

Olathe Police Department

Personal History Statement

Instructions

As you complete this form, please keep the following in mind:

- All statements are subject to verification and any negative information will be evaluated fairly. **Applicants will be disqualified for intentionally altering/misrepresenting the facts or omitting an incident that would not have otherwise disqualified them.**
- Provide complete and accurate information. **If you omit, or try to conceal any pertinent information you will be disqualified.** If you are unsure if something is pertinent, include it in the appropriate section of this document.
- Account for all time periods in your background. You will be asked to provide a work history, and you are required to account for all time periods in-between jobs.
- **List all arrests and convictions even if you received a release, a pardon or had your record expunged.** Again, if you are unsure if something is pertinent, include it in the appropriate section of this document.
- Be sure to provide complete and legible information about items requested. **Your Personal History Statement will be evaluated for completeness and legibility.** In instances where information requested is incomplete or illegible, applicants may be disqualified.
- This document will only be accepted in its original form.
- This document will be strictly confidential and it is the exclusive property of the Olathe Police Department. By signing this document, you acknowledge that you will not receive and are not entitled to know the contents of the confidential reports received. You further understand that these reports are privileged.

I certify that I have read the above information and understand that I am required to provide accurate and complete information. Furthermore, I understand that providing false or misleading information could result in my disqualification from the hiring process, or termination from employment.

Applicant Signature

Date

OLATHE POLICE DEPARTMENT

Personal History Statement

IMPORTANT INSTRUCTIONS

This application is a permanent record. All information must be typed or neatly printed **by the applicant**, using **black ink only**. **Illegible** or **incomplete** applications **will not be accepted**. Do not write in shaded areas. Applicants must complete all sections of the personal history statement.

Please pay attention to the documents listed below that are **REQUIRED**. These documents must be turned in with your personal history statement. Place a checkmark in the box listed below showing that you attached the required document.

DOCUMENTS	√ showing you attached copy
Copy of Birth certificate - <i>REQUIRED</i>	
Copy of Valid driver's license - <i>REQUIRED</i>	
Copy of Social Security Card - <i>REQUIRED</i>	
Copy of High School Diploma/GED - <i>REQUIRED</i>	
Copy of official or unofficial college transcripts (if you have <i>any</i> college hours) - <i>REQUIRED</i>	
Copy of DD-214, if you have been in the military - <i>REQUIRED</i>	
Copy of proof of auto insurance for all vehicles that you operate (police officer applicants only) - <i>REQUIRED</i>	
Letters of recommendation - <i>OPTIONAL</i>	

Family Members and Relatives

During the background investigation, your family may be asked to comment upon your suitability for employment. Supply the appropriate information in the spaces provided. If a category is not applicable, print N/A in the box provided for the name. If deceased, so indicate.

Name	Residence Address (include zip codes. If same as yours write same)	Telephone (include area code)	Age
Father		Home	
Occupation		Work	

Mother		Home	Age
Mother's maiden name		Work	
Occupation			

Father-in-Law		Home	Age
Occupation		Work	

Mother-in-Law		Home	Age
Occupation		Work	

Brother		Home	Age
Occupation		Work	

Brother		Home	Age
Occupation		Work	

Sister		Home	Age
Occupation		Work	

Sister		Home	Age
Occupation		Work	

Children

List all of your children (include step-children, adopted children, etc.)

Name	Sex		Date of birth	Relationship to you				Living with you	
	Male	Female		Natural	Step	Adopted	Foster	Yes	No

Marital Status

Single	Married	Widowed	Separated	Annulled	Divorced
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Full name of spouse	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place of marriage			
Spouse's employer	Occupation or position	How long employed?		
Current address of spouse, if not living with you	Home phone (area code)	Work phone (area code)		

If divorced, widowed, or had an annulment, provide the following information.

Full name of former spouse	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place of marriage (city, county, state, and country)			
Former spouse's employer	Occupation or position	How long employed?		
Current address of former spouse or last known address	Home phone (area code)	Work phone (area code)		
Date filed for divorce	City, county, and state of divorce		Is divorce final? Yes No	

Full name of former spouse	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place of marriage (city, county, state, and country)			
Former spouse's employer	Occupation or position	How long employed?		
Current address of former spouse or last known address	Home phone (area code)	Work phone (area code)		

Date filed for divorce	City, county, and state of divorce	Is divorce final? Yes No
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Have you ever been ordered by a court to pay child support? <i>If yes, what is or was the monthly amount?</i>	Yes	No
Have you ever been required to pay alimony? <i>If yes, what is or was the monthly amount?</i>	Yes	No
Have you ever been delinquent in child support payments or alimony payment? <i>If yes, explain below.</i>	Yes	No

Residences

List all of your residences during the last *seven* years. Begin with your most current residence. When listing military bases, include nearest city, state, and zip code. When listing addresses, include Street, Avenue, Drive, Court, North, South, East, and West. Include unit number or apartment number, where applicable.

Current address	City, state, and zip code	Since (month/year)
With whom do you live?		

Former Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Former Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Former Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Former Address	City, state, and zip code	From (month/year)	To (month/year)
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With whom did you live?
If rented, give name, complete address, and phone number of person who collected the rent
Reason for moving

Residences (continued)

Former Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Former Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Former Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Former Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Significant Others and Roommates/Cohabitants

Excluding family members

Full name	Age	Contact # (area code)	Years Known/Relationship

Full name	Age	Contact # (area code)	Years Known/Relationship

Full name	Age	Contact # (area code)	Years Known/Relationship

Full name	Age	Contact # (area code)	Years Known/Relationship

Full name	Age	Contact # (area code)	Years Known/Relationship

Full name	Age	Contact # (area code)	Years Known/Relationship

Full name	Age	Contact # (area code)	Years Known/Relationship

Full name	Age	Contact # (area code)	Years Known/Relationship

Full name	Age	Contact # (area code)	Years Known/Relationship

Internet Social Networking Sites – Please list all internet social networking sites you are currently an active member of. Examples of social networking sites are: MySpace, Facebook, Xanga, Twitter, Bebo, Classmates, Habbo, Tagged, Windows Live Space, etc...

Site Name	Username

Site Name	Username

Site Name	Username

Site Name	Username

Experience and Employment

Beginning with your most current employment, list every job, including military service. Account for all time periods. Jobs include self-employment, part-time jobs, full-time jobs, temporary work, volunteer work, and internships. *You must list all employment regardless of the length of employment.* Addresses must be complete and accurate. Zip codes are required. If you have periods of unemployment, list those periods in sequence in the spaces specifically provided. Start with your most current employment. If you run out of space, use the general information page to list additional employers.

Do you object to our contacting your present employer(s) prior to your being accepted? <i>If yes, please explain.</i>	Yes	No

Date of employment From To Month / Year Month / Year ____ / ____ ____ / ____ How long employed there? ____ Present employment	Name of employer		Work phone (area code)	
	Complete address			
	Work schedule (for example: Monday through Friday 9 to 5, etc.)			
	Job title or position	Full time	Part-time	Salary
	Volunteer	Internship		
	Temporary			

Describe your duties

Actual reason for leaving (be specific)

Supervisor's name	Phone and e-mail
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List another supervisor	Phone and e-mail
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List a co-worker	Phone and e-mail
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Unemployed From: _____ To: _____	
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Experience and Employment (continued)

Date of employment From To Month / Year Month / Year ____ / ____ ____ / ____ How long employed there? ____	Name of employer		Work phone (area code)	
	Complete address			
	Work schedule (for example: Monday through Friday 9 to 5, etc.)			
	Job title or position	Full time	Part-time	Salary
	Volunteer	Internship		
	Temporary			
Describe your duties				
Actual reason for leaving (be specific)				
Supervisor's name			Phone and e-mail	
List another supervisor			Phone and e-mail	
List a co-worker			Phone and e-mail	
Unemployed From: ____ To: ____			Are you eligible for re-hire? Yes No	

Date of employment From To Month / Year Month / Year ____ / ____ ____ / ____ How long employed there? ____	Name of employer		Work phone (area code)	
	Complete address			
	Work schedule (for example: Monday through Friday 9 to 5, etc.)			
	Job title or position	Full time	Part-time	Salary
	Volunteer	Internship		
	Temporary			
Describe your duties				
Actual reason for leaving (be specific)				
Supervisor's name			Phone and e-mail	
List another supervisor			Phone and e-mail	
List a co-worker			Phone and e-mail	
Unemployed From: ____ To: ____			Are you eligible for re-hire? Yes No	

Experience and Employment (continued)

Date of employment From To Month / Year Month / Year ____ / ____ ____ / ____ How long employed there? ____	Name of employer		Work phone (area code)	
	Complete address			
	Work schedule (for example: Monday through Friday 9 to 5, etc.)			
	Job title or position	Full time	Part-time	Salary
	Volunteer	Internship		
	Temporary			
Describe your duties				
Actual reason for leaving (be specific)				
Supervisor's name			Phone and e-mail	
List another supervisor			Phone and e-mail	
List a co-worker			Phone and e-mail	
Unemployed From: _____ To: _____			Are you eligible for re-hire? Yes No	

Date of employment From To Month / Year Month / Year ____ / ____ ____ / ____ How long employed there? ____	Name of employer		Work phone (area code)	
	Complete address			
	Work schedule (for example: Monday through Friday 9 to 5, etc.)			
	Job title or position	Full time	Part-time	Salary
	Volunteer	Internship		
	Temporary			
Describe your duties				
Actual reason for leaving (be specific)				
Supervisor's name			Phone and e-mail	
List another supervisor			Phone and e-mail	
List a co-worker			Phone and e-mail	
Unemployed From: _____ To: _____			Are you eligible for re-hire? Yes No	

Experience and Employment (continued)

Date of employment From To Month / Year Month / Year ____ / ____ ____ / ____ How long employed there? ____	Name of employer		Work phone (area code)	
	Complete address			
	Work schedule (for example: Monday through Friday 9 to 5, etc.)			
	Job title or position	Full time	Part-time	Salary
	Volunteer	Internship		
	Temporary			
Describe your duties				
Actual reason for leaving (be specific)				
Supervisor's name			Phone and e-mail	
List another supervisor			Phone and e-mail	
List a co-worker			Phone and e-mail	
Unemployed From: _____ To: _____			Are you eligible for re-hire? Yes No	

Date of employment From To Month / Year Month / Year ____ / ____ ____ / ____ How long employed there? ____	Name of employer		Work phone (area code)	
	Complete address			
	Work schedule (for example: Monday through Friday 9 to 5, etc.)			
	Job title or position	Full time	Part-time	Salary
	Volunteer	Internship		
	Temporary			
Describe your duties				
Actual reason for leaving (be specific)				
Supervisor's name			Phone and e-mail	
List another supervisor			Phone and e-mail	
List a co-worker			Phone and e-mail	
Unemployed From: _____ To: _____			Are you eligible for re-hire? Yes No	

Experience and Employment (continued)

Date of employment From To Month / Year Month / Year ____ / ____ ____ / ____ How long employed there? ____	Name of employer		Work phone (area code)	
	Complete address			
	Work schedule (for example: Monday through Friday 9 to 5, etc.)			
	Job title or position	Full time	Part-time	Salary
	Volunteer	Internship		
	Temporary			
Describe your duties				
Actual reason for leaving (be specific)				
Supervisor's name			Phone and e-mail	
List another supervisor			Phone and e-mail	
List a co-worker			Phone and e-mail	
Unemployed From: _____ To: _____			Are you eligible for re-hire? Yes No	

Date of employment From To Month / Year Month / Year ____ / ____ ____ / ____ How long employed there? ____	Name of employer		Work phone (area code)	
	Complete address			
	Work schedule (for example: Monday through Friday 9 to 5, etc.)			
	Job title or position	Full time	Part-time	Salary
	Volunteer	Internship		
	Temporary			
Describe your duties				
Actual reason for leaving (be specific)				
Supervisor's name			Phone and e-mail	
List another supervisor			Phone and e-mail	
List a co-worker			Phone and e-mail	
Unemployed From: _____ To: _____			Are you eligible for re-hire? Yes No	

Experience and Employment (continued)

Date of employment From To Month / Year Month / Year ____ / ____ ____ / ____ How long employed there? ____	Name of employer		Work phone (area code)	
	Complete address			
	Work schedule (for example: Monday through Friday 9 to 5, etc.)			
	Job title or position	Full time	Part-time	Salary
	Volunteer	Internship		
	Temporary			
Describe your duties				
Actual reason for leaving (be specific)				
Supervisor's name			Phone and e-mail	
List another supervisor			Phone and e-mail	
List a co-worker			Phone and e-mail	
Unemployed From: _____ To: _____			Are you eligible for re-hire? Yes No	

Date of employment From To Month / Year Month / Year ____ / ____ ____ / ____ How long employed there? ____	Name of employer		Work phone (area code)	
	Complete address			
	Work schedule (for example: Monday through Friday 9 to 5, etc.)			
	Job title or position	Full time	Part-time	Salary
	Volunteer	Internship		
	Temporary			
Describe your duties				
Actual reason for leaving (be specific)				
Supervisor's name			Phone and e-mail	
List another supervisor			Phone and e-mail	
List a co-worker			Phone and e-mail	
Unemployed From: _____ To: _____			Are you eligible for re-hire? Yes No	

Experience and Employment (continued)

Have you ever held employment under another name? Yes No
If yes, list the names used, the employer, and the dates of employment.

Name used	Employer	From (month/year)	To (month/year)

Have you ever been terminated (fired) or asked to resign from a job or position in lieu of termination? Yes No
If yes, start with most recent, and list the following information, giving details. If more space is needed, please explain under the general information section at the end of this application.

Date	Employer
Details	

Date	Employer
Details	

Date	Employer
Details	

Date	Employer
Details	

Have you ever had any extended work absences for any reason other than medical or earned vacation? (Leave of absence, suspensions, layoffs, etc.) Yes No <i>If yes, list the dates, name of employer, and details.</i>	
Date	Employer
Details	

Have you ever been <u>investigated</u> by your employer or supervisor for improper conduct, illegal activities, sexual harassment, or equal employment violations? Yes No <i>If yes, please provide the following information.</i>	
Date	Employer
Details and results of investigation	

Have you ever been <u>suspended</u> by an employer, or <u>received a formal written reprimand, or verbal, warning, or verbal counseling</u>? Yes No <i>If yes, please explain.</i>		
Date	Employer	
Circumstances		

Date	Employer	
Circumstances		

Date	Employer	
Circumstances		

Date	Employer	
Circumstances		

Experience and Employment (continued)

Have you ever held a full-time or part-time position with peace officer powers? (Prior police experience includes police officer, police reserve, or military police) Yes No
If yes, list dates, employer/agency, rank, and duties. Start with the most recent.

Date	Employer/agency	Rank
Duties/assignments		

Date	Employer/agency	Rank
Duties/assignments		

Have you ever attended a police academy or a law enforcement training center? Yes No
If yes, please provide the following information.

Name and address of training site	Date started	Date ended
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Was the training Full-time Part-time List the total number of hours of the training course _____

Did you complete the training? Yes No
If no, explain the reason.

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Name and address of training site	Date started	Date ended
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Was the training Full-time Part-time List the total number of hours of the training course _____

Did you complete the training? Yes No
If no, explain the reason.

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Have you ever been decertified as a police officer? Yes No
If yes, explain the reason.

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Have you ever been a police cadet or explorer? Yes No
If yes, please provide the following information.

Agency	Date started	Date ended
Agency	Date started	Date ended

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Prior Olathe Police Department Applications

Have you ever applied to the Olathe Police Department before (for any position)? Yes No
If yes, please provide the date, the position, and results. Check all boxes that apply. Do not include this application.

Date applied	Position
Submitted application only Took written test Failed written test Oral interview taken Failed oral interview Took physical ability testing Failed physical ability Submitted Personal History Form Background investigation conducted Background pending Took polygraph Disqualified Was not selected Hired or job offer made Withdrew application or declined Expired from the list Other	

Date applied	Position
Submitted application only Took written test Failed written test Oral interview taken Failed oral interview Took physical ability testing Failed physical ability Submitted Personal History Form Background investigation conducted Background pending Took polygraph Disqualified Was not selected Hired or job offer made Withdrew application or declined Expired from the list Other	

Applications with other agencies

Have you ever applied for any other law enforcement agency (city, county, state, or federal agencies). Yes No
If yes, list EVERY agency you have applied with. Start with the most recent. Give complete, accurate addresses. All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.

Name of agency	Date applied
Complete address including zip code	Position
Submitted application only Took written test Failed written test Oral interview taken Failed oral interview Took physical ability testing Failed physical ability Submitted Personal History Form Background investigation conducted Background pending Took polygraph Disqualified Was not selected Hired or job offer made Withdrew application or declined Expired from the list Other	
What was the background investigator's name and phone number:	

Name of agency	Date applied
Complete address including zip code	Position
Submitted application only Took written test Failed written test Oral interview taken Failed oral interview Took physical ability testing Failed physical ability Submitted Personal History Form Background investigation conducted Background pending Took polygraph Disqualified Was not selected Hired or job offer made Withdrew application or declined Expired from the list Other	
What was the background investigator's name and phone number:	

Name of agency	Date applied
Complete address including zip code	Position
Submitted application only Took written test Failed written test Oral interview taken Failed oral interview Took physical ability testing Failed physical ability Submitted Personal History Form Background investigation conducted Background pending Took polygraph Disqualified Was not selected Hired or job offer made Withdrew application or declined Expired from the list Other	
What was the background investigator's name and phone number:	

Name of agency	Date applied
Complete address including zip code	Position
Submitted application only Took written test Failed written test Oral interview taken Failed oral interview Took physical ability testing Failed physical ability Submitted Personal History Form Background investigation conducted Background pending Took polygraph Disqualified Was not selected Hired or job offer made Withdrew application or declined Expired from the list Other	
What was the background investigator's name and phone number:	

Name of agency	Date applied
Complete address including zip code	Position
Submitted application only Took written test Failed written test Oral interview taken Failed oral interview Took physical ability testing Failed physical ability Submitted Personal History Form Background investigation conducted Background pending Took polygraph Disqualified Was not selected Hired or job offer made Withdrew application or declined Expired from the list Other	
What was the background investigator's name and phone number:	

Name of agency	Date applied
Complete address including zip code	Position
Submitted application only Took written test Failed written test Oral interview taken Failed oral interview Took physical ability testing Failed physical ability Submitted Personal History Form Background investigation conducted Background pending Took polygraph Disqualified Was not selected Hired or job offer made Withdrew application or declined Expired from the list Other	
What was the background investigator's name and phone number:	

Drugs/Narcotics and Prescriptions

Complete with respect to any use you have had with the following illegal drugs or narcotics. Check mark the corresponding box if NEVER USED.

DRUG/NARCOTIC	DATE FIRST USED	DATE LAST USED	MAX No. OF TIMES	NEVER USED
Marijuana				
Hashish				
PCP				
Angel Dust				
KHAT				
Peyote				
Mescaline				
Mushrooms				
Heroin				
Cocaine				
Quaaludes				
Uppers				
Downers				
Tranquilizers				
Amphetamines				
Ecstasy (XTC)				
Preludin				
Speed				
Inhalants				
Methamphetamine				
Opium				
Steroids				
LSD				
Methadone				

List any type of illegal drug, narcotic, or other substance(s) you have used, *to include prescription drugs not prescribed for you (Hydrocodone, Oxycontin, etc):*

Have you ever manufactured, bought, sold, distributed, or given away any type of illegal drug or narcotic?
 Yes No

If yes, explain _____

Military Service			
Did you comply with the draft registration law? Yes No		Selective Service number	
Have you ever served in any of the Armed Forces, National Guard, or military reserves? Yes No			
<i>If yes, what is your current status with the military?</i> Active Reserves Inactive Discharged			
Branch of service	Unit / Occupation	Enlistment Date	Discharge Date
Service number	Highest rank attained	Rank at discharge	Type of discharge
Separation code	Re-enlistment code	If active or current reserve, list your commanding officer's name	

Were you ever investigated for any criminal activity while in the military or military reserves? Yes No
If yes, please explain.

Have you ever been reduced in pay grade or been the subject of any judicial or nonjudicial disciplinary action while in the military, National Guard, or military reserves? Yes No
If yes, please explain.

Approximate date	Violation	Penalty

Did you receive an honorable discharge? Yes No
If you received a discharge other than honorable, please explain.

Starting with most recent, list all duty stations (include basic training, tours overseas, etc.) while in the military.

From (Month/Year)	To (Month/Year)	Location	Duties / purpose

Education

Please check all that apply.

- I possess a high school diploma from a US institution.
- I possess a two-year college degree from an accredited college.
- I possess a four-year degree from an accredited college or university.
- I passed the GED test meeting the required scores.

During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

Name and address of US high schools attended and/or graduated from	From (month/year)	To (month/year)	Did you graduate?	
			Yes	No
			Yes	No

Have you ever attended college? Yes No
If yes, list all colleges and universities attended including past graduate courses

Name of college of university	City and state	Major	From	To	Total units earned	Type degree earned

Have you ever attended a trade, vocational, or business school? Yes No
If yes, please provide the following information.

Name of school (include city and state)	Type of school or training	Dates attended	Did you finish the course?	
			Yes	No
			Yes	No
			Yes	No

Have you ever been placed on academic probation, suspended, or expelled from any high school, university, or trade school? Yes No
If yes, please explain in detail.

Motor vehicle operation & insurance

Have you ever received a traffic citation? **Yes** **No**
If yes, list all traffic citations for the last five years. Start with most recent.

Month/year	Traffic violation	City and state	What action resulted? (fined, traffic school, dismissed)

List all vehicles that are registered to you.

Year	Make/Model	Color	License number and state	Currently registered?		Currently insured?	
				Yes	No	Yes	No

Kansas law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list your insurance company or companies.

Company	Telephone number (area code)	Policy number	Expiration date

Have you ever been refused auto insurance for any reason? **Yes** **No**
If yes, please explain.

As a driver, have you ever been involved in an accident where you left the scene without identifying yourself (hit and run)? **Yes** **No**
If yes, please explain.

As a driver, have you ever been involved in a motor vehicle accident?		Yes	No
<i>If yes, please provide the following information for the past five years</i>			
Date	City and state	Were you at fault?.....	Yes No
Police agency that took the report: Details of accident:		Was there a police report taken?.....	Yes No
		Did the accident cause injury to another person?.....	Yes No
		Were you cited or arrested?.....	Yes No
		Was the accident a hit and run.....	Yes No

Date	City and state	Were you at fault?.....	Yes No
Police agency that took the report: Details of the accident:		Was there a police report taken?.....	Yes No
		Did the accident cause injury to another person?.....	Yes No
		Were you cited or arrested?.....	Yes No
		Was the accident a hit and run.....	Yes No

Date	City and state	Were you at fault?.....	Yes No
Police agency that took the report: Details of the accident:		Was there a police report taken?.....	Yes No
		Did the accident cause injury to another person?.....	Yes No
		Were you cited or arrested?.....	Yes No
		Was the accident a hit and run.....	Yes No

List other states where you are, or have been, licensed to operate a motor vehicle		
State	Name under which license was issued	Driver's License number

Have you ever been refused a driver's license by any state, including Kansas?	Yes	No
<i>If yes, please explain. Give state, dates, and reasons.</i>		

Have you ever obtained a driver's license or state identification card under a fictitious name?	Yes	No
<i>If yes, please explain. Give state, dates, and reasons.</i>		

Have you ever failed to appear in court on a traffic citation or parking citation? <i>If yes, provide the following information.</i>			Yes	No
Approximate date	Traffic violation	City / county / state	Reason you failed to appear	

Have you ever had a warrant issued for you regarding a traffic citation or parking citation? <i>If yes, provide the following information.</i>			Yes	No
Approximate date	Traffic violation	City / county / state	Penalty	

CRIMINAL CHARGES AND/OR ARRESTS

Either as an adult or a juvenile, have you ever been <u>arrested or charged</u> with a criminal act? Yes No <i>Include charges that were dismissed, dropped, reduced or expunged. If yes, provide the following information. Start with most recent.</i>			
Date	Charges	Police agency	Penalty
Explain circumstances			

Date	Charges	Police agency	Penalty
Explain circumstances			

Either as an adult or a juvenile, have you ever been *detained for a criminal investigation*, or *named as a suspect* in a police report, or held on suspicion, or *questioned*, or fingerprinted by any law enforcement agency or military authority, even as a *victim* or *witness*?

Yes No *If yes, provide the following information.*

Date	Charges or reason for investigation	Police agency

Explain circumstances

Date	Charges or reason for investigation	Police Agency

Explain circumstances

Have you ever received a misdemeanor citation in lieu of going to jail? Yes No
If yes, explain below giving details, dates, and name of the law enforcement agency issuing the citation.

LEGAL

Have you ever been placed on court probation to include diversion? Yes No

Are you currently on probation/diversion? Yes No
If yes to either question, explain below giving details, dates, and reason. If you were on probation more than once, please indicate.

Date	Details

Have you ever violated probation? Yes No
If yes, please explain below.

Have you ever had a warrant issued for your arrest or have you ever failed to appear in court on a criminal matter?
 Yes No *If yes, please explain below.*

Have you ever been served or named in a protection from abuse/restraining order? Yes No
If yes, please explain below.

Have you ever been reported to a law enforcement agency as a missing person or runaway? Yes No <i>If yes, please explain below.</i>	
Date	Details

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? Yes No <i>If yes, please explain below.</i>	
Date	Details

Have you ever applied for a permit to carry a concealed weapon? Yes No <i>If yes, please explain below.</i>			
Date applied	Was permit granted?	Yes	No
		Weapon?	
Name of the agency where applied (city, county, and state). _____			
For what purpose?			

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes No Ever had a judgment rendered against you? Yes No <i>If yes to either question, provide the following information.</i>			
Date	Location of court	Plaintiff	Defendant
Details			

Date	Location of court	Plaintiff	Defendant
Details			

Are you now, or have you ever been, a member of any organized association, movement, group, or combination of persons which advocated or advocates the overthrow of our constitutional form of government by any means other than the democratic procedures provided by our form of government?

Yes No

Are you now, or have you ever been, a member of any organized association, movement, group, or combination of persons which advocated or advocates acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means?

Yes No

Are you now associating with, or have you ever associated with, any individuals, including relatives, who you know or have reason to believe are, or have been, members of any of the type of organizations identified above?

Yes No

If yes to any of the above three questions, please explain below.

Have you ever participated in an unlawful demonstration? Yes No

If yes, please explain below.

Have you ever engaged in civil disobedience? Yes No

If yes, please explain below.

Foreign Languages

Do you speak and/or read any foreign languages? Yes No

Language	Read			Write			Speak		
	Excel	Good	Fair	Excel	Good	Fair	Excel	Good	Fair

Finances

Please provide the following information. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your overall financial obligations.

Current monthly income			Current monthly expenditures		
Monthly salary	\$		Home payment (mortgage or rent)	\$	
Spouse's salary			Car payment		
Other income			Auto insurance		
Other income			Credit cards (charge accounts)		
Other income			Utilities and other monthly payments		
Total monthly income	\$		Total monthly expenditures	\$	

Current assets			Current liabilities		
Savings	\$		Real estate indebtedness	\$	
Checking			Long-term loans		
Real estate			Credit cards (total amount of charge accounts)		
Stocks and bonds			Other liabilities		
Auto (s)			Other liabilities		
Other assets			Other liabilities		
Total assets	\$		Total liabilities	\$	

Please list all banks or savings institutions where you have current accounts

Bank	Address	Checking	Savings
Bank	Address	Checking	Savings
Bank	Address	Checking	Savings
Bank	Address	Checking	Savings

Please list information on all of your current (open) charge accounts, loans, financial contracts and long-term liabilities.

Name of creditor, bank, firm or lender	Reason for debt	Monthly Payment	Current balance	List the number of times you have been late thirty days or more.

Have you ever filed for or been granted bankruptcy? Yes No <i>If yes, please explain reasons below</i>	
Date	Reasons
Have you ever been delinquent on income tax payments? Yes No <i>If yes, was it more than once?</i> Yes No	
Date	Reasons (give the year (s) involved and the current status.

Have you ever had your wages attached or garnished? Yes No <i>If yes, please explain reasons below</i>	
Date	Reasons

Have you ever had any of your bills, accounts, or loans turned over to a collection agency? Yes No <i>If yes, list all accounts</i>	
Date	Account/ current status
Date	Account/ current status
Date	Account/ current status
Date	Account/ current status
Date	Account/ current status

Have you ever had any purchased goods, vehicle, property, or any items repossessed? (This includes voluntary repossessions.) Yes No <i>If yes, please explain</i>	
Date	Reasons

Have you been refused credit in the last year? Yes No <i>If yes, please explain</i>	
Date	Reasons

Are you currently an owner, partner, or investor in any business enterprise that requires a federal, state, county, or city permit/license to operate? Yes No <i>If yes, please provide the following information</i>	
Name and type of business & address	

If employed by Olathe PD, do you anticipate any other income other than your city salary or spouse's salary? Yes No <i>If yes, from where?</i>	

References

Please list as references six individuals you have known for at least two years who have knowledge of you and your qualifications. Examples are personal friends, friends of the family, teachers, neighbors, classmates, or military acquaintances. ***DO NOT*** include relatives or family members.

Name/ occupation/ relationship	Address (including zip code)	Telephone (including area code)
Name		Phone
Occupation		E-Mail
Relationship	Age	How long have you known?

Name		Phone
Occupation		E-Mail
Relationship	Age	How long have you known?

Name		Phone
Occupation		E-Mail
Relationship	Age	How long have you known?

Name		Phone
Occupation		E-Mail
Relationship	Age	How long have you known?

Name		Phone
Occupation		E-Mail
Relationship	Age	How long have you known?

Name		Phone
Occupation		E-Mail
Relationship	Age	How long have you known?

GENERAL INFORMATION

(If you ran out of space responding to a particular question use this page as an addendum or supplement.)

****MAKE SURE YOU SIGN THE BOTTOM OF THIS FORM INDICATING**
YOU HAVE COMPLETED THE PERSONAL HISTORY STATEMENT.**

I hereby certify that all statements made in this Personal History Form are true and complete. I understand that any discrepancies, misstatements, omissions, and/or falsifications will be cause for disqualification, for my name to be removed from the eligibility list, or for immediate termination if an appointment has been made.

Applicant's signature: _____ **Date:** _____

OLATHE POLICE DEPARTMENT

NOTICE CONCERNING PERSONAL CONSUMER CREDIT REPORTS

The Olathe Police Department intends to obtain a copy of your personal consumer credit report from a credit reporting agency. The information contained in the credit report will be considered in determining your suitability for employment with the Olathe Police Department. In order to obtain a copy of your personal consumer credit report for employment purposes, the Olathe Police Department must obtain your written authorization.

PERMISSION TO OBTAIN PERSONAL CONSUMER CREDIT REPORT

I, _____, do hereby authorize a duly authorized agent of the Olathe Police Department to obtain a copy of my personal consumer credit report to be used in determining my suitability for employment with the Olathe Police Department. The intent of this authorization is to give my consent for full and complete disclosure of any records contained in my credit report, whether said records are of a public, private or confidential nature, and regardless of whether the information released may be derogatory in nature. I further understand that before the Olathe Police Department takes any adverse action, including the denial of employment, based at least in part on information contained in my credit report, I will first be provided with a copy of my credit report and the Federal Trade Commission's Consumer Rights Notice, in accordance with the Federal Fair Credit Reporting Act.

Applicant Signature **Date**

Witness Signature **Date**

Applicant DOB **Soc Sec #**

Print Name of Witness



New Hire Info Sheet

LATERALS/PRIOR LEO EXPERIENCE ONLY

Items Needed:

Police Academy Transcripts

Police Academy Name/Address/Phone Number

Police Academy Start Date/End Date/LEO Certification Date

Current POST Letter stating in good/left in good standing as LEO

Intoxilyzer Card

Taser Certification

OC Certification

NIMS Certificates (100 & 700)

Date of SFTS Cert Course:

of Hrs for Cert Course:

Date of last SFST Re-fresher Course:

CPR Certification or date of last re-cert:

Date of Mental First Aid and/or CIT Course:

of Hrs for Cert Course:

Certified Weapons Systems:

Make/Model Handgun/Pistol:

Make/Model Shotgun:

Make/Model Rifle:

Make/Model Less-Lethal:

Make/Model Taser: