

# FULTON POLICE DEPARTMENT

415 11<sup>TH</sup>. AVE.  
FULTON, ILLINOIS 61252

Please return to the Fulton Police Department  
Completed by the due date.

## PERSONAL HISTORY STATEMENT INSTRUCTIONS

Attached to this instruction sheet is a PERSONAL HISTORY STATEMENT. This document will provide information to the Fulton Police Department so a background investigation may be conducted. The purpose of this investigation is to verify your suitability for employment with the Department as a Police Officer.

This form is comprehensive and asks for detailed information. Read each item carefully and answer completely. If you are unclear, or do not understand, ask the investigator involved with your background investigation.

Failure to completely and honestly answer **all** that is asked can remove you from further consideration as an officer. Omissions, lapses, vague answers, incomplete answers and lies are all considered to be disqualifiers. Do not fail to completely answer any item due to the lack of space on this form - attach additional sheets as necessary. Additionally, do not leave any item blank - if an item does not apply to you, put N/A in that space.

Remember, no one is perfect - - **this is the time to be totally open and honest about everything.** Failure to do so will immediately remove you from any further consideration as a Fulton Police Officer.

If you have any questions please call the Fulton Police, 815-589-3617

## REQUIRED DOCUMENTS

IT IS YOUR RESPONSIBILITY TO PROVIDE THE FOLLOWING DOCUMENTS TO THE DEPARTMENT. IF YOU DO NOT PROVIDE THESE DOCUMENTS, YOUR APPLICATION WITH THIS DEPARTMENT WILL NOT BE ACCEPTED.

- HIGH SCHOOL DIPLOMA or GED CERTIFICATE (COPY)
- CERTIFIED BIRTH CERTIFICATE (COPY)
- COLLEGE OR UNIVERSITY DEGREE (COPY) – NOTE: A COPY OF A CERTIFIED TRANSCRIPT
- VETERANS: **MILITARY SERVICE RECORD AND DD214 (COPY)**
- DRIVER'S LICENSE (COPY OF BOTH SIDES)
- CITIZENSHIP AND OR NATURALIZATION PAPERS – IF APPLICABLE
- SOCIAL SECURITY CARD (COPY OF ORIGINAL)
- BASIC LAW ENFORCEMENT TRAINING CERTIFICATE (COPY)
- ALL LAW ENFORCEMENT TRAINING DOCUMENTS (Copy)
- RESUME

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## IMPORTANT INFORMATION

**APPLICATIONS AND REQUIRED DOCUMENTS** must be returned to the Police Department – documents must be returned in person or by means of traceable delivery method (USPS, UPS or FedEx) to the Fulton Police Department, 415 11<sup>th</sup>. Ave., Fulton, IL Attention Investigations.

## Experienced Police Officer Supplemental Questionnaire

\*1. Please indicate the type of law enforcement activities in which you have experience. Select all that apply.

- Municipal
- Sheriff/County
- State Patrol
- Railroad
- Park District
- School District
- College/University
- Conservation
- Military
- Federal
- Transit/Housing
- Drug Taskforce
- Other

\*2. If you indicated 'Other' in the previous question, please provide details.

\*3. Was this experience:

- Full-Time
- Part-Time
- Reserves

\*4. Please provide details of your current or most recent law enforcement experiences and duties. Please be thorough and include common daily activities.

\*5. Are you a sworn law enforcement officer?

- Yes
- No

\*6. Are you a full-time officer with your current agency?

- Yes
- No

\*7. Are you considered probationary status with your current agency?

- Yes
- No

\*8. How long was your current or most recent agency's probationary period?

\*9. Indicate your current or most recent department size.

- 10 or less sworn officers
- 11-25 sworn officers
- 25-50 sworn officers
- 51-100 sworn officers
- 101-200 sworn officers
- 201+ sworn officers

\*10. Please detail the level of your law enforcement training. Include length of basic academy training, length of field training and any specialized training that should be considered.

\*11. What is the name and address of the police academy you attended?

\*12. How many hours was the police academy you attended?

\*13. Did you attend a part-time/transitional police academy or a full-time police academy?

- Part-time/Transitional
- Full-time

\*14. In your law enforcement career, please indicate the amount of time spent in solo patrol or with a partner in a non-training environment.

- Less than 6 months
- 6 months to less than 1 year
- 1 year to less than 2 years
- 2+ years

\*15. Are you in good standing with your current or most recent agency? If you are no longer employed as a law enforcement officer, did you leave your previous agency in good standing?

- Yes
- No

\*16. If you responded "No" to the previous question, please explain.

\*17. Have you ever left any law enforcement agency not in good standing?

Yes No

\*18. If you responded "Yes" to the previous question, please explain.

\*19. Have you ever been terminated or asked to resign, whether on probation or not?

Yes No

\*20. If yes to the previous question, please provide details below.

\*21. Please indicate your highest level of education.

- High School or GED
- College- 30-59 credit hours
- College- 60-89 credit hours
- College- 90-119 credit hours
- College- more than 120 credit hours but no degree
- Specialized Trade School
- Associates Degree
- Bachelors Degree
- Post Bachelor Studies
- Masters Degree
- Post Masters Degree
- Doctorate (PhD, MD, JD, etc.)

\*22. Do you fluently speak another language other than English? If so, which language(s)?

# Fulton Police Department - Personal History Statement

\*\*\*\*\* PLEASE TYPE OR PRINT ALL REQUESTED INFORMATION \*\*\*\*\*

## PERSONAL:

|  |   |              |            |               |
|--|---|--------------|------------|---------------|
| Your Name:   |   |              |            |               |
| Last   | First   | Middle       |            |               |
| List any other names you have used (including maiden names, name changes, married names, nicknames, etc.): |   |              |            |               |
| Your Current Address:  |   |              |            |               |
| Number   | Street  | City         | State      | Zip + 4       |
| List telephone numbers at which you can be contacted:  |   |              |            |               |
| Home: (    )   |   | Work: (    ) |            | Other: (    ) |
| Date of Birth  | You must be a citizen of the United States or a permanent resident alien.         |              |            |               |
| MM/DD/YY   | Are you a citizen of the United States? (Circle one)                              |              | <b>YES</b> | <b>NO</b>     |
|  | If NO, the background investigator will advise you of the required documentation. |              |            |               |
| Social Security Number:  |   |              |            |               |
| For purposes of identification, please supply the below information.                                       |   |              |            |               |
| Height:  | Weight:   | Hair Color:  | Eye Color: |               |
| Scars, Tattoos, or other distinguishing marks:   |   |              |            |               |

# Fulton Police Department - Personal History Statement

## RESIDENCE:

| Please list all of your residences during the past 10 years, beginning with your current residence: |                  |       |    |  |
|---|------------------|-------|----|--|
| ADDRESS   | CITY, STATE, ZIP | DATES |    | If rented, name & address of person responsible for collection of rent |
|   |                  | From  | To |  |
|   |                  |       |    |  |

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Have you ever been evicted from any residence? (circle one)      YES      NO  
 If Yes, explain below:

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## Fulton Police Department - Personal History Statement

### REFERENCES:

In the spaces below list references that have knowledge of you and your qualifications. **Do not list relatives or former employers.**

| NAME | ADDRESS | TELEPHONE |
|------|---------|-----------|
|      |         |           |
|      |         |           |

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## Fulton Police Department - Personal History Statement

### EDUCATION:

Please check all areas that apply to you: ***NOTE: If you have attended college for any period of time, a certified copy of your official transcript(s) must be provided with this personal history statement.***

I possess a General Equivalency Diploma (GED) or similar.

I possess a high school diploma.

I possess a two-year college degree

I hold a four-year college degree or higher.

11 (A). List all school(s) attended, beginning with high school:

| NAME OF SCHOOL | LOCATION<br>(Address, City, State & Zip) | DATES ATTENDED<br>FROM TO | DIPLOMA/DEGREE/<br>CERTIFICATE RECEIVED |
|----------------|--|---------------------------|---|
|                |  |                           |   |



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12. Have you ever been suspended from any high school, college, university, business or vocational school or any educational institution (other than elementary school)?      **YES**      **NO**      If yes, explain below:

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## Fulton Police Department - Personal History Statement

### EMPLOYMENT:

Beginning with your current, or most recent employment, list all jobs (including full-time, part-time, temporary and voluntary) you have held from the age of 16. If you had periods of unemployment or military service, list those periods also. Be **specific** on your reason for leaving each job. If you need additional space, copy one of these following pages or use additional paper. DO NOT fail to list any period from 16 years of age until the present.

Please list in chronological order, beginning with your current situation.

| DATES   | NAME, PHONE & ADDRESS (City, State, & Zip included) OF EMPLOYER | SUPERVISOR=S NAME & PHONE |
|---|---|---------------------------|
| From: <u>  /  /  </u>   |   |                           |
| To: <u>  /  /  </u>   |   |                           |
| Circle one:    Full-time            Part-time            Voluntary            Military            Other (specify) |   |                           |
| Beginning Wage: \$ _____                      Ending Wage: \$ _____   |   |                           |

Your Position/Job Title:

Co-Workers Name:

Co-Workers Name:

Reason for leaving:

| DATES  | NAME, PHONE & ADDRESS (City, State, & Zip included) OF EMPLOYER | SUPERVISOR=S NAME & PHONE |
|--|---|---------------------------|
| From: ___ / ___ / ___<br>To: ___ / ___ / ___ |   |                           |

Circle one:    Full-time       Part-time       Voluntary       Military       Other (specify)

Beginning Wage: \$ \_\_\_\_\_                      Ending Wage: \$ \_\_\_\_\_

Your Position/Job Title:

Co-Workers Name:

Co-Workers Name:

Reason for leaving:

| DATES  | NAME, PHONE & ADDRESS (City, State, & Zip included) OF EMPLOYER | SUPERVISOR=S NAME & PHONE |
|--|---|---------------------------|
| From: ___ / ___ / ___<br>To: ___ / ___ / ___ |   |                           |

Circle one:    Full-time       Part-time       Voluntary       Military       Other (specify)

Beginning Wage: \$ \_\_\_\_\_                      Ending Wage: \$ \_\_\_\_\_

Your Position/Job Title:

Co-Workers Name:

Co-Workers Name:

Reason for leaving:

| DATES   | NAME, PHONE & ADDRESS (City, State, & Zip included) OF EMPLOYER | SUPERVISOR=S NAME & PHONE |
|---|---|---------------------------|
| From: ___/___/___<br>To: ___/___/___  |   |                           |
| Circle one:    Full-time            Part-time            Voluntary            Military            Other (specify) |   |                           |
| Beginning Wage: \$ _____                      Ending Wage: \$ _____   |   |                           |
| Your Position/Job Title:  |   |                           |
| Co-Workers Name:  |   |                           |
| Co-Workers Name:  |   |                           |
| Reason for leaving:   |   |                           |
|   |   |                           |

| DATES   | NAME, PHONE & ADDRESS (City, State, & Zip included) OF EMPLOYER | SUPERVISOR=S NAME & PHONE |
|---|---|---------------------------|
| From: ___/___/___<br>To: ___/___/___  |   |                           |
| Circle one:    Full-time            Part-time            Voluntary            Military            Other (specify) |   |                           |
| Beginning Wage: \$ _____                      Ending Wage: \$ _____   |   |                           |
| Your Position/Job Title:  |   |                           |
| Co-Workers Name:  |   |                           |
| Co-Workers Name:  |   |                           |
| Reason for leaving:   |   |                           |
|   |   |                           |

| DATES   | NAME, PHONE & ADDRESS (City, State, & Zip included) OF EMPLOYER | SUPERVISOR=S NAME & PHONE |
|---|---|---------------------------|
| From: ___/___/___<br>To: ___/___/___  |   |                           |
| Circle one:    Full-time            Part-time            Voluntary            Military            Other (specify) |   |                           |
| Beginning Wage: \$ _____                      Ending Wage: \$ _____   |   |                           |

|                          |
|--------------------------|
| Your Position/Job Title: |
| Co-Workers Name:         |
| Co-Workers Name:         |
| Reason for leaving:      |
|                          |

| DATES   | NAME, PHONE & ADDRESS (City, State, & Zip included) OF EMPLOYER | SUPERVISOR=S NAME & PHONE |
|---|---|---------------------------|
| From: __/__/__  |   |                           |
| To: __/__/__  |   |                           |
| Circle one:    Full-time       Part-time       Voluntary       Military       Other (specify) |   |                           |
| Beginning Wage: \$ _____       Ending Wage: \$ _____  |   |                           |
| Your Position/Job Title:  |   |                           |
| Co-Workers Name:  |   |                           |
| Co-Workers Name:  |   |                           |
| Reason for leaving:   |   |                           |
|   |   |                           |

| DATES   | NAME, PHONE & ADDRESS (City, State, & Zip included) OF EMPLOYER | SUPERVISOR=S NAME & PHONE |
|---|---|---------------------------|
| From: __/__/__  |   |                           |
| To: __/__/__  |   |                           |
| Circle one:    Full-time       Part-time       Voluntary       Military       Other (specify) |   |                           |
| Beginning Wage: \$ _____       Ending Wage: \$ _____  |   |                           |
| Your Position/Job Title:  |   |                           |
| Co-Workers Name:  |   |                           |
| Co-Workers Name:  |   |                           |
| Reason for leaving:   |   |                           |
|   |   |                           |

# Fulton Police Department - Personal History Statement

## EMPLOYMENT: (Continued)

Do you object, or would any problem result, if your present employer was contacted at this time?      NO      YES

If YES, explain here and to the investigator:

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Have you had any extended absences from work for reasons other than vacations or approved leaves?      NO      YES

If yes, explain briefly and explain in detail to the background investigator.

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Have you ever been suspended from any job for disciplinary reasons?      NO      YES

If yes, explain briefly and explain in detail to the background investigator.

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# Fulton Police Department - Personal History Statement

## MILITARY SERVICE:

Are you registered with the Selective Service?      YES                  NO

Have you ever served in the military?              YES                  NO

Branch: \_\_\_\_\_ Service#: \_\_\_\_\_

Dates of service: From: \_\_\_\_\_ to \_\_\_\_\_

Type of discharge (be specific): \_\_\_\_\_

List all duty stations you served at in chronological order, beginning with the most recent: (attach additional sheets if there are more duty stations than allowed for)

Location: \_\_\_\_\_ Unit: \_\_\_\_\_ Your position: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Your rank: \_\_\_\_\_

Other pertinent information about this duty station: \_\_\_\_\_

Unit: \_\_\_\_\_ Your position: \_\_\_\_\_

Location: \_\_\_\_\_ Unit: \_\_\_\_\_ Your position: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Your rank: \_\_\_\_\_

Other pertinent information about this duty station: \_\_\_\_\_

Location: \_\_\_\_\_ Unit: \_\_\_\_\_ Your position: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Your rank: \_\_\_\_\_

Other pertinent information about this duty station: \_\_\_\_\_

Location: \_\_\_\_\_ Unit: \_\_\_\_\_ Your position: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Your rank: \_\_\_\_\_  
 Other pertinent information about this duty station: \_\_\_\_\_

Location: \_\_\_\_\_ Unit: \_\_\_\_\_ Your position: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Your rank: \_\_\_\_\_  
 Other pertinent information about this duty station: \_\_\_\_\_

Location: \_\_\_\_\_ Unit: \_\_\_\_\_ Your position: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Your rank: \_\_\_\_\_  
 Other pertinent information about this duty station: \_\_\_\_\_

**LEGAL:**

If you have ever been arrested or convicted of any crime (other than traffic citations,) provide the following information:

| Approximate Date | Police Agency | Charge | Circumstances & Disposition |
|------------------|---------------|--------|-----------------------------|
|                  |               |        |                             |
|                  |               |        |                             |
|                  |               |        |                             |
|                  |               |        |                             |

Have you ever been involved in any matter that may be covered by one or more of the following terms: conditional discharge; court supervision; expungement; pardon; sealing; release; parole; probation; (or any similar wording)? If yes, write a brief summary below and explain in detail to the background investigator.      NO      YES  details below

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Have you ever been a suspect in any criminal matter? If yes, explain briefly and explain in detail to the background investigator.  
NO      YES  details below

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Have you ever been detained, questioned or had contact with anyone from a police agency? If yes, explain briefly and explain in detail to the background investigator.      NO      YES  details below

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Have you ever obtained or been served with an Order of Protection? If yes, explain briefly and explain in detail to the background investigator.      NO  
YES  details below

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If you have ever been involved in any motor vehicle accident within the last 5 years, list below:

|                     |                                |                |
|---------------------|--------------------------------|----------------|
| Date:               | Location:                      | Injury: YES NO |
| Police Investigate? | NO YES C if yes, which agency: |                |

|                     |                                |                |
|---------------------|--------------------------------|----------------|
| Date:               | Location:                      | Injury: YES NO |
| Police Investigate? | NO YES C if yes, which agency: |                |

|                     |                                |                |
|---------------------|--------------------------------|----------------|
| Date:               | Location:                      | Injury: YES NO |
| Police Investigate? | NO YES C if yes, which agency: |                |

|                     |                                |                |
|---------------------|--------------------------------|----------------|
| Date:               | Location:                      | Injury: YES NO |
| Police Investigate? | NO YES C if yes, which agency: |                |

|                     |                                |                |
|---------------------|--------------------------------|----------------|
| Date:               | Location:                      | Injury: YES NO |
| Police Investigate? | NO YES C if yes, which agency: |                |

PLEASE READ AND SIGN BELOW

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the City of Fulton to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize my former employers to disclose to the City of Fulton any and all letters, reports, and other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release the City of Fulton, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand and agree that I may be required to submit to a lie detector test or similar test as a prerequisite to employment with the City of Fulton or as a condition of continued employment if I am employed.

I understand that nothing contained in the application or conveyed during any interview which I may be granted is intended to create an employment contract between the City of Fulton and myself. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and that I may be terminated at any time with or without prior notice, at the option of the City of Fulton or myself. Furthermore, no promises or representation contrary to the foregoing are binding on the City of Fulton unless made in writing and signed by the City of Fulton and myself.

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Signature of Applicant

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Date