**Wiscasset Police Department**

Personal History Questionnaire For

Employment Background Information



The Town of Wiscasset is an equal opportunity employer and has made every reasonable effort to ensure that the process of applying for employment with the Town complies with all State and Federal laws concerning discrimination based on race, color, sex, physical or mental disability, religion, age, ancestry or national origin.

This document, when completed, will be used by the Wiscasset Police Department *as* an investigation aid. Retention of this personal data will remain in the prospective candidate's file. I understand all of the information contained in this questionnaire form. I also understand that I will be asked to take a polygraph (lie detector) examination to determine the authenticity of the information provided in this questionnaire.

The following types of information are examples of what will be collected: Employment and Educational Histories, Medical, Military, Insurance, Credit and Financial Information, Motor Vehicle, and Police Records, Information about your abilities, Family, Character, Lifestyle, and Organization Memberships.

Information will be obtained by letter, by telephone, and by a personal interview with both primary and secondary sources. This information is used as one basis for employment decisions.



SIGNATURE

PRINTED NAME

1. NAME-

 FIRST NAME FULL MIDDLE LAST

Sex: Choose an item. Date of Birth:       Social Security Number

2. Alias(es), Nicknames, or other changes in name ( include official document(s) concerning any changes in name):

3. Height       Weight       Eye Color       Hair Color

4. Tattoos and or other distinguishing marks (describe and give location on the body:

5. Current residence address:

Street Number City or Town State Zip Code Phone Number

1. Current mailing address:

Street Number City or Town State Zip Code Phone Number

1. With whom do-you reside?

Name:       Relationship:

Name:       Relationship:

Name:       Relationship:

Name:       Relationship:

Name:       Relationship:

Name:       Relationship:

1. Marital Status: \_Single \_Married \_Engaged \_Separated \_Divorced
2. If married, are you living with your spouse? Yes       No

If not, please state reason:

1. Name of Fiancé, if applicable:

Address:

Phone Number :       Date of Birth:

Name of Employer:

Address:

1. Name of steady girlfriend or boyfriend, if applicable:

Address:

Phone Number :       Date of Birth:

Name of Employer:

 Address:

1. Information concerning marriages: List all marriages:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Married | Where Performed | Spouse's Name (wife's maiden name) | Date ofBirth | Social Security Number |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |  |  |  |

1. Name, Address and Phone Number of spouse(s) if divorced or separated: .

|  |  |  |
| --- | --- | --- |
| Name | Address | Phone Number |
|       |       |       |
|       |       |       |
|       |       |       |

1. If separated, annulled, or divorced, indicate below the following information:

|  |  |  |
| --- | --- | --- |
| Separated, Annulled, or Decreed by Law | Date of Order or Decree | By Whom-Where Issued (Court and State) |

|  |  |
| --- | --- |
| Offending Party as decreed by Law | Reason |
|       |       |
|       |       |
|       |       |

1. List all of your children (Natural and/ or Adopted) and stepchildren, and give the following information:

|  |  |  |
| --- | --- | --- |
| NAME | Birth | Residence |
| Date | Place | Address | With Whom | Support |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

1. Are you now supporting all the children born to you, adopted by you and stepchildren?

Yes      No       If not, give details:

1. OTHER DEPENDENTS. If you claim income tax exemptions for support of dependents other than your spouse and children, provide the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | Address (Street, City, State) | Relationship | Percent of Support Provided |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

1. FAMILY INFORMATION:

List in the order given, showing relationship, parents, guardians, stepparents, parents-in-law, brothers and sisters, even though deceased. Include others you have resided with or with whom a close relationship existed or exists:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Relationship | Name | Current Address (if Living | Phone # | DOB | Occupation |
| Father |       |       |       |       |       |
| Mother (maiden name) |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

NOTE: (If additional space is required, please list info on last page of this application).

1. List all residences for the past TEN years, beginning with your present address. List the name, address and phone number of present and prior landlord's if applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address | From  | To | Own or Rent | Landlord Info (if applicable) Name and Phone # |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

1. EDUCATION:

List all High schools attended: (Include copies of high school or GED / Diploma):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Location |  Dates Attended | Years Completed | Graduate |
| From | To | Yes | No |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| GED (If Applicable) |       |       |       |       |       |       |

1. Higher education. List information below for all colleges or universities attended. Include

## official transcript from last institution of higher education attended:

|  |  |  |  |
| --- | --- | --- | --- |
|  Name of College/UniversityList Major as well |  Dates attended To From | CreditsSemester Quarter | Graduated Year |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

1. Other schools or training (trade, vocational, business, or military). Give the name and location of school, dates attended, subjects studied, certificate, and any other pertinent data.

|  |  |  |  |
| --- | --- | --- | --- |
|  Dates To From | Name of School and Location |  Course Studied |  Certificate |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

1. Were you ever expelled or suspended from ANY SCHOOL or were you ever disciplined by any school official?      Yes      No If yes give the details below:

1. FOREIGN LANGUAGE: Enter foreign language and indicate your knowledge of each by placing an

"X" in proper column.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language | Reading | Speaking | Understanding | Writing |
| Exe. | Good | Fair | Exe. | Good | Fair | Exe. | Good | Fair | Exe. j Good | Fair |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |

1. SPECIAL QUALIFICATIONS & SKILLS:

Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and the date current license expires: (Excluding vehicle operator's license)

1. Indicate special skills that you possess and machines and equipment you can use. (For example, Intoxilyzer, Radar):
2. Indicate special qualifications not covered in application. For example, your most important publications (do not submit copies unless requested), your patents or inventions, public speaking and publication experience, membership in professional or scientific societies, etc., and honor and fellowship received:

1. MILITARY:

Have you ever served in a military or naval organization of the United States, including R.O.T.C.? Yes      No      (If yes, INCLUDE A PHOTOSTATIC COPY OF DD 214)

Branch of Services:      Unit or Ship      \_

What is your service number?

Highest Rank Held:

* 1. How many periods of active military service have you had?
	2. List all medals and decorations awarded to you as a member of the armed forces:

* 1. What is the type of your discharge? Be exact.

* 1. Give date and location of entrance to active duty:
	2. Give date and location of discharge:
1. Give period or periods of active military service:
2. Are you now or were ·you ever on active or inactive duty of any branch of the United States Reserve Forces? Yes       No       *If* so, state which:      Active      Inactive
3. Are you now or were you ever a member of the National Guard? Yes       No

State       Regiment       Unit       Rank       Type of Discharge

1. Date of classification:       Selective Service Number:
2. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or other disciplinary action while a member of the Armed Forces?

Yes      No      *If* yes, please explain:

1. List any disciplinary action taken against you in the National Guard or other reserve unit:

List any other information pertaining to military not requested.

1. EMPLOYMENT:
	1. What is your occupation or calling?
	2. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?

Yes      No       If yes give details:

* 1. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service (except military)? Yes       No       (If yes, give name and address of employer, approximate date, and reasons for each case:

* 1. Have your employers always treated you fairly? Yes       No

If not, please explain:

* 1. Do you object to wearing a uniform? Yes       No
	2. Do you object to working nights? Yes       No
	3. Do you object to working rotating shifts? Yes       No
	4. Have you had experience with shift work? Yes       No

.·- . ..\_·-

Have you ever received unemployment insurance or other Federal, State or local benefits or assistance? Yes       No

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Assistance | Local Office | Address | For How Long |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

List all jobs you have held in the last TEN years. Place your present or most recent job FIRST. If you need more space, you may include additional pages. Include any military service in proper time sequence and also all periods of unemployment. List all part-time, temporary, seasonal, and voluntary jobs. If you were self employed, provide copies of tax returns.

|  |  |  |  |
| --- | --- | --- | --- |
| From Date      | Name of Employer      | Part Time Full Time      | Job Title      |
| To Date      | Street Address      | Phone No. (AreaCode)       | Description of Duty      |
| Salary Begin      | City, State, Zip Code      | Name of Supervisor      |
| Salary End      | Why did you leave?      | Name of co-worker      |

|  |  |  |  |
| --- | --- | --- | --- |
| From Date      | Name of Employer      | Part Time Full Time      | Job Title      |
| To Date      | Street Address      | Phone No. (AreaCode)       | Description of Duty      |
| Salary Begin      | City, State, Zip Code      | Name of Supervisor      |
| Salary End      | Why did you leave?      | Name of co-worker      |

|  |  |  |  |
| --- | --- | --- | --- |
| From Date      | Name of Employer      | Part Time Full Time      | Job Title      |
| To Date      | Street Address      | Phone No. (AreaCode)       | Description of Duty      |
| Salary Begin      | City, State, Zip Code      | Name of Supervisor      |
| Salary End      | Why did you leave?      | Name of co-worker      |

|  |  |  |  |
| --- | --- | --- | --- |
| From Date      | Name of Employer      | Part Time Full Time      | Job Title      |
| To Date      | Street Address      | Phone No. (AreaCode)       | Description of Duty      |
| Salary Begin      | City, State, Zip Code      | Name of Supervisor      |
| Salary End      | Why did you leave?      | Name of co-worker      |

|  |  |  |  |
| --- | --- | --- | --- |
| From Date      | Name of Employer      | Part Time Full Time      | Job Title      |
| To Date      | Street Address      | Phone No. (AreaCode)       | Description of Duty      |
| Salary Begin      | City, State, Zip Code      | Name of Supervisor      |
| Salary End      | Why did you leave?      | Name of co-worker      |

1. VEHICLE OPERATOR'S LICENSE: (Driver's, Chauffeur's, etc.)
	1. Do you now or did you ever possess a valid driver's license from the State of Maine?

Yes       No       Drivers License #

Date Issued      Restrictions

* 1. Did you ever possess a driver's license issued by any state other than Maine?

 Yes       No       (If yes provide the following information)

State      Date issued

Driver's License Number      Restrictions

Was your license ever suspended or revoked? Yes       No       If yes give reasons, date and length of suspension

Has your license ever restored? Yes       No       When

* 1. Have you ever been refused a driver's license in any state? Yes       No       If yes, give details:

* 1. Has your driver's license ever been restricted due to traffic offense convictions or placed on negligent operator's probation? Yes       No       If yes, please explain
	2. Have you ever been involved in a motor vehicle accident? Yes       No
	3. If the answer is yes, give complete details for each accident whether collision, non-collision or hit and run, etc.

Date of Crash      Police investigation Yes       No

Location of incident

Cause of Accident (for example-ran a red light, careless Driving etc.)

Injury       Non-Injury

Who was charged with the accident and court disposition?

 Date of Crash      Police investigation Yes       No

Location of incident

Cause of Accident (for example-ran a red light, careless Driving etc.)

Injury       Non-Injury

Who was charged with the accident and court disposition?

Date of Crash      Police investigation Yes       No

Location of incident

Cause of Accident (for example-ran a red light, careless Driving etc.)

Injury       Non-Injury

Who was charged with the accident and court disposition?

* 1. List below all traffic citations you have received: (Including parking tickets)

|  |  |  |  |
| --- | --- | --- | --- |
| Location (Street, City, State) | Approx. Date | Nature of Violation | Penalty or Disposition |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

* 1. List all vehicles that you currently own or operate

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Make | Model | Color | Tag # | OwnYes No |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

1. MOTOR VEHICLE INSURANCE:

Do you presently have automobile liability insurance? Yes       No

If no, give details

* 1. If you presently have automobile insurance, list the following information;

Name of Company       Name of Agent

Policy Number       Phone Number

Address

##  List Dates of coverage: From       to

* 1. If you have been insured by this company for less than three years list the previous insurance company.

Name of Company      Name of Agent       Policy number

 Phone Number

Address

 List Dates of coverage: From       to

C. List your present policy coverage:

D. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? Yes       No

If yes, give details

1. ARREST, DETENTION, & LITTGATION:

 (Show all arrests including juvenile delinquent and traffic arrests)

Have you ever been arrested or detained by ANY law enforcement agency? Provide police and

 court records, if available. (Include arrests in which the records were expunged)

 CRIME CHARGED       Police Agency

 Date      Disposition of Case

NOTE: To list additional arrests, please use last page of application.

1. Have you ever been placed on probation? Yes       No

If Yes, give details:      ave you ever been required to pay a fine? Yes       No

If yes, give details

B. Have you ever been reported as a missing person or as a runaway? Yes       No

If yes, give complete details, including jurisdiction, dates and outcome:

1. If you have been fingerprinted by a law enforcement agency for any reason, give details below. Your answers will be checked with the F.B.L and agencies.

|  |  |  |
| --- | --- | --- |
| Agency | Date | Purpose |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

1. Have you ever been advised of your Miranda rights? Yes       No

If yes, give complete details:

1. Have you ever been a subject of a police investigation? Yes       No

If yes, give complete details including police department and dates:

F. Have you ever had a polygraph .examination? Yes       No

If yes, list date, examiner's name, location and purpose for each examination.

1. Has any member of your immediate family ever been arrested or convicted of a criminal offense?

Yes       No       If yes, give details below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship | Offense | Where Arrested | Date |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

1. Have you or any member of your immediate family ever been convicted of a crime?

Yes       No       If yes, give details:

1. Do you know of anyone who is an enemy or who might try to harm you in any way?

Yes       No

 If yes, give details

Have you or your spouse ever sued anyone (civil court plaintiff)? Yes       No

If yes, give details or provide copies:

1. Have you or your spouse ever been sued by anyone (civil court defendant)? Yes       No

If yes, give details and provide copies:

1. FINANCIAL INFORMATION:

 Is your life insured? Yes       No

 Name of company

 Value or Amount

Do you have a savings account? Yes       No

Account number       Amount

 Name of Bank       City & State

* 1. Do you have a checking account? Yes       No

Account #       Average Amount

Name of Bank       City & State

C. Do you have any investments (Including all stocks, bonds, etc.)? Yes       No

Amount invested       Company       City & State

D. Do you own or are you buying your own home?Yes       No

 Amount Invested       Company       City and State

 Present Mortgage Balance       Monthly Mortgage Payment

 Insurance Coverage       Company       City and State

E. Do you own or are you buying other real estate? Yes       No

Type of real estate       Amount invested

 Bank or Company       City & State

1. Do you own or are you buying an automobile? Yes       No

Amount invested       Amount Owing       Monthly Payments

Name of Bank or Company       City & State

Make of Auto       Year      Tag Number

1. What income, other than salary, do you have at the present time?
2. List spouse's occupation, place of employment and salary.
3. List firms from which you have, or have had charge accounts. Also list firms from whom you have borrowed money for any purpose.

Name of Firm       Type of Business

Street Address       Date Closed

Amount owed

Original Amount Owed       Purpose:-

Name of Firm       Type of Business

Street Address       Date Closed

Amount owed

Original Amount Owed       Purpose:-

Name of Firm       Type of Business

Street Address       Date Closed

Amount owed

Original Amount Owed       Purpose:-

Name of Firm       Type of Business

Street Address       Date Closed

Amount owed

Original Amount Owed       Purpose:-

Name of Firm       Type of Business

Street Address       Date Closed

Amount owed

Original Amount Owed       Purpose:-

Name of Firm       Type of Business

Street Address       Date Closed

Amount owed

Original Amount Owed       Purpose:-

1. What is your total indebtedness at the present time?

Have your creditors treated you fairly? Yes       No

If not please explain:

1. Have you ever had accounts placed in the hands of a collection agency? If yes, give details:

L., Have you ever filed for bankruptcy? Yes       No

If yes, give details, including date and court filed:

M. Do you drink Alcoholic beverages? Yes       No

If yes, to what extent?

1. Have you *ever* used, tried or experimented with marijuana? Yes       No

If yes, how many times?

When was the last time you used marijuana? (Explain the circumstances)

0. Have you *EVER* used, tried or experimented with any other illegal drugs, hashish, opiates, pills, etc.?

 Yes       No

If yes, give details:

28. CHARACTER REFERENCES:

(Do not include relatives, former employers; or persons living outside the United States or its Territories) . List only character references who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the names of

supervisors. List 8 character references

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Character Reference | Years Known | Address(Street, City, State, Zip Code) | Phone Number Business | Phone Number Residence |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |
|       |       |       |       |       |

Are you acquainted with any members ·of the Wiscasset Police Department? If so wham:

### Thank you for completing this questionnaire.

### Additional Information

### Question Number

### Response

### Question Number

### Response

### Question Number

### Response

### Question Number

### Response

### Question Number

### Response

### Question Number

### Response

### Question Number

### Response