equity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and/or organization(s) which have supplied information in the course of this investigation, as well as the substance of any information supplied.

RELEASE OF INFORMATION

I authorize for an indefinite period of time from the date of signature on this document, any person or entity contacted by the WESTERN NEVADA STATE PEACE OFFICER ACADEMY, its officers, agents or employees, during the course of my background investigation, to furnish to said entities or persons, any and all information that they may have concerning me, including but not limited to any confidential or privileged information, employment personnel files, any sealed data or materials or agreed to be withheld information pursuant to any prior agreement or court proceeding involving disciplinary matters or any other information or opinions they may have.

INVESTIGATION DISCOVERY WAIVER

I hereby waive, without reservation, any right I may have, now or in the future, to examine, review or otherwise discover the contents of this background investigation and all related documents there to. This waiver shall apply to any right of action of any nature what so ever, that may accrue to my heirs, my personal representative(s), or myself.

Dated this _____ day of _____, 20 _____.

Signature of person waiving rights _____

Print Name _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public in and for said county of _____ state of _____.

Notary Public