

IDAHO STATE POLICE PHS Required Documents Checklist

It is your responsibility to obtain the required documents listed below. It may take several weeks to gather some of these documents, so begin working on them at once. Do not delay completing your background package while waiting for these documents. Submit your background package by the stated deadline, even if some of the original documents are not immediately available. You must attach legible copies of those original documents, when you turn in your background package. All copies of documents are *one item per page except driver's license and Social Security card*. Failure to promptly provide these documents may result in the suspension of your background from employment consideration.

- Birth Certificate:** Documentation of U.S. Citizenship, or status as a permanent resident alien (birth certificate, naturalization certificate, or passport).
- Driver's License/SS card:** Driver's license and official Social Security card photocopied together on one page.
- Legal Documents:** Any document relating to any civil, criminal, (i.e., arrest reports, traffic collision reports within the past 5 years, case reports, civil suits).
- Highest level of education of 15 credits or more-High School Diploma or College Transcripts:** High school diploma **or** GED Certificate with test scores **or** High School Proficiency Certificate **or** high school transcript with graduation date listed **or** Official College Transcripts for all Colleges you have attended. If you attended more than one college and did not transfer your credits, you will need to request transcripts from all colleges.
- Military DD-214:** Military DD-214 Long Form for anyone who served any time in the military.
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- Vehicle Insurance:** Insurance cover page(s) indicating proof of required vehicle insurance listing your vehicles, your coverage and indicating that you are an insured driver.
- Vehicle Registration:** Vehicle registration for all owned vehicles.

THE FOLLOWING ADDITIONAL INFORMATION AND DOCUMENTS ARE REQUIRED FROM APPLICANTS WHO ARE PRESENTLY IN LAW ENFORCEMENT, OR WHO HAVE BEEN LAW ENFORCEMENT, OR CORRECTIONS OFFICERS, OR HAVE ATTENDED ANY LAW ENFORCEMENT ACADEMY.

1. Law Enforcement Training Academy or Corrections Academy Graduation Certificate(s).
2. P.O.S.T. Training Profile and All P.O.S.T. Certificates.
3. CPR Card, First Aid Card.
4. Copies of any Internal Affairs Files.
5. Copies of performance evaluations from the last three years.
6. List of last three supervisors, indicating rank, current assignment, and work number.

Personal History Statement



**PRE-EMPLOYMENT
FULL SECURITY CLEARANCE
PERSONAL HISTORY STATEMENT**

APPLICANT'S NAME:

ADDRESS:

EMAIL ADDRESS:

PHONE NUMBER:

POSITION APPLIED FOR:

Idaho State Police Use Only

ASSIGNED
INVESTIGATOR:

CASE NUMBER:

"Under IDAHO CODE 67-5322, classified employees of a state department are strictly prohibited from being a candidate and hold an elective office in any partisan election."

Personal History Statement

Personal

The following information is requested of you for verification and contact purposes:

1. Please print or type your full legal name				
Last	First	Middle	Age	
Other names (including nicknames) you have used or been known by		Maiden name		
2. Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (please explain)				
Street Address	City	State	Zip Code	
3. Please list your current phone and an alternate number for messages				
Please list your mailing address if it is different from your residence address				
Street Address	City	State	Zip Code	
Email Address				
4. Birth Date		5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide documentation to confirm this or do you anticipate within 6 months of hire, you will be able to do so <input type="checkbox"/> Yes <input type="checkbox"/> No		
Month	Day			Year
Place of Birth:				
6. Social Security Number		(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)		
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7. For the purposes of identification, please provide the following:				
Height	Weight	Hair Color	Eye Color	
Scars, tattoos or other distinguishing marks				

Personal History Statement

Relatives, References, Acquaintances

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you have applied. Inquiries will be limited to job related matters.

8. Please provide the appropriate information in the spaces provided below. If a category is not applicable, write in N/A .

Name of your:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)	
Father		Home ()	
<input type="checkbox"/> Deceased	Home <input type="checkbox"/> Work <input type="checkbox"/>	Work ()	
Mother		Home ()	
<input type="checkbox"/> Deceased	Home <input type="checkbox"/> Work <input type="checkbox"/>	Work ()	
Father-in-law		Home ()	
<input type="checkbox"/> Deceased	Home <input type="checkbox"/> Work <input type="checkbox"/>	Work ()	
Mother-in-law		Home ()	
<input type="checkbox"/> Deceased	Home <input type="checkbox"/> Work <input type="checkbox"/>	Work ()	
Spouse/Parent of Children in Common		Home ()	
<input type="checkbox"/> Deceased	Home <input type="checkbox"/> Work <input type="checkbox"/>	Work ()	
Spouse's maiden name	Spouse's date of birth	Other names spouse has used	
Date of marriage	Place of marriage		
Spouse's employer (name and address)		Telephone ()	
Spouse's occupation			
How long with current employer?			
Name of former spouse/parent of children in common	Date of Marriage	Date of Divorce	City, State of Divorce
Amount of alimony or child support received or paid (circle one)		Have you ever been delinquent in making required payment(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
Present address of former spouse/parent of children in common		Telephone ()	

Personal History Statement

Name of your:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
Brother(s) and Sister(s) <input type="checkbox"/> Deceased		Home ()
		Work ()
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
Step-mother <input type="checkbox"/> Deceased		Home ()
		Work ()
Step-father <input type="checkbox"/> Deceased		Home ()
		Work ()
Step-brother(s) and Step-sister(s) <input type="checkbox"/> Deceased		Home ()
		Work ()
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
Other relatives with whom you have a close personal relationship (including children and their ages).		
	Relationship	Home ()
		Work ()
		Home ()
		Work ()
		Home ()
		Work ()

Personal History Statement

Relatives, References, Acquaintances

9. Please list six (6) individuals such as friends, co-workers, neighbors, classmates, teachers, or supervisors who know you well enough to provide accurate information about you and your qualifications for this position.		
Name:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
How known? How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
How known? How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
How known? How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
How known? How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
How known? How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
How known? How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
10. Please list any individuals with whom you are acquainted and who are members of law enforcement agencies. Exclude individuals who are listed in questions 9 and 11.		
Name and Rank:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
Department	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
Department	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
Department	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
Department	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
Department	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
Department	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()

Personal History Statement

Relatives, References, Acquaintances

11. Please list those individuals with whom you have resided during the last ten (10) years. Exclude family members. List the individual's current address.		
Name and dates	Address	Phone
From: To:	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
From: To:	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
From: To:	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
From: To:	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
From: To:	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()
From: To:	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home () Work ()

Personal History Statement

Legal

<p>12. Have you ever been charged, arrested or convicted of any criminal offense? (Do not include traffic citations unless you were taken into custody) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following information, starting with the most recent event. Explain in more detail on page 23, if necessary. <i>(An arrest resulting in a withheld judgment, or the fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question. Please see the instructions for details.)</i></p>			
Date	Charge(s)	Police agency/city or locality	Penalty
<p>13. Have you ever been placed on court probation as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details (include when, where, why). Give dates of probation starting with the most recent.</p>			
<p>14. Have you ever been detained, questioned, held on suspicion or fingerprinted, although not arrested, during the course of a criminal investigation conducted by a law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain.</p>			
<p>15. Have you ever been charged with or investigated for a crime that was not prosecuted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what crime, when and where did it occur?</p>			
<p>16. Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled to them, or received an overpayment which you were required to repay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p>			
<p>17. Have you complied with the draft registration laws? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>			
<p>18. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. Include dates.</p>			
<p>19. Have you ever been reported to a law enforcement agency as a missing person or a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details including date, law enforcement agency and circumstances.</p>			
<p>20. Have you ever applied for a permit to carry a concealed weapon in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information:</p>			
Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Name of law enforcement agency issuing permit	
<p>21. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details including when, where, name and location of court, and circumstances.</p>			

Personal History Statement

22. Have you ever been a petitioner or a respondent in a protection or no contact order?
 Yes No If yes, please explain.

23. Have you ever been a possible respondent to a protection or no contact order but were never served?
 Yes No If yes, please explain.

24. Have you ever been served with a summons for court in any civil matter which was resolved prior to court or through an arbitrator?
 Yes No If yes, please explain.

25. Have you experimented with, or tried, any type of an illegal drug or narcotic?
 Yes No If yes, indicate with an **X** all drugs that you have experimented with or tried, from the list below.
 Experimentation includes, but is not limited to smoking, swallowing, tasting, inhaling, or injecting.

Schedule I: Heroin LSD: "Acid" Marijuana (cannabis) and extracts: "BHO"/"Dabs"/THC Edibles Hashish/Hashish Oil Ecstasy/MDMA: "XTC"/"Molly" Peyote/Mescaline "Bath Salts" Psilocybin: Psilocybic Mushrooms/"Shrooms" Cathinone: "Khat"	Schedule II Cocaine: "Coke"/"Crack"/"Rock" Amphetamine/Methamphetamine: "Speed"/"Crank"/"Crystal"/"Ice" Prescription Opioids: oxycodone/"OxyContin"/hydrocodone/"Vicodin"/"Norco"/"Percocet" Fentanyl PCP: "Sherms"/"Angel Dust" Dexedrine: "Adderall"/"Ritalyn"/"Crosstops"/"Addy" Synthetics: "Spice"/"K2"	Schedule III Ketamine Steroids Barbiturates: "reds"/"yellows"/"yellow jackets"/"tranqs"/"downers" Schedule IV Benzodiazepines: "Valium"/"Ativan"/"Ambien"/"Soma"/"Tramadol" Xanax/"Zanny Bars"/"Bars"/"School Buses" Darvon/Darvocet	Schedule V Promethazine with Codeine: "purple drank"/"sizzurp" Pregabalin: "Lyrica"
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If you checked any of the above drugs, give details below:

Type of Drug or Narcotic	Month and Year First Used	Month and Year Last Used	Lifetime Total Times Used

26. Have you ever used a prescription drug not prescribed to you?
 Yes No If yes, please explain.

27. Have you ever sold, provided or given illegal drugs or narcotics to anyone?
 Yes No If yes, please explain.

28. Have you ever grown marijuana or manufactured any type of drug or narcotic?
 Yes No If yes, please explain.

29. Have you or anyone else ever injected an illegal drug or narcotic into your body?
 Yes No If yes, please explain.

30. Do you associate with any person who you suspect uses illegal drugs or narcotics?
 Yes No If yes, please explain.

31. When was the last time you were present where illegal drugs, narcotics, or other illegal substances were being used?
 Month:_____ Year:_____ Location & Circumstances:

Personal History Statement

Education

32. Please indicate highest level of education:

- I possess a high school diploma dated _____
- I passed the G.E.D. (General Educational Development) test dated _____
- I do not have a college degree, however I have 15 or more college credits. _____
- I possess a two-year college degree dated _____
- I possess a four-year college or university degree dated _____

33. Please list all the schools you have attended beginning with high school. During the background investigation, anyone who has known you in a learning environment may be contacted.

Name of School	Location of School (City and State)	Dates Attended		Major	Units Earned	Type of Degree
		From Month/Year	To Month/Year			

34. Have you ever been suspended or expelled from any high school or post-secondary school?

- Yes No If yes, please explain (include school, date, and circumstances)

Personal History Statement

Residence

Individuals who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for a background investigation.

35. Please list all of your residences of the past 10 years. There should be no gaps in residence dates. Begin with your current residence and list backward in chronological order.

	Address	City, State, Zip Code	Dates		If rented, give name, address and telephone of the person responsible for the collection of the rent.
			From Mo. Yr.	To Mo. Yr.	
A					
	With whom did you live (include relationship)		Reason for moving		
B					
	With whom did you live (include relationship)		Reason for moving		
C					
	With whom did you live (include relationship)		Reason for moving		
D					
	With whom did you live (include relationship)		Reason for moving		
E					
	With whom did you live (include relationship)		Reason for moving		
F					
	With whom did you live (include relationship)		Reason for moving		

Personal History Statement

Employment History

36. Beginning with your current employment, **please list in chronological order** all jobs you have held in the past 10 years, including full-time, part-time, temporary and volunteer positions, military service and periods of unemployment. Use additional sheets, if necessary.

Name of Employer or Military Unit	Complete address of employer, include zip code		Full name of supervisor
From Mo. Yr. To Mo. Yr. ___/___ ___/___ <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Military Service <input type="checkbox"/> Volunteer <input type="checkbox"/> Not Employed	Telephone No.	Starting/ Ending Salary	Full name(s) of co-worker(s)
Job title and duties (for identification purposes)			

Reason for leaving

Name of Employer or Military Unit	Complete address of employer, include zip code		Full name of supervisor
From Mo. Yr. To Mo. Yr. ___/___ ___/___ <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Military Service <input type="checkbox"/> Volunteer <input type="checkbox"/> Not Employed	Telephone No.	Starting/ Ending Salary	Full name(s) of co-worker(s)
Job title and duties (for identification purposes)			

Reason for leaving

Name of Employer or Military Unit	Complete address of employer, include zip code		Full name of supervisor
From Mo. Yr. To Mo. Yr. ___/___ ___/___ <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Military Service <input type="checkbox"/> Volunteer <input type="checkbox"/> Not Employed	Telephone No.	Starting/ Ending Salary	Full name(s) of co-worker(s)
Job title and duties (for identification purposes)			

Reason for leaving

Name of Employer or Military Unit	Complete address of employer, include zip code		Full name of supervisor
From Mo. Yr. To Mo. Yr. ___/___ ___/___ <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Military Service <input type="checkbox"/> Volunteer <input type="checkbox"/> Not Employed	Telephone No.	Starting/ Ending Salary	Full name(s) of co-worker(s)
Job title and duties (for identification purposes)			

Reason for leaving

Personal History Statement

Additional Employment Information

37. May we contact your current employer?

Yes No If no, please explain.

38. Have you ever held employment under another name?

Yes No If yes, please give details (include dates, name(s) used and, name of employer(s)).

39. Have you had any extended work absences for reasons other than earned vacations (excluding Family Medical Leave Act (FMLA) and/or Military protected time off)?

Yes No If yes, please explain (include when, name of employer(s) and why).

40. Have you ever been fired or asked to resign from any place of employment?

Yes No If yes, please explain (include when, name of employer(s), why).

41. If you have never held employment, please explain.

Personal History Statement

Military Service

42. Are you currently or have you ever participated in any armed forces, military reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Branch of Service	Service Number	Dates of Service _____ / _____
43. If you are a male and have never served in the armed forces, please provide the following: Registration information can be obtained at www.sss.gov . Males born between 1-1-54 and 12-31-59 had no registration requirement.		
Selective Service Number		
44. Were you ever investigated for any criminal activity while in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.		
45. While in the military, Active Duty, Reserves or National Guard were you ever charged with or did you receive Non-Judicial Punishment or any Summary, Special or General Court Martial? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the crime, when and where did it occur? What was the outcome or punishment?		
46. While in the military, Active Duty, Reserves, or National Guard, did you receive any documented counseling for adverse or marginal performance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.		
47. While in the military, Active Duty, Reserves, or National Guard, did you receive any adverse or sub-standard evaluation, fitness report, or conduct and proficiency marks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.		
48. Have you ever held or do you currently hold a security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what level and for what specific job?		
49. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you and your qualifications for this position.		

Name	Contact Address	Contact Telephone	Years Known	
			From	To

Personal History Statement

Financial

<p>50. The management of personal finances is relevant to an individual's qualifications for employment with the Idaho State Police. Therefore, please fill in the financial statement below. Be complete and accurate. The behavior exhibited in meeting your financial obligations, not necessarily the amount of indebtedness will be used in evaluating your qualifications.</p>					
Current Monthly Income			Current Monthly Expenditures		
Monthly salary	\$		Real estate (mortgage) payment(s)	\$	
Spouse's salary			Rent		
Other monthly income – describe:			All credit cards - describe:		
			Car payments:		
			Student Loans:		
			Other monthly payments – describe:		
			Estimated monthly cost of living (include utilities, food, gasoline, home and car maintenance, entertainment, etc.) and any other obligations.		
TOTAL MONTHLY INCOME	\$		TOTAL MONTHLY EXPENDITURES	\$	

51. Have you ever filed for or declared bankruptcy or filed for the wage earner's plan?
 Yes No If yes, please give details (include when, where, why).

52. Have any of your bills ever been turned over to a collection agency?
 Yes No If yes, please give details (include when, debtors involved, circumstances).

53. Have you ever had purchased goods repossessed?
 Yes No If yes, please give details (include when, debtors involved, circumstances).

Personal History Statement

54. Have you ever sued or been sued, either in court or small claims court, or had any case heard by any binding or non-binding arbitrator or court TV?

Yes No If yes, please explain.

Motor Vehicle Operation

Operation of a motor vehicle is an integral part of the position of peace officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.

55. Current Driver's License Number	State	Class (Type of License)	Expiration Date
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Name under which license was granted	Other Names Used
--------------------------------------	------------------

56. Please list other states where you have been licensed to operate a motor vehicle.

State	Yrs	State	Yrs	State	Yrs
Name under which license was granted		Name under which license was granted		Name under which license was granted	

57. Have you ever been refused a driver's license by any state?
 Yes No If yes, please explain, including when, where and why.

58. Have you ever applied for or obtained a driver's license under a fictitious name?
 Yes No If yes, please explain.

59. Has your license ever been suspended, revoked, or disqualified in Idaho or in any other state?
 Yes No If yes, please give details including what, when where, why.

60. Have you ever been refused insurance for any reason other than failure to pay a premium?
 Yes No If yes, please explain including company name and address, date, and reason.

61. Please list all traffic citations (excluding parking citations) you have received in the last 5 years starting with the most recent. If additional room is needed, please continue on the back of the page using the same format.

Nature of Violation	Location (City, State)	Approximate Date	Indicate whether fined or action taken on driver's license

Personal History Statement

<p>62. Have you ever failed to appear in court on a traffic citation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was a warrant ever issued?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p>																											
<p>63. Have you ever failed to pay a parking citation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p>																											
<p>64. Have you ever been involved in a motor vehicle accident as a driver? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the following information:</p>																											
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury																									
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury																									
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury																									
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
<p>65. List all vehicles you own, possess and/or that are registered to you:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Year</th> <th style="width: 20%;">Make</th> <th style="width: 15%;">Color</th> <th style="width: 20%;">Body-style</th> <th style="width: 30%;">License (Include State)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Year	Make	Color	Body-style	License (Include State)																				
Year	Make	Color	Body-style	License (Include State)																							

Personal History Statement

Law Enforcement Information

66. Have you ever been a successful or unsuccessful candidate for any law enforcement agency, including this department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all agencies with which you have applied, starting with the most recent. Give complete addresses and an appropriate telephone number for each agency.		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		

Personal History Statement

Law Enforcement Information

67. Do you have any prior law enforcement experience? Include police reserves and/or military police. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Agency	Rank, Title, Position	Date	
68. Have you ever attended any Law Enforcement Training Center? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Academy Name:	Dates from _____ to _____	Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	City:	State:	Zip code:
Academy Name:	Dates from _____ to _____	Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	City:	State:	Zip code:
69. Please list any active or inactive Peace Officer Standards & Training (POST) Certifications you currently hold or have held.			

Personal History Statement

IDAHO STATE POLICE AUTHORIZATION FOR RELEASE OF RECORDS AND PERSONAL INFORMATION FOR PRE-EMPLOYMENT BACKGROUND INVESTIGATION

I, _____, do hereby authorize a review of and full disclosure of all records and information concerning myself to any duly authorized agent of the Idaho State Police (ISP), regardless of whether the said records and information are of a public, private, or confidential nature. This shall include, but not be limited to, employment files, personnel records; background investigation files; disciplinary records; any and all internal affairs investigations, complaints or grievances filed by or against me; training files; arrest, criminal, probation and driving records; polygraph and psychological examination and opinions .

The intent of this authorization is to give my unqualified consent for disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records of attorneys or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by ISP. I also certify that any partnership, person, association, organization, governmental entity or agency, including their officials, employee(s), agents and assigns who may furnish such information concerning me shall not be held liable for giving records or information. I do hereby release said partnership, person, association, organization, governmental entity or agency, including their officials, employee(s), agents and assigns from any and all claims or causes of action whatsoever for damages, expenses, costs or attorneys fees which may be incurred as a result of furnishing such information.

I understand that ISP is a law enforcement agency, and has an obligation to report and investigate any allegations of criminal misconduct. I understand that any information involving any criminal misconduct disclosed or discovered during the course of this background investigation may be forwarded to the appropriate law enforcement agency. Understanding the above, I hereby give the Idaho State Police full and complete consent to disclose without further notice the findings and results of this comprehensive background investigation to an appropriate law enforcement agency in furtherance of any criminal investigation.

By means of this authorization, I am giving my consent to ISP to follow up inquiries into my personal history statement.

Once submitted, your PHS and all material and information gathered and/or discovered during the hiring process becomes the sole property of the Idaho State Police.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

DATED this _____ day of _____, _____

Signature (include maiden name)

Street Address

_____, _____ - _____
City State Zip Code

Telephone: _____

Date of Birth: _____

Social Security # _____ - ____ - _____

State of _____

County of _____

Signed (or attested) before me on _____ by _____ Name(s) of individual(s)

Signature of Notary Public: _____

My commission expires: _____

Personal History Statement

ADDITIONAL WAIVER – Peace Officer applicants only

To Whom It May Concern:

I, _____ (Name, date of birth), am an applicant for a **commissioned position** within the State of Idaho.

_____ I fully understand the Idaho State Police will perform a complete and thorough background investigation to ensure that I have the necessary skills, abilities, and integrity to perform as a commissioned officer in the State of Idaho. I recognize and understand that this background investigation will include, but not be limited to, personal history, usage of illegal drugs, criminal misconduct, domestic violence, immoral behavior, and any other behaviors deemed by the Idaho State Police to be detrimental for the service as a commissioned officer in the State of Idaho. I also fully understand that information learned by the Idaho State Police may result in adverse employment consequences, including, but not limited to, not being hired.

_____ Recognizing all of the above, I hereby give the Idaho State Police full and complete permission to disclose the findings and results of this comprehensive background investigation to my current employer and/or Idaho POST. I understand that this disclosure may result in adverse consequences for me in my current job, including, but not limited to, termination from employment, negative reference for future employment, possible criminal prosecution and the possibility of disqualification of being a peace officer in the State of Idaho. I agree to hold the Idaho State Police harmless from any and all claims made by me as a result of this release of information. I further understand that the decision to release this information to my current employer rests solely with the Idaho State Police.

_____ I have initialed each of the above paragraphs and have signed this waiver at the bottom of this page voluntarily with full understanding of the contents and consequences of this waiver. I further acknowledge that I have been offered the opportunity to withdraw my application for employment before submitting to a background investigation.

Current Employer: _____

Department Head: _____

Address and phone number: _____

DATED this _____ day of _____, _____

Signature (include maiden name)

Street Address

_____, _____ - _____
City State Zip Code

Telephone: _____

Date of Birth: _____

Social Security # _____ - _____ - _____

State of _____

County of _____

Signed (or attested) before me on _____ by _____ Name(s) of individual(s)

Signature of Notary Public: _____

My commission expires: _____

Personal History Statement

IDAHO STATE POLICE BACKGROUND INVESTIGATION POLYGRAPH

Areas which will be covered during the pre-employment polygraph interview and examination for the position you have applied for with the Idaho State Police:

- A. **Application information:** These questions address each applicant's truthfulness, in regards to the information he or she has supplied during the application process that includes the background information.
- B. **Alcohol and narcotic usage:** These questions delve into the applicant's pattern of usage of both alcohol and illegal drugs or narcotics, including a detailed inventory of the types of drugs used, the frequency of usage, and the last contact with drugs
- C. **Criminal activity and associations:** Past criminal acts, associations with criminal elements, prior arrests or detentions by police agencies and the applicant's driving record are discussed.
- D. **Past employment:** The applicant's work history is discussed.
- E. **Security matters:** The applicant is questioned as to whether he or she has ever associated with any subversive groups.
- F. **Military service:** The applicant's history of military service, if any, is discussed.
- G. **Marital status:** The applicant's marital status, prior marriages, number of dependents and how the applicant handles those responsibilities are discussed.
- H. **Gambling:** The applicant's gambling habits, if any, are discussed.
- I. **Indebtedness:** The applicant's handling of financial responsibilities and present financial status are discussed.
- J. **Sexual activities:** Applicants are questioned about whether they have a history of participation in certain sexual behaviors, which would directly conflict with the duties of an employee of the Idaho State Police.
- K. **Prior law enforcement experience:** Applicants with any prior law enforcement experience, civilian or military, are questioned about their performance in that position
- L. **The job:** Questions regarding essential job functions, and the willingness to comply with the rules and regulations.