**WINNEBAGO COUNTY SHERIFF’S OFFICE**

**PERSONAL HISTORY FORM**

Applicant Name:

**INSTRUCTIONS**

The applicant must complete all questions. Answer each question fully and accurately. All questions are subject to verification. Any falsifications on the Personal History Form will subject the applicant to disqualification.

If a question is not applicable, mark N/A. if the answer requires additional room, use the back of the page, or attach additional pages. Complete mailing addresses for residences, employers and references are required.

All answers must be printed in ink or typed and must be legible.

The primary use of this Personal History Form is part of our Background Investigation.

Please sign this Personal History Form, along with the Release of Information form. Then submit both forms along with the other required documents to:

 **Lt. Darin Rice**

 **Winnebago County Sheriff’s Office**

 **4311 Jackson Street**

 **Oshkosh, WI 54901**

**REQUIRED DOCUMENTS**

All applicants must submit the following documents (certified copies are preferred, but photocopies are acceptable).

1. Social Security Card
2. Drivers License
3. Proof of Vehicle Insurance
4. High School Diploma and Transcripts
5. College Diploma and Transcripts
6. Technical College Diploma and Transcripts
7. Military Discharge Records- DD Form 214 (if applicable)
8. Birth Certificate – please present a certified copy, for our inspection only (the lines below are for office use only. Applicant please do not fill in the items listed below.)

Viewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL HISTORY FORM**

1. Full Name:

 First / Middle / Last

2. Date of Birth:

3. Social Security Number:

Are you a United States Citizen: Yes [ ]  No [ ]  If not, do you intend to become a citizen of the United States: Yes[ ]  No [ ]

4. List all Names (Maiden, Alias, Nicknames, etc.)

5. Present Address:

 Street Apt# City State Zip

6. Home Phone:       Cell Phone:

7. Business Phone:       Email:

8. List all previous addresses starting with the most recent:

Date Street Address City State Zip

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9. Landlords (past and present):

Name Address Phone Date

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10. List addresses at which you spend a regular part of your free time, example: Parents residence, friends residence, any location where you are known.

Address Association (parents, friend etc)

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| --- | --- |
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|       |       |

11. Have you ever been convicted of any criminal violation, misdemeanor, City/County ordinance or felony (juvenile and adult)? Yes [ ]  No[ ]

 If yes, list all convictions below (see next page):

 Date Violation/charge City/State Disposition Police Agency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |       |       |       |       |
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12. Have you ever been convicted of a felony? Yes[ ]  No [ ]

 If yes, explain the circumstances:

|  |
| --- |
|       |

13. Are there any felony, misdemeanor or other charges pending against you?

 Yes [ ]  No [ ]  if yes, explain the circumstances below:

|  |
| --- |
|       |

14. As an adult, have you ever had any contact with a police agency as a victim, witness or suspect? Yes [ ]  No [ ]  If yes, provide details: (Name Agency)

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15. List all traffic violations/convictions below:

Date Violation/charge City/State Disposition Police Agency

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16. Have you ever used any of the following drugs? List any other drugs used, that are not

 Identified below: (do not include prescription drugs)

 Yes No Date of Use Dates of Last Use

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Marijuana | [ ]  | [ ]  |       |       |
| Cocaine | [ ]  | [ ]  |       |       |
| Barbiturates | [ ]  | [ ]  |       |       |
| Amphetamines | [ ]  | [ ]  |       |       |
| LSD | [ ]  | [ ]  |       |       |
| DMT | [ ]  | [ ]  |       |       |
| Mescaline | [ ]  | [ ]  |       |       |
| Psilocybin (mushrooms) | [ ]  | [ ]  |       |       |
| Glue Sniffing | [ ]  | [ ]  |       |       |
| Gas Sniffing | [ ]  | [ ]  |       |       |
| PCP | [ ]  | [ ]  |       |       |
| Opium | [ ]  | [ ]  |       |       |
| Heroin | [ ]  | [ ]  |       |       |
| Other | [ ]  | [ ]  |       |       |

17. Do you currently drink alcoholic beverages? Yes [ ]  No [ ]  If yes, to what extent?

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|       |

**EMPLOYMENT**

18. List, with the most recent dates first, all previous employers. Include all part-time places of employment.

1. Name/address of employer Date Phone Supervisor

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

 Reason for Leaving

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2. Name/address of employer Date Phone Supervisor

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 Reason for Leaving

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3. Name/address of employer Date Phone Supervisor

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 Reason for Leaving

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4. Name/address of employer Date Phone Supervisor

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 Reason for Leaving

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5. Name/address of employer Date Phone Supervisor

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 Reason for Leaving

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6. Name/address of employer Date Phone Supervisor

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 Reason for Leaving

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7. Name/address of employer Date Phone Supervisor

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 Reason for Leaving

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19. Were you ever discharged or asked to resign from any place of employment?

 Yes [ ]  No[ ]  If yes, explain:

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20. Have you ever been subjected to disciplinary action in connection with any employment?

 Yes [ ]  No [ ]  If yes, explain

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**LAW ENFORCEMENT EXPERIENCE/BACKGROUND**

21. Are you currently employed in law enforcement? Yes [ ]  No [ ]

 Agency :

 Address :

 City/State/Zip:

22. Have you previously been employed in law enforcement? Yes [ ]  No [ ]

Agency :

 Address :

 City/State/Zip:

23. Reason for Leaving:

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24. Police Training Academy Attended:

 Address:

 City/State/Zip:

 Dates of Attendance:

Date of Certification:

25. Do you have any objection to us contacting any of your previous employers?

 Yes [ ]  No [ ]

 If yes, reason:

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**NOTE:** *If you indicate “yes” on this form and/or the Authorization from Release of Information Form, and we are unable to discuss your personnel and performance record with previous employers, you may be eliminated from further consideration for employment.*

26. Do you possess a valid Wisconsin Drivers License? Yes [ ]  No [ ]

27. Has your driver’s license ever been suspended or revoked? Yes [ ]  No [ ]

 If yes, explain when, where and why:

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28. Have you ever applied for a Civil Service Examination? Yes [ ]  No [ ]  If yes, provide:

Year Position Location Results

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29. Have you ever, tested for any other government position? Yes [ ]  No [ ]  If yes, provide details.

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30. Have you ever submitted an application to any other police agency? Yes [ ]  No [ ]

 If yes, provide:

 Year Agency Status of your application.

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31. Have you ever participated in an Entry Level Assessment Center? Yes [ ]  No [ ]  If so, provide:

 Agency Dates Results (if known).

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**MILITARY SERVICE**

32. Have you ever served in any branch of the Armed Forces? Yes [ ]  No [ ]

 If yes, list:

 Dates Position Held Branch of Service

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33. Rank held:

34. Service Serial #:

35. Were you ever court-martialed, tried on charges, given a Captain’s Mast, punished under Article 15, subject to a Summary Court or otherwise disciplined in any manner?

Yes [ ]  No [ ]  If yes, provide details:

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**EDUCATION**

36. List in chronological order all high schools and colleges that you have attended. Include Police Academy and Technical Colleges.

 (m**o/day/year)**

Name of School Address Date Phone Degree

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37. List all awards received from high school and college:

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38. Have you ever been expelled or placed on probation for disciplinary reasons?

 Yes [ ]  No [ ]  If yes, provide details.

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39. What degrees or professional licenses do you possess?

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40. Are you proficient in any foreign languages? Yes [ ]  No [ ]  If yes, list languages and level of proficiency:

Language Proficiency

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41. Do you possess an Associate’s Degree in Criminal Justice/Police Science?

Yes [ ]  No [ ]  If yes, from where?:

42. Do you possess a four-year degree? Yes [ ]  No [ ]  If yes, from where:

43. Do you possess at least 60 credits from a college or technical institution?

Yes [ ]  No [ ]  If yes, from where?:

**ORGANIZATIONS**

44. Were you ever, or are you a member of any organizations? Yes [ ]  No [ ]

 If yes, provide details:

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45. Please, provide any other information that you may feel to be relevant to your employment, this background questionnaire and your application.

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46. List five-(5) personal references that you have known for at least 1 year. Do not use employers, relatives or present neighbors. Do not use more than one person from your household.

 Name Address City/State/Zip Phone

|  |  |  |  |
| --- | --- | --- | --- |
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*I affirm that this application is true and accurate to the best of my knowledge. I am aware that any statements made by me on this personal history form are subject to later investigation. I am further aware that should any investigation reveal any misrepresentations, falsifications, omissions, or concealment of any material fact that my application may be rejected and my name removed from eligibility.*

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_