

BRISTOL POLICE DEPARTMENT

PERSONAL HISTORY QUESTIONNAIRE INSTRUCTIONS

Be sure to sign and date the Authorization for Release form that accompanies this questionnaire. If you have any questions, please feel free to contact Chief Nason between 0900 and 1700 hours, Monday through Friday.

Purpose of the Personal History Questionnaire

The Bristol Police Department conducts background investigations to establish that applicants meet the Bristol Police Department requirements for employment. The information from this questionnaire is used as the basis for this investigation. If any intentional omissions, misrepresentations and/or falsifications are found in ANY phase of the selection process applicants are permanently disqualified immediately. If these omissions, misrepresentations and/or falsifications are found after the date of hire, they may be considered grounds for dismissal.

Instructions for Completing this Form

- This form must be signed and dated. You should retain a copy of the complete form for your records.
- Type or legibly print your answers in black ink. If your answers are not legible, the form will not be accepted.
- All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by entering "None" or "N/A". If you find that you cannot remember an exact date, estimate the date to the best of your ability and indicated this by marking "Approx." or "Est."
- Any changes that you make to this form after you sign it must be initialed and dated by you. If you need additional space for any item on the questionnaire, attach an extra sheet of paper with your name at the top of the page.

Return the completed Personal History Questionnaire to: **Bruce Nason, Chief of Police, Bristol Police Department, 72 Munsill Avenue, Bristol, VT 05443.**

Organization of the Personal History Questionnaire

This form includes background information including where you have lived, attended school and worked. We require

that you furnish us with information regarding such matters as being fired from a job, your criminal history, use of illegal drugs, and abuse of alcohol. Any use of an illicit drug or prescription drug not prescribed for you within twelve months of application will result in a temporary rejection for one year from the date of the last use.

Any omission of a police contact that resulted in any enforcement action, i.e., parents contacted, tickets issued, citation, arrest, etc. will result in a permanent rejection. In addition, any omissions regarding any court action involving you including dismissals, acquittals, etc., will result in a permanent rejection. Information developed on these issues during our investigation that are not reported on the Personal History Questionnaire will result in an immediate rejection from the process.

Applicants will be given the opportunity to explain the circumstances regarding any answers on the Personal History Questionnaire. The explanation must be provided before the date of any scheduled polygraph examination and oral board interview.

PERSONAL HISTORY QUESTIONNAIRE BRISTOL POLICE DEPARTMENT		
Prior to completing this form read the instructions carefully.		
Name: First	Middle	Last
Current Address: Street (Legal address, not a post office box.)		
City/Town	State	Zip Code
Telephone Number (Home)	Telephone Number (Work)	
Telephone Number (Pager)	Telephone Number (Cellular)	
E-mail address:		
Nicknames or other names you have used including Maiden names:		
Social Security Number	Date of Birth	Place of Birth
Name(s), Date of Birth and Relationship (to you) of all persons living in your household:		
List of previous addresses where you have lived during the past ten (10) years. Include dates Use additional pages if necessary.		
Date	Address	
Have you been a legal resident of Vermont for at least two(2) years? Yes No		
Have you ever applied for a position with the Bristol Police? Yes No– If yes, indicate month, year and reason you were not hired.		

Please attach recent photograph of yourself here.

Mother's Name - First			Maiden			Last		
Current Address - Street			City/Town			State		
Date of Birth			Telephone # (include area code)					
Father's Name - First			Middle			Last		
Current Address - Street			City/Town			State		
Date of Birth			Telephone # (include area code)					
Name and address of all siblings:								
Name			Address					
Name			Address					
Name			Address					
Name			Address					
Name			Address					
Name			Address					
What is your marital status (circle at least one)			Never Married		Married		Widow(er)	
			Legally Separated		Civil Union			
			Annulled		Divorced			

Present Spouse/Civil Union Partner (if applicable)			
First	Middle	Maiden	Last
Address - Street		City/Town	State
Date of Birth		Date of Marriage/Civil Union	
Former Spouse(s)/Civil Union Partner(s)			
(For additional former marriages/civil unions use blank paper and insert here.)			
First	Middle	Maiden	Last
Address - Street		City/Town	State
Telephone			
Date marriage/civil union terminated:		Court:	
Conditions of termination i.e., alimony, child support, etc.			
List all persons dependent upon you for support.			
Name	DOB	Address	Relationship
Have you registered with Selective Service? Yes No			
Have you ever been rejected by any of the armed forces? Yes No			
Have you ever served on active duty with the Armed Forces of the United States? Yes No - If yes, complete the following:			
Branch of Service	Service #:	Date of Service	From To
Highest Rank Held		Rank at Separation	
Type of Separation: (Court Martial, other non-judicial punishment)		Conditions of Separation: Honorable, General, Medical, etc.	
Were you ever charged criminally while in the Armed Service? Yes No - If yes, state the facts.			

Did you receive any non judicial punishment while in the Armed Services? Yes No - If yes, state the facts. Attach a copy of your DD Form 214.		
Explain your duty assignments.		
Are you a member of any active or reserve U.S. military units? Yes No - If yes, complete the following:		
Branch of Service	Service Number	Present Rank
Present Unit		Address
Have you ever sold or furnished any person any form of illegal drugs, including marijuana? Yes No - If yes, complete the following:		
What types of illegal drugs?		Date last sold or furnished:
Have you ever used, or possessed for use, any illegal drugs, including marijuana? Yes No - If yes, complete the following:		
What types of illegal drugs?		Date last used:
Have you ever taken non-prescribed steroids? Yes No - If yes, explain:		
Do you have any employment applications pending with other police agencies? Yes No - If yes, what agencies?		
Have you ever applied for employment with a police agency and were rejected or not hired? Yes No - If yes, complete the following:		
Name and address of the agency(ies)		
Date and reason for rejection(s):		
Have you ever had a relief from abuse order served on you? Yes No		

List all arrests and/or convictions for motor vehicle operation related offenses (including traffic tickets). If you have never been cited, ticketed, or arrested, state NONE.

Date	Offense	Jurisdiction	Disposition
Have you ever been interviewed, questioned, arrested, cited, and/or cleared by any police officer, other than for a motor vehicle offense or crime listed above? Yes No			

If you answered yes, explain below; include the date(s) and police department(s) and reason for the police contact, as well as the disposition of the incident:

Date	Offense	Jurisdiction	Disposition

Have you ever taken a pre-employment polygraph? Yes		No - If yes, for whom and date(s) tested:
Date	Department	

Has your privilege to operate a motor vehicle ever been suspended or revoked? Yes No - If yes, complete the following:

Where	Suspension Date	Reason	Reinstatement Date

Are you presently required to furnish proof of financial responsibility? Yes No If yes, what state(s)

Reason financial responsibility is required:

List all traffic accidents in which you have been involved as a motor vehicle operator. If none, so state -

Date of Accident	Town/City/State	Investigating Agency

Name of High School you Attended High School Address

Have you attended college? Yes No - If yes, complete the following:

Name of College Dates Attended

Field of Study Degree Obtained

Attach a copy of your transcripts. Note - Use this space if you attended more than one high school or university. (If you need additional space - attach additional pages.)

List below starting with your most recent employment, all work experiences you have had. Include part time work.

Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title		Salary
Description of Duties:			
List any discipline actions against you, including verbal counseling/warnings from this employer:			

Reason for Leaving?

May we contact this employer? Yes No

Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title		Salary
Description of Duties:			
List any discipline actions against you, including verbal counseling/warnings from this employer:			

Reason for Leaving?

May we contact this employer? Yes No

Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title		Salary
Description of Duties:			
List any discipline actions against you, including verbal counseling/warnings from this employer:			

Reason for Leaving?

May we contact this employer? Yes No

Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
List any discipline actions against you, including verbal counseling/warnings from this employer:			
Reason for Leaving?			
May we contact this employer? Yes No			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
List any discipline actions against you, including verbal counseling/warnings from this employer:			
Reason for Leaving?			
May we contact this employer? Yes No			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
List any discipline actions against you, including verbal counseling/warnings from this employer:			
Reason for Leaving?			
May we contact this employer? Yes No			

Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title		Salary
Description of Duties:			
List any discipline actions against you, including verbal counseling/warnings from this employer:			
Reason for Leaving?			
May we contact this employer? Yes No			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title		Salary
Description of Duties:			
List any discipline actions against you, including verbal counseling/warnings from this employer:			
Reason for Leaving?			
May we contact this employer? Yes No			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title		Salary
Description of Duties:			
List any discipline actions against you, including verbal counseling/warnings from this employer:			
Reason for Leaving?			
May we contact this employer? Yes No			

List below any charge accounts you currently have. If none, so state.

Company Name	Address	Account #	Amount Owed

List all outstanding debts. If none, so state.(In the Purpose column indicate what the debt is for, i.e, auto loan, home mortgage, school loan debt, etc.)

Creditor Name	Monthly Payment	Current Balance	Purpose

Name/Address/Telephone of bank holding mortgage or your landlord if renting:

Have you ever filed for bankruptcy? Yes No

Do you have any lawsuits pending for or against you at this time? Yes No - If yes, explain:

Does any member of your family object to you becoming a police officer? Yes No

Do you know of anyone who you feel wishes to harm you? Yes No - If yes, explain:

Additional space if needed:

List below the names and addresses of three personal references. Do not include relatives or former employers.		
Name	Address Number and Street	
City/Town	State	Zip Code
Telephone - Home (include area code)		Telephone - Work (include area code)
Best time to contact: a.m.	p.m. at Home Work	
Name	Address Number and Street	
City/Town	State	Zip Code
Telephone - Home (include area code)		Telephone - Work (include area code)
Best time to contact: a.m.	p.m. at Home Work	
Name	Address Number and Street	
City/Town	State	Zip Code
Telephone - Home (include area code)		Telephone - Work (include area code)
Best time to contact: a.m.	p.m. at Home Work	
Additional space if needed.		

In 200 words or less, describe your reasons for wanting to become a Bristol Police Department Police Officer. Do not type. This must be in your own legible handwriting.

I hereby certify that this personal history questionnaire and all attachments to it contain no false information and is complete to the best of my knowledge. I am aware that if an investigation discloses intentional omissions, misrepresentation or falsification, my application will be rejected. My name will be removed from any register, and if already employed, I may be dismissed from employment with the Bristol Police Department and I may be disqualified from applying in the future for any position covered by the rules and regulations of the Bristol Police Department.

Date: _____

Applicant Signature: _____



Town of Bristol
1 South Street
P.O. Box 249
Bristol, VT 05443
(802) 453-2410
www.bristolvt.org

WAIVER AUTHORIZATION FOR RELEASE OF INFORMATION

PRINT NAME: _____

CURRENT ADDRESS: _____

I hereby authorize the Town of Bristol, and its designated agents and representatives, to conduct a comprehensive review of my background as an applicant for a position in the Town of Bristol. I understand that the scope of the investigation may include, but is not limited to the following areas: verification of social security number, credit reports, current and prior residences, employment history, educational background, character references, drug testing, civil and criminal history records from any and all federal, state, county and municipal jurisdictions, driving records, birth records, and any other public records.

I authorize any individual, company, firm, corporation or public agency to divulge any and all information, written or verbal, pertaining to me to the Town of Bristol and/or its representatives.

I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have, to include information from other sources. The Town of Bristol and its designated agents shall maintain all information received from this authorization in a confidential manner in order to protect my personal information, including, but not limited to, addresses, social security numbers and date of birth.

SIGNATURE: _____

WITNESSED: _____ DATE: _____

STATE OF VERMONT

COUNTY OF _____

On this _____ day of _____, 2019, before me personally appeared _____ to me known to be the person who whose name is subscribed to this document and duly acknowledged the same to be his/her free act and deed.

Before me,

Notary Public
Commission Expires: 1/31/2021