

Olathe Kansas Police Department Personal History Packet



Name: _____

E-Mail: _____

Telephone: _____

Cell Phone: _____

Position Applied for:

Police Officer

Dispatcher

Other

(Specify) _____

All inquiries regarding this paperwork should be directed to the Personnel Unit of the Olathe Police Department. Please utilize the main number listed below:

**Olathe Kansas Police Department
501 E 56 Hwy, Olathe KS, 66061
913-971-7500**

Olathe Police Department

Personal History Statement

Instructions

The information that you provide in this questionnaire will be used by the background investigator in determining your suitability for a position with our department. 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. **DO NOT** scan it into a computer and complete it using a computer.
- 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 neatly printed **by the applicant**, using **black ink only**. **Illegible** or **incomplete** applications **will not be accepted**. Do not write in shaded areas. **Upon reporting to your oral interview, you must present your completed application Personal History Statement as well a photo copy of the following documents. Do not** mail this application or the above requested documents. Applicants must complete all sections of the application.

Your documents will be checked upon arriving for your oral interview, if you do not provide copies of the must have documents, your interview will not take place and you will be disqualified from the process.

DOCUMENTS	√ showing you attached copy or list as n/a`
Birth certificate	
Valid driver's license	
Social Security Card	
High School Transcripts	
High School Diploma or GED	
DD-214, if you have been in the military	
College transcripts, if you have college hours	
Proof of auto insurance for all vehicles that you operate (police officer applicants only)	
Name change records, if applicable	
Civil suit records, if applicable	
Letters of recommendation (optional)	
Other	

Family Members and Relatives

During the background investigation, your family will 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	

<p>Have you ever been ordered by a court to pay child support? • Yes • No</p> <p><i>If yes, what is or was the monthly amount? _____</i></p> <p>Have you ever been required to pay alimony? • Yes • No</p> <p><i>If yes, what is or was the monthly amount? _____</i></p> <p>Have you ever been delinquent in child support payments or alimony payment? • Yes • No</p> <p><i>If yes, explain below.</i></p>

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)
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			

Cohabitants (roommates, friends, significant others, etc.)

List those individuals with whom you have resided during the last *seven* years, excluding family members.

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known

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? • Yes • No
If yes, please explain.

Date of employment From To Month / Year Month / Year ____ / ____ ____ / ____ How long employed there? ____ • Present employment	Name of employer Complete address Work schedule (for example: Monday through Friday 9 to 5, etc.) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Job title or position</td> <td style="width: 30%;"> • Full time • Part-time • Volunteer • Internship • Temporary </td> <td style="width: 40%;">Salary</td> </tr> </table>	Job title or position	• Full time • Part-time • Volunteer • Internship • Temporary	Salary	Work phone (area code)
Job title or position	• Full time • Part-time • Volunteer • Internship • Temporary	Salary			
Describe your duties					
Actual reason for leaving (be specific)					
Supervisor's name	Work or home phone (area code)				
List another supervisor	Work or home phone (area code)				
List a co-worker	Work or home phone (area code)				
• Unemployed From: _____ To: _____					

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	<ul style="list-style-type: none"> • Full time • Part-time • Volunteer • Internship • Temporary 	Salary
Describe your duties			
Actual reason for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
• 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	<ul style="list-style-type: none"> • Full time • Part-time • Volunteer • Internship • Temporary 	Salary
Describe your duties			
Actual reason for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
• 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	<ul style="list-style-type: none"> • Full time • Part-time • Volunteer • Internship • Temporary 	Salary
Describe your duties			
Actual reason for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
• 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	<ul style="list-style-type: none"> • Full time • Part-time • Volunteer • Internship • Temporary 	Salary
Describe your duties			
Actual reason for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
• 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	<ul style="list-style-type: none"> • Full time • Part-time • Volunteer • Internship • Temporary 	Salary
Describe your duties			
Actual reason for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
• 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	<ul style="list-style-type: none"> • Full time • Part-time • Volunteer • Internship • Temporary 	Salary
Describe your duties			
Actual reason for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
• 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	<ul style="list-style-type: none"> • Full time • Part-time • Volunteer • Internship • Temporary 	Salary
Describe your duties			
Actual reason for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
• 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	<ul style="list-style-type: none"> • Full time • Part-time • Volunteer • Internship • Temporary 	Salary
Describe your duties			
Actual reason for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
• 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	<ul style="list-style-type: none"> • Full time • Part-time • Volunteer • Internship • Temporary 	Salary
Describe your duties			
Actual reason for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
• 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	<ul style="list-style-type: none"> • Full time • Part-time • Volunteer • Internship • Temporary 	Salary
Describe your duties			
Actual reason for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
• 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
If yes, list the dates, name of employer, and details.

Date	Employer
Details	

Have you ever been *investigated* by your employer or supervisor for improper conduct, illegal activities, sexual harassment, or equal employment violations? • Yes • No
If yes, please provide the following information.

Date	Employer
Details and results of investigation	

Have you ever been suspended by an employer, or received a formal written reprimand, or verbal, warning, or verbal counseling? • Yes • No
If yes, please explain.

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
--	---------------------	-------------------

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.

Name and address of training site	Date started	Date ended
--	---------------------	-------------------

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.

Have you ever been decertified as a police officer? • Yes • No

If yes, explain the reason.

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

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
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	

Date applied	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> 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
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
What was the background investigator's name and phone number:	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
What was the background investigator's name and phone number:	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
What was the background investigator's name and phone number:	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
What was the background investigator's name and phone number:	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
What was the background investigator's name and phone number:	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> 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.

DRUG/NARCOTIC	√ IF NEVER USED	DATE FIRST USED	DATE LAST USED	MAX No. OF TIMES
Marijuana				
Hashish				
PCP				
Angel Dust				
THC				
Peyote				
Mescaline				
Mushrooms				
Heroin				
Cocaine				
Qualudes				
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, for the purpose of getting "high" or changing your emotional state:

Have you ever manufactured, brought, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Selective Service number	
Have you ever served in any of the Armed Forces, National Guard, or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, what is your current status with the military?</i> <input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> Inactive <input type="checkbox"/> 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 circle 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 seven 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
				• Yes • No	• Yes • No
				• Yes • No	• Yes • No
				• Yes • No	• Yes • No
				• 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 seven years</i>		
Date	City and state	Were you at fault?..... • Yes • No 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
Police agency that took the report: _____ Details of accident: _____ _____ _____		

Date	City and state	Were you at fault?..... • Yes • No 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
Police agency that took the report: _____ Details of the accident: _____ _____ _____		

Date	City and state	Were you at fault?..... • Yes • No 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
Police agency that took the report: _____ Details of the accident: _____ _____ _____		

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? • Yes • No
 If yes, provide the following information.

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? • Yes • No
 If yes, provide the following information.

Approximate date	Traffic violation	City / county / state	Penalty

CRIMINAL CHARGES AND/OR ARRESTS

Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act? • Yes • No
 Include charges that were dismissed, dropped, or reduced. If yes, provide the following information. Start with most recent.

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? • Yes • No

Are you currently on probation? • 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		
			Credit cards (charge accounts)		
			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 _____

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		Home
Occupation		Work
Relationship	Age	How long have you known?

Name		Home
Occupation		Work
Relationship	Age	How long have you known?

Name		Home
Occupation		Work
Relationship	Age	How long have you known?

Name		Home
Occupation		Work
Relationship	Age	How long have you known?

Name		Home
Occupation		Work
Relationship	Age	How long have you known?

Name		Home
Occupation		Work
Relationship	Age	How long have you known?

OLATHE POLICE DEPARTMENT

DECLARATION OF APPLICANT

I hereby swear or affirm that there are no willful misrepresentations or omissions in, or falsifications of, the preceding statements and answers. I am aware that should an investigation disclose such misrepresentations, omissions, or falsifications in any documents I submit, or statements I make as part of application process, my application will be rejected and I will be disqualified from applying for any future position in the service of the Olathe Police Department. If, after my acceptance for employment, subsequent investigation should disclose misrepresentation, omission, or falsification, it will be just cause for my immediate dismissal. I understand that this is a continuing investigation and agree to notify the Olathe Police Department of any information that may reflect any changes or additions in this Personal History Statement.

I also understand that as part of my background investigation I will be asked to take a polygraph examination. Refusal to do so when asked will result in my not being further considered for employment with the City of Olathe.

SIGNATURE OF APPLICANT _____

STATE OF KANSAS)
) ss.
COUNTY OF JOHNSON)

Subscribed and sworn to before me this _____ day of _____, 2008.

Notary Public

My Commission Expires _____

ATTACHMENTS (Please check those that apply).

- ____ Supplemental Answers to Personal History Statement
- ____ Other _____
- ____ Other _____

OLATHE POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby, authorize a review of and full disclosure of all records, of any part thereof, concerning myself, by a duly authorized agent of the Olathe Police Department, whether said records are of public, private or confidential nature, and regardless of whether the information released may be derogatory in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U. S. Veterans Administration; public utility companies; employment and pre-employment records, including background reports and polygraph examinations results, efficiency ratings, complaints or grievances filed by or against me, internal affairs investigations/reports and salary records, real and personal property records and other financial statements and records where-ever filed; records of complaint, arrest, trial and/or convictions for alleged offenses where so ever located, and to include the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and, emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation which may provide pertinent data for the Olathe Police Department to consider in determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, copies of that information, however personal or confidential it may appear to be, and the sources of information specifically identified herein. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be determining my suitability for employment by Olathe Police Department.

I also agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney' fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE OF APPLICANT _____

STATE OF KANSAS)
) ss.
COUNTY OF JOHNSON)

Subscribed and sworn to before me this _____ day of _____, 2008 .

Notary Public
Revised 2/04

My commission expired

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

