



Lincoln Police Department

100 Old River Road, Lincoln RI 02865

PERSONAL HISTORY STATEMENT

PRINT CLEARLY

Today's Date:				Location:			
Name:							
Last		First		Middle			
Address: List your current address where you actually reside, NOT mailing address:							
Number and Street:		City:		State:		Zip:	
<input type="checkbox"/> Rent		<input type="checkbox"/> Own		<input type="checkbox"/> Parents		<input type="checkbox"/> Other	
How long have you lived there?				_____ Yrs.		_____ Mo	
List your landlord and phone number:							
*List your home phone and work numbers including area code:							
Home Telephone:				Work Phone:			
*List your mailing address if different from your current address:							
Number and Street:		City:		State:		Zip:	
Are you a citizen of the United States? _____ Yes _____ No							
Place of Birth:				Date of Birth:			
*In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is Voluntary. The SSN will be used for identification purposes to ensure proper records are obtained.							
SSN#: _____ - _____ - _____							
*Provide the following for purposes of identification:							
Height:		Weight:		Hair:		Eyes:	

Print Name: _____

*List and Describe all tattoos (indicate where they are located):

*List all names, aliases and nicknames you have used or have been known by (include maiden name):

Last	First	Middle	Years Used

EDUCATION

Check all that apply:

- Two-Year College Degree NOT in Law Enforcement
- Two-Year College Degree IN Law Enforcement
- Four-Year College Degree NOT in Law Enforcement
- Four-Year College Degree IN Law Enforcement
- Masters Degree IN Law Enforcement
- Masters Degree NOT in Law Enforcement
- Other

College:	Date Started:	
City/State:	Date Ended:	
Major:	Credits:	Degree:
College:	Date Started:	
City/State:	Date Ended:	
Major:	Credits:	Degree:
College:	Date Started:	
City/State:	Date Ended:	
Major:	Credits:	Degree:

Print Name: _____

Have you ever attended a trade, vocational or business school? Yes _____ No _____

School: _____ Date Attended: _____

Type of training: _____ Course Completed? Yes _____ No _____

School: _____ Date Attended: _____

Type of training: _____ Course Completed? Yes _____ No _____

High School Attended – including graduation date

Name of school: _____ Date Attended: _____

EXPERIENCE AND EMPLOYMENT

***BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, please list EVERY job, including military service, you have held in the last ten (10) years. All time periods must be accounted for; Jobs include self-employment, part-time, temporary work, volunteer work and internships. You must list all employment regardless of the length of employment. Addresses must be complete, current and accurate. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces provided.**

Dates of Employment:

Name of Employer: _____ Address: _____

Phone: () _____ - _____ Supervisor's Name: _____

From: _____ / _____ To: _____ / _____ Job Title: _____
Month/Year Month/Year

Length of Employment: _____

Describe your duties:

Reason for leaving, be specific:

Co-worker: _____ Work/Home Telephone Number: _____

Co-worker: _____ Work/Home Telephone Number: _____

Unemployed? _____ From _____ To _____

Print name: _____

Dates of Employment:

Name of Employer: _____ Address: _____

Phone: () _____ - _____ Supervisor's Name: _____

From: _____ / _____ To: _____ / _____ Job Title: _____
Month/Year Month/Year

Length of Employment: _____

Describe your duties:

Reason for leaving, be specific:

Co-worker:

Work/Home Telephone Number:

Co-worker:

Work/Home Telephone Number:

Unemployed? _____ From _____ To _____

Dates of Employment:

Name of Employer: _____ Address: _____

Phone: () _____ - _____ Supervisor's Name: _____

From: _____ / _____ To: _____ / _____ Job Title: _____
Month/Year Month/Year

Length of Employment: _____

Describe your duties:

Reason for leaving, be specific:

Co-worker:

Work/Home Telephone Number:

Co-worker:

Work/Home Telephone Number:

Unemployed? _____ From _____ To _____

Print name: _____

Dates of Employment:

Name of Employer: _____ **Address:** _____

Phone: () _____ - _____ **Supervisor's Name:** _____

From: _____ / _____ **To:** _____ / _____ **Job Title:** _____
 Month/Year Month/Year

Length of Employment: _____

Describe your duties:

Reason for leaving, be specific:

Co-worker:

Work/Home Telephone Number:

Co-worker:

Work/Home Telephone Number:

Unemployed? _____ **From** _____ **To** _____

Dates of Employment:

Name of Employer: _____ **Address:** _____

Phone: () _____ - _____ **Supervisor's Name:** _____

From: _____ / _____ **To:** _____ / _____ **Job Title:** _____
 Month/Year Month/Year

Length of Employment: _____

Describe your duties:

Reason for leaving, be specific:

Co-worker:

Work/Home Telephone Number:

Co-worker:

Work/Home Telephone Number:

Unemployed? _____ **From** _____ **To** _____

Print name: _____

Dates of Employment:

Name of Employer: _____ Address: _____

Phone: () _____ - _____ Supervisor's Name: _____

From: _____ / _____ To: _____ / _____ Job Title: _____
Month/Year Month/Year

Length of Employment: _____

Describe your duties:

Reason for leaving, be specific:

Co-worker:

Work/Home Telephone Number:

Co-worker:

Work/Home Telephone Number:

Unemployed? _____ From _____ To _____

Dates of Employment:

Name of Employer: _____ Address: _____

Phone: () _____ - _____ Supervisor's Name: _____

From: _____ / _____ To: _____ / _____ Job Title: _____
Month/Year Month/Year

Length of Employment: _____

Describe your duties:

Reason for leaving, be specific:

Co-worker:

Work/Home Telephone Number:

Co-worker:

Work/Home Telephone Number:

Unemployed? _____ From _____ To _____

Print name: _____

Dates of Employment:

Name of Employer: _____ Address: _____

Phone: () _____ - _____ Supervisor's Name: _____

From: _____ / _____ To: _____ / _____ Job Title: _____
Month/Year Month/Year

Length of Employment: _____

Describe your duties:

Reason for leaving, be specific:

Co-worker:

Work/Home Telephone Number:

Co-worker:

Work/Home Telephone Number:

Unemployed? _____ From _____ To _____

Dates of Employment:

Name of Employer: _____ Address: _____

Phone: () _____ - _____ Supervisor's Name: _____

From: _____ / _____ To: _____ / _____ Job Title: _____
Month/Year Month/Year

Length of Employment: _____

Describe your duties:

Reason for leaving, be specific:

Co-worker:

Work/Home Telephone Number:

Co-worker:

Work/Home Telephone Number:

Unemployed? _____ From _____ To _____

Print name: _____

Dates of Employment:

Name of Employer: _____ Address: _____

Phone: () _____ - _____ Supervisor's Name: _____

From: _____ / _____ To: _____ / _____ Job Title: _____
Month/Year Month/Year

Length of Employment: _____

Describe your duties:

Reason for leaving, be specific:

Co-worker:

Work/Home Telephone Number:

Co-worker:

Work/Home Telephone Number:

Unemployed? _____ From _____ To _____

Have you ever been investigated by your employer or supervisor for improper conduct, illegal activities, sexual harassment or Equal Employment Violations which resulted in your being found in violation of any policies, regulations, rules or any State or Federal Laws?

Yes _____ No _____ If yes, please provide the following information:

Date: _____ Employer: _____

Details and results of said investigation:

Have you ever been suspended by an employer or received a formal reprimand?

Yes _____ No _____ If yes, please provide explanation:

Date:

Employer:

Circumstances:

Print name: _____

Have you ever attended a police academy or law enforcement training center?

Yes _____ No _____ Explain:

Name/Address of site:

Date started _____

Date ended: _____

Did you complete the training? Yes _____ No _____ If NO, please explain:

PRIOR APPLICATION

Have you ever applied to the Lincoln Police Department before? Yes _____ No _____

If YES, please provide the following information:

Date applied:

Position:

Date applied:

Position:

APPLICATIONS WITH OTHER AGENCIES

Have you ever applied to any other law enforcement agency? Yes _____ No _____

If YES, list every agency, starting with the most recent one. DO NOT INCLUDE THIS APPLICATION

Agency:

Date applied:

Address:

Position applied for:

Agency:

Date applied:

Address:

Position applied for:

Agency:

Date applied:

Address:

Position applied for:

Print name: _____

Agency:	Date applied:
Address:	
Position applied for:	
Agency:	Date applied:
Address:	
Position applied for:	
Agency:	Date applied:
Address:	
Position applied for:	
Agency:	Date applied:
Address:	
Position applied for:	

Print name: _____

MILITARY SERVICE

Did you comply with the draft registration law? Yes _____ No _____

Selective Service Number: _____

Have you ever served in any of the Armed Forces, National Guard or Military Reserves?

Yes _____ No _____

If YES, what is your current status with the military?

Active _____ Reserves _____ Inactive _____ Discharged _____

Branch:

Unit:

Enlistment date:

Discharge date:

Service Number:

Highest Rank:

Rank at discharge:

Type of Discharge:

Separation Code:

Re-Enlistment Code:

If Active or current reserve. List your C.O.'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 subject of any judicial or non- judicial disciplinary action while in the Military, National Guard or Military Reserves? Yes _____ No _____

If YES, please explain:

Date:

Violation:

Penalty:

If YES, please explain:

Date:

Violation:

Penalty:

Did you receive an honorable discharge? Yes _____ No _____ If NO, please explain:

Print name: _____

LEGAL

Have you ever been convicted of a criminal offense? Yes _____ No _____

Have you ever admitted in any court of law to having committed a criminal offense? Including a plea of NOLO?
Yes _____ No _____

ATTENTION: Pursuant to Rhode Island General Law 12-1.3-4, Police applicants must disclose expunged records!

The following information must be provided if you have had any expungements.

Date: _____ **Police Agency:** _____ **Charge:** _____

Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act?

Yes _____ No _____ This includes charges that were dismissed, dropped or reduced. If YES, please provide the following information. Start with the most recent.

Date: _____ **Charge:** _____

Police Agency: _____ **Results:** _____

Circumstances: _____

Date: _____ **Charge:** _____

Police Agency: _____ **Results:** _____

Circumstances: _____

Date:	Charge:
Police Agency:	Results:
Circumstances:	

Date:	Charge:
Police Agency:	Results:
Circumstances:	

Have you ever applied for a permit to carry a concealed weapon? Yes _____ No _____	
If YES, Explain:	
Date applied:	Permit Granted? Yes _____ No _____
Name of Agency where applied:	
For what purpose?	Was it revoked? Yes _____ No _____

Are you now or have ever been involved as a plaintiff or defendant in any civil court action?

Yes _____ No _____

Ever had a judgment rendered against you? Yes _____ No _____

If YES, to either question please provide the following:

Date: _____ Court Location: _____

Plaintiff _____ Defendant _____

Details:

Date: _____ Court Location: _____

Plaintiff _____ Defendant _____

Details:

Have you ever sold or supplied any form of illegal drug, narcotic or substance including marijuana?

Yes _____ No _____

Have you ever manufactured any form of drug, narcotic or controlled substance?

Yes _____ No _____

Have you ever cultivated, grown or attempted to grow marijuana?

Yes _____ No _____

Have you ever taken any form of illegal drug, narcotic or substance, including steroids?

Yes _____ No _____

Have you ever remained at a private gathering or party where illegal drugs or narcotics were being used?

Yes _____ No _____

Have you ever allowed someone to use illegal drugs or narcotics including marijuana at your residence or in your vehicle?

Yes _____ No _____

IF YES, PLEASE EXPLAIN ON PAGE 23

Print Name _____

TRAFFIC HISTORY~MOTOR VEHICLE OPERATION

Rhode Island Drivers License Number: _____

Class/Type: _____

Expiration Date: _____

Name in which license was granted: _____

Other Names used (maiden name): _____

****List other States where you have held a valid operator's license:**

State: _____

Under what name? _____

License Number: _____

State: _____

Under what name? _____

License Number: _____

Has your driver's license ever been suspended, revoked or placed on negligent operator's probation by any state?

Yes _____ No _____ Explain: _____

Have you ever received a traffic citation? Yes _____ No _____ If YES, list all citations in the ten (10) years, most current first.

MONTH/YEAR	VIOLATION	CITY/STATE	RESULTING ACTION

Print Name _____

List all vehicles that you own and or that are registered to you. Include vehicles you frequently use:

YEAR	MAKE/MODEL	COLOR	LICENSE# STATE	CURRENTLY REGISTERED?
				Yes _____ No _____
				Yes _____ No _____
				Yes _____ No _____
				Yes _____ No _____

As a driver, have you ever been involved in motor vehicle accident? Yes _____ No _____

If YES, provide the following information.

Date: _____ City/State _____ Were you considered at fault? Yes _____ No _____ UNK _____

Was there a report taken? Yes _____ No _____

Did you cause injury to another person? Yes _____ No _____

Was the accident a hit and run? Yes _____ No _____

Were you cited or arrested? Yes _____ No _____

Police Department: _____

Date: _____ City/State _____ Were you considered at fault? Yes _____ No _____ UNK _____

Was there a report taken? Yes _____ No _____

Did you cause injury to another person? Yes _____ No _____

Was the accident a hit and run? Yes _____ No _____

Were you cited or arrested? Yes _____ No _____

Police Department: _____

Print Name _____

Date: _____	City/State _____	Were you considered at fault? Yes _____	No _____	UNK _____
Was there a report taken? Yes _____ No _____				
Did you cause injury to another person? Yes _____ No _____				
Was the accident a hit and run? Yes _____ No _____				
Were you cited or arrested? Yes _____ No _____				
Police Department:				

Date: _____	City/State _____	Were you considered at fault? Yes _____	No _____	UNK _____
Was there a report taken? Yes _____ No _____				
Did you cause injury to another person? Yes _____ No _____				
Was the accident a hit and run? Yes _____ No _____				
Were you cited or arrested? Yes _____ No _____				
Police Department:				

Rhode Island Law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list:

Company:	Telephone Number:
Policy Number:	Expiration Date:

Print Name _____

RESIDENCE

List all of your residences during the last ten (10) years. List no information prior to your 15th birthday. Begin with the most current residence:

Current Address: _____ **City/State:** _____ **Since:** _____

With whom do you reside? _____

Landlord: _____

Previous Address: _____ **City/State:** _____ **Since:** _____

With whom do you reside? _____

Landlord: _____

Previous Address: _____ **City/State:** _____ **Since:** _____

With whom do you reside? _____

Landlord: _____

Previous Address: _____ **City/State:** _____ **Since:** _____

With whom do you reside? _____

Landlord: _____

Previous Address: _____ **City/State:** _____ **Since:** _____

With whom do you reside? _____

Landlord: _____

Previous Address: _____ **City/State:** _____ **Since:** _____

With whom do you reside? _____

Landlord: _____

Print Name _____

Please list as references three (3) individuals you have known for at least two (2) years who have knowledge of you and your qualifications. Examples can include but not limited to: personal friends, fiancée, boyfriend, girlfriend, friends of family, roommates, teachers, neighbors, classmates, co-workers, past supervisors and military supervisors or acquaintances. DO NOT include relatives or family members.

Name:

Address: Home _____ Work _____

Home Phone: Work Phone:

Occupation: Relationship: Years Known:

Name:

Address: Home _____ Work _____

Home Phone: Work Phone:

Occupation: Relationship: Years Known:

Name:

Address: Home _____ Work _____

Home Phone: Work Phone:

Occupation: Relationship: Years Known:

Print Name _____

I understand that any conditional job offer or appointment tendered me will be contingent upon the results of a thorough background investigation.

I further understand that during the application process and or background investigation, I am required to report to the Lincoln Police Department Detective Division any changes in my personal history covered in the Personal History Statement.

Prior to submitting my Personal History Statement, I reviewed it carefully for truthfulness, completeness and accuracy.

I hereby certify that all statements made in the Personal History Statement are true and complete and I understand that any discrepancies, misstatements, omissions and/or falsifications will be cause for disqualification and for my name to be removed from the eligible list or will be cause for further review and/or dismissal if an appointment was made.

Date:

Time:

Full Signature:

OFFICIAL USE ONLY

Personal History Statement Accepted by: