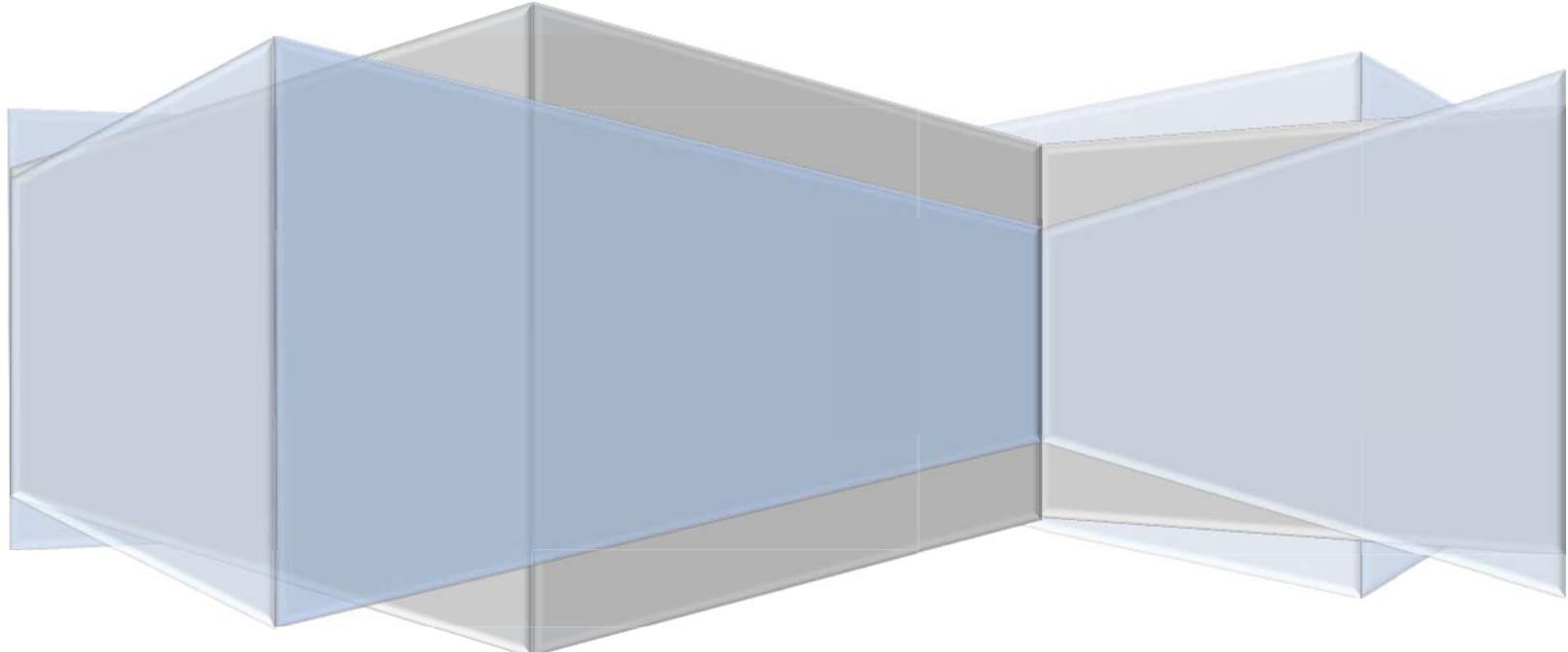


**HUNTSVILLE**  
The Star of Alabama

Police Department  
256.722.7100  
docpolicequestions@huntsvilleal.gov

**ALL POLICE DEPARTMENT EMPLOYEES**

**HUNTSVILLE POLICE  
DEPARTMENT  
SUPPLEMENTAL APPLICATION**



## Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position in which you applied for within the Huntsville Police Department.

- It is your responsibility to complete this form and provide all required information by the deadline provided to you. If you fail to submit this by your deadline, you **WILL** be removed from this hiring process.
- **Electronically sign this document.** (DO NOT ATTEMPT to hand sign- Type your name for a signature)
- Typing is preferred, however if you are filling out a printed copy of this form, neatly print in **BLACK INK ONLY**.
- **You must respond to ALL items and questions.** If a question does not apply to you, type/write “N/A” (not applicable) in the space provided for your response. **ALL SPACES MUST BE FILLED.**
- **DO NOT** use “same as above” or other abbreviated entries.
- If you need more space for any response, use the last page of this form (page 27) **and identify the additional information by the question number.**
- **DO NOT CHANGE THE FORMAT OF THIS DOCUMENT.** (i.e- leave in Microsoft word format for email, PDF format is PRINT only version- Imperative that you notify Internal Affairs prior to utilizing the PDF version)
- Contact Internal Affairs (256) 427-7012 as soon as possible if you have a change of address, home or work number, or to advise of you wish to withdraw from the hiring process.
- **Disqualification**

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

***BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.***

### Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the Alabama Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

***I have read and I understand the above instructions.***

**Signature:**

**Date:**

## Required Documents

**(DO NOT TYPE ON THIS PAGE)**

The following is a list of documents that are required for your background investigation. **Each of the documents that apply to you must be submitted for you to be considered for employment.**

You will be given a **specific date for the submission of the documents required** for this background. If you fail to meet this deadline or fail to provide an adequate explanation, your application is considered incomplete, and you will be removed from the selection process.

Included Not Applicable Other

1. Original Birth Certificate bearing official seal\*
2. Original Certificate of Naturalization\*
3. Original GED Certificate and Scores
4. Sealed High School Transcripts (even if you have GED)
5. Sealed College Transcripts (Printouts from Internet **will not** be accepted)
6. Current Driver's License
7. Certified Driving History from **ALL States** with a Driver's License for the Previous 3 years (except Alabama)\*\*
8. Social Security Card\*
9. Marriage License (for each marriage)\*
10. Divorce Decree (for each divorce)\*
11. Documentation of legal name changes\*
12. Police Standards Certificate (Police Officers)\* \*\*
13. Last 3 performance evaluations (Police Officers) \*\*
14. Military- DD214- Member 4 Form-plus amendments  
And IRR discharge papers\*\*
15. Other personal papers (commendations/training)\*
16. Court Documents/police reports for any/ALL Criminal Cases\*
17. Court Documents for any Civil Cases\*

\*Will be returned after being copied.

\*\* **Not required for Dispatchers and Records Applicants**

Huntsville Police Academy  
3011-A Sparkman Drive  
Huntsville, AL 35810  
Office: (256) 746-4409  
Email: academy@huntsvilleal.gov

# PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants

SECTION 1: PERSONAL					
<b>1. YOUR FULL NAME</b>					
LAST	FIRST	MIDDLE			
<b>2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)</b>					<input type="checkbox"/> N/A
<b>3. ADDRESS WHERE YOU LIVE</b>					
NUMBER / STREET				APT / UNIT	
CITY		COUNTY		STATE	ZIP
<b>4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)</b>					
<b>5. CONTACT NUMBERS</b>					
HOME	WORK	EXT	OTHER	CELL	FAX
<b>6. CONTACT EMAIL</b>			<b>7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)</b>		
<b>8. CITIZENSHIP</b>					
Are you a U.S. citizen? .....					<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship? .....					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)</b>					
<b>10. BIRTHDATE (MM/DD/YYYY)</b>		<b>11. SOCIAL SECURITY NUMBER</b>		<b>12. DRIVER'S LICENSE</b>	
				NUMBER:	STATE:      EXPIRES:
<b>13. PHYSICAL DESCRIPTION</b>					
HEIGHT:		WEIGHT:		HAIR COLOR:      EYE COLOR:	

SECTION 2: RELATIVES AND REFERENCES					
<b>14. IMMEDIATE FAMILY</b>					
<ul style="list-style-type: none"> <li>Provide all applicable information in the spaces below.</li> <li>Mark "N/A" if a category is not applicable.</li> <li>Mark "Deceased," if appropriate.</li> <li>If more space is needed, continue on page 27 – reference corresponding numbers.</li> </ul>					
<b>14.A Spouse</b>					<input type="checkbox"/> Deceased <input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE    ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE    ZIP
WORK PHONE		CELL PHONE		EMAIL	
DATE OF MARRIAGE/REGISTRATION (MM/YYYY)		/		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? .....	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14.B Former Spouse</b>					<input type="checkbox"/> Deceased <input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE    ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE    ZIP
WORK PHONE		CELL PHONE		EMAIL	
DATE OF MARRIAGE/REGISTRATION (MM/YYYY)		DATE OF DISSOLUTION (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? .....	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 2: RELATIVES AND REFERENCES *continued***

**14.C Parents / Guardians**

List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, etc.

14.C.1 Parent / Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Other:					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE					

14.C.2 Parent / Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Other:					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE					

14.C.3 Parent / Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Other:					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE					

14.C.4 Parent / Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Other:					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE					

**14.D Brothers / Sisters**  N/A

List ALL LIVING siblings, including half-siblings, step-siblings, foster-siblings, etc.

14.D.1 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other:					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

14.D.2 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other:					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

14.D.3 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other:					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

14.D.4 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other:					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

**14.E Children**  N/A

List ALL LIVING children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

14.E.1 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other:		
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)

14.E.2 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other:		
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)

14.E.3 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other:		
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)

14.E.4 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other:		
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 2: RELATIVES AND REFERENCES** *continued*

**14.F IMMEDIATE FAMILY MEMBERS WHO ARE EMPLOYED BY THE CITY OF HUNTSVILLE**

- List all **immediate** Family Members who are **CURRENT** employees of the City of Huntsville. List their relationship to you and the department in which they are employed. (i.e. John Doe, Father, Police Department)

**15. LIST OF REFERENCES**

- List **4** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. **DO NOT** include **relatives, employers, housemates, or any individuals listed elsewhere in this application**. Give complete information for references and list **Email addresses for all** references.

15.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE	CELL PHONE	EMAIL			
	How do you know this person?			How long have you known this person?		
15.2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE	CELL PHONE	EMAIL			
	How do you know this person?			How long have you known this person?		
15.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE	CELL PHONE	EMAIL			
	How do you know this person?			How long have you known this person?		
15.4	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE	CELL PHONE	EMAIL			
	How do you know this person?			How long have you known this person?		

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 3: EDUCATION and TRAINING**

- **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on page 27.*

<b>16. CHECK APPLICABLE</b>	MM/YYYY	MM/YYYY	
<input type="checkbox"/> High School Diploma:		<input type="checkbox"/> GED:	

<b>17. LIST HIGH SCHOOL(S) ATTENDED</b>			
<b>17.1</b>	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	COUNTY	STATE
<b>17.2</b>	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	COUNTY	STATE

<b>18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED</b>					
<b>18.1</b>	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED	
	CITY	COUNTY	STATE	ZIP	MAJOR / AREA OF STUDY
<b>18.2</b>	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED	
	CITY	COUNTY	STATE	ZIP	MAJOR / AREA OF STUDY
<b>18.3</b>	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED	
	CITY	COUNTY	STATE	ZIP	MAJOR / AREA OF STUDY
<b>18.4</b>	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED	
	CITY	COUNTY	STATE	ZIP	MAJOR / AREA OF STUDY

<b>19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED</b>					
<b>19.1</b>	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?	
	CITY	COUNTY	STATE	TYPE OF SCHOOL OR TRAINING	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>19.2</b>	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?	
	CITY	COUNTY	STATE	TYPE OF SCHOOL OR TRAINING	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 3: EDUCATION and TRAINING *continued...***

20. Have you ever attended a **POST** Basic Course/Academy: Regular, Specialized Investigators', Reserve, or Dispatcher? ..... Yes No  
 IF YES, provide the following information:

20.1	NAME OF ACADEMY			FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?	
						Yes	No
LOCATION (CITY, STATE)			NAME OF TRAINING OFFICER / ACADEMY COORDINATOR			CONTACT NUMBER	
20.2	NAME OF ACADEMY			FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?	
						Yes	No
LOCATION (CITY, STATE)			NAME OF TRAINING OFFICER / ACADEMY COORDINATOR			CONTACT NUMBER	

21. Have you ever been subject to any academic probation, suspension or expulsion from any high school, College/ University, business, or trade school? ..... Yes No

IF YES, describe in detail below.

**SECTION 4: RESIDENCE HISTORY**

22. LIST OF RESIDENCES

- List all residences **during the last 5 years**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do **NOT** use PO Boxes.
  - **MUST** include the County in which you resided.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- *If more space is needed, continue your response on page 27.*

22.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)					FROM (MM/YYYY)	TO (MM/YYYY)
							<b>Present</b>
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)						CONTACT NUMBER
CITY			STATE	ZIP	EMAIL		
Name(s) of those with whom you live:							
22.2	FORMER ADDRESS (NUMBER / STREET / APT)					FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)						CONTACT NUMBER
CITY			STATE	ZIP	EMAIL		
Name(s) of those with whom you lived:							
Reason for moving:							

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

SECTION 4: RESIDENCE HISTORY <i>continued</i>										
22.3	FORMER ADDRESS (NUMBER / STREET / APT)						FROM (MM/YYYY)	TO (MM/YYYY)		
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER					
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)						CONTACT NUMBER			
	CITY		STATE	ZIP	EMAIL					
	Name(s) of those with whom you lived:									
	Reason for moving:									
	22.4	FORMER ADDRESS (NUMBER / STREET / APT)						FROM (MM/YYYY)	TO (MM/YYYY)	
CITY		COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER					
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)						CONTACT NUMBER				
CITY			STATE	ZIP	EMAIL					
Name(s) of those with whom you lived:										
Reason for moving:										
22.5		FORMER ADDRESS (NUMBER / STREET / APT)						FROM (MM/YYYY)	TO (MM/YYYY)	
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER					
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)						CONTACT NUMBER			
	CITY		STATE	ZIP	EMAIL					
	Name(s) of those with whom you lived:									
	Reason for moving:									
	22.6	FORMER ADDRESS (NUMBER / STREET / APT)						FROM (MM/YYYY)	TO (MM/YYYY)	
CITY		COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER					
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)						CONTACT NUMBER				
CITY			STATE	ZIP	EMAIL					
Name(s) of those with whom you lived:										
Reason for moving:										

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 4: RESIDENCES *continued***

<b>22.7</b>	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
	CITY		STATE	ZIP	EMAIL	
	Name(s) of those with whom you lived:					
Reason for moving:						

<b>22.8</b>	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
	CITY		STATE	ZIP	EMAIL	
	Name(s) of those with whom you lived:					
Reason for moving:						

<b>22.9</b>	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
	CITY		STATE	ZIP	EMAIL	
	Name(s) of those with whom you lived:					
Reason for moving:						

23. Have you ever been evicted or asked to leave a residence?.....  Yes  No
24. Have you ever left a residence owing rent, utilities, or other household expenses?.....  Yes  No

If you answered “YES” to Questions 23 and/or 24, explain (include when, where, and circumstances):



**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

25.5	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				SUPERVISOR EMAIL	
	DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS				REASON FOR LEAVING	

25.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____		

25.7	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				SUPERVISOR EMAIL	
	DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS				REASON FOR LEAVING	

25.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____		

25.9	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				SUPERVISOR EMAIL	
	DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS				REASON FOR LEAVING	

25.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____		

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

25.11	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				SUPERVISOR EMAIL	
	DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS 1)   2)				REASON FOR LEAVING	

25.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____					

25.13	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				SUPERVISOR EMAIL	
	DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS 1)   2)				REASON FOR LEAVING	

25.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____					

25.15	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				SUPERVISOR EMAIL	
	DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS 1)   2)				REASON FOR LEAVING	

25.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____					



**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

35. Have you ever called in sick when you were neither sick nor caring for a sick family member?.....  Yes  No  
 IF YES, how many sick days have you used in the past five years which were not due to illness? \_\_\_\_\_ Days

If you answered "YES" to any of **Questions 26–35**, explain (include **when, where, and why** – *reference corresponding numbers*).

36. *In the past five years*, have you missed days or been late to work due to drug or alcohol consumption?.....  Yes  No  
 IF YES, how often? \_\_\_\_\_

37. Has your work performance ever been affected by your use of alcohol or drugs?.....  Yes  No  
 IF YES, when? \_\_\_\_\_ Name of employer: \_\_\_\_\_

38. *In the past five years*, have you been warned by an employer about your drinking or drug habits and their impact on your performance?.....  Yes  No  
 IF YES, when? \_\_\_\_\_ Name of employer: \_\_\_\_\_

39. Have you **ever** applied for **any** position at another law enforcement agency (city, county, state, or federal)?.....  Yes  No

**QUESTION 39 is for POLICE OFFICER APPLICANTS ONLY**

- If you answered "YES" to **Question 39**, list **EVERY** agency you have applied to within the **previous 5 years**, starting with the most recent.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- *If more space is needed, continue your response on page 27.*

<b>39.1</b>	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
	POSITION APPLIED FOR			EMAIL		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> Still in Process <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

39.2	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	POSITION APPLIED FOR				EMAIL	
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> Still in Process <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					
39.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	POSITION APPLIED FOR				EMAIL	
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> Still in Process <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					
39.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	POSITION APPLIED FOR				EMAIL	
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> Still in Process <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					
39.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	POSITION APPLIED FOR				EMAIL	
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> Still in Process <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 6: MILITARY EXPERIENCE and SECURITY CLEARANCE**

40. Are you required to register for the Selective Service?..... Yes  No  
**IF YES**, have you registered? ..... Yes  No  
**IF NO**, explain: \_\_\_\_\_

41. Have you ever served in the military? ..... Yes  No

42. If you answered **“YES”** to Question 41, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
TYPE OF DISCHARGE		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		
Re-entry Code (1–4) if applicable – refer to your DD-214(Member 4): _____		

43. Are you currently participating in one of the following?  
 Military Reserve   
  National Guard   
 IF CHECKED, date obligation ends (MM/DD/YY): \_\_\_\_\_

44. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain’s mast, office hours, company punishment)? ..... Yes  No

45. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? ..... Yes  No

46. Have you ever taken military property without permission for personal use, to sell, or to give away? ..... Yes  No

If you answered **“YES”** to any of **Questions 43–46** explain (include **when, where, and why**- reference corresponding numbers).

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 7: FINANCIAL**

- Financial questions pertain to the previous 5 years.

47. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Have any of your bills ever been turned over to a collection agency?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Have you ever had purchased goods repossessed?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Have your wages ever been garnished?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Have you ever been delinquent on income or other tax payments?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. Have you ever failed to file income tax or cheated/lie on an income tax form?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you ever had an employment bond refused?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you ever avoided paying any lawful debt by moving away?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Have you ever defaulted on (failed to pay) a loan?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56. Have you ever borrowed money to pay for a gambling debt?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, do you currently have any outstanding debts as a result of gambling?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
59. Have you written three or more bad checks in a one-year period?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to any of **Questions 47–59**, explain (include **when, where, and why** – *reference corresponding numbers*).

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 8: LEGAL**

► Disclosure of Arrests and Convictions

- This section requires you to report **ALL DETENTIONS, ARRESTS and CONVICTIONS**, regardless of your age at the time of offense and the disposition.
- **FULLY EXPLAIN** all incidents.
- If more space is needed, continue your response on page 27.

60. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony (including offenses in the Uniform Code of Military Justice)? .....  Yes  No  
**IF YES**, explain each incident:

60.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY

FULL EXPLANATION OF INCIDENT AND DISPOSITION OR PENALTY

60.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY

FULL EXPLANATION OF INCIDENT AND DISPOSITION OR PENALTY

60.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY

61. Have you ever been placed on court probation? .....  Yes  No
62. Were you ever required to appear before a juvenile court? .....  Yes  No
63. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....  Yes  No
64. Have the police ever been called to your home for any reason? .....  Yes  No
65. Have you or your spouse/partner ever been referred to Child Protective Services/ Dept. of Human Resources? .....  Yes  No
66. Have you ever been the subjects of an emergency protective order/restraining order/stay-away order? .....  Yes  No

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 8: LEGAL *continued***

67. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? .....  Yes  No
68. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? .....  Yes  No
69. Have you ever filed a false insurance or workers' compensation claim? .....  Yes  No

If you answered "YES" to any of **Questions 61–69**, explain (include **court case or document, dates, and circumstances** – **reference corresponding numbers**).

**► Involvement in Criminal Acts – Part 1**

70. Have you committed any of the following acts **within the past 10 years, including acts not detected by law enforcement?** (even if not arrested, detained, or questioned by law enforcement)

- Include **ALL** incidences involving Law Enforcement contact **AND ALL** acts **not detected** by Law Enforcement.
- **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

- |       |   |
|-------|---|
| 70.1  | Animal abuse and/or neglect ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 70.2  | Annoying, obscene, or harassing contacts by telephone or other electronic communication device ..... <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| 70.3  | Assault- Simple (use of force or violence upon another) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 70.4  | Brandishing a weapon (any type of weapon) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 70.5  | Carrying a concealed weapon without a permit ..... <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 70.6  | Contributing to the delinquency of a minor ..... <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 70.7  | Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| 70.8  | Driving under the influence of alcohol and/or drugs ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 70.9  | Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 70.10 | Filing a false police report ..... <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 70.11 | Hit & run collision (no injuries) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 70.12 | Illegal gambling ..... <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 70.13 | Illegal hunting and/or fishing (for example, without a license, out of season) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| 70.14 | Impersonating a peace officer (pretending to be a police officer) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                  |
| 70.15 | Indecent exposure and/or lewd or obscene conduct ..... <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 70.16 | Intentionally writing a bad check ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 70.17 | Joyriding (using a car or other vehicle without owner's permission) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                |

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 8: LEGAL *continued***

70.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70.19	Petty theft (value up to \$500, including shoplifting/switching price tags) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70.20	Possession of alcohol as a minor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70.21	Possession of falsified or altered identification, including use of another person's ID (for any reason) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70.24	Reckless driving .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70.26	Trespassing .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70.28	Any other act amounting to a misdemeanor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

• If you answered "YES" to ANY of the item(s) in Question 70, **FULLY** explain circumstances, **including dates**, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 70.5) for each explanation.*

• *If more space is needed, continue your response on page 27.*

**► Involvement in Criminal Acts – Part 2**

71. **At any time in your life**, have you **EVER** committed any of the following acts? (even if not arrested, detained, or questioned by law enforcement)

**NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

71.1	Arson (intentionally destroying property by setting a fire) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.3	Blackmail or extortion .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

<b>SECTION 8: LEGAL <i>continued</i></b>		
71.4	Burglary (entering a structure or vehicle to commit theft or other crime) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.6	Elder abuse and/or neglect (physical and/or financial) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.7	Embezzlement (theft of money or other valuables entrusted to you) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.8	Felony drunk driving .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.9	Rape .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.11	Fraudulent use of a credit, ATM, debit, and/or check card .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.12	Grand theft (value of over \$950, or any firearm) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.13	Hit & run (with injuries) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.14	Hate crime .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.15	Illegal sex acts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.16	Insurance fraud .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.17	Murder, homicide (even if justified) or attempted murder .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.18	Perjury (lying under oath) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.19	Possession of an explosive/destructive device .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.20	Robbery (theft from another person using a weapon, force, or fear) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.21	Stalking .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.22	Theft of a vehicle and/or vehicle parts .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.23	Viewing and/or possessing child pornography .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.24	Any other act amounting to a felony .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

- If you answered "YES" to **ANY** of the item(s) in **Question 71**, FULLY EXPLAIN CIRCUMSTANCES, **including dates**, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 71.3) for each explanation.*
- *If more space is needed, continue your response on page 27.*

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 8: LEGAL *continued***

**▶ Illegal Use of Drugs**

- For the purpose of responding to the following questions, “illegal drugs” **include** the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.”
- Your responses should include — **but not be limited to** — your use of any of the following:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▶ Amphetamines / Methamphetamines (<i>Uppers, Speed, Crank, etc</i>)</li> <li>▶ Barbiturates (<i>Downers</i>)</li> <li>▶ Cocaine / Crack Cocaine</li> <li>▶ Designer Drugs (<i>Ecstasy, Synthetic Heroin, etc.</i>)</li> <li>▶ GHB (<i>Date Rape Drug</i>)</li> <li>▶ Hallucinogens (<i>Peyote, LSD, Mushrooms</i>)</li> <li>▶ Hashish / Hashish Oil</li> <li>▶ Heroin / Opium</li> </ul> | <ul style="list-style-type: none"> <li>▶ Marijuana (<i>with or without a prescription</i>)</li> <li>▶ Mescaline</li> <li>▶ Morphine</li> <li>▶ PCP / Angel Dust</li> <li>▶ Quaaludes</li> <li>▶ Steroids</li> <li>▶ Tetrahydrocannabinol (THC)</li> <li>▶ Glue, paint, or any substance containing toluene</li> </ul> |
|--|---|

72. **AT ANY TIME IN YOUR LIFE** have you EVER possessed, tried, used, been given or experimented with, **EVEN ONE TIME**, any of the following **WITH OUT** a Physician’s prescription?

72.1 Cannabis, Marijuana (Hashish, Hash, THC, Weed, Greenbud, etc) .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.2 Heroin (Black, Tar, Smack, Codeine, methadone, etc) .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.3 Cocaine (“Coke”, blow, Crack, Powder, Rock, etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.4 LSD (Acid, microdot, blotter, stamps, etc) .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.5 Phencyclidine (PCP, Angel Dust, dust etc) .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.6 Psilocybin Mushrooms (Tea, shrooms, Bull, etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.7 Methaqualone (Ludes, 747’s, Quaaludes, etc ) .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.8 Hydromorphone (Dilaudid, D, etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.9 Diazepam (Valium) .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.10 Oxycodone (Perodan, Percocet, Roxy’s, Roxicodone, etc) .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.11 Rohypnol (Roofies) .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.12 Ketamine (Special K, K).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.13 Methylenedioxyamphetamine (Ecstasy, MDMA, MDA).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.14 Gamma-Hydroxy-Butyrate (GHB, Super-G, Liquid Ecstasy).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.15 Barbiturate (Yellow Jackets, Reds, Phenobarbital, Butbarbital, Nembutal, Seconal , Amytal, etc) .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.16 Amphetamine/Methamphetamine (Speed, pep pills, Meth, Crystal Meth, Benzedrine, etc) .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.17 Miscellaneous Other Substances (Nitrous Oxide, Glue, Gasoline, Paint, other inhalants, etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.18 Designer Drugs by Other Names (ICE, GHB, GBL, China, White, Double Stack, NEXUS, etc) .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.19 Steroids (Anabolic, Androgenic, Testosterone, Roids, Juice, etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.20 Antihistamines or other over-the-counter medications - <u>other than DIRECTED use</u> (Sudafed, Nyquil etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72.21 Any other substances not listed (legal or illegal) used for the purpose of getting “High” .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
73. I have <b>NEVER</b> used any drug recreationally.....	<input type="checkbox"/>			

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 8: LEGAL continued...**

**IF YOU ANSWER YES TO ANY QUESTIONS IN 72,** give details including *drug(s) used, most recent date used,* and *circumstances:*

74. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription:
- Sold       Manufactured       Purchased       Furnished       Cultivated       Carried or Held for Another
- Present During a Drug Transaction       Not Involved

**IF ANY ITEM OTHER THAN “NOT INVOLVED” IS CHECKED,** give details including *drug(s) involved, over what time period(s),* and *circumstances.*

75. During the **past one year,** have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? .....  Yes     No
- IF YES, explain:

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 9: MOTOR VEHICLE INFORMATION**

76. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED

77 List other states where you have been licensed to operate a motor vehicle: **POLICE OFFICER APPLICANTS ONLY**

LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

78. Have you ever been refused a driver's license by any state? .....  Yes  No  
**IF YES**, explain (include when, where, and circumstances):

79. Has your driver's license ever been suspended or revoked? .....  Yes  No  
**IF YES**, explain (include when, where, and circumstances):

80. Do you currently have liability insurance on ALL of your vehicles? .....  Yes  No  
 If so, what company? \_\_\_\_\_

**SECTION 9: MOTOR VEHICLE OPERATION**

81. List all traffic citations; (excluding parking citations) you have received *within the past five years*. **POLICE OFFICER APPLICANTS ONLY**

81.1	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN			
Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed
81.2	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN			
Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed
81.3	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN			
Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed
81.4	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN			
Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

81.5	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE	
	DATE VIOLATION OCCURRED		ACTION TAKEN			
	Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed
81.6	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE	
	DATE VIOLATION OCCURRED		ACTION TAKEN			
	Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed
81.7	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE	
	DATE VIOLATION OCCURRED		ACTION TAKEN			
	Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed

82. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

Failed to Appear       Failed to Complete Traffic School       Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

83. Have you been involved as the driver in a motor vehicle accident *within the past five years*? .....  Yes     No

IF YES, give details below. **(POLICE OFFICER APPLICANTS ONLY)**

83.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
83.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
83.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

83.4	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
83.5	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

84. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? .....  Yes     No

IF YES, GIVE REASON

DATE (MM/YYYY)

INSURANCE COMPANY

**PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants**

**SECTION 10: TATTOOS, BODY ART, AND PIERCINGS**

The Huntsville Police Department has an **Appearance Policy** that addresses tattoos, body art and piercings to ensure a conservative appearance consistent with professional law enforcement services. (Having body art, tattoos, or piercings, does **NOT prohibit** you from employment-though it **MUST** be concealed.

- 85. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, 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? .....  Yes  No
- 86. Do you have any tattoos, body art, or piercings (except single ear piercings)? .....  Yes  No

**SECTION 10: OTHER TOPICS**

- 87. Have you ever been refused a permit to carry a concealed weapon? .....  Yes  No
- 88. Are you now, or have you ever been, a member or associate 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? .....  Yes  No
- 89. Do you belong to any group or hold any belief, which would prevent you from vowing allegiance to the Flag or The Constitution Of the United States of America? .....  Yes  No
- 90. Have you ever threatened or used physical force towards a spouse or romantic partner? .....  Yes  No
- 91. **Since the age of 15**, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? .....  Yes  No

If you answered “YES” to any of **Questions 85–91**, give details including **dates and circumstances** – **reference corresponding numbers**.

**SECTION 11: CERTIFICATION**

91. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: ►

Date:

**Use the following page to continue any of your responses.  
Be sure to reference corresponding numbers.**

## PERSONAL HISTORY STATEMENT – Huntsville Police Employee Applicants

### ADDITIONAL COMMENTS

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). **Reference the corresponding questions and/or specific items**
- You may also use this space to state why you are interested in the position in which you applied for with the City of Huntsville.
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.