

**SOUTH KINGSTOWN POLICE DEPARTMENT**

**1790 Kingstown Road, Wakefield, RI 02879**

**PERSONAL HISTORY STATEMENT-I**

**FOR USE IN LATERAL TRANSFER HIRING**

**PERSONAL**

**Name**

|  |  |  |
| --- | --- | --- |
| Last: | First: | Middle: |

**Current Address (not mailing or PO Box)**

|  |  |  |  |
| --- | --- | --- | --- |
| # and Street: | City: | State: | Zip: |
| Rent \_\_\_ Own \_\_\_ Parents \_\_\_ Other \_\_\_ | How long have you lived there? \_\_\_\_ years \_\_\_\_ months | Landlord Name (if applicable): | Landlord Phone: (if applicable): |

**Mailing Address (if different from above)**

|  |  |  |  |
| --- | --- | --- | --- |
| # and Street: | City: | State: | Zip: |

**Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Home: | Cell: | Work: | Email: |

**Identification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Birthdate: | | Birthplace: | | SSN: | |
| Height: | Weight: | | Hair Color: | | Eye Color: |
| Tattoos (description and location): | | | | | |

**EDUCATION**

**High School**

|  |  |  |
| --- | --- | --- |
| Name: | Address: | Graduation Date: |

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

**General Education Diploma (GED)**

|  |  |  |
| --- | --- | --- |
| Testing Center: | Address: | Date Received: |

**College**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | City and State | Major | Degree or # of Credits | Dates Attended |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**EMPLOYMENT HISTORY**

|  |
| --- |
| Beginning with your most current employment, list EVERY job you have held during the past TEN years. Include any part-time work, temporary work, or self-employment. Also include any periods of unemployment in the blank space at the end of this section. If you need more room, make additional copies of this page and attach. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: | | Employer: | | Address: | |
| Supervisor: | | Phone: | | Dates Employed: | |
| Reason for Leaving: | | | | | |
| Co-Worker Name: | Co-Worker Phone: | | Co-Worker Name: | | Co-Worker Phone: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: | | Employer: | | Address: | |
| Supervisor: | | Phone: | | Dates Employed: | |
| Reason for Leaving: | | | | | |
| Co-Worker Name: | Co-Worker Phone: | | Co-Worker Name: | | Co-Worker Phone: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: | | Employer: | | Address: | |
| Supervisor: | | Phone: | | Dates Employed: | |
| Reason for Leaving: | | | | | |
| Co-Worker Name: | Co-Worker Phone: | | Co-Worker Name: | | Co-Worker Phone: |

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

|  |
| --- |
| Periods of Unemployment: |

|  |  |
| --- | --- |
| Have you ever been investigated by an 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? No \_\_\_ Yes \_\_\_ (please complete the fields below) | |
| Date: | Employer: |
| Details and results of investigation: | |

|  |  |
| --- | --- |
| Date: | Employer: |
| Details and results of investigation: | |

|  |  |
| --- | --- |
| Were you ever suspended or given a formal written reprimand by any employer? No \_\_\_ Yes \_\_\_ (please complete the fields below) | |
| Date: | Employer: |
| Details: | |

|  |  |
| --- | --- |
| Date: | Employer: |
| Details: | |

|  |  |
| --- | --- |
| Date: | Employer: |
| Details: | |

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

**MILITARY SERVICE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Did you comply with the draft registration law? Yes \_\_\_ No \_\_\_ | | | Selective Service #: | |
| Have you ever served in any branch of the US Armed Forces, National Guard or Reserves? Yes \_\_\_ No \_\_\_ | | | | |
| Branch: | Unit: | Enlistment Date: | | Service #: |
| Highest Rank: | Date of Discharge: | Rank at Discharge: | | Type of Discharge: |
| Separation Code: | Re-Enlistment Code: | Active Duty/Current Reserves-List CO’s Name: | | |

|  |
| --- |
| If you were dishonorably discharged, please explain below: |

|  |
| --- |
| If you were ever investigated for any criminal activity while in the military, please explain: |

|  |  |  |
| --- | --- | --- |
| If you were ever reduced in pay grade or were the subject of any judicial or non-judicial disciplinary action while in the military, please provide the following information: | | |
| Date | Violation | Penalty |
|  |  |  |
|  |  |  |

**BACKGROUND**

|  |  |
| --- | --- |
| If you have ever applied to the South Kingstown Police Department for any position, please complete the field below | |
| Date: | Position: |
| Date: | Position: |
| Date: | Position: |

|  |
| --- |
| **Police Academy**  \_\_\_ Rhode Island Municipal Police Academy  \_\_\_ Providence Police Academy  \_\_\_ Rhode Island State Police Academy  Start Date: Graduation Date: |

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

**Legal**

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been arrested for a criminal act? No \_\_\_ Yes \_\_\_ (complete the fields below) This includes all juvenile charges, dismissed or reduced juvenile and adult charges, and all expunged records (pursuant to RIGL §12-1.3-4) | | | |
| Date | Agency | Charges | Disposition |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Has your driver’s license ever been suspended, revoked or place on negligent operator’s probation by any state?  No \_\_\_ Yes \_\_\_ (please explain below) |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever received a traffic citation? No \_\_\_ Yes \_\_\_ (please list all citations from the past 10 years beginning with the most recent) | | | |
| Month and Year | Violation | City and State | Resulting Action |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Have you ever been involved in a civil court action? No \_\_\_ Yes \_\_\_ (complete the fields below) | | |
| Date: | Court and Location: | Plaintiff \_\_\_ Defendant \_\_\_ |
| Details: | | |

|  |  |  |
| --- | --- | --- |
| Date: | Court and Location: | Plaintiff \_\_\_ Defendant \_\_\_ |
| Details: | | |

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

**Qualifications**

|  |  |
| --- | --- |
| List any certifications or specialized training you have received that are applicable to policing (attach additional documents and/or resume if so desired): | |
| Certification/Training | Date Received |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**References**

|  |  |  |
| --- | --- | --- |
| List below three individuals you have known for at least **two years**, who have knowledge of your qualifications. Examples include friends, significant other, roommates, teachers, co-workers, neighbors, former supervisors. Do **not** include relatives. | | |
| Name: | Relationship: | Phone Number: |
| Address: | | Length of Time Known: |

|  |  |  |
| --- | --- | --- |
| Name: | Relationship: | Phone Number: |
| Address: | | Length of Time Known: |

|  |  |  |
| --- | --- | --- |
| Name: | Relationship: | Phone Number: |
| Address: | | Length of Time Known: |

|  |
| --- |
| 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 any changes in my personal history covered in this Personal History Statement to South Kingstown Police Department.  Prior to submitting my Personal History Statement, I carefully reviewed it for truthfulness, completeness and accuracy.  I hereby certify that all statement made in this Personal History Statement are true and complete. I understand that any discrepancies, misstatements, omissions and/or falsifications will be cause for disqualification and for my name to be removed from the eligibility list or will be cause for further review and/or dismissal if an appointment was made.  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |