ADA COUNTY SHERIFF'S OFFICE

Personal History Statement

Cautionary Note

This document is not a Final Job Offer, nor is the *Conditional Offer of Employment*.

The entire hiring process must be concluded before a Final Job Offer will be presented.

Do not give notice to your current employer until you receive a Final Job Offer.

Personal History Statement

Please complete the attached form accurately and completely.

Critical Documents

You will need these items:

- ☐ Birth Certificate
- ☐ Driver's License
- ☐ Vehicle Insurance Card
- ☐ DD-214 (Military Service)
- ☐ Social Security Card
- ☐ High School Diploma
- ☐ College/ University Transcripts
- ☐ Professional license or certification

Employment Suitability

The information you provide in this Personal History Statement will be used in your background investigation to assist in determining your suitability for employment with the Ada County Sheriff's Office (ACSO).

Critical Points

- The completion of this form is mandatory.
- All statements are subject to verification.
- Deliberate inaccuracies or incomplete statements may bar or remove you from employment.
- All time periods in your background must be accounted for.

Be Truthful

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances of its occurrence and relevance to the job for which you have applied.
Example: being fired from a job or having an arrest record is not in itself grounds for disqualification, but failure to disclose it is.

Print in Ink

Please print your responses to this questionnaire in ink. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond, use the reverse side of the page and identify the additional information by the item number.

If you have any questions, please contact your assigned background investigator. You can also access additional information about ACSO at our website, www.adasheriff.org.

Thank You

Thank you for your interest in a career with the Ada County Sheriff's Office.

1. Personal

Name (Please print or type)		*Circle name generally used or preferred*
Last	First	Middle
Other names (including nicknames and/or maiden name) used or known by:		
Physical address where you can be contacted.		
Number Street Apt #	City	State / Zip Code
Local telephone contact number(s)	Daytime	Evening
Preferred email contact address		
Date of Birth	Place of Birth (City, State)	You must be a citizen of the United States or a permanent resident alien who is eligible and has applied for citizenship. Can you provide documentation? Yes No
Social Security Number (SSN)	Disclosure is voluntary per the Federal Privacy Act of 1974. SSN will be used for identification purposes to ensure that proper records are obtained.	
(For identification purposes)		
Height	Weight	Hair Color / Eye Color
Scars, tattoos or other distinguishing marks		

2. Marital Status

Marital Status (Circle One):					
Single	Married	Separated	Divorced	Widowed	Significant Other
Full Name of Spouse/ Significant Other/ Fiancé or Fiancée			Date of marriage	Date of birth	
Spouse's maiden name (if applicable)	Spouse's Employer (name, address and phone number)				
Former Spouses					
Former Spouse's Current Name (& Maiden Name)	Date Married	Where	Date Divorced	Where Filed	
1.					
2.					
3.					
Residence (City, State)	Daytime Contact Telephone Number	Years Known			
1.					
2.					
3.					

Please add any additional information on a supplemental page.

3. Relatives

People who know you will be asked to comment on your suitability for employment in law enforcement. Inquiries are confined to job-relevant matters. If relative is deceased, please state death year, city and state.

List full names of your parents or guardians, brothers and/or sisters as indicated.

Names	Residence City, State	Telephone Nos. Daytime/Evening/ Other	Business, Occupation, or Profession	Years Known
Father/Guardian				
Mother/Guardian				
Step-Father				
Step-Mother				
Brother(s) Sister(s)				
Step-Brother(s) Sister(s)				

List full names of Spouse/Significant Other/Fiancé (Fiancée)'s parents or guardians, brothers, sisters as indicated.

Names	Residence City, State	Telephone Nos. Daytime/Evening/ Other	Business, Occupation, or Profession	Years Known
Father/Guardian				
Mother/Guardian				
Step-Father				
Step-Mother				
Brother(s) Sister(s)				
Step-Brother(s) Sister(s)				

List full names of all children, born to you, adopted, or living with you:

Names:	Ages	Date of birth

4. Residences

List all of your residences during the last 15 years (list no information prior to your 15th birthday). Begin with your most current residence. Include all military stations and identify the name of the base, nearest city and state.

Address (City, State, Zip Code)	Persons with whom you resided & contact information.	Dates From Mo/Yr	Dates To Mo/Yr	If rented, list name & phone # of landlord, property management company or owner.

Have you ever been evicted from or asked to leave a residence? If so, please explain:

List two current neighbors:

Names	Address	Telephone Contact No(s)

5. Weapon(s) Permits

Check One	Yes	No
Have you ever applied for a permit to carry a concealed weapon?		
Did you receive the concealed weapon permit? If no, explain fully on the back of this page.		

If "yes," please provide the following information:

Law Enforcement Agency, city, state	Permit No.	Issue Date

Purpose:

Have you ever had a permit revoked? If yes, explain fully on the back of this page.

6. Personal References

In the space following, **please list five individuals** who know you well, such as social and family friends, or co-workers. Please exclude relatives and former employers.		
Name		Business, Profession, or Occupation
Address (City, State)		Email address
Daytime/Nighttime/Other Phone	Years Known	Relationship?
Name		Business, Profession, or Occupation
Address (City, State)		Email address
Daytime/Nighttime/Other Phone	Years Known	Relationship?
Name		Business, Profession, or Occupation
Address (City, State)		Email address
Daytime/Nighttime/Other Phone	Years Known	Relationship?
Name		Business, Profession, or Occupation
Address (City, State)		Email address
Daytime/Nighttime/Other Phone	Years Known	Relationship?
Name		Business, Profession, or Occupation
Address (City, State)		Email address
Daytime/Nighttime/Other Phone	Years Known	Relationship?

7. Military

Have you served in any military organization, United States or other? Circle One			**Yes**	**No**
Branch of Service	Highest rank held:	Date Discharged:		
Discharge type: (Attach a copy of the separation form)	Dates Served:			
While in the military, were you the subject of any judicial or non-judicial disciplinary action? If yes, provide details (include service branch, when, where and circumstances).			**Yes**	**No**
Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? If yes, please explain.				
As past commanding officers and/or military acquaintances are potential references regarding your background, please list those who know you well enough to provide accurate information & include their contact information.				

8. Education

Check One	Yes	No	Check One	Yes	No
Are you a high-school graduate?			Have you obtained a GED?		

List all schools, including civilian and military, starting with high school:

Name, address of school (city, state)	Dates Attended	Graduated? (Y/N)	Major	Degree/ # Credits	School References: Teachers, counselors, etc. (recent graduates only)

List all licenses and certifications and the issuing state (include POST Academy):

Type of Certification	Title	Certificate/ Registration #	Issuing State

	Yes	No
Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two year- and four-year colleges, universities, and business and vocational schools or any formal education beyond the high school level.)		
Have you ever been placed on academic probation or been academically dismissed from an educational institution?		

If you answered "yes" to either question, please explain (include school, date, and circumstances).

9. Employment & Experience

Beginning with your most current employment, please list all jobs you have held in the past 15 years. (Include part-time, temporary, and voluntary positions, paid or not).
For identification and verification, please indicate the nature of the activity, i.e. full-time, part-time, or voluntary.
If you have had intervening periods of military service or unemployment, please list those periods in the blank spaces provided between each job/position. If you need more space, you may attach additional sheets.

From	To	Employer/ Organization Name & Address (include Zip Code)	Organization/Business Type

Position Title and Type (FT, PT, Temp, Volunteer)	Duties:	Hours/Week	No. Supervised

Supervisor Name/Title:	Phone (Include Area Code)	Email address

Employment cont.

Reason for leaving and/or desire to leave (Be specific- "personal" is not an acceptable response.)	May we call your present employer?	
	Yes	No

Salary or Wage:		Names of Coworkers		
Starting	End			

Explain any gaps:

From	To	Employer/ Organization Name & Address (include Zip Code)	Organization/Business Type

Position Title and Type (FT, PT, Temp, Volunteer)	Duties:	Hours/Week	No. Supervised

Supervisor Name/Title:	Phone (Include Area Code)	Email address

Reason for leaving/desire to leave (Be specific- "personal" is not an acceptable response.)	May we call this employer?	
	Yes	No

Salary or Wage:		Names of Coworkers		
Starting	End			

Explain any gaps:

From	To	Employer/ Organization Name & Address (include Zip Code)	Organization/Business Type

Position Title and Type (FT, PT, Temp, Volunteer)	Duties:	Hours/Week	No. Supervised

Supervisor Name/Title:	Phone (Include Area Code)	Email address

Reason for leaving/desire to leave (Be specific- "personal" is not an acceptable response.)	May we call this employer?	
	Yes	No

Salary or Wage:		Names of Coworkers		
Starting	End			

Explain any gaps:

Employment cont.

From	To	Employer/ Organization Name & Address (include Zip Code)	Organization/Business Type

Position Title and Type (FT, PT, Temp, Volunteer)	Duties:	Hours/Week	No. Supervised

Supervisor Name/Title:	Phone (Include Area Code)	Email address

Reason for leaving/desire to leave (Be specific- "personal" is not an acceptable response.)	May we call this employer?	
	Yes	No

Salary or Wage:		Names of Coworkers		
Starting	End			

Explain any gaps:

From	To	Employer/ Organization Name & Address (include Zip Code)	Organization/Business Type

Position Title and Type (FT, PT, Temp, Volunteer)	Duties:	Hours/Week	No. Supervised

Supervisor Name/Title:	Phone (Include Area Code)	Email address

Reason for leaving/desire to leave (Be specific- "personal" is not an acceptable response.)	May we call this employer?	
	Yes	No

Salary or Wage:		Names of Coworkers		
Starting	End			

Explain any gaps:

From	To	Employer/ Organization Name & Address (include Zip Code)	Organization/Business Type

Position Title and Type (FT, PT, Temp, Volunteer)	Duties:	Hours/Week	No. Supervised

Supervisor Name/Title:	Phone (Include Area Code)	Email address

Reason for leaving/desire to leave (Be specific- "personal" is not an acceptable response.)	May we call this employer?	
	Yes	No

Salary or Wage:		Names of Coworkers		
Starting	End			

Add additional pages as needed.

Employment cont. Check One	**Yes**	**No**
Have you had any extended work absences for reasons other than earned vacations or leave under the Family Medical Leave Act? If yes, please explain (include when, name of employer, why).		
Has any employer ever investigated you or your work performance as a result of a complaint from a co-worker, supervisor, subordinate or member of the public? If yes, give the complete details of each incident below:		

Date:	Nature of complaint:
Date:	Nature of complaint:

Check One	**Yes**	**No**
Were the complaints sustained? If yes, what discipline was imposed?		
Have you ever been accused of sexual harassment? If yes, what discipline was imposed?		
Have you received any discipline in the work place? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.) If yes, please provide a detailed explanation.		
Have you ever taken anything from an employer? If yes, please explain (include when, name of employer, circumstances).		
Have you ever been fired or asked to resign from any place of employment? If yes, please explain (include when, name of employer, circumstances).		
Have you ever taken a polygraph exam? If yes, state the circumstances and the outcome of the test.		
Have you ever been a successful or unsuccessful candidate for another law enforcement agency? If yes, please explain (include when, name of agency, circumstances).		
Have you previously submitted an application with the Ada County Sheriff's Office? If yes, please provide date(s), position(s), and circumstances.		
For Commissioned Deputy positions: If in the line of duty it is necessary to use deadly force, would you be reluctant to do so because of any personal beliefs?		

10. Financial

List all outstanding indebtedness. Use the back of this page if necessary	
Company Name, City & State	Present Balance ($)

Answer each and explain as necessary in the space below. Check One	Yes	No
1. Have you ever had an account placed in collection because of non-payment or late payment?		
2. Have you ever had a judgment against you?		
3. Have you ever filed bankruptcy?		
4. Have you ever had goods repossessed?		
5. Have you ever had wages garnished?		
6. Have you ever been delinquent on child support, income tax, or other tax payments?		
7. Have you ever been involved as a defendant in a paternity proceeding?		
8. Have you ever spent money for illegal purposes (illegal drugs, prostitution, purchase of fraudulent documents, etc.)?		
9. Have you ever avoided a lawful debt by moving away?		
10. Have you ever failed to make or avoided a court-ordered payment?		
11. Have you ever fraudulently received welfare, unemployment compensation, Worker's Compensation, or other state or federal assistance?		
12. Have you ever filed a false insurance or Worker's Compensation claim?		

If you answered yes to any of the above questions, please explain each below.
List by Financial question number (the answer you are explaining):

11. Legal

Check One	Yes	No
Have you ever been arrested or convicted for any crime (excluding traffic citations)? ****Please include any situation where the sentence was imposed, suspended, deferred, or withheld, regardless of whether the plea or conviction was withdrawn, dismissed, or expunged.** If yes, provide the following:		

Approx. Date	Police Agency	Circumstances

Answer each and explain as necessary in the space below. Check One	Yes	No
1. Have you ever taken any property or money without permission (Theft)?		
2. Have you ever failed to pay for any services benefiting you?		
3. Have the police been called to your residence for any reason?		
4. Have you or your spouse/significant other ever been referred to Child Protective Services?		
5. Have you ever acted out in violence towards another person physically or verbally (including domestic relationships)?		
6. Are you now, or have you ever been, a member or associated of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality gender, sexual preference, or disability?		
7. Have you ever been placed on court probation as an adult?		
8. Were you ever required to appear before a juvenile court for an act, which would have been a crime if committed by an adult?		
9. Are you now, or have you ever been, involved as a plaintiff or defendant in any civil court actions?		
10. Have you ever been registered as a sex offender?		
11. Have you ever been the subject of a civil restraining order, protection order, or a contact order?		
12. Have any of your immediate family members (parent, spouse, sibling, child) been arrested or convicted of a criminal act (felony or misdemeanor)? Any pending criminal charges?		
13. Has any relative of yours, anyone currently (or previously) living with you, or anyone you currently are (or previously were) associated with, ever been convicted of a felony under the laws of any state or federal law?		

If you answered yes to any of the above questions, please explain each below.
List by Legal question number (the answer you are explaining):

12. Motor Vehicle Operation & Record

	Check One	Yes	No
Do you have a valid motor vehicle operator's license?			

State	(Your) Name as Issued	Number	Type	Issue Date	Expiration Date

List all states in which you have been licensed.

State	(Your) Name as Issued	State	(Your) Name as Issued	State	(Your) Name as Issued

Have you ever been refused a driver's license by any state?		

If yes, explain:

How do you meet your motor vehicle insurance responsibility as required by Idaho Code:

Auto Liability Insurance Company	Address (City, State)	Policy No.	Expiration Date

	Check One	Yes	No
Have you been involved as a driver in a motor vehicle accident within the last five years?			

Date	Location	Police Agency if investigation	
Was anyone injured?			
Date	Location	Police Agency if investigation	
Was anyone injured?			
Date	Location	Police Agency if investigation	
Was anyone injured?			
Date	Location	Police Agency if investigation	

1. Have you ever operated a motor vehicle under the influence of alcohol or drugs to the extent that you felt you were impaired? When was the last time?		
2. Has your license ever been suspended, revoked or placed on negligent operator's probation?		
3. Have you ever been refused insurance for any reason other than failure to pay a premium?		

If you answered yes to any of the above questions, please explain each below.
List by Vehicle Operation question number (the answer you are explaining):

Please list all traffic citations (exclude parking citations) you have received in the last 5 years.

Nature of Violation	Location (City)	Approximate date	Indicate whether fined or action taken on license.

13. Controlled Substances

For each and all drug-related questions provide an explanation on the back of this sheet for any "yes" answers. Explanation details should include approximate dates, location, number of occurrences, type of drug(s), reasoning, etc. All answers will be confirmed through polygraph examination.	**Yes**	**No**
1. Have you remained in a place where drugs, narcotics or other illegal substances were being used, possessed, sold, manufactured, etc?		
2. Do you or any of your friends, immediate family, or associates use any drugs, narcotics, or other illegal substances?		
3. Have you ever purchased narcotics or drugs, including marijuana, without a doctor's prescription?		
4. Have you ever misused or abused any prescription drugs?		
5. Have you ever furnished, manufactured, cultivated, or possessed any drug, narcotic, or other illegal substance?		
6. Have you ever knowingly allowed anyone to use illegal drugs in your home?		
7. Have you ever sold narcotics or illegal drugs, including marijuana? If "Yes" explain total profit earned, the substances sold, number of times and the last time selling occurred.		
8. Have you ever been the "middle man" or acted as a courier for a drug deal?		
9. During your background investigation, is anyone likely to report that you have been involved in the use or sales of illegal drugs?		
10. Have you ever tested positive on an employment-related test for substance abuse: drugs or alcohol?		
11. Have you ever temporarily stored or "held" any illegal drugs?		

Have you ever used or experimented with any of the following substances, drugs or narcotics, even one time?

Drug type or name or method	**Yes**	**No**	**Date first used**	**Date last used**
Marijuana				
Hashish, hash oil				
Cocaine				
Barbiturates ("downers")				
Amphetamines ("uppers, speed, meth")				
Heroin				
Hallucinogens (LSD, mushrooms, mescaline, etc.)				
PCP, AKA Angel Dust				
Opium or Morphine				
Steroids				
Designer/ synthetics drugs				
Huffing				

If yes, which drugs have you used more than once? Please explain.

14. Certification

I hereby certify that all statements made in this application or appended are true and correct to the best of my knowledge. I am aware that withholding pertinent information or including information found to be grossly inaccurate will be cause for refusing further consideration (discontinuance) of my application. I understand that this is not to be considered as an indication of probable appointment nor an obligation upon the Office to make an appointment, but part of the selection process only. I acknowledge that I am aware the results of the investigation are confidential. The results of this investigation are for the sole use of the Ada County Sheriff's Office only and will not be disclosed to me or any other person, except as required by law.	
Signed:	Date:

Do not write below this line

15. Witnessed Certification

This is to be signed after conditional offer interview/appointment and acknowledged by a witness.

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts, deliberate inaccuracies, or incomplete statements will subject me to disqualification or dismissal if discovered after I become employed.		
Signature in full	Print name	Date