



INFORMATION FOR COMPLETING YOUR PERSONAL HISTORY FORM

The accurate completion of your Personal History Form is part of the testing process. It should be accurate, complete and neat. Any falsification or omission of information will result in your disqualification.

While completing your Personal History Form and during the interview process pay attention to the following areas that have resulted in other applicants being disqualified:

- ♦ If you have been involved in something five times, do not try to minimize this and say four or less.
- ♦ When asked if you have ever possessed or used an illegal drug do not try to rationalize your behavior and say “No” because you only touched it once, used it once or only did it when you were intoxicated.
- ♦ When asked if you ever stolen anything do not try to minimize or rationalize that you only borrowed it, that it had no value, it was unintentional, it was common practice at work or the owner didn’t care if you took it.
- ♦ When asked to write down all of your jobs do not omit any thinking it was only part-time, you didn’t work there very long, you were self-employed or it is not related to this job.

If you have any questions ask before you make a mistake that may disqualify you.



NOTICE

The law enforcement profession is like none other in our society. Higher standards of behavior are required of potential police employees. They must be credible in court and not have engaged in behavior that would erode the public trust in the law enforcement profession.

These guidelines are provided as a guide to assist you in determining if you meet the minimum requirements. These are the most common disqualifiers and this list is not all inclusive.

You must have a valid driver's license. A DUI conviction within four years or two convictions for DUI are disqualifying. Three or more moving violations, two or more (at fault) collisions or a life threatening violation such as reckless or eluding may be disqualifying.

Any material misstatement of fact or significant omission during the background process shall be disqualifying. Any forgery or alteration of any documents shall be disqualifying. Having been dishonorably discharged from the armed services shall be disqualifying. A personal life showing a history of poor judgment and refusal to confront problems shall be disqualifying.

You must have the ability to give testimony in a court of law without being subject to impeachment due to a lack of honesty or veracity. Commission of a felony crime, crime against children or crime of moral turpitude, regardless of being charged shall be disqualifying. Having an outstanding warrant of arrest at the time of application shall be disqualifying.

Having a work history that includes being disciplined by any employer for abuse of leave, gross insubordination, dereliction of duty, having been disciplined by an employer for acts constituting racial ethnic or sexual harassment or discrimination, fighting in the workplace or persistent failure to follow established policy and procedures shall be disqualifying.

All applicants must be in compliance with the Gallup Police Department's Drug Standards. You must meet these standards. Your signature at the bottom of this page certifies that you have read these standards that are indicated within this Personal History Statement.

I HAVE READ THE ABOVE NOTICE AND AGREE THAT I, UNDER PENALTY OF PERJURY, HAVE NOT ENGAGED IN ANY OF THESE DISQUALIFIERS.

Applicant Printed Name / Date

Applicant Signature / Date

THIS FORM MUST BE TURNED IN WITH PERSONAL HISTORY STATEMENT



**PERSONAL HISTORY STATEMENT
POLICE DEPARTMENT
SENIOR VOLUNTEER APPLICANT**

THIS IS PART OF THE TESTING PROCESS. WE REVIEW THIS FORM TO SEE HOW WELL YOU FOLLOW INSTRUCTIONS. IT IS AN OPPORTUNITY FOR YOU TO DEMONSTRATE YOUR ABILITY TO WORK IN A LAW ENFORCEMENT ENVIRONMENT.

Name of Applicant:		
<hr/>	<hr/>	<hr/>
Last	First	Middle Name

If you have questions completing this document, please call (505)863-9365

Effective October, 2016

<p>OFFICE USE ONLY: Date Personal History Statement received _____ By _____ Date Personal History Statement reviewed _____ By _____ Recommendation: ___ Move forward in hiring process ___ Do not move forward in hiring process NOTES:</p>
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INSTRUCTIONS

APPLICANT: _____

NOTICE

READ BEFORE YOU BEGIN FILLING OUT THIS FORM

This Personal History Statement must be completed by you **in your own handwriting** and must be returned to the Gallup Police Department by the date indicated by e-mail or verbal communication. If you cannot complete this form and return it to the Police Department by the due date, you will be considered to have **FAILED** and no further action will be taken with your application.

Please read **all instructions** carefully before completing this Personal History Statement.

Any **willful omissions, deceptions, or false information** will be considered an absolute disqualifier and you will have **FAILED** this part of your selection process and will not be processed further for the position you are applying for, whether the matter is discovered now or at a later phase of the selection process. This may subject the applicant to discharge if discovered subsequent to employment. Any admission and/or conviction of a domestic violence offense (not a victim) shall be a disqualifier.

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.

Answer all questions to the best of your ability and as completely as possible.

Print your name at the top of each page in the space provided.

If a question does not apply to you, enter N/A in the space provided. Leave no empty sections.

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 postal and e-mail addresses. If you are not sure of an address, check it by personal verification. Make sure you include zip codes. 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, complete the extra supplemental page(s) attached to the back of this Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer. Do **not** turn in a completed **double sided** copy of this form.

Do not staple your completed PHF.

All requested documents must be submitted with the Personal History Statement when you return it to the Gallup Police Department.

For your convenience, a Notary Public is available at the Police Department. Please call the Gallup Police Department at (505)863-9365 to arrange this service.

I HAVE READ THE ABOVE NOTICE, AND ALL INSTRUCTIONS, AND AGREE THAT I WILL, TO THE BEST OF MY ABILITY, COMPLETE THIS PERSONAL HISTORY STATEMENT WITH TRUTHFUL AND ACCURATE INFORMATION. I FURTHER UNDERSTAND THAT IF I WILLFULLY AND INTENTIONALLY OMIT INFORMATION REQUESTED IN THIS PERSONAL HISTORY STATEMENT, I WILL HAVE FAILED IN THE SELECTION PROCESS AND NO FURTHER ACTION WILL BE TAKEN WITH MY APPLICATION. I UNDERSTAND THAT I MUST RE-APPLY FOR THIS POSITION IF I DO FAIL.

Applicant Signature: _____



APPLICANT IDENTIFICATION

APPLICANT: _____

Information provided in this section is used for identification purposes only.

Position you are applying for: _____

Have you ever applied to GPD before? Yes No

If yes, for what position(s) did you apply? _____

When did you apply? _____

Last Name	First Name	Middle Name	Title (Jr., III, etc.)
Alias			
Home address (complete mailing address)			
Business address (complete mailing address)			
Current E-mail address			
List all e-mails you have ever used			
Home phone number Cell phone number Work phone number () () ()			
Date of birth	Place of birth City _____ County _____ State _____ Country _____		
Social Security Number Issuing state	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's license number
Nickname(s) or other names by which you have been known:			
Do you have or have you ever had a blog or social media site? If so, list:			



WORK HISTORY

APPLICANT: _____

Beginning with your present or most recent job, list all employment in the last ten (10) years, including part-time, temporary or seasonal employment. Include all periods of employment. To add additional information use the supplemental pages provided at the end of this packet. List the e-mail address for the employers' CURRENT Human Resources representative for each employer.

MAY WE CONTACT YOUR PRESENT EMPLOYER AS A REFERENCE? YES NO

From:	To:	Employer (Business Name):
Business address (complete mailing address):		
Business telephone number: ()		
Human Resources e-mail address:		
Your last name at the time of employment:	Job title:	
Duties:		
Reason for leaving:		
Name of supervisor:		
Name of co-worker:		

From:	To:	Employer (Business Name):
Business address (complete mailing address):		
Business telephone number: ()		
Human Resources e-mail address:		
Your last name at the time of employment:	Job title:	
Duties:		
Reason for leaving:		
Name of supervisor:		
Name of co-worker:		



SPECIAL QUALIFICATIONS/SKILLS

APPLICANT: _____

This area is your opportunity to list any specialized training you may have received.

List any special licenses you hold (such as pilot, radio operator, scuba diver, etc.) showing 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 another language, indicate in each area your degree of fluency (excellent, good, fair) in each area:

<u>Language</u>	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>
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List any other special skills or qualifications you possess:



TRAFFIC RECORD

APPLICANT: _____

You must list any and all information relating to your driving record. Your records will be checked by a background investigator and documented in the background investigation.

Do you currently hold a New Mexico state driver's license? Yes No

Has any driver's license you have held ever been suspended or revoked? Yes No

What is the name of your insurance company and is your policy current? Yes No

Have you ever held or do you presently hold a driver's license in another state? Yes No

Other state(s) driver's license number(s): _____ State: ____ Expiration Date: _____
 _____ State: ____ Expiration Date: _____

List all driving infractions/citations (tickets) you have received excluding parking tickets
 (List additional information on supplemental page if necessary)

Month/Year	Charge	City/State	Citing Agency (if known)	Disposition / Outcome

Describe in a brief narrative any traffic collisions in which you have been involved, giving approximate dates, locations and investigating agency:

<u>Date</u>	<u>Location</u>	<u>Investigating Agency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



ARRESTS / DETENTIONS / LITIGATIONS

APPLICANT: _____

You must list any and all arrests, detentions and litigations. Your criminal history will be checked by a background investigator and documented in the background investigation.

Have you ever been arrested for a felony? Yes No Explain:

Have you ever been convicted of a felony? Yes No Explain:

Have you ever been arrested, detained by police or have you been the subject of a criminal investigation? (Do not include traffic-related tickets) Yes No

If yes, complete the following:

Offense	City & State	Date	Disposition of case
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Have you ever been arrested for Driving While Intoxicated or Driving Under the Influence of Drugs (DWI / DUI)? Yes No Explain:



ARRESTS / DETENTIONS / LITIGATIONS

APPLICANT: _____

Have you ever been convicted of any offense(s)? Yes No

If yes, list offense(s): _____

Have you ever been on probation for any offense(s)? Yes No

If yes, list offense(s): _____

If you were placed on probation, list the offense(s) and how long you were on probation:

Name of Probation Officer: _____

If you were placed on Deferred Adjudication or Community Supervision, list the offense(s) and date(s):

Other than traffic tickets, have you ever been fined for any offense(s)? Yes No

If yes, list the charge on the ticket(s) for and the amount(s) of the fine(s)?

Have you ever been a party in a civil litigation? (Include divorces and/or custody suits): Yes No Explain:



MARITAL AND FAMILY HISTORY

APPLICANT: _____

This section addresses your marital and family history. Be complete and accurate with your answers, and include all information requested. We will contact many of these sources for information that may be included in your background investigation.

Are you currently or formerly related to or associated with any individual who has a criminal history? Yes No

Are you currently:
 Single Married Divorced Engaged Separated Widowed

If currently married*, provide:

Date of Marriage: _____ City and State: _____

Spouse's name: _____

Spouse's telephone number: (____) _____

Registered domestic partner's name: _____

Registered domestic partner's telephone number: (____) _____

If currently or previously divorced*, provide:

Previous spouse's name(s): _____

Previous spouse's telephone number(s): (____) _____

Previous registered domestic partner's name(s): _____

Previous registered domestic partner's phone(s): (____) _____

If currently engaged, provide:

Name of fiancée: _____

Fiancée's address: _____

Fiancée's telephone number: (____) _____

If currently separated, provide:

Date of separation: _____

Name of estranged spouse: _____

Estranged spouse's telephone number: (____) _____

Registered domestic partner's name: _____

Registered domestic partner's telephone number: (____) _____

If widowed, provide:

Name of deceased: _____

Date of death: _____

List all children related to you, your spouse or Registered Domestic Partner (natural, step-children, adopted and foster children):

Name	Relationship	DOB	Address	Supported by
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



MARITAL AND FAMILY HISTORY

APPLICANT: _____

List all other dependants (someone who lives with you or receives 50% of their support from you):

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List your other relatives below. If deceased, indicate in "Address" section.

Relation	Relative Name	Address	Phone (Include area code)
Father:			
Mother:			
Step-Father:			
Step-Mother:			
Brother(s):			
Sister(s):			
Step-Brother(s):			
Step-Sister(s):			
Father In-law:			
Mother In-law:			
Brother(s) In-law:			
Sister(s) In-law:			



ALCOHOL / DRUG HISTORY

APPLICANT: _____

You may be excluded from consideration for employment by the Gallup Police Department if your alcohol or drug history shows a recent or extensive pattern of poor decision making.

Have you ever ingested a prescription medicine not prescribed to you? Explain:

Drug	Date started	Date last used ingested?	How
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever used or possessed illicit / illegal drugs of any kind? Explain:

Drug	Date first used	Date last used	How used or ingested?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever illegally manufactured /grown /sold or given drugs to anyone? Explain:

Drug	How often	Total times	First time (month / year)	Last time (month / year)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



ALCOHOL/DRUG HISTORY

APPLICANT _____

Have you ever ingested amphetamines, barbiturates or any other controlled prescription medication not prescribed to you? Yes No

Do you drink alcoholic beverages: Yes No

What was the date of your last intoxication (to the point where you should not drive)? _____

EMPLOYEE AND SELECTION STANDARDS

ILLEGAL USE OR POSSESSION OF DRUGS

In order to maintain high standards in the City of Gallup law enforcement community, the City of Gallup Police Department has established illegal drug use guidelines to evaluate an applicant's suitability for employment. The following examples of illegal drug use or possession will be considered automatic disqualifiers for public safety applicants, with no exceptions:

1. Any drug test of the applicant, during the course of the hiring process, where illegal drugs are detected.
2. Any use or possession of an illegal drug by an adult (over 18) who has applied to a law enforcement agency or is an employee of a law enforcement agency, corrections agency or military police agency. This applies to commissioned positions.

The following constitute Gallup Police Department's Drug Standards. You must meet these standards to be considered for employment.

1. No use or possession of a drug classified as a hallucinogenic within five years prior to application for employment.
2. No adult use or possession of marijuana within one year prior to application for employment. This applies to commissioned positions.
3. No other illegal use or possession of a drug not listed above (including cocaine) within five years prior to application for employment.
4. No adult manufacture or cultivation of a drug or illegal substance.

The following examples of illegal drug use or possession will be considered in the evaluation of the overall suitability of that individual and may result in disqualification.

1. Any illegal use, manufacture, cultivation or possession of a drug as a juvenile.
2. Any illegal adult use or possession of a drug that does not meet the criteria of the automatic disqualifiers specified above.
3. Any illegal or unauthorized use of prescription medications within five years of application.

An applicant may also be disqualified for the illegal use/misuse of legally prescribed drugs or medications.

An applicant may also be disqualified if the applicant's alcoholic beverage consumption is shown to impair his/her ability to perform in a satisfactory manner.

Periodically, candidates have experimented with and/or casually used drugs, including illegal drugs and the illegal use of prescription drugs; however, any use in excess of the above standards shall be reason for disqualification from the Gallup Police Department employment process.

By your signature, you, the applicant, acknowledge that you understand the Gallup Police Department Minimum Standards Regarding Illegal Drug Use. Print and sign your full name and date the acknowledgment below:

Applicant name: _____ Date _____

Applicant signature: _____ Date _____



FORMS – DV STATEMENT

APPLICANT: _____

I certify that I have not been convicted of any misdemeanor crime of domestic violence.

What is a misdemeanor crime of domestic violence?

As defined in the Gun Control Act of 1968, a “misdemeanor crime of domestic violence” means an offense that:

- (1) is a misdemeanor under Federal or State law;
- (2) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon; and
- (3) were committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

In addition, a conviction would not be disabling if it has been expunged or set aside, or is an offense for which the person has been pardoned or has had civil rights restored (if the law of the jurisdiction in which the proceedings were held provides for the loss of civil rights upon conviction for such an offense) unless the pardon, expunction, or restoration of civil rights expressly provides that the person may not ship, transport, possess, or receive firearms, and the person is not otherwise prohibited by the law of the jurisdiction in which the proceedings were held from receiving or possessing firearms.

Applicant signature: _____ Date _____



WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

This document affects your legal rights.

Read carefully before signing

To Whom It May Concern:

I, the undersigned, authorize (applicant – leave this space blank) _____ to furnish to the City of Gallup or its agencies any and all information that you have concerning me, my work record, my disciplinary records, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status and credit history, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the City of Gallup or its agencies. Your reply will be used to assist the City of Gallup or its agencies in determining my qualifications and fitness for a position I am seeking with the City of Gallup and/or one of its departments or agencies.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Codes, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.56 et seq., and specifically **waive** those rights understanding that the information furnished will be used by the City of Gallup and/or its agencies or departments in conjunction with employment procedures. **I will make no attempt** to gain access to the information provided by you to the City of Gallup and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure of information provided by you to the City of Gallup and/or its agencies or departments in conjunction with employment procedures.

Further, I do hereby release you, your organization, your agents, and others from any liability or damage which may result from furnishing the information requested.

Applicant signature: _____ Date _____

SUBSCRIBED AND SWORN to before me this day of _____ 20__.

_____ Notary Public in and for the State of
_____ residing at _____. My commission expires _____.

(Notary seal or stamp here)

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.



MISREPRESENTATIONS / FALSIFICATIONS

APPLICANT:

I, (print name here) _____, am aware that any knowing misrepresentations or falsifications made in connection with my obtaining employment with the Gallup Police Department will be grounds for rejection or dismissal. I certify that my answers to the pages of this Personal History Statement and the pages specifically listed below are true and complete to the best of my knowledge:

Page 29 (DV Statement)

Page 30 (Release of Information) – reputation, employment, residential, educational, financial status, military service, medical treatment and criminal history including non-conviction data and intelligence information.

Applicant signature: _____ Date _____

SUBSCRIBED AND SWORN to before me this day of _____ 20__.

_____ Notary Public in and for the State of

_____ residing at _____. My commission expires _____.

(Notary seal or stamp here)

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.



ADVISEMENT

APPLICANT: _____

Advisement to all Gallup Police Department applicants:

STATEMENT

You will undergo a rigorous, in-depth background investigation as a result of your application for this position. In the event that your background investigation for this position should uncover information that you have, or are suspected of having engaged in *illegal activities while employed in law enforcement*, this information will likely bar you from further consideration for this position. Further, in the event that this illegal activity occurred during the time of your service in law enforcement, or if this background investigation should uncover information which raises questions about your fitness to continue in law enforcement, this information may be transmitted to your present employer for their independent investigation.

CERTIFICATION

I certify that I have read this advisement, understand its implications, and have received a copy of it.

Applicant signature: _____ Date _____

Print: _____
 First Name Middle Initial Last Name

SUBSCRIBED AND SWORN to before me this day of _____ 20__.

_____ Notary Public in and for the
State of _____ residing at _____. My commission
expires _____.

(Notary seal or stamp here)

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CONFIDENTIALITY STATEMENT

APPLICANT: _____

**MAINTENANCE OF CONFIDENTIALITY OF INFORMATION
AS A CONDITION OF EMPLOYMENT**

I, (print name here) _____ understand that in connection with any offer and acceptance of employment or appointment with the Gallup Police Department, I may have access from time to time to sensitive information such as intelligence information, criminal history record information, or investigative information.

I understand that there is a need to maintain confidentiality of information for reasons such as individual rights to privacy, and any release of information may be dangerous to innocent persons or property.

I also understand that improper disclosure of any sensitive information could be a violation of law as well as Gallup Police Department policy and/or rules and regulations. I understand that I could be subject to dismissal from employment in addition to any civil or criminal penalty as provided by law.

Applicant signature: _____ Date _____

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files



SUPPLEMENTAL PAGE

APPLICANT: _____

Please indicate the page number and section you are adding information to.

SECTION:

PAGE NUMBER:

SECTION:

PAGE NUMBER:

SECTION:

PAGE NUMBER:

END OF PERSONAL HISTORY STATEMENT

