



SUMMERSET POLICE DEPARTMENT

7055 Leisure Ln
Summerset, SD 57718
605-721-6806

Personal History Statement

PERSONAL INFORMATION

Full Name: *If you are a Jr., Sr., II etc., enter this information after your middle name.

Last

First

Middle

D.O.B. _____ SSN _____

Are you a U.S. citizen: No Yes

Place of Birth: City, County, State & Country (if not in the United States)

Other Names Used:

Name

Month/Year to Month/Year

Reason for Change

Name

Month/Year to Month/Year

Reason for Change

Name

Month/Year to Month/Year

Reason for Change

Other Identifying Information:

Male Female Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, Tattoos, or other Distinguishing Marks: _____

Disability: No Yes Please List: _____

**City of Summerset fully subscribes to the provisions of the American with Disabilities Act and will attempt in this employment process to make any reasonable accommodations necessary to assist qualified persons with disabilities.

Contact Information:

Home Phone: _____ Cell Phone: _____ Work Phone: _____

What is the best way to contact you home/cell/work and what times: _____

Email Address: _____

RESIDENCES

List all physical addresses you have resided during the past ten (10) years, beginning with your present address. All periods must be accounted for. Attach extra pages if necessary.

Full Address City, State, Zip Code	Dates	Landlord Name & Phone # or Owner	Individuals Resided With

EDUCATION

List the schools you have attended, beyond Junior High/Middle School, beginning with the most recent and working back 7 years. List all College or University degrees and the dates they were received. If available, attach copy of HS Diploma or equivalent, degrees, certificates, and transcripts.

Month/Year to Month/Year	Name of School	Degree/Diploma/Other	Month/Year Awarded
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Street Address	City	State	Zip Code
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Month/Year to Month/Year	Name of School	Degree/Diploma/Other	Month/Year Awarded
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Street Address	City	State	Zip Code
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Month/Year to Month/Year	Name of School	Degree/Diploma/Other	Month/Year Awarded
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Street Address	City	State	Zip Code
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EMPLOYMENT

Beginning with your present or most recent employment activity, list all employment held for the past ten (10) years, including full-time, part-time, temporary, self-employment, seasonal and all periods of unemployment. Attach extra pages if necessary. Please indicate if we can contact your current employer.

1. Month/Year to Present _____ Employer _____ Job Title _____

Street Address _____ City _____ State _____ Zip Code _____

Direct Supervisor Name _____ Title _____ Phone# _____

Coworker Name _____ Title _____ Phone# _____

Reason for Leaving: _____

Can we Contact? Yes No If no, Explain why? _____

2. Month/Year to Present _____ Employer _____ Job Title _____

Street Address _____ City _____ State _____ Zip Code _____

Direct Supervisor Name _____ Title _____ Phone# _____

Coworker Name _____ Title _____ Phone# _____

Reason for Leaving: _____

Can we Contact? Yes No If no, Explain why? _____

3. Month/Year to Present _____ Employer _____ Job Title _____

Street Address _____ City _____ State _____ Zip Code _____

Direct Supervisor Name _____ Title _____ Phone# _____

Coworker Name _____ Title _____ Phone# _____

Reason for Leaving: _____

Can we Contact? Yes No If no, Explain why? _____

4. Month/Year to Present _____ Employer _____ Job Title _____

Street Address _____ City _____ State _____ Zip Code _____

Direct Supervisor Name _____ Title _____ Phone# _____

Coworker Name _____ Title _____ Phone# _____

Reason for Leaving: _____

Can we Contact? Yes No If no, Explain why? _____

5. Month/Year to Present _____ Employer _____ Job Title _____

Street Address _____ City _____ State _____ Zip Code _____

Direct Supervisor Name _____ Title _____ Phone# _____

Coworker Name _____ Title _____ Phone# _____

Reason for Leaving: _____

Can we Contact? Yes No If no, Explain why? _____

Have you ever...

Been fired from a job? Yes No

Quit without proper notice? Yes No

Left a job by mutual agreement following allegations of misconduct? Yes No

Left a job by mutual agreement following allegations of unsatisfactory performance? Yes No

If you answered "Yes" to any of these questions, list the details below, listing most recent occurrence first.

Month/Year	Employer	Reason

MILITARY HISTORY

Have you served in the U.S. Armed Forces, including the Reserve, National Guard or U.S. Merchant Marines?

Yes No (If yes, attach a copy of DD214)

Dates of Service Branch Service Number Field of Specialty

Highest Rank Achieved Type of Discharge

If you received a discharge other than honorable, give complete details: _____

Were you ever disciplined while in military service? (Include court martial, captain's mast company punishment, etc.)

Yes No If yes, list details below, listing most recent occurrence first.

Date	Charge	Agency	Disposition	Age at Time

LEGAL

Have you ever been convicted, arrested, or detained by law enforcement or summoned into court for a criminal action, including as a juvenile? Yes No

If yes, list details below, listing most recent occurrence first. Including all arrests, including juvenile and traffic arrests.

Month/Year	City/State	Charges

Have you ever been incarcerated in a correctional facility (city/county jail, boot camp, juvenile hall, state/federal prison)?

Yes No

If yes, list details below, listing most recent occurrence first.

Date Entered	Date Released	Name of Facility	City/State	Incarcerated For

Do you now, or have you ever, taken, ingested, injected, inhaled, or consumed any illegal drug or controlled substance or abused a legally obtained medicine or substance? Yes No

If yes, list details below, listing most recent occurrence first.

Month	Year	Substance Used

LEGAL (continued)

Have you ever failed any kind of drug test in which you were being tested for the use of a controlled or illegal substance or abuse of a legally obtained drug? Yes No

If yes, list details below, listing most recent occurrence first.

Month	Year	Agency or Entity Administering Test

Have you ever been diagnosed, declared, or considered yourself an alcoholic? Yes No

If yes, list month/year diagnosed or declared and how many years of sobriety you have achieved: _____

Have you ever been denied a concealed weapons permit? Yes No

If yes, list month/year of denial, the city, county and/or state permit was denied in and the reason for the denial below.

Month/Year	City, County, or State	Reason

Have you ever been denied a security clearance by a federal entity? Yes No

If yes, list month/year of denial of clearance, the entity which denied it and the reason for the denial below.

Month/Year	Entity	Reason

Please list the name of your auto insurance carrier, the policy number, your agent's name and phone number.

Carrier	Policy Number	Agent Name	Phone Number

Have you ever had your driver's license revoked or suspended? Yes No

If yes, list month/year of suspension/revocation, location, and reason below.

Month/Year	Location	Reason

Are you related to an employee at the City of Somerset? Yes No

If yes, employee's name and relationship? _____

Were you referred by a City of Somerset employee? Yes No Name: _____

REFERENCES

List three (3) persons who know you well. They should be good friends, peers, colleagues, former roommates, etc. Do not list your spouse, former spouse, or other relatives. Do not list anyone who is already listed on this form or on your application for employment.

1. Years Known	Name	Phone Number	Occupation
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Email Address	City	State	Zip Code
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2. Years Known	Name	Phone Number	Occupation
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Email Address	City	State	Zip Code
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3. Years Known	Name	Phone Number	Occupation
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Email Address	City	State	Zip Code
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I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and questions answered. I am fully aware that any such misrepresentations, omissions or falsifications will be grounds for immediate rejection or termination of employment, regardless of when the misrepresentation, omission, or falsifications of information is discovered.

Signature of Applicant

Date