



Town of Richmond
POLICE DEPARTMENT

26 Gardiner Street, Suite 102
Richmond, Maine 04357
www.richmondmaine.com

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

- These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.
- Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability. If a question is not applicable to you, enter N/A in the space provided.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification
- If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- An accurate and complete form will help expedite your investigation. Deliberate omissions or falsifications may result in disqualification.

PERSONAL HISTORY STATEMENT

POSITION APPLYING FOR: FULL TIME PART TIME OTHER

A. APPLICANT IDENTIFICATION – Information provided in this sections used for identification purposes only.

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER STREET

CITY STATE ZIP CODE

TELEPHONE NUMBER _____

DATE OF BIRTH _____
MONTH DAY YEAR

ALIAS (Maiden Name, Nickname Or Other Names By Which You Have Been Known)

SOCIAL SECURITY NUMBER _____

PLACE OF BIRTH _____
CITY STATE COUNTRY

ARE YOU A U.S. CITIZEN YES NO

DRIVER'S LICENSE NUMBER _____ EXPIRATION DATE _____
STATE ISSUED _____

HEIGHT _____

WEIGHT _____

EYE COLOR _____

HAIR COLOR _____

SCARS, MARKS (To Include Birth Marks), TATTOOS _____

B. RESIDENCES – List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year. (attach extra page if needed)

FROM	TO	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. WORK HISTORY – Beginning with your present or most recent job, list your last five employers, including part-time, temporary or seasonal employment, include all periods of unemployment. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER (CIRCLE ONE)? YES NO
2. FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER (CIRCLE ONE)? YES NO

3. FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____
MAY WE CONTACT THIS EMPLOYER (CIRCLE ONE)? YES NO

4. FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____
MAY WE CONTACT THIS EMPLOYER (CIRCLE ONE)? YES NO

5. FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____
MAY WE CONTACT THIS EMPLOYER (CIRCLE ONE)? YES NO

D. MILITARY RECORD

HAVE YOU SERVED IN THE U.S. ARMED FORCES YES NO

DATE OF SERVICE FROM _____ TO _____

BRANCE OF SERVICE _____

UNIT DESIGNATION _____

MILITARY SERVICE NUMBER _____

HIGHEST RANK HELD _____

TYPE OF DISCHARGE _____

WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE INCLUDE COURT-MARTIAL, CAPTAIN'S MASTS, COMPANY PUNISHMENT, ETC.

YES NO

IF YOU RECEIVED A DISCHARGE, OTHER THAN HONORABLE, GIVE COMPLETE DETAILS.

E. EDUCATIONAL HISTORY

High School

Attended	City & State	From	To	Graduated	
				Yes	No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

College or University

Attended _____ Credits Completed: _____

City & State _____

Start Date: _____ End Date: _____

Major/Minor _____ Degree Received _____

Attended _____ Credits Completed: _____

City & State _____

Start Date: _____ End Date: _____

Major/Minor _____ Degree Received _____

Attended _____ Credits Completed: _____

City & State _____

Start Date: _____ End Date: _____

Major/Minor _____ Degree Received _____

List other schools attended (trade, vocational, business etc.) give name and address of school, dates attended, course of study, certificate and any other pertinent information.

F. SPECIAL QUALIFICATIONS & SKILLS

List any special licenses you hold (such as Pilot, Radio Operator, Scuba, etc.) showing licensing authority, original date of issue and date of expiration.

LIST ANY LAW ENFORCEMENT SPECIFIC EDUCATION YOU HAVE RECEIVED:

Class Attended: _____

Start Date: _____ End Date: _____

City & State: _____

Certification Received: _____

Class Attended: _____

Start Date: _____ End Date: _____

City & State: _____

Certification Received: _____

Class Attended: _____

Start Date: _____ End Date: _____

City & State: _____

Certification Received: _____

Class Attended: _____

Start Date: _____ End Date: _____

City & State: _____

Certification Received: _____

Class Attended: _____

Start Date: _____ End Date: _____

City & State: _____

Certification Received: _____

If you are fluent in a foreign language indicate in each area your degree of fluency (excellent, good, fair)

Language	Reading	Speaking	Understand	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

G. CONVICTIONS, ARRESTS, DETENTIONS & LITIGATION

Have you ever been convicted, arrested, detained by police or summonsed into court?

YES NO

If yes, please explain:

Have you ever been involved as a party in civil litigation?

YES NO

If yes, give details _____

H. TRAFFIC RECORD

Has your driver's license ever been suspended or revoked?

YES

NO

If yes, give date, location and reason _____

With what company do you carry auto insurance? _____

Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

I. REFERENCES OR ACQUAINTANCES

List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name _____ Position _____

Address _____

Contact Phone _____ Years Known _____

Address _____ Phone _____

Name _____ Position _____

Address _____

Contact Phone _____ Years Known _____

Address _____ Phone _____

Name _____ Position _____

Address _____

Contact Phone _____ Years Known _____

Address _____ Phone _____

Name _____ Position _____

Address _____

Contact Phone _____ Years Known _____

Address _____ Phone _____

Name _____ Position _____

Address _____

Contact Phone _____ Years Known _____

Address _____ Phone _____

Name _____ Position _____

Address _____

Contact Phone _____ Years Known _____

Address _____ Phone _____

J. PERSONAL DECLARATIONS

Describe in your own words the frequency and extent of your use of intoxicating liquors

Have you ever used marijuana or any other drug not prescribed by your physician?

Yes No

If yes, what type and what were the circumstances _____

Have you ever sold or furnished drugs or narcotics to anyone?

Yes No

If yes, explain in detail _____

If it became necessary to take a human life in the course of your duties as a law enforcement officer, would any religious or other beliefs prevent you from doing so?

Yes No

If yes, explain _____

Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a law enforcement officer?

Yes No

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions or falsifications will be grounds for immediate rejection or termination of employment.

Signature of Applicant

Printed Name of Applicant

Date



RICHMOND POLICE DEPARTMENT

26 GARDINER STREET, SUITE 201
RICHMOND, MAINE 04357
(207) 737-8518
www.richmondmaine.com

Position

I, _____ understand that in order to assess my qualifications for the position noted above, a full background investigation is necessary. I, therefore, authorize the Richmond Police Department to conduct an investigation which may include but not to be limited to: verification of information provided by me to the Richmond Police Department; a financial management check; contacting persons, clients, business associates, professional organizations, educational or other institutions, government and law enforcement agencies regarding work performance, character references, record history information, contacting employers for performance information and verifying educational attainment. All the information and materials I have provided to the Richmond Police Department as part of the employment process are accurate and truthful.

I further authorize all my present and previous employers or references to furnish information concerning my personal character, habits or employment performance and authorize schools that I have attended to provide verification of educational attainment and other relevant information.

I understand that this form authorizes the Richmond Police Department to conduct a pre-employment physical for the purposes for assessing my overall health qualifications for employment with the Richmond Police Department. All costs associated with the physical will be paid by the Richmond Police Department.

Date _____

Social Security # _____

Date of Birth _____

Drivers License # & Issuing State _____

Applicant Signature _____