



**OFFICE OF THE SHERIFF
SHERIFF PHILLIP MCDONALD**

**513 Center St.
Lakeview, Or 97630**
Phone (541)947-6956
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INSTRUCTIONS

**READ THESE INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

- Your Personal History Statement should be printed legibly in **black** ink. Answer all questions to the best of your ability. Sign and date the "Affirmation", "Authorization for Release of Information Agreement", and "Permission to Obtain Consumer Report" forms. Your signature on the "Authorization for Release of Information Agreement" must be notarized.
- If a question is not applicable to you, enter N/A in the space provided.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses including zip codes. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification. No matter how qualified you are in other respects, you cannot become a Lake County Sheriff's Office employee if your truthfulness is in doubt.
- The Americans with Disabilities Act prohibits employers from making medically-related inquiries **prior** to a Conditional Offer of Employment. Therefore, if you are completing this personal history statement before you have received a Conditional Offer of Employment, **do not** divulge information concerning physical or medical conditions, either past or current.
- You **must** include the following with your application:
 - ✓ A copy of your high school diploma or GED, even if you are a college graduate.
 - ✓ An uncensored copy of your DD214 military release form if you served in the military.

POSITION APPLIED FOR: _____

PERSONAL HISTORY STATEMENT

A. APPLICANT IDENTIFICATION – Information provided in this section is used for identification purposes only.

Name: _____
LAST FIRST MIDDLE

Home Address: _____
STREET CITY STATE ZIP CODE

Mailing Address: _____
STREET CITY STATE ZIP CODE

Home Phone: _____ Work Phone: _____ Ext. _____

E-mail address: _____ Cell or Pager # : _____

Date of Birth: _____ Social security number: _____
MONTH/DAY/YEAR

Nickname(s), maiden name, or other names by which you have been known:

Place of birth: _____
CITY COUNTY STATE

Are you a U.S. citizen? Yes No Naturalized? Yes No

If no, please provide documents as proof of immigration.

Driver's license #: _____ Expiration date: _____ State: _____

List other States in which you've had a driver's license: _____

Height: _____ Weight: _____ Color of eyes: _____ Color of hair: _____

Scars, tattoos, or other distinguishing marks: _____

B. RESIDENCES – List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year, attach extra page if necessary.

DATES	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ROOMMATES – List all roommates with whom you have resided for the past 10 years. Attach extra page if necessary. Do not include roommates that were assigned to your living space such as, college and military housing.

NAME	TIME PERIOD	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. EXPERIENCE AND EMPLOYMENT – Beginning with your present or most recent job, list all employment held for the past 10 years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries were made. Please indicate month and year.

Current Employer: _____ **From** _____

Address: _____
STREET CITY STATE ZIP CODE

EMAIL: _____

Duties: _____

Supervisor: _____ **Phone Number:** _____

Name of coworker: _____ **Reason for leaving:** _____

May we contact your current employer? Yes No

Employer: _____ **From** _____ **To** _____

Address: _____
STREET CITY STATE ZIP CODE

EMAIL: _____

Duties: _____

Supervisor: _____ **Phone Number:** _____

Name of coworker: _____ **Reason for leaving:** _____

Employer: _____ **From** _____ **To** _____

Address: _____
STREET CITY STATE ZIP CODE

EMAIL: _____

Duties: _____

Supervisor: _____ **Phone Number:** _____

Name of coworker: _____ **Reason for leaving:** _____

Employer: _____ **From** _____ **To** _____

Address: _____
STREET CITY STATE ZIP CODE

EMAIL: _____

Duties: _____

Supervisor: _____ Phone Number: _____

Name of coworker: _____ Reason for leaving: _____

Employer: _____ From _____ To _____

Address: _____
STREET CITY STATE ZIP CODE

EMAIL: _____

Duties: _____

Supervisor: _____ Phone Number: _____

Name of coworker: _____ Reason for leaving: _____

Have you ever been discharged for failing to pass a probationary period? No Yes

Have you ever been discharged from any position? No Yes

Have you ever resigned to avoid discharge or resigned while under suspension or while dismissal proceedings were pending? No Yes

Have you applied for employment with any other criminal justice system agencies?
 No Yes If yes, where and when? _____

D. MILITARY HISTORY

Have you registered with Selective Service? No Yes

Have you served in the U.S. Armed Forces? No Yes

Date of service: From: _____ To: _____ Branch of service: _____

Unit designation: _____ Military service number: _____

Highest rank held: _____ Type of discharge: _____

Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)? No Yes

CHARGE	AGENCY	DATE	AGE AT	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E. EDUCATIONAL HISTORY

HIGH SCHOOL ATTENDED	CITY/STATE	DATES ATTENDED FROM/TO	GRADUATED	
			YES	NO
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

College or university attended: _____

City & State: _____ Dates attended: _____

Units completed: _____ Major/Minor: _____

Degree received, if any, & date: _____

College or University attended: _____

City & State: _____ Dates attended: _____

Units completed: _____ Major/Minor: _____

Degree received, if any, & date: _____

College or University attended: _____

City & State: _____ Dates attended: _____

Units completed: _____ Major/Minor: _____

Degree received, if any, & date: _____

List other schools attended (trade, vocational, business, etc.) Give name and address of school, dates attended, course of study, certificate, and any other pertinent information: _____

F. SPECIAL QUALIFICATIONS & SKILLS

List any special licenses you hold (such as pilot, radio operator, scuba, etc.). Show licensing authority, original date of issue, and date of expiration: _____

List any specialized machinery or equipment, which you can operate: _____

If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair):

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever applied for a permit to carry a concealed weapon? No Yes If yes, please provide the following:

Permit granted: Yes No Date: _____

Name of law enforcement agency: _____

Purpose: _____

List any other special skills or qualifications you may possess: _____

G. LEGAL

Have you ever been convicted of a crime?

No Yes

Have you ever been arrested for a crime, even though you were not convicted?

No Yes

Have you ever been detained (stopped, contacted, or questioned) by the police?

No Yes **(Other than for Traffic Infractions)**

If yes, complete the following (list juvenile as well as adult occurrences):

POLICE AGENCY	CITY & STATE	DATE	DISPOSITION OF CASE
CRIME CHARGED			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been involved as a party in civil litigation? No Yes

If yes, give details: _____

Have you ever used an illegal drug, including marijuana. No Yes

If yes, please list the drugs used, when last used, and the frequency of use: _____

H. MOTOR VEHICLE OPERATION

Has your driver's license ever been suspended or revoked? No Yes
If yes, give date, location and reasons: _____

List all driving citations you have received as an adult or juvenile, excluding parking tickets:

MONTH & YEAR	CHARGE	CITY & STATE	DISPOSITION

Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations: _____

I RELATIVES, REFERENCES, ACQUAINTANCES

Are you? single married separated divorced widowed other
If married: Date of marriage: _____ City & State: _____
Spouse's name and Date of Birth (wife's maiden name): _____

IF EVER SEPARATED, DIVORCED OR WIDOWED:

Previous spouse's full name: _____ Date of birth: _____
Current address: _____
Date of marriage: _____ Date of divorce decree: _____
Previous spouse's full name: _____ Date of birth: _____
Current address: _____
Date of marriage: _____ Date of divorce decree: _____

*Attach additional pages if necessary

List all children related to you or your spouse (natural, stepchildren, adopted & foster children).

NAME	RELATION	DATE OF BIRTH	ADDRESS	SUPPORTED BY WHOM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List other relatives in the following order: father, mother (include maiden name), brothers & sisters. If deceased, so indicate.

Name: _____ DOB: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Relationship: _____

To your knowledge, has any member of your or your spouse's immediate family ever been arrested for anything other than a minor traffic violation? No Yes

If yes, list other person's name, date of birth, relationship, and the charge(s). Please use attachment sheet if space provided is not adequate.

J. REFERENCE OR ACQUAINTANCES – List seven persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name: _____ Years known: _____

Address: _____

EMAIL: _____

Residence phone: _____ Business phone: _____

Business address: _____

Name: _____ Years known: _____
Address: _____
EMAIL: _____
Residence phone: _____ Business phone: _____
Business address: _____

Name: _____ Years known: _____
Address: _____
EMAIL: _____
Residence phone: _____ Business phone: _____
Business address: _____

Name: _____ Years known: _____
Address: _____
EMAIL: _____
Residence phone: _____ Business phone: _____
Business address: _____

Name: _____ Years known: _____
Address: _____
EMAIL: _____
Residence phone: _____ Business phone: _____
Business address: _____

Name: _____ Years known: _____
Address: _____
EMAIL: _____
Residence phone: _____ Business phone: _____
Business address: _____

Name: _____ Years known: _____
Address: _____
EMAIL: _____
Residence phone: _____ Business phone: _____
Business address: _____

K. FINANCIAL HISTORY – Sources of income

What is your present salary or wage? _____

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

If yes, how much? _____ How often? _____

The source? _____

Do you have a bank account? Yes No

Savings account average balance: \$_____

Name & address of bank _____

Have you ever had any debt turned over to a collection agency? No Yes

If yes, explain: _____

Have you ever had anything repossessed? No Yes If yes, explain: _____

Have you ever filed bankruptcy? No Yes If yes, explain: _____

Have your wages ever been garnished? No Yes If yes, explain: _____

What is the name, address, and phone number of your landlord or mortgage holder?

AFFIRMATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

SIGNATURE OF APPLICANT *IN FULL*

DATE COMPLETED

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

APPLICANT'S NAME _____

CURRENT ADDRESS _____

TELEPHONE NUMBER _____

DATE _____ SIGNATURE _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with Lake County, Oregon. The County needs to thoroughly investigate my employment background and personal history to evaluate my qualifications for this position. It is in the public interest that all relevant information concerning my personal and employment history be disclosed to Lake County.

I hereby authorize any representative of the Lake County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records, or any part thereof, regardless of whether those records are considered public, private or confidential. The intent of this authorization is to provide full and free access to my background and history, for the specific purpose of conducting a background investigation that may provide relevant information for the Sheriff's Office to consider in determining my suitability for employment with Lake County. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. This release does not authorize the release of any medical records. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history including any arrest records, any information in investigatory files, efficiency ratings, complaints or grievances against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another in any case in which I was involved, attendance records, polygraph examinations, any internal affairs investigations and discipline, including any files which are deemed to be confidential or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the requested information, regardless of any prior agreement I have made with you or your organization to the contrary. The Sheriff's Office will discontinue processing of my application and/or background check if you refuse to provide the requested information.

For and in consideration of the Lake County's acceptance and processing of my application for employment and background check, I agree to hold harmless and indemnify Lake County, its officers, agents, and employees from any claim or liability associated to my background check and any decision to employ, not employ, or cease employing me with Lake County. I understand that if information of a serious criminal nature is discovered in this investigation, that information will be turned over to the proper authorities.

I understand that the Privacy Act, 5 USC § 552a, prohibits disclosure of certain federal records without my signed authorization or other statutory exemption. My signature above indicates my express permission to release these records pursuant to 5 USC § 552a (b), to the Lake County Sheriff's Office for their use in conducting this background check.

A photocopy or telephonic facsimile (fax) of this release shall be valid as an original, even though such photocopy or fax does not contain my original signature. This release is valid for six months from the date of my signature above.

Subscribed and sworn to before me this _____ day of _____, 200__.

Notary Public for Oregon

02/17/04 cll

My commission expires the _____ day of _____, 200__.

DISCLOSURE TO APPLICANTS

THIS IS TO INFORM YOU THAT A "CONSUMER REPORT" MAY BE OBTAINED FOR EMPLOYMENT PURPOSES BY LAKE COUNTY. LAKE COUNTY REQUESTS THAT YOU SIGN THE ATTACHED AUTHORIZATION INDICATING WRITTEN PERMISSION FOR THE COUNTY TO OBTAIN THE REPORT.

A "Consumer Report" includes communications from a consumer reporting agency regarding an individual's credit history, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

PERMISSION TO OBTAIN CONSUMER REPORT

I have read and understand the attached disclosure. I hereby knowingly and voluntarily give my permission for Lake County to obtain a copy of a Consumer Report on me.

Dated this _____ day of _____, 20____.

APPLICANT'S SIGNATURE

PRINTED NAME