



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

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: \_\_\_\_\_

<b>Agency:</b>	<b>Date applied:</b>
<b>Address:</b>	
<b>Position applied for:</b>	
<b>Agency:</b>	<b>Date applied:</b>
<b>Address:</b>	
<b>Position applied for:</b>	
<b>Agency:</b>	<b>Date applied:</b>
<b>Address:</b>	
<b>Position applied for:</b>	
<b>Agency:</b>	<b>Date applied:</b>
<b>Address:</b>	
<b>Position applied for:</b>	

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:** \_\_\_\_\_

<b>Date:</b>	<b>Charge:</b>
<b>Police Agency:</b>	<b>Results:</b>
<b>Circumstances:</b>	

<b>Date:</b>	<b>Charge:</b>
<b>Police Agency:</b>	<b>Results:</b>
<b>Circumstances:</b>	

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 _____				
<b>Police Department:</b>				

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 _____				
<b>Police Department:</b>				

Rhode Island Law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list:				
<b>Company:</b>		<b>Telephone Number:</b>		
<b>Policy Number:</b>		<b>Expiration Date:</b>		

Print Name \_\_\_\_\_

## RESIDENCE

List all of your residences during the last ten (10) years. List no information prior to your 15<sup>th</sup> 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: