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# PERSONAL HISTORY STATEMENT

(Rev 11/2016; 06/2019 Fillable)



## POLICE OFFICER Applicants

130 Pearl Street  
Springfield, Massachusetts 01105

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*Twenty Pages to be completed by applicant:*

Applicant Last Name: \_\_\_\_\_

Applicant First Name: \_\_\_\_\_

Applicant Middle Name: \_\_\_\_\_

Applicant phone (HOME): \_\_\_\_\_

(CELL): \_\_\_\_\_

(WORK): \_\_\_\_\_

EMAIL: \_\_\_\_\_

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*Do not write in this space, for office use only:*

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# General Instructions

Your name has been certified by the Massachusetts Human Resource Division as being eligible for the position of Police Officer in the City of Springfield Massachusetts. In order to begin the processing of candidates it is necessary that you follow **all** the instructions below.

Please answer every question. If a question does not apply to you, state so with N/A (not applicable). If the space available is insufficient, use a separate sheet of paper to complete that question, making sure to clearly label your answer so as to indicate to which question it is directed. Attach that additional page to the original document with a staple.

**Do not misstate or omit facts**, since the statements made herein are subject to verification to determine your qualifications for employment. Any omissions or misstatements are grounds for disqualification. Upon completion of this Personal History Statement you must have it notarized **prior to submission**.

You must return this completed booklet by the assigned date. Your failure to do so will result in your disqualification.

Upon return of this booklet, you must include in the packet:

1. One copy of your social security card.
2. One copy of your Massachusetts Driver's License.
3. One copy of your High School Diploma, or Equivalency Certificate.
4. One copy of your higher education diploma(s) and transcripts.
5. One copy of your birth certificate.
6. One copy of your military service discharge and DD214 (if a veteran.)
7. Copies of your divorce decree and all other orders from the Probate Court.
8. Any other documents which support answers to your application.
9. **A complete and detailed credit report from [www.annualcreditreport.com](http://www.annualcreditreport.com) or an official banking Institution as determined by the appointing authority.**

Should you have any questions with regard to completing this statement, contact the Springfield Police department Human Resource department between the hours of 9:00 AM and 3:00 PM, Monday through Friday at (413) 750-2526.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Personal History Statement

## Position of Police Officer, City of Springfield.

### Section A: Identification

1. Applicant Last name: \_\_\_\_\_
2. Applicant First name: \_\_\_\_\_
3. Applicant Middle name: \_\_\_\_\_
2. Male  Female
3. Alias(es), nicknames, maiden name: \_\_\_\_\_
4. Social security number: \_\_\_\_\_
5. Telephone numbers: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_
6. Present address, Number and Street Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
7. Date of birth (MM/DD/YYYY format): \_\_\_\_\_
8. Place of birth: City/Town: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_
9. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_
10. Scars, tattoos, distinguishing marks (be specific with location and description/wording):  
\_\_\_\_\_
11. Attach a color photograph of yourself in the space provided below. The photo will be in **official passport type**; no hats, no eyeglasses or decorative jewelry. If you wear prescription eyeglasses, provide an additional photograph of yourself wearing those glasses. Provide a second photo in a sealed envelope with your full name on the back of the photo and on the envelope.

### Section B: Citizenship

1. Are you a citizen of the United States? Yes  No  **ATTACH PHOTO HERE**  
If you answer no, please skip to question # 6 below.
2. Native:  Naturalized:
3. Naturalized certificate number: \_\_\_\_\_
4. If derived, parent's certificate number: \_\_\_\_\_
5. Date, place and court: \_\_\_\_\_
6. If you are not a citizen of the United States, indicate what country you are a citizen of: \_\_\_\_\_

### Section C: Marital Status

1. Single:  Married:  Separated:  Divorced:  Widowed:

2. Spouse's maiden name or fiancée's name: Last: \_\_\_\_\_  
First: \_\_\_\_\_ Middle: \_\_\_\_\_

3. His/her date of birth (MM/DD/YYYY format): \_\_\_\_\_

4. His/her address: Number and Street Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

5. His/her phone number: \_\_\_\_\_

6. His/her place of employment: \_\_\_\_\_

7. Have you ever had your name legally changed? Yes  No

If you answered "yes," then complete a, b, and c below.

a. Your previous name, Last: \_\_\_\_\_  
First: \_\_\_\_\_ Middle: \_\_\_\_\_

b. Date of name change: \_\_\_\_\_ Location of name change: \_\_\_\_\_

c. Your reason for changing name: \_\_\_\_\_

8. Have you ever gone by another name? Yes  No

If you answered "yes", then complete a, b, and c below.

a. Other name(s) used: \_\_\_\_\_

b. Your reason for using other name(s): \_\_\_\_\_

### Section D: Information Concerning Marriages

1. Date of marriage(s): \_\_\_\_\_ MM/DD/YYYY Format  
\_\_\_\_\_ MM/DD/YYYY Format

2. Location of marriage(s)

A. City: \_\_\_\_\_ State: \_\_\_\_\_

B. City: \_\_\_\_\_ State: \_\_\_\_\_

3. Name and addresses of former spouse(s) if divorced or separated:

a. Name: \_\_\_\_\_ Address: \_\_\_\_\_

b. Name: \_\_\_\_\_ Address: \_\_\_\_\_

4. If ever separated divorced or annulled, answer a, b, c and d below.

a. State in which it occurred: \_\_\_\_\_

b. Date of order or decree: \_\_\_\_\_

c. By whom: \_\_\_\_\_

d. Where issued, Court: \_\_\_\_\_ State: \_\_\_\_\_

**Section E: Children and Dependents**

1. List all of your children, including stepchildren and adopted ones, and give the following information:

A. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Living with whom: \_\_\_\_\_

B. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Living with whom: \_\_\_\_\_

C. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Living with whom: \_\_\_\_\_

D. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Living with whom: \_\_\_\_\_

E. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Living with whom: \_\_\_\_\_

**Section F: Military Service**

1. Have you ever served in the United States Armed Forces? Yes  No

2. While in the military service were you ever charged for an offense that resulted in a trial by deck court or by summary, special, or general court martial? Yes  No

If yes, give date, place, law enforcement authority or type of court martial, charge and action taken for each incident, using a separate sheet of paper to record this information.

3. Are you presently a member of the United States Military Reserve, National or State Guard organization?  
Yes  No

If yes, answer a, b, c, d, and e

- a. Grade and service number: \_\_\_\_\_
- b. Service and component: \_\_\_\_\_
- c. Organization and station or unit and location: \_\_\_\_\_
- d. Active:  Inactive:  Standby:  N/A
- e. Indicate reserve obligation, if any: \_\_\_\_\_

**Section G: Education**

1. List all elementary, junior high, and high schools attended:

Name	Address	Dates Attended	Graduated:
_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>

**Higher Education:**

2. List all colleges and universities attended:

School name: \_\_\_\_\_ Date started: \_\_\_\_\_  
Address: \_\_\_\_\_ Date finished: \_\_\_\_\_  
Full time:  Part time:  Rank in class: \_\_\_\_\_ GPA: \_\_\_\_\_  
Degree/certificate awarded: \_\_\_\_\_ Major: \_\_\_\_\_

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School name: \_\_\_\_\_ Date started: \_\_\_\_\_  
Address: \_\_\_\_\_ Date finished: \_\_\_\_\_  
Full time:  Part time:  Rank in class: \_\_\_\_\_ GPA: \_\_\_\_\_  
Degree/certificate awarded: \_\_\_\_\_ Major: \_\_\_\_\_

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School name: \_\_\_\_\_ Date started: \_\_\_\_\_  
Address: \_\_\_\_\_ Date finished: \_\_\_\_\_  
Full time:  Part time:  Rank in class: \_\_\_\_\_ GPA: \_\_\_\_\_

Degree/certificate awarded: \_\_\_\_\_ Major: \_\_\_\_\_

3. Have you ever been suspended or expelled from high school or college? Yes  No

If yes, describe each instance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Other schools or training (trade, vocational, business, academies, or military), give for each; name and location of school, dates attended, subjects studies, certificate, and other pertinent data:

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

**Section H: Foreign Language**

1. Are you bilingual? Yes  No

If yes, what language can you speak fluently? \_\_\_\_\_

2. Can you read and write in the language(s) you have listed above? Yes  No

**Section I: Removed**

**Section J: Vehicle Operator's License**

1. This would include drivers, chauffeur's etc. Give the following information concerning any and all vehicle operator's license that you have held in the past or now hold.

a. Type of license: \_\_\_\_\_

b. License number: \_\_\_\_\_

c. State of issue: \_\_\_\_\_

d. Date of expiration: \_\_\_\_\_

e. Restrictions: \_\_\_\_\_

2. Have you ever had an operator's license issued by another state? Yes  No

If you answered yes, give state(s) and license number(s): \_\_\_\_\_

3. Have you ever been refused a motor vehicle license by any state? Yes  No

If you answered yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you had a license suspended or revoked? Yes  No

If you answered yes, explain fully \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? Yes  No

If yes, give details, including reasons, names of companies, dates, etc.  
\_\_\_\_\_  
\_\_\_\_\_

6. Give name and addresses of insurance company with whom you now have automobile insurance. Be sure to include policy number(s). \_\_\_\_\_  
\_\_\_\_\_

**Section K: Family**

List in the order given, showing relationship, parents, guardians, stepparents, parents-in-laws, brothers, and sisters, even though they may be deceased. Include any others you have resided with or whom a close relationship existed or exists.

**1. Father:**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date Of Birth (MM/DD/YYYY Format): \_\_\_\_\_

Present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**2. Mother:**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date Of Birth (MM/DD/YYYY Format): \_\_\_\_\_

Present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**3. Please list all Brothers and Sisters, full, half and step:**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_



Occupation: \_\_\_\_\_

Date Of Birth (MM/DD/YYYY Format): \_\_\_\_\_

Present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date Of Birth (MM/DD/YYYY Format): \_\_\_\_\_

Present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date Of Birth (MM/DD/YYYY Format): \_\_\_\_\_

Present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date Of Birth (MM/DD/YYYY Format): \_\_\_\_\_

Present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date Of Birth (MM/DD/YYYY Format): \_\_\_\_\_

Present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_

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Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date Of Birth (MM/DD/YYYY Format): \_\_\_\_\_

Present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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**Section L: Employment History**

**Begin with your most recent job** and list your work history for the past ten years, including part-time, temporary or seasonal employment, and all periods of unemployment. List all jobs.

1. From Date (Mon-YYYY): \_\_\_\_\_ To Date (Mon-YYYY): \_\_\_\_\_  
Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job title: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Employer's telephone # \_\_\_\_\_

2. From Date (Mon-YYYY): \_\_\_\_\_ To Date (Mon-YYYY): \_\_\_\_\_  
Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job title: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Employer's telephone # \_\_\_\_\_

3. From Date (Mon-YYYY): \_\_\_\_\_ To Date (Mon-YYYY): \_\_\_\_\_  
Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job title: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Employer's telephone # \_\_\_\_\_

4. From Date (Mon-YYYY): \_\_\_\_\_ To Date (Mon-YYYY): \_\_\_\_\_  
Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job title: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Employer's telephone # \_\_\_\_\_

5. From Date (Mon-YYYY): \_\_\_\_\_ To Date (Mon-YYYY): \_\_\_\_\_

Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job title: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Employer's telephone # \_\_\_\_\_

6. From Date (Mon-YYYY): \_\_\_\_\_ To Date (Mon-YYYY): \_\_\_\_\_

Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job title: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Employer's telephone # \_\_\_\_\_

7. From Date (Mon-YYYY): \_\_\_\_\_ To Date (Mon-YYYY): \_\_\_\_\_

Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job title: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Employer's telephone # \_\_\_\_\_

8. From Date (Mon-YYYY): \_\_\_\_\_ To Date (Mon-YYYY): \_\_\_\_\_

Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job title: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Employer's telephone # \_\_\_\_\_

9. From Date (Mon-YYYY): \_\_\_\_\_ To Date (Mon-YYYY): \_\_\_\_\_

Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job title: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Employer's telephone # \_\_\_\_\_

10. From Date (Mon-YYYY): \_\_\_\_\_ To Date (Mon-YYYY): \_\_\_\_\_

Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job title: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Employer's telephone # \_\_\_\_\_

11. Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while in any position (except for military)? Yes  No

If you answered yes, state circumstances: \_\_\_\_\_

\_\_\_\_\_

12. Have you ever been asked to resign, been dismissed, disciplined in any way, or given a written or verbal reprimand because of misconduct or unsatisfactory service? Yes  No

If you answered yes, state circumstances: \_\_\_\_\_

\_\_\_\_\_

13. Have you ever walked off a job or quit without notice? Yes  No

If you answered yes, state circumstances: \_\_\_\_\_

\_\_\_\_\_

14. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason? Yes  No

If you answered yes, state circumstances including the name and address of employer, approximate date of incident, and reason in each case: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section M: Financial Status

1. Have you ever had a charge account canceled? Yes  No

If you answered yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you had any bills turned over to a credit bureau or collection agency? Yes  No

If you answered yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been refused credit? Yes  No

If you answered yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever filed bankruptcy or been declared bankrupt? Yes  No

If you answered yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever had your wages attached? Yes  No

If you answered yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been to court or had a judgement against you because of debt? Yes  No

If you answered yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been refused credit, had property repossessed or had utilities shut off for non-payment? Yes  No

If you answered yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Do you have income from any source other than your principal occupation? Yes  No

If you answered yes, please explain (include source, amount, and how often income is received)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you have any bank accounts? Yes  No

10. Give name and addresses of the individuals, companies, or others to whom you are indebted and the extent of your debt (including any loans on which you are co-signer).

Name and address of creditor	Type of debt	Amount
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**Section N: Illegal Drugs and Alcohol**

1. Have you ever been in possession of, or used any illegal drug or narcotics? Yes  No

If you answered yes, please explain, including type of drug, last time used and number of times you have used them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever sold or furnished drugs or narcotics to anyone? Yes  No

If you answered yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you consume alcohol? Yes  No

If you answered yes, please explain the type of alcoholic beverages consumed, how much at one typical sitting, and how much per month: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section O: Arrest, Detention, and Litigation**

1. Have you ever been arrested or detained by a law enforcement agency? Yes  No

2. Has you or your spouse been involved in any court action, civil or criminal? Yes  No

3. Have you ever been fingerprinted for any reason (arrest, job application, etc.)? Yes  No

4. Have you ever been cited for a motor vehicle violation in this or any other state? Yes  No

5. If the answer to any of the above questions is yes, list below the date, place, and full details of each:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List all motor vehicle accidents in which you were the operator, whether or not you were found to be at fault or whether or not the accident was reported.

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

7. Have you ever been a witness in any police department investigation? Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

8. Have you ever been a suspect in any police department criminal investigation? Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

9. Have you ever had any civil litigation pending for/against you? Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

10. Are any of your relatives in law enforcement? Yes  No

If yes, please indicate name, relationship and agency: \_\_\_\_\_  
\_\_\_\_\_

**Section P: Other Insurance:**

1. Indicate all insurance policies issued in your name (life, health, mortgage, etc.) excluding auto.

Type: \_\_\_\_\_ Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Issue (Mon-YYYY Format) \_\_\_\_\_  
At time of issue-your age: \_\_\_\_\_ Amount of premium: \_\_\_\_\_ Percent of premium you pay: \_\_\_\_\_  
At time of issue- your address: \_\_\_\_\_

Type: \_\_\_\_\_ Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Issue (Mon-YYYY Format) \_\_\_\_\_  
At time of issue-your age: \_\_\_\_\_ Amount of premium: \_\_\_\_\_ Percent of premium you pay: \_\_\_\_\_  
At time of issue- your address: \_\_\_\_\_

Type: \_\_\_\_\_ Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Issue (Mon-YYYY Format) \_\_\_\_\_  
At time of issue-your age: \_\_\_\_\_ Amount of premium: \_\_\_\_\_ Percent of premium you pay: \_\_\_\_\_  
At time of issue- your address: \_\_\_\_\_

2. Were you ever rejected as an applicant for insurance? Yes  No

If you answered yes, please explain below:

A. Reason rejected: \_\_\_\_\_

By whom (name and address): \_\_\_\_\_

Date of rejection: \_\_\_\_\_

B. Reason rejected: \_\_\_\_\_

By whom (name and address): \_\_\_\_\_

Date of rejection: \_\_\_\_\_

C. Reason rejected: \_\_\_\_\_

By whom (name and address): \_\_\_\_\_

Date of rejection: \_\_\_\_\_

### Section Q: Residences

1. List all residences for the past 10 years, **beginning with your present address.**

A. From (MON-YYYY format): \_\_\_\_\_ TO (MON-YYYY format): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

B. From (MON-YYYY format): \_\_\_\_\_ TO (MON-YYYY format): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. From (MON-YYYY format): \_\_\_\_\_ TO (MON-YYYY format): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. From (MON-YYYY format): \_\_\_\_\_ TO (MON-YYYY format): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E. From (MON-YYYY format): \_\_\_\_\_ TO (MON-YYYY format): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

F. From (MON-YYYY format): \_\_\_\_\_ TO (MON-YYYY format): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

G. From (MON-YYYY format): \_\_\_\_\_ TO (MON-YYYY format): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

H. From (MON-YYYY format): \_\_\_\_\_ TO (MON-YYYY format): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Please list all individuals that you have shared a residence with in the last 5 years.

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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



Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Section R: Removed

### Section S: Past and/or Present Membership in Organizations

1. List all organizations that you are an official member of.

A. Name and Address of Organization: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ Office Held: \_\_\_\_\_ Date From (Mon-YYYY): \_\_\_\_\_ Date To \_\_\_\_\_

B. Name and Address of Organization: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ Office Held: \_\_\_\_\_ Date From (Mon-YYYY): \_\_\_\_\_ Date To \_\_\_\_\_

C. Name and Address of Organization: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ Office Held: \_\_\_\_\_ Date From (Mon-YYYY): \_\_\_\_\_ Date To \_\_\_\_\_

D. Name and Address of Organization: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ Office Held: \_\_\_\_\_ Date From (Mon-YYYY): \_\_\_\_\_ Date To \_\_\_\_\_

E. Name and Address of Organization: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ Office Held: \_\_\_\_\_ Date From (Mon-YYYY): \_\_\_\_\_ Date To \_\_\_\_\_

### Section T: removed

### Section U: Miscellaneous

1. Are there any incidents in your life, not mentioned herein, which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation

Yes  No

If you answered yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you know of anything that would disqualify you for appointment to the Springfield Police Department?  
Yes  No

If you answered yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever applied with the Springfield Police Department before? Yes  No

If you answered yes, please give year of application and results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been employed by any other law enforcement agency? Yes  No

If yes, please list name and address of agency, position held, supervisor's name, and dates of employment below (list all agencies). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever been considered for a position with any law enforcement/government agency/agencies.  
Yes  No

If you answered yes, please list below.

Name of Agency: \_\_\_\_\_ Date Applied (Mon-YYYY): \_\_\_\_\_  
Position Applied for: \_\_\_\_\_ Present Status: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Date Applied (Mon-YYYY): \_\_\_\_\_  
Position Applied for: \_\_\_\_\_ Present Status: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Date Applied (Mon-YYYY): \_\_\_\_\_  
Position Applied for: \_\_\_\_\_ Present Status: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Date Applied (Mon-YYYY): \_\_\_\_\_  
Position Applied for: \_\_\_\_\_ Present Status: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Date Applied (Mon-YYYY): \_\_\_\_\_  
Position Applied for: \_\_\_\_\_ Present Status: \_\_\_\_\_

6. If you were not hired, state reasons for non-selection (also list agency and approximate date).

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7. Have you ever taken a polygraph examination for law enforcement employment or application purposes?

Yes  No

If yes, list agency and give dates below: \_\_\_\_\_

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### Section V: Weapon Permit

1. Do you now or have you ever had a pistol permit or dangerous weapon permit? Yes  No

If yes, please furnish all permit numbers and types: \_\_\_\_\_

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2. Do you now or have you ever owned a firearm?

Yes  No

If yes, please itemize below.

A. Type: \_\_\_\_\_ Caliber: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Registered owner: \_\_\_\_\_

B. Type: \_\_\_\_\_ Caliber: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Registered owner: \_\_\_\_\_

C. Type: \_\_\_\_\_ Caliber: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Registered owner: \_\_\_\_\_

D. Type: \_\_\_\_\_ Caliber: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Registered owner: \_\_\_\_\_

E. Type: \_\_\_\_\_ Caliber: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Registered owner: \_\_\_\_\_

F. Type: \_\_\_\_\_ Caliber: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Registered owner: \_\_\_\_\_

### Section W: Accommodations

1. Do you need any reasonable accommodation to complete a written application, oral interview, or to participate in our physical assessment testing? Yes  No

If you answered yes, describe what accommodations will be required \_\_\_\_\_

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