

PERSONAL HISTORY STATEMENT

Date:



General Information: Hand print an answer to every question. If a question does not apply to you state with N/A. If space available is insufficient, use a separate sheet and proceed with each answer with the number of that referenced block. **DO NOT MISSTATE OR OMIT** material fact since the statements made herein are subject to verification to determine your qualifications for employment.

1. Last Name			First Name			Middle Name			2. Male ()		Female ()	
3. Aliases, Nicknames, Maiden Name, Other						4. Social Security Number			5. Phone Number(s) inc. Area Code			
6. Present Street Address						City			State		7. Zip Code	
8. Date of Birth				9. Place of Birth (City, County, State)								
10. Height		11. Weight		12. Color of Eyes		13. Color of Hair		14. Scars, Marks, Tattoos, other Marks				
15. US Citizen?				16. Marital Status () Single () Married () Separated () Divorced () Widowed								
17. Spouse's Name:						Address:						
18. Information on Marriages												
Date		Where?		Who Officiated?		Spouse's Name - including Maiden Name						
19. Children and Dependents - List all children, stepchildren, adopted ones and give the following information												
Name			Birth		Residence			With Whom		Supported by Whom?		
			Date	Place								
20. Military Status:												
Have you served in the US Armed Services? () Yes () No If, yes, attach copy of DD-214												
20A. While in the military service were you arrested for an offense which resulted in a trial by deck court or by summary, special, or general court martial? () Yes () No: If yes, give date, place, authority, type of court-martial, charges, action taken for each incident using a separate piece of paper.												
20B. Are you presently a member of the US Reserves or National Guard Organization? () Yes () No If yes,												
Grade and Service Number						Service and Component						
Organization and Station or Unit and Location:												

Creston Police Department - Personal History Statement

27. Past and/or Present Membership in Organizations.			
Name and Address	Type (Social, Fraternal, Professional)	Office Held	From/To

28. Hobbies and Sports		
Name	Length of Participation	Proficiency

29. Organizations

Yes	No	
		Are you now or have you ever been a member of the Communist Party or any other communist organization anywhere?
		Are you a member of any Fascist organization?
		Are you now or have you been a member of any organization, association, member, group or combination of persons which advocates the overthrow of our government, or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny persons their rights under the US Constitution or which seeks to alter the form of government of the United States?
		Are you now or have you ever been affiliated or associated with any individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations listed above?
		Are you now or have you been an agent, official, or employee of any of the organizations listed above?
		Have you ever been engaged in any of the following activities of any organization of the types listed above; made contributions to, attendance at or participation in any organizational, social, or other activities of said organization or of any projects sponsored by them, the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published by them or any of their agents or instrumentalities?

If YES to any of the answers above, describe the circumstances. Attach additional sheets for a full detailed statements. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which there were or are affiliated.

30. Are there any incidents in your life not mentioned herein which may reflect on you suitability to perform the duties which you may be called upon to take or which might require further exploration? () Yes () No If yes, give details.

31. Have you ever applied for a position with any other Law Enforcement Agency? () Yes () No If so, where

32. Would you be willing to take the required polygraph examination concerning all information on this application? () Yes () No

Remarks:

I certify there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and made in good faith. I further agree and consent to being summarily discharged if any of the information given is misinformation or a falsification or any material information is omitted.

DATE

SIGNATURE OF APPLICANT



Creston Police Department
 302 N. Pine Street
 Creston, IA 50801
 (641)782-8402

Waiver of Liability and Release Form

In consideration of the City of Creston, hereinafter referred to as the City, processing of my application of employment, I, _____, hereby irrevocably agree to the following terms and conditions:

Initial Each

- _____ 1. The term "background investigation" as used in this document refers to any all information and sources of information that the City, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the City.
- _____ 2. I hereby release from liability and hold harmless, under any and all possible causes of legal action, any officer, agent, or employee of the City who may conduct my background investigation.
- _____ 3. I hereby release from liability and hold harmless, under any and all possible causes of legal action, any and all persons or entities who shall furnish any information or opinions to the officers, agents, or employees of the City who conduct my background investigation.
- _____ 4. I authorize any person or entity contacted by the City's officers, agents, or employees during the course of my background investigation, to furnish such officers, agents, or employees any information or opinions they may have, and hereby expressly waive any and all legal privileges I may have, including but not limited to the attorney-client privilege, the physician-patient privilege, the clergy-penitent privilege, the husband-wife privilege and the accountant-client privilege.
- _____ 5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the City or any of its officers, agents, or employees for any statements, acts or omission in the course of my background investigation.
- _____ 6. I expressly waive all of my legal rights and causes of action to the extent that the City background may violate or infringe upon these legal rights and causes of action.
- _____ 7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing that such information must, of necessity, remain confidential.
- _____ 8. **A PHOTOCOPY OF FAX COPY OF THIS RELEASE FORM WILL BE AS VALID AS THE ORIGINAL THEREOF, AND IS VALID FOR SIX (6) MONTHS FROM THE DATE OF MY SIGNATURE.**

This release from liability given by me to the political division, the City, its officers, agents, and employees and all other mentioned above, shall apply to any right of action of any nature whatsoever that might accrue to myself, my heirs, or personal representative.

DATE: _____ SIGNATURE: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

 Notary Public in and for the STATE OF IOWA



**Creston Police Department
302 N. Pine Street
Creston, IA 50801**

Driver's License Information:

Applicant Name:	Date of Birth:
Operators License Number:	Operators License State:
Restrictions:	Valid for motorcycle or other special vehicles?

Previous Drivers License Information:

Operator License Numbers	State of Issue	Year of Expiration

Have had any traffic violations in the past seven (7) years? If so please list below:

Date of Offense	Type of Offense	Court	Disposition

Have your driving privileges ever been denied, suspended, or revoked? If yes, explain below.
