

PERSONAL HISTORY STATEMENT

Law Enforcement Agency _____

Month Day Year

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you, indicate by writing N/A in the answer blank. Type or print legibly in all responses.

PERSONAL

1. NAME _____
 First Middle Last Social Security Number

Nicknames or Aliases _____

2. Height: _____ inches Weight: _____ lbs.

3. Present Mailing Address: _____
 Street & Number City State Zip Code

Permanent Mailing Address: _____
 Street & Number City State Zip Code

Telephone Number: Home: _____ Business: _____

4. Date of Birth: _____ Place of Birth: _____

5. Citizenship: U.S. Born U.S. Naturalized Other-Specify _____

6. List organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated.

7. List hobbies and/or special skills. _____

MARITAL

8. Marital Status (check one) Single Married Divorced
 Engaged Separated Widowed

9. Names of Spouse or Fiance(e) _____

