***PERSONAL HISTORY STATEMENT***

***PERSONAL***

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name *(Please print or type):*  |  |  |  |  |  |  |  |
|  |  | Last  |  |  |  |  | First  |  | Middle  |  |
|  |  | Other Names (including nicknames) you have used or been known by:  |  |  |  |  |
| 2.  | List the address at which you can be contacted:  |  |  |  |  |
|  |  | Street City  |  |  |  |  |  |  |  | State  |  |  | Zip Code  |
| 3.  | List telephone number(s) and e-mail address at which you can be contacted and times you are available. |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a.m./p.m. to \_\_\_\_\_\_\_\_\_\_\_\_\_\_a.m./p.m. (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a.m./p.m. to \_\_\_\_\_\_\_\_\_\_\_\_\_\_a.m./p.m. |
|  | E-mail address:  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Birth Date  |  | 5. You must be a citizen of the United States or  | 6. Place of Birth  |  |
| Month  | Day  | Year  | a permanent resident alien who is eligible for  | State |  |  |
|  |  |  |  |  | and has applied for citizenship. Can you provide  |  |  |
|  |  |  |  |  | such documentation?YesNo  | County |  |  |
| 7.  | SSN | (In accordance with the Federal Privacy Act of 1974, disclosure |  |  |
|  | is voluntary. The SSN will be used for identification |  | City |
| purposes to ensure that proper records are obtained.) |
|  |  |  |
|  |  |
| 8.  | For the purpose of identification, please provide the following:  |  |  |  |  |
|  |  |  | Height  |  | Weight  | Hair Color  |  | Eye Color  |
| Scars, tattoos, or other distinguishing marks:  |  |  |  |  |  |  |  |

*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. Inquiries will be confined to job relevant matters.

|  |  |
| --- | --- |
| 9.  | Please supply the appropriate information in the spaces provided below. If category is not applicable write "n/a".  |
| Name:  | **City, State, Zip Code** |  |  | **Telephone**  |  |
|  |  |  |  |
| Father  |  |  |  |  |  |
| Mother  |  |  |  |  |  |
| Father-in-Law  |  |  |  |  |  |
| Mother-in-Law  |  |  |  |  |  |
| Spouse/Significant Other |  |  |  | Telephone  |  |
| Date of Birth  |  |  |  | Date Married  |  |
| Former Spouse |  |  |  | Telephone  |  |
| Date of Birth  |  |  |  | Date Divorced  |  |
| Former Spouse |  |  |  | Telephone  |  |
| Date of Birth  |  |  |  | Date Divorced  |  |
| Domestic Partner  |  |  |  | Telephone  |  |
| Date of Birth  |  |  |  |  |  |
| Brother(s)/Sister(s)  |  |  |  | Telephone  | Age  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Stepfather  |  |  |  | Telephone  |  |
| Stepmother  |  |  |  | Telephone  |  |
| Stepbrother(s)/Stepsister(s)  |  |  |  | Telephone  | Age  |
| Other *ADULT* relatives with whom you have a close personal relationship |  |
| **Full name/relationship**  | **City, State, Zip Code** | **Telephone**  |
|  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| *10.L*ist individuals with whom you have resided with during the last 10 years. *( do not list anything prior to your 15th birthday)* ***Exclude family members.*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 11. List two references who have knowledge of you and your qualifications**Exclude relatives and friends** |
|  |  |  |
|  |  |  |
|  |  |  |
| 12. List three-five social acquaintances.*(i.e. person whom you have seen frequently during the past year*) and have knowledge of your qualifications |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*EDUCATION*

|  |
| --- |
| 13. The Guernsey Police Department requires that employees possess a high school diploma  |
| or its equivalent. Please indicate your current situation with regard to this requirement.  |
| * I possess a high school diploma.
 |  |  |  |  |  |
| * I passed the G.E.D. (General Educational Development) test.
 |  |  |  |
| * I possess other equivalent. Explain:
 |  |  |  |  |  |
| * I do not currently have a high school diploma or its equivalent, but I plan to satisfy this requirement
 |
| in the future as follows:  |  |  |  |  |  |
| When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|
| 14. College Degrees:  | * I possess a two-year college degree
 | * I possess a four-year college degree
 |
| Type of Degree(s)  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 15. Please indicate below all the schools you have attended, beginning with high school. During the  |  |
| background investigation, persons who have known you in a learning environment will be contacted.  |  |
| A review of your school records may be made in conjunction with those contacts.  |  |
|  |  | Location of School  | Dates Attended  | School References  |  |
| Name of School  | (City and State)  | From  | To  | (Teachers, Counselors)  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 16. Have you ever been suspended or expelled from any high school or post-secondary school?  |  |
| *Post secondary schools include colleges and universities, graduate schools, business and vocational schools,*  |
| *any formal education beyond the high school level)* .  | Yes  | No  |  |  |  |
| If yes, please explain *(include school, date, and circumstances):*  |  |  |  |  |  |

17. Check any of the following professional certificates you possess that relate to your qualifications for
this position:

Reserve Academy

Basic Police Academy

Detention

Firefighter

EMT/Paramedic

 List any other professional certificates you may hold:

18. Other than English, do you speak/understand any other languages fluently? Yes

No

 If yes, please list:

*RESIDENCES*

|  |
| --- |
| 19. Individuals who have become acquainted with you by reason of your different locations are often  |
| helpful in providing useful information for the background investigation. Please list below all of your  |
| residences during the last 10 years *(list no information prior to your 15thbirthday). Begin with the most*  |
| *current residence.*  |  |  |  |  |
| Address of Residence  | City, State, Zip  | Dates  |  |
| To  | From  | If rented, give name and addressof person collecting rent.  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***EXPERIENCE* &*EMPLOYMENT***

20. Beginning with your most current employment, please list *all jobs* you have held in the *past 10 years.* You must account for each and every job you have held, whether full time, part-time, or voluntary. *If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.*

|  |  |  |
| --- | --- | --- |
| Dates of Employment  | Complete Name, Address& Telephone | Name of Supervisor  |
| From  | To  |  |  |  |
| Mo./Yr.  | Mo./Yr.  |  |  |  |
|  |  |  |  |  |
| Title:  | Duties: |  |
| Beginning Salary |  | Ending Salary  |
|  |
| Detailed Reason for Leaving:  |  |

|  |  |  |
| --- | --- | --- |
| Dates of Employment  | Complete Name, Address & Telephone  | Name of Supervisor  |
| From  | To  |  |  |  |
| Mo./Yr.  | Mo./Yr.  |  |  |  |
|  |  |  |  |  |
| Title:  | Duties: |  |
| Beginning Salary |  | Ending Salary  |
|  |
| Detailed Reason for Leaving:  |  |

|  |  |  |
| --- | --- | --- |
| Dates of Employment  | Complete Name, Address & Telephone  | Name of Supervisor  |
| From  | To  |  |  |  |
| Mo./Yr.  | Mo./Yr.  |  |  |  |
|  |  |  |  |  |
| Title:  | Duties: |  |
| Beginning Salary |  | Ending Salary  |
|  |
| Detailed Reason for Leaving:  |  |

|  |  |  |
| --- | --- | --- |
| Dates of Employment  | Complete Name, Address & Telephone  | Name of Supervisor  |
| From  | To  |  |  |  |
| Mo./Yr.  | Mo./Yr.  |  |  |  |
|  |  |  |  |  |
| Title:  | Duties: |  |
| Beginning Salary |  | Ending Salary  |
|  |
| Detailed Reason for Leaving:  |  |

|  |  |  |
| --- | --- | --- |
| Dates of Employment  | Complete Name, Address & Telephone  | Name of Supervisor  |
| From  | To  |  |  |  |
| Mo./Yr.  | Mo./Yr.  |  |  |  |
|  |  |  |  |  |
| Title:  | Duties: |  |
| Beginning Salary |  | Ending Salary  |
|  |
| Detailed Reason for Leaving:  |  |

|  |  |  |
| --- | --- | --- |
| Dates of Employment  | Complete Name, Address & Telephone  | Name of Supervisor  |
| From  | To  |  |  |  |
| Mo./Yr.  | Mo./Yr.  |  |  |  |
|  |  |  |  |  |
| Title:  | Duties: |  |
| Beginning Salary |  | Ending Salary  |
|  |
| Detailed Reason for Leaving:  |  |

|  |  |  |
| --- | --- | --- |
| Dates of Employment  | Complete Name, Address & Telephone  | Name of Supervisor  |
| From  | To  |  |  |  |
| Mo./Yr.  | Mo./Yr.  |  |  |  |
|  |  |  |  |  |
| Title:  | Duties: |  |
| Beginning Salary |  | Ending Salary  |
|  |
| Detailed Reason for Leaving:  |  |

|  |  |  |
| --- | --- | --- |
| Dates of Employment  | Complete Name, Address & Telephone  | Name of Supervisor  |
| From  | To  |  |  |  |
| Mo./Yr.  | Mo./Yr.  |  |  |  |
|  |  |  |  |  |
| Title:  | Duties: |  |
| Beginning Salary |  | Ending Salary  |
|  |
| Detailed Reason for Leaving:  |  |

|  |  |  |
| --- | --- | --- |
| Dates of Employment  | Complete Name, Address & Telephone  | Name of Supervisor  |
| From  | To  |  |  |  |
| Mo./Yr.  | Mo./Yr.  |  |  |  |
|  |  |  |  |  |
| Title:  | Duties: |  |
| Beginning Salary |  | Ending Salary  |
|  |
| Detailed Reason for Leaving:  |  |

|  |  |  |
| --- | --- | --- |
| Dates of Employment  | Complete Name, Address & Telephone  | Name of Supervisor  |
| From  | To  |  |  |  |
| Mo./Yr.  | Mo./Yr.  |  |  |  |
|  |  |  |  |  |
| Title:  | Duties: |  |
| Beginning Salary |  | Ending Salary  |
|  |
| Detailed Reason for Leaving:  |  |

|  |
| --- |
| 21. If you have not had prior employment, please explain below:  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| 22. Have you ever been involuntarily terminated from a job *(including layoffs, firings, forced/requested resignations, or probationary release)?* Yes No If yes, please give details *(DO NOT list any separation which resulted from a medical inability):* |
| 23. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers? Yes NoIf yes, please give details *(include when, name of agency &circumstances):* |

|  |
| --- |
| 24. While on duty or at work, have you ever consumed alcohol or illegally ingested any controlled substances that may have violated company rules and/or policies/regulations set by your employer? Yes No If yes, explain: 25. Have you ever engaged in any sexual activity on-duty or at work? Yes No If yes, explain:  |
| 26. Have you had any extended work absences for reasons other than earned vacations? Yes No If yes, explain *(include when, name of employer, why):*  |
| 27. Has any employer ever investigated you or your work performance as a result of a complaint from a co-worker, supervisor, subordinate, or member of the general public? Yes No Date\_\_\_\_\_\_\_\_ Nature of Complaint:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ were the complaints sustained Yes NoDate\_\_\_\_\_\_\_\_ Nature of Complaint:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Were the complaints sustained Yes No |

|  |
| --- |
| 28. Have you ever been the subject of any disciplinary action by an employer, including formal  |
| Reprimands, warnings, or suspensions?  | Yes  | No  | If yes, give details:  |
| 29. List other persons employed in law enforcement who may be familiar enough with you as to offer an  |
| opinion on your suitability in law enforcement. Also, list any Guernsey Police Department employees  |
| you know.  |  |  |  |  |  |
| Name | Agency |  |  | Telephone |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*MILITARY SERVICE*

|  |
| --- |
| 30. Have you ever served in the armed forces, national guard, or military reserves? Yes No  If yes, please supply the following information:  |
|  Branch of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Service Number  |
|  Dates of Service\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Type of Discharge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank when Discharged \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Were you ever reduced in rank? Yes No  |
| If yes, give reason:  |
| Highest rank held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit last assigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 31. Please list current and past draft classifications in chronological order:  |
| 32. Are you *currently* participating in any military reserve or national guard program?  Yes No If yes, give details: |
| 33. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the  |
| Military, national guardor military reserves?  | Yes  | No  |  |  |
| If yes, give details *(include branch of service, when, where, circumstances):*  |  |  |
| 34. Past commanding officers or military acquaintances are potential sources ofrelevant information  |
| pertaining to your background. List those individuals who know you well enough to  |
| provide accurate information about you.  |  |  |  |  |
| Name  | Address  | Telephone  | From | To |
|  |  |  |  |  |
|  |  |  |  |  |



**Guernsey Police Department
81 West Whalen St**

**Guernsey, Wyoming 82214
307-836-2335
Fax 307-836-2601**

**Informed Consent for Physical Fitness Performance Test**

The undersigned hereby gives voluntary informed consent to engage in a series of physical fitness performance
tests. The purpose of the testing is to determine physical fitness levels in some or all of the following areas:
cardiovascular, flexibility, and strength.

The exercises, testing, and physical activity sessions will be supervised and monitored by a trained fitness
specialist. The activities may include, but are not limited to, walking, running, sit-ups, push-ups, and stretching.
The tests will be performed in a gymnasium setting.

There exists the possibility that certain detrimental physiological changes could occur during any exercise or
exercise testing. These changes could include heat related illnesses, abnormal heart rate, abnormal blood
pressure, and in rare instances, a heart attack. The fitness specialist will have a trained EMT or other trained
person present to administer CPR and/or First Aid should the occasion arise.

I have read this form and understand there are inherent risks associated with any physical activity. Furthermore,
it is my responsibility to monitor my individual physical performance during any activity.

Further, the undersigned releases and discharges the fitness specialist and any others connected there within from
all claims for damages whatsoever that the undersigned or his representatives might have arising fromor
incident to this test program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*

*Date*



***Guernsey
Police Department***81 West Whalen ST
Guernsey, WY 82214
Phone 307-836-2335
Fax 307-836-2601

Physical Fitness Test

**The minimum physical fitness standard can be attained by meeting one of the following
requirements: (1) each applicant must meet the 40th percentile level in each category assessed; or
(2) accumulate a 50th percentile average of all categories assessed, with a minimum level of the 25th
percentile in any category.**

Should an applicant fail to attain the required level of fitness during the physical fitness test, he/she ***will
 not be eligible***to complete the application process.

Physical Fitness Performance Requirements Chart

*Minimum Physical Fitness Standard (40th Percentile)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | *MALE*  |  |  |  |
| Test |  Age 20-29  | 30-34 |  35-39 |  40-44 |  45-49 |  50-54 |  55-59 |
| 1 Minute Sit-Up  | 38  | 34  | 31  | 29  | 26  | 24  | 21  |
| 1 Minute Push-Up  | 29  | 24  | 21  | 18  | 15  | 13  | 11  |
| 1.5 Mile Run  | 12:51  | 13:36  | 14:03  | 14:29  | 14:58  | 15:26  | 16:05  |
|  |  |  | *FEMALE*  |  |  |  |
| Test |  Age 20-29  | 30-34 |  35-39 |  40-44 |  45-49 |  50-54 |  55-59 |
| 1 Minute Sit-Up  | 32  | 25  | 22  | 20  | 17  | 14  | 10  |
| 1 Minute Push-Up  | 23  | 19  | 16  | 13  | 12  | 11  | 8  |
| 1.5 Mile Run  | 15:26  | 15:57  | 16:28  | 16:58  | 17:26  | 17:55  | 18:20  |