

# I

## WEBER COUNTY SHERIFF'S OFFICE

### Personal History and Background Investigation

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Applicant's Name

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Position Applying for

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Application Date

Return To:

Weber County Sheriff's Office  
Professional Standards Bureau  
721 W. 12<sup>th</sup> Street  
Ogden, Utah 84404

Ph# ( 801) 778-6600

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### **III**

## **Weber County Sheriff's Office**

## **Personal History Statement**

### **Information to Applicant**

The background investigation is one process used to evaluate your qualifications and suitability for employment with the Weber County Sheriff's Office. A thorough investigation will yield job relevant information concerning your past behavior, experience, education, performance and other critical factors important in the overall selection process. The background investigation also entails inquiries yielding facts surrounding your conduct that may bear a demonstrable relationship to your suitability.

The information you provide will be protected from unauthorized disclosure in compliance with Utah Law and Weber County policy. All records and documents become the property of Weber County. Negative factors in your past will be evaluated regarding the circumstances in which they occurred and in relationship to the position for which you have applied.

Be accurate and thorough in completing the Personal History Statement. Any attempt to misrepresent, omit, or falsify information will result in the immediate denial of further consideration for employment or will be cause for immediate dismissal if an appointment has been made. In addition, a false statement may result in prosecution for fraud. An attempt by a certified peace officer to falsify any document will result in notification to Peace Officer Standards and Training. All responses must be true and accurate.

The Weber County Sheriff's Office is a Law Enforcement Agency and has the legitimate obligation to pursue criminal activity once reasonable suspicion exists that laws have been violated. If you are involved in criminal activity, or have committed crimes that have not been detected, criminal complaints may be filed. Criminal Activity by certified peace officers will be reported to the Peace Office Standards and Training Certification Supervisor.

I understand the information contained in the above statement.

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Signature of Applicant

---

Date

## IV INSTRUCTIONS TO APPLICANT

All information contained in the Personal History Statement must be accurate. Type or print in black ink all responses. If a question does not apply to you, write "N/A" in the space provided for your answer. If you need more space for your response, use the reverse side of the sheet that the question appears on. **Please make a copy of this entire packet and all attachments before you turn it in.** We will not be able to provide you with copies once it has been turned in.

**Attach the following documents to the Personal History Statement:**

- [ ] A photo copy of your birth certificate in your name at birth issued by the Registrar of Vital Records with the filing date and seal of the Registrar clearly visible. The Weber County Sheriff's Office will not accept a Hospital Certificate, Baptism Certificate or Notification of Birth that has not been registered with the Registrar of Vital Records.

If you are unable to obtain a certified copy of your birth certificate, you will be required to verify United States Citizenship by showing a United States Passport or a United States Naturalization Paper to the Weber County Human Resource Office. Do not photo copy these documents.

The Immigration Reform and Control Act of 1986 requires an employing agency to determine if a candidate is a United States citizen or an alien lawfully authorized to work in the United States. If you are employed by the Weber County Sheriff's Office, you will be required to furnish original documents which confirm your identity and employment eligibility. After the documents have been examined, a photo copy will be made of them and they will be returned to you.

- [ ] A photo copy of your high school diploma or G.E.D. certificate.
- [ ] A photo copy of all college transcripts (if applicable)
- [ ] A photo copy of your military discharge document(s), DD-214 (Member -4 copy) for each branch of the service you have served in. If you do not have the DD-214 Member-4 copy, your copy must contain the following information: type of separation, character of service, separation code, reentry code. Veterans Administration dated within the last 90 days, or documentation of a Purple Heart award.
- [ ] POST certificate or a letter stating you are certified/certifiable as a Peace Officer or a Correctional Officer or a Special Function Officer (if applicable)
- [ ] Complete the fingerprint cards that are attached to the Personal History Statement. Candidates must complete the upper portion of the fingerprint cards with the appropriate information. Fingerprints must be done by certified fingerprint technician. Make sure your prints are not smeared.

## V

### GENERAL APPLICANT INFORMATION

Answer all questions completely. If additional space is needed use the reverse side and indicate the number of the question being answered.

1. Name: \_\_\_\_\_  
                     Last Name                      First Name                      Middle

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month          Day          Year

2. If you have ever used a name other than the name above, list all other names you have ever used including maiden names or legally changed names. Attach copies of legal documents that apply to the legal name changes.

Name: _____	_____	_____
Last	First	Middle
Name: _____	_____	_____
Last	First	Middle
Name: _____	_____	_____
Last	First	Middle

3. Place of birth.:

#### 4. Physical Description:

Sex:      Male ( ) Female ( )      Height:      ft.      in.      Weight:      lbs.

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

5. Address: \_\_\_\_\_  
                                 Number and Street                                  City                                  State                                  Zip Code

Mailing Address: \_\_\_\_\_  
Post Office Box Number                  City                  State                  Zip Code

Residence Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Hrs. you can be contacted: \_\_\_\_\_

Work Phone Number: (        )        -        Hrs. you can be contacted:

Alternate contact telephone numbers-Please list the name and phone of someone (a relative or close friend) who usually knows how to contact you if you cannot be reached at home or work. DO NOT LIST YOUR OWN TELEPHONE NUMBER.

Name: \_\_\_\_\_ Phone Number: (        )        -       

6. Are you a citizen of the United States? ( ) No ( ) Yes

If naturalized:

Certificate Number: \_\_\_\_\_ Date:     /     /

Place: \_\_\_\_\_

## **VI**

### **General History** **[To be completed by Sheriff's Office]**

## VII MARITAL AND FAMILY INFORMATION

Answer all questions completely. If additional space is needed use the reverse side and indicate the number of the question being answered.

1. Status: Single ( ) Engaged ( ) Married ( ) Separated ( ) Annulled ( ) Divorced ( ) Widowed ( )

2. Present Spouse: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle mo Day Yr

A. Maiden Name & other names used:

B.			
Social Security Number	Work phone number	Work hours	Date of marriage

C. Name of Spouse's Employer: \_\_\_\_\_ Ph# ( ) - \_\_\_\_\_

D. Spouse's Employers's address: \_\_\_\_\_

Street	City	State	Zip Code

3. If divorced, annulled or widowed, list prior marriage(s) in order of occurrence. If additional space is needed, use the reverse side of this sheet.

A. Name of former spouse: \_\_\_\_\_

Last	First	Middle	Date of Birth

B. Address: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Number and Street City State Zip Code Phone Number

Date of Marriage	Date of Divorce/Annulment/ Death	Court or State Issuing Decree or Certificate
------------------	----------------------------------	--

Reason :      ( ) divorce      ( ) annulment      ( ) death of spouse      ( ) other :

C. List names and birth dates of all children by this marriage (if these children are stepchildren or adopted, indicate this).

1. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last name First Middle Birth date

[illegible]

2. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last name First Middle Birth date

[illegible]

## MARITAL AND FAMILY INFORMATION (continued)

3. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
           Last name                      First                      Middle                      Birth date

Child's relationship to you :    ( ) Natural child                      ( ) adopted child  
    ( ) Step-child                      ( ) foster child  
    ( ) other : \_\_\_\_\_

4. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
           Last name                      First                      Middle                      Birth date

Child's relationship to you :    ( ) Natural child                      ( ) adopted child  
    ( ) Step-child                      ( ) foster child  
    ( ) other : \_\_\_\_\_

5. Are these children living with you?    ( ) No    ( ) Yes.    If yes,    ( ) full-time    ( ) part-time

6. If they are not living with you full-time, are they living with your former spouse?    ( ) No    ( ) Yes.

If no, list name and relationship of whom they are living with.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

7. Was child support or alimony ordered?    ( ) No    ( ) Yes

If yes, please list the monthly payment amounts:    Child Support \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_

D. List names and birth dates of all children by any other relationship not previously listed. If additional space is needed, use the reverse side of this sheet.

1. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
           Last name                      First                      Middle                      Birth date

Child's relationship to you :    ( ) Natural child                      ( ) adopted child  
    ( ) Step-child                      ( ) foster child  
    ( ) other : \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
           Last name                      First                      Middle                      Birth date

Child's relationship to you :    ( ) Natural child                      ( ) adopted child  
    ( ) Step-child                      ( ) foster child  
    ( ) other : \_\_\_\_\_

3. Are these children living with you?    ( ) No    ( ) Yes.    If yes,    ( ) full-time    ( ) part-time .

4. If they are not living with you full-time, are they living with your former spouse?    ( ) No    ( ) Yes.

If no, list name and relationship of whom they are living with.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
           Number and Street                      City                      State                      Zip Code                      Phone Number



## MARITAL AND FAMILY INFORMATION (continued)

5. Was child support ordered? ( ) No ( ) Yes  
If yes, please list the monthly payment amount to the right. Child Support \$ \_\_\_\_\_

E.. Name of Fiancee (if applicable):

1. Name: \_\_\_\_\_  
Last First Middle Date of Birth

2. Maiden Name & other Name(s) used:

\_\_\_\_\_  
\_\_\_\_\_

3. Address: \_\_\_\_\_  
Number and Street City State Zip Code

F. Mailing Address if different: \_\_\_\_\_  
P. O. Box Number City State Zip Code

G. Residence Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Hrs. you can be contacted: \_\_\_\_\_

H. Work Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Hrs. you can be contacted: \_\_\_\_\_

Name of Fiancee's Employer: \_\_\_\_\_ Ph# ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

5. If you claim income tax exemptions for support of dependents other than spouse and children listed, provide the following information here and on the reverse side of this sheet if necessary: name, address, with zip code, relationship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been involved in paternity proceedings? ( ) No ( ) Yes. If yes, give details below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you currently or have you ever practiced bigamy or polygamy? ( ) No ( ) Yes. If yes, give details below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MARITAL AND FAMILY INFORMATION (continued)

### 8. Applicant's Family:

- A. Father's Name: \_\_\_\_\_  
Last First Middle
- Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
- Address: \_\_\_\_\_  
House Number & Street City State Zip
- B. Mother's Name: \_\_\_\_\_  
Last First Middle
- Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
- Address: \_\_\_\_\_  
House Number & Street City State Zip
- C. Sibling's Name: \_\_\_\_\_  
Last First Middle
- Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
- Address: \_\_\_\_\_  
House Number & Street City State Zip
- D. Sibling's Name: \_\_\_\_\_  
Last First Middle
- Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
- Address: \_\_\_\_\_  
House Number & Street City State Zip
- E. Sibling's Name: \_\_\_\_\_  
Last First Middle
- Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
- Address: \_\_\_\_\_  
House Number & Street City State Zip
- F. Sibling's Name: \_\_\_\_\_  
Last First Middle
- Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
- Address: \_\_\_\_\_  
House Number & Street City State Zip

## MARITAL AND FAMILY INFORMATION (continued)

9. Applicant's Family In-laws:

A. Father In-law's Name: \_\_\_\_\_  
Last First Middle

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
House Number & Street City State Zip

B. Mother In-law's Name: \_\_\_\_\_  
Last First Middle

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
House Number & Street City State Zip

C. Sibling In-law: \_\_\_\_\_  
Last First Middle

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
House Number & Street City State Zip

D. Sibling In-law's Name: \_\_\_\_\_  
Last First Middle

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
House Number & Street City State Zip

E. Sibling In-laws's Name: \_\_\_\_\_  
Last First Middle

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
House Number & Street City State Zip

F. Sibling In-law's Name: \_\_\_\_\_  
Last First Middle

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
House Number & Street City State Zip

## VIII

# EDUCATION

Starting with high school list names and addresses of all schools you have attended since or are now attending. This includes all schools of higher education such as colleges, universities, trade or technical colleges and public safety academies.

1. Name of School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Graduate? ☐ YES ☐ NO Type of Degree Received: \_\_\_\_\_ Major: \_\_\_\_\_

2. Name of School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Graduate? ☐ YES ☐ NO Type of Degree Received: \_\_\_\_\_ Major: \_\_\_\_\_

3. Name of School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Graduate? ☐ YES ☐ NO Type of Degree Received: \_\_\_\_\_ Major: \_\_\_\_\_

4. Name of School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Graduate? ☐ YES ☐ NO Type of Degree Received: \_\_\_\_\_ Major: \_\_\_\_\_

5. Name of School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Graduate? ☐ YES ☐ NO Type of Degree Received: \_\_\_\_\_ Major: \_\_\_\_\_

5. Name of School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Graduate? ☐ YES ☐ NO Type of Degree Received: \_\_\_\_\_ Major: \_\_\_\_\_

## IX MILITARY SERVICE

Applicant must complete this section if he/she has served with the United States Armed Forces. If Applicant has not served with the United States Armed Forces, answer 'No' on question '1' then skip to the FINANCIAL section.

1. Have you ever served with the United States armed forces, National Guard, or military reserve? ☐ YES ☐ NO
2. Are you currently participating in the United States armed forces, National Guard, or military reserve program? ☐ YES ☐ NO
3. List date, location and status (i.e., honorable, general, etc.) of discharge: \_\_\_\_\_  
\_\_\_\_\_
4. Have you changed your military discharge status at any time? ☐ YES ☐ NO  
If yes, what was your discharge status prior to having it changed?  
( ) General  
( ) Less than Honorable  
( ) Undesirable  
( ) Early separation  
( ) Other \_\_\_\_\_  
Explain why the change of your status was necessary here or on the back side of this sheet. \_\_\_\_\_  
\_\_\_\_\_
5. List your highest rank held: \_\_\_\_\_ List your rank at time of discharge: \_\_\_\_\_
6. Were you ever court-martialed, tried or charged, or were you the subject of a summary court, deck court, captain's mast, company punishment, or Article 15, or any other disciplinary action while a member of the armed forces? If yes, list branch of service, when, where, and the circumstances. ☐ YES ☐ NO
7. Have you ever been separated from military service for disciplinary reason? ☐ YES ☐ NO
8. Have you ever been given the option to resign in lieu of forced separation from any military service? ☐ YES ☐ NO
9. While in the service, were you ever reduced in grade or rank? ☐ YES ☐ NO
10. Did you ever commit a criminal act while off duty while in the armed services. ☐ YES ☐ NO
11. List your current or past commanding officers or military acquaintances who know you well enough to provide additional information:  
  
A. Name: \_\_\_\_\_ Rank: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
  
B. Name: \_\_\_\_\_ Rank: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**X**

# FINANCIAL RESPONSIBILITY

You must complete all of this section. In completing the financial section be thorough and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

<u>CURRENT MONTHLY INCOME</u>		<u>CURRENT MONTHLY EXPENSES</u>	
Your Salary	\$ _____	Mortgage Payment	\$ _____
Spouse's Salary	_____	Rent	_____
Other Income(describe):		Other Monthly Expenses (describe):	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL MONTHLY INCOME	\$ _____	TOTAL MONTHLY EXP.	\$ _____

  

<u>CURRENT ASSETS</u>		<u>CURRENT LIABILITIES</u>	
Savings	\$ _____	Mortgage Balance	\$ _____
Checking	_____	Long-term loans (auto, etc.)	_____
Real Estate	_____	Charge Accounts	_____
Stocks and Bonds	_____	Other Liabilities:	
Whole Life Insurance values	_____	_____	_____
Autos	_____	_____	_____
Other Assets:		_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____

## FINANCIAL RESPONSIBILITY (continued)

If the answer to any of the questions below is yes, explain why in detail in the space under the question or on the back side of this sheet. Refer to the question number in your response if writing on the back side of this sheet. These questions refer to both YOU and your SPOUSE:

1. Ever defaulted on any loan, debt or obligation in the past five years? ☐ YES ☐ NO
2. Ever had your wages attached or garnisheed? ☐ YES ☐ NO
3. Ever been a defendant in a small claims or other civil court action? ☐ YES ☐ NO
4. Any immediate civil actions pending? ☐ YES ☐ NO
5. Ever been refused credit? ☐ YES ☐ NO
6. Ever had any collection or repossession action taken against you? ☐ YES ☐ NO
7. Ever been referred to a collection agency? ☐ YES ☐ NO
8. Ever been delinquent on any federal, state, local debts? This would be delinquencies for income, property, or other taxes, governmental loans, overpayment of benefits, required payments into or under government programs, etc. ☐ YES ☐ NO
9. Have you or your spouse or any corporation, firm, partnership, or other business enterprise in which you or your spouse have served as an officer, owner, director trustee, or partner ever filed a petition for bankruptcy under the U.S. Bankruptcy code; been adjudicated as bankrupt under the U.S. Bankruptcy Code; been the subject of a formal or informal receivership? Describe the category of bankruptcy which you chose (i.e. liquidation, reorganization, adjustment of debts). Give the court appointed trustee name and phone number. ☐ YES ☐ NO
10. Ever owned real property which, during the time of such ownership, has been cited as unsafe or unsanitary or for other housing code violations or which has been condemned? ☐ YES ☐ NO
11. Ever had a check "bounce" or returned for insufficient funds (how many times total, how many times last 12 months, when was the last time, for how much, intentionally, unintentionally)? ☐ YES ☐ NO

## **XI**

### **LAW ENFORCEMENT EXPERIENCE**

If you answer yes to any of the questions below, please explain your answer completely in the white space below the question or on the back side of this paper. Refer to the question by number in your response.

1. Are you currently or have you ever been POST certified? Date? Your current status? ☐ YES ☐ NO
  
2. Have you ever worked for any law enforcement agency in any capacity? ☐ YES ☐ NO  
What agency? What were your responsibilities?
  
3. Have you ever applied with other law enforcement agencies for employment as a peace officer or non-peace officer? Please list those agencies on the other side of this page along with the approximate dates of application. ☐ YES ☐ NO
  
4. Has any other law enforcement agency conducted a background investigation concerning you? ☐ YES ☐ NO
  
5. Have you ever been passed over or rejected for employment as a peace officer? ☐ YES ☐ NO
  
6. Have you previously applied for employment in any capacity with the Weber County Sheriff's Office or with Weber County? ☐ YES ☐ NO



## XII PERSONAL CONDUCT

If you answer yes to any of the questions below, please explain your answer completely in the white space below the question or on the back side of this paper. Reference the question by number in your response if necessary.

1. As a juvenile or as an adult have you ever committed an offense where you could have been/or ☐ YES ☐ NO  
were arrested? If yes, give date when offense was committed and what the offense was.
2. As a juvenile or as an adult were you ever arrested or required to appear before a Court of Law? ☐ YES ☐ NO  
If yes, how many times arrested, when, what for, what was the disposition?
3. Either as an adult or a juvenile, have you ever been detained for investigation, held on suspicion, ☐ YES ☐ NO  
questioned, fingerprinted or arrested by any law enforcement agency?
4. Have you ever petitioned any court to seal or expunge a criminal or juvenile record? ☐ YES ☐ NO
5. Have you ever been involved in or arrested for any crime of unlawful sexual conduct? ☐ YES ☐ NO
6. Have you ever been involved in or arrested for employing physical violence that resulted in ☐ YES ☐ NO  
the injury of harm of another?
7. Have you ever been in the subject of an investigation dealing with the theft of something not ☐ YES ☐ NO  
belonging to you?
8. Have you ever taken any property that didn't belong to you from a place where you worked ☐ YES ☐ NO  
without getting permission first? If yes, what was taken, what was the value, date of occurrence.
9. Have you ever purchased any item that you knew or suspected was stolen? If yes, list item, ☐ YES ☐ NO  
quantity, value, date of purchase.
10. Have you within the past five (5) years done anything at all that you could have been ☐ YES ☐ NO  
arrested for doing?
11. Have you ever had a criminal warrant or a traffic warrant issued for your arrest? If yes, give ☐ YES ☐ NO  
date warrant was issued and date cleared.
12. Have you ever intentionally perjured yourself in a Court of Law? ☐ YES ☐ NO
13. Do you reside or associate with anyone (family or friends) who is or has been involved in ☐ YES ☐ NO  
criminal behavior equivalent to a class A misdemeanor or a felony?
14. Have you ever been reported as a missing person or runaway? If yes, list jurisdiction, dates ☐ YES ☐ NO  
and outcome.
15. Have you ever been placed on probation or parole? If yes, when, where, why, dates. ☐ YES ☐ NO
16. Have you been delinquent or has any legal action every been taken against you for failing to ☐ YES ☐ NO  
meet an obligation for child support or alimony?
17. Do you owe money for parking tickets? If yes, indicate the amount owed. ☐ YES ☐ NO

### Personal Conduct (continued)

18. Have you ever been asked to submit to a polygraph examination? If yes, list dates, examiner's name, purpose for examination, and name of the agency or company who requested it. ☐ YES ☐ NO
19. Have you ever failed a polygraph examination? If yes, why did you fail. ☐ YES ☐ NO
20. Have you ever applied for a permit to carry a concealed weapon?  
If yes, list date, name of law enforcement agency. ☐ YES ☐ NO
21. Have you had your permit to carry a concealed weapon approved? If no, date, why it was not granted. If yes, list permit number. ☐ YES ☐ NO
22. Have you ever falsified an insurance claim? ☐ YES ☐ NO
23. Have you ever falsified and income tax return? ☐ YES ☐ NO
24. Have you ever collected unemployment or welfare benefits when you were not entitled to do so? ☐ YES ☐ NO
25. Have you ever fraudulently misused a credit card? ☐ YES ☐ NO
26. Have you ever forged a check? ☐ YES ☐ NO
27. Do you or your spouse have an interest in any business enterprise or institution that is regulated by or receives financial benefits from any agency of the State of Utah? If yes, explain. ☐ YES ☐ NO
28. Has there ever been any situation in which you have been involved which may be incompatible with the discharge of the duties of a certified officer? This would include any activity which may impair your independence of judgement or action in the performance of the duties of a peace officer or special function officer. If yes, explain. ☐ YES ☐ NO

## XIII

# MOTOR VEHICLE OPERATION

Beginning with your current driver license, list every motor vehicle operator's license you have possessed. If you do not have the driver license number indicate the name you used on the license.

1. State: \_\_\_\_\_ Name and birth date used: \_\_\_\_\_
2. State: \_\_\_\_\_ Name and birth date used: \_\_\_\_\_
3. State: \_\_\_\_\_ Name and birth date used: \_\_\_\_\_

If the answer to any of the questions below is yes, explain why in detail in the space under the question or on the back side of this sheet. Refer to the question number in your response if writing on the back side of this sheet.

1. Have you ever been refused an operator's license by any state? If yes give the state, date, and the circumstances. [ ] YES [ ] NO
2. Have you ever obtained a license under an assumed name? If yes, list the name(s). [ ] YES [ ] NO
3. Has your driver's license ever been suspended, revoked, placed on probation, or have you ever received a warning notice from the state who issued your license? If yes, give the name of state, date, circumstance. [ ] YES [ ] NO
4. Have you ever been involved in a traffic accident as a driver that was not reported which really should have been reported? [ ] YES [ ] NO
5. Have you ever been issued a traffic citation? If yes, list date, type of violation, disposition. [ ] YES [ ] NO
6. Have you ever operated a motor vehicle while you were under the influence of alcohol? [ ] YES [ ] NO
7. Have you ever had a n alcohol related accident? If yes, give date, place of accident and circumstances. [ ] YES [ ] NO
8. Have you ever been arrested for driving while under the influence of alcohol or drugs? [ ] YES [ ] NO
9. Have you been convicted or pled guilty to driving while under the influence of alcohol or drugs, or to lessor charges following a D.U.I. arrest? If yes, list the date of the arrest, the law enforcement agency involved, and the final disposition. [ ] YES [ ] NO

## XIV

### CONTROLLED SUBSTANCES

This section deals with controlled substances. Answer each question truthfully. If the answer to any of the questions below is yes, explain in detail in the space below the question or on the back side of this sheet. Indicate what types of drugs, narcotics, or other controlled substances were involved, dates of occurrences, and frequency. Refer to the question number in your response if writing on the back side of this sheet.

1. Have you ever possessed any drugs, narcotics or other controlled substances other than those prescribed by a doctor or other licensed medical practitioner? ☐ YES ☐ NO
2. Have you ever sold or otherwise distributed any drugs, narcotics or other controlled substances? ☐ YES ☐ NO
3. Have you ever been involved in the cultivation of marijuana or the manufacturing of any drugs, narcotics, or other controlled substances? ☐ YES ☐ NO
4. Have you ever purchased any drugs, narcotics or other controlled substances from other than a doctor, or other licensed medical practitioner, or pharmacist? ☐ YES ☐ NO
5. Have you ever knowingly stored illegal drugs, narcotics or other controlled substance for yourself or any other person? ☐ YES ☐ NO
6. Have you ever transported illegal drugs, narcotics, or other controlled substances for yourself or any other person? ☐ YES ☐ NO
7. Have you ever been involved with the use, possession, sale, distribution or manufacture of any substance which was purported to be an unlawful drug, narcotic or other controlled substance? ☐ YES ☐ NO

## XV

# RESIDENTIAL HISTORY

Please list every address that you have lived at over the last twenty years or until you were age 16 years old, whichever is more recent. List the addresses in chronological order from your current address backwards to your earliest address. List ALL addresses including temporary addresses such as those related to summer employment, attending college and any other that would apply. Please include the names of friends, family and others who shared the address with you.

1. From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ (month/year)

Street Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ ZIP \_\_\_\_\_

Roommates :

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Landlord or Property Owner: \_\_\_\_\_ Landlord's Phone Number ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

2. From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ (month/year)

Street Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ ZIP \_\_\_\_\_

Roommates :

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Landlord or Property Owner: \_\_\_\_\_ Landlord's Phone Number ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

3. From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ (month/year)

Street Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ ZIP \_\_\_\_\_

Roommates :

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Landlord or Property Owner: \_\_\_\_\_ Landlord's Phone Number ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_



## RESIDENTIAL HISTORY (continued)

4. From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ (month/year)

Street Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ ZIP \_\_\_\_\_

Roommates :

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Landlord or Property Owner: \_\_\_\_\_ Landlord's Phone Number ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

5. From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ (month/year)

Street Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ ZIP \_\_\_\_\_

Roommates :

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Landlord or Property Owner: \_\_\_\_\_ Landlord's Phone Number ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

6. From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ (month/year)

Street Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ ZIP \_\_\_\_\_

Roommates :

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Landlord or Property Owner: \_\_\_\_\_ Landlord's Phone Number ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_





## XVI EMPLOYMENT HISTORY

**Begin with your present or last employment and list all full-time and part-time employment you have had for the last twenty years or until age sixteen, whichever is more recent. List your employment in reverse order from your present or last employment. If you are unable to remember some information, please show that on the appropriate blank. Any omissions will make it more difficult to process your application package and may result in you being passed over for employment. You may attach another page to this form if you run out of room to list your complete employment history.**

1. From (month/year) \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_      Full time: \_\_\_\_\_ Part time: \_\_\_\_\_  
Starting: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_      Average hours per week \_\_\_\_\_  
Last position or title held : \_\_\_\_\_  
Description of responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
  
Name of Employer: \_\_\_\_\_  
Name of your last supervisor : \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Phone #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_      Fax # : ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_
  
2. From (month/year) \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_      Full time: \_\_\_\_\_ Part time: \_\_\_\_\_  
Starting: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_      Average hours per week \_\_\_\_\_  
Last position or title held : \_\_\_\_\_  
Description of responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
  
Name of Employer: \_\_\_\_\_  
Name of your last supervisor : \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Phone #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_      Fax # : ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_
  
3. From (month/year) \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_      Full time: \_\_\_\_\_ Part time: \_\_\_\_\_  
Starting: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_      Average hours per week \_\_\_\_\_  
Last position or title held : \_\_\_\_\_  
Description of responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
  
Name of Employer: \_\_\_\_\_  
Name of your last supervisor : \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Phone #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_      Fax # : ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

## EMPLOYMENT HISTORY(continued)

4. From (month/year) \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_  
Starting: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_ Average hours per week \_\_\_\_\_  
Last position or title held : \_\_\_\_\_  
Description of responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Name of your last supervisor : \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Phone #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Fax #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_
5. From (month/year) \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_  
Starting: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_ Average hours per week \_\_\_\_\_  
Last position or title held : \_\_\_\_\_  
Description of responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Name of your last supervisor : \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Phone #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Fax #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_
6. From (month/year) \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_  
Starting: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_ Average hours per week \_\_\_\_\_  
Last position or title held : \_\_\_\_\_  
Description of responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Name of your last supervisor : \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Phone #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Fax #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

## XVII REFERENCES

1. Provide information on a personal references that can provide information concerning your history.

A. Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Wk Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

B. Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Wk Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

C. Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Wk Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

D. Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Wk Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

E. Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Wk Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

## **XVIII**

# **PERSONAL HISTORY AUTOBIOGRAPHY**

### **Instructions:**

1. Please write your personal history in chronological order. This should be a fairly detailed account of the events, circumstances and people that shaped your life.

While writing your autobiography, please pay attention to spelling, grammar and punctuation. YOU must write your autobiography! Your autobiography MUST be hand written in print style letters and not in cursive style. Please make photocopies of the blank, formatted page before you start.

You may be disqualified from further consideration if you fail to follow these instructions.

## PERSONAL HISTORY AUTOBIOGRAPHY

**page** \_\_\_\_ **of** \_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## PERSONAL HISTORY AUTOBIOGRAPHY

page \_\_\_\_ of \_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## PERSONAL HISTORY AUTOBIOGRAPHY

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## PERSONAL HISTORY AUTOBIOGRAPHY

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## PERSONAL HISTORY AUTOBIOGRAPHY

page \_\_\_\_ of \_\_\_\_

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Applicant's Signature

---

Date

## **IXX INCERTS**

1. Insert signed and notarized waiver.
2. Insert birth certificate.
3. Insert photo copies of school diplomas, transcripts and certification certificates.
4. Insert photo copies of military discharge documents.
5. Insert P.O.S.T. certificate or letter from P.O.S.T. certifying that you are certified or certifiable.
6. Insert two (2) completed finger print cards.