

BURLINGTON POLICE DEPARTMENT

Core Values: Integrity, Respect, Service, Creativity

**PERSONAL HISTORY INFORMATION FOR
CIVILIAN POSITION: _____**



CANDIDATE NAME

CONFIDENTIAL

INSTRUCTIONS

The hiring process for employment with the Burlington Police Department includes a written, physical, and psychological examination; a panel interview; a polygraph examination; a background investigation and a medical examination. Your Personal History Information (PHI) packet is an integral component of our hiring process. **CONSISTENCY THROUGHOUT THE ENTIRE PROCESS IS CRITICAL AND WILL BE ASSESSED.**

Each question must be answered completely and accurately. **Do not leave any answers blank. Enter N/A (Not Applicable)** if there are areas that do not pertain to you. If you need more room for answers, please attach additional sheets. **CAREFULLY** read the signature page before you fill out this packet.

INTENTIONAL OMISSIONS, INCONSISTENCIES, MISREPRESENTATIONS, OR FALSIFICATIONS IN THIS DOCUMENT, OR AT ANY STEP IN THE PROCESS, WILL BE GROUNDS FOR IMMEDIATE DISQUALIFICATION.

ATTACHMENTS TO THE PHI MUST INCLUDE THE FOLLOWING:

1. A resume AND cover letter
2. A copy of your birth certificate
3. Documentation of highest education level attained
4. DD-214(s) for each period of military service
5. Naturalization certificate/work authorization documentation
6. Documentation of name changes, bankruptcies, arrests, etc.
7. List of personal and employment references
8. Head and shoulders passport style photograph
9. Notarized signature

Return To:
BURLINGTON POLICE DEPARTMENT
Recruitment Office
1 North Avenue
Burlington, Vermont 05401

If you have any questions, please contact the Recruitment Office at (802) 540-2119 or cerwin@bpdvt.org. Additional information is available on our Website at www.bpdvt.org/careers.

PERSONAL DATA

1. NAME: LAST, FIRST, MIDDLE: _____

2. ALIASES, NICKNAMES, MAIDEN NAME, MARRIED NAME(S) AND ANY OTHER NAME(S)
YOU HAVE BEEN KNOWN BY:

3. CURRENT STREET ADDRESS, CITY, STATE, ZIP:

4. HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

E-MAIL ADDRESS: _____

5. FEMALE/MALE/TRANSGENDER: _____

6. DATE OF BIRTH: _____

7. PLACE OF BIRTH: _____

8. SOCIAL SECURITY NUMBER: _____

9. NAME OF FATHER: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

10. NAME OF MOTHER: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

11. NAME OF FATHER-IN-LAW: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

12. NAME OF MOTHER-IN-LAW: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

13. IF YOU WERE RAISED BY ANYONE OTHER THAN YOUR BIOLOGICAL PARENT(S), PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF PERSON(S) WHO RAISED YOU: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

14. SIBLING, HALF SIBLINGS, STEP SIBLINGS:

GENDER	NAME	AGE	ADDRESS	TELEPHONE & EMAIL
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15. PRESENT RELATIONSHIP STATUS:

SINGLE ___ **CIVIL UNION** ___ **MARRIED** ___ **SEPARATED** ___ **DIVORCED** ___
WIDOWED ___ **COHABITATING** ___ **DATING** ___

16. CURRENT SPOUSE AND/OR PARTNER:

GENDER	NAME	AGE	ADDRESS	TELEPHONE & EMAIL
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17. EX-SPOUSE(S)/EX-CIVIL UNION PARTNER(S):

GENDER	NAME	AGE	ADDRESS	TELEPHONE & EMAIL
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18. CHILDREN, STEP-CHILDREN, AND/OR DEPENDENTS:

GENDER	NAME	AGE	ADDRESS	TELEPHONE & EMAIL
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19. ARE YOU RESPONSIBLE FOR PAYING ANY COURT ORDERED CHILD SUPPORT OR SPOUSAL SUPPORT? YES ___ NO ___

HAVE YOU MISSED ANY PAYMENTS? IF YES, EXPLAIN BELOW.

20. LIST ALL OUTSTANDING DEBTS (I.E. MORTGAGE, VEHICLES, PERSONAL LOANS, STUDENT LOANS, CREDIT CARDS, ETC.)

ACCOUNT NAME/TYPE/NUMBER

MONTHLY PAYMENT

BALANCE

21. HAVE YOU EVER DECLARED BANKRUPTCY? YES _____ NO _____

IF YES, EXPLAIN BELOW (INCLUDING YEAR AND TYPE OF BANKRUPTCY):

DO YOU OR HAVE YOU HAD ANY DEBTS LISTED WITH A COLLECTION AGENCY OR AGENCIES?

22. HAVE YOU EVER BEEN IN DEFAULT RESULTING IN REPOSSESSION?

YES _____ NO _____

IF YES, EXPLAIN BELOW:

23. HAVE YOU EVER BEEN MORE THAN 90 DAYS LATE ON A LOAN PAYMENT?

YES _____ NO _____

IF YES, EXPLAIN BELOW:

EDUCATIONAL DATA

24. LIST ALL SCHOOLS AND SPECIALIZED TRAINING YOU HAVE ATTENDED SINCE THE 9TH GRADE, BEGINNING WITH THE MOST RECENT.

SCHOOL/TRAINING ADDRESS DATES CERTIFICATION/DEGREE/ # CREDITS

25. HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL OR COLLEGE FOR ANY ACADEMIC OR DISCIPLINARY REASONS?

YES _____ NO _____

IF YES, EXPLAIN BELOW:

MILITARY DATA

26. HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE AS REQUIRED BY LAW?

YES _____ NO _____

IF YES, PROVIDE YOUR SELECTIVE SERVICE CLASSIFICATION NUMBER.

THIS CAN BE FOUND AT: <https://www.sss.gov/RegVer/wfVerification.aspx>

27. ARE YOU NOW, OR HAVE YOU EVER BEEN, ON ACTIVE MILITARY SERVICE?

YES _____ NO _____

IF YES, COMPLETE THE FOLLOWING:

SERVICE BRANCH _____

M.O.S. _____

DATE ENTERED _____

DATE RELEASED _____

28. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A MILITARY RESERVE OR A NATIONAL GUARD UNIT? YES _____ NO _____

IF YES, COMPLETE THE FOLLOWING:

SERVICE BRANCH _____

M.O.S. _____

DATE ENTERED _____

DATE RELEASED _____

29. DURING YOUR SERVICE, WERE YOU EVER DISCIPLINED (I.E. COURT-MARTIAL, ARTICLE 15)? YES _____ NO _____

IF YES, EXPLAIN BELOW:

30. IF YOU WERE DISCHARGED, OTHER THAN HONORABLY, PLEASE LIST THE REASON(S) BELOW:

EMPLOYMENT DATA

31. IN CHRONOLOGICAL ORDER, PLEASE LIST YOUR WORK EXPERIENCE THE PAST *TWENTY* YEARS, BEGINNING WITH YOUR MOST RECENT EMPLOYMENT. ANY PERIOD OF UNEMPLOYMENT, MILITARY SERVICE, AND PART-TIME EMPLOYMENT MUST ALSO BE INCLUDED.

DATES (from-to)	BUSINESS	ADDRESS/PHONE	POSITION	SUPERVISOR	REASON LEFT
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DRIVING RECORD

36. LIST ALL TRAFFIC VIOLATIONS, CITATIONS AND WARNINGS YOU HAVE RECEIVED. PROVIDE THE FOLLOWING DATA FOR EACH INCIDENT:

DATE	VIOLATION	LOCATION	POLICE DEPT	ACTION (TICKET/PAID?)
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37. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ANY DRIVER'S LICENSES YOU HAVE HELD OR CURRENTLY HOLD:

ISSUING STATE	LICENSE NUMBER	TYPE OF LICENSE
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38. IS YOUR DRIVER'S LICENSE CURRENTLY, OR HAS IT EVER BEEN, DENIED, SUSPENDED OR REVOKED? YES _____ NO _____ DATE _____
IF YES, EXPLAIN BELOW:

39. ARE YOUR REGISTRATION PLATES CURRENTLY, OR HAVE THEY EVER BEEN, DENIED, SUSPENDED OR REVOKED? YES _____ NO _____ DATE _____
IF YES, EXPLAIN BELOW:

CRIMINAL CHARGES/ILLEGAL ACTIVITY

40. HAVE YOU EVER BEEN:

1. ARRESTED? YES _____ NO _____
2. CHARGED WITH A CRIME/OFFENSE? YES _____ NO _____
3. CONVICTED OF A CRIME/OFFENSE? YES _____ NO _____
4. PLACED ON PROBATION? YES _____ NO _____
5. PLACED IN COURT DIVERSION? YES _____ NO _____
6. ARRESTED AS A JUVENILE? YES _____ NO _____
7. CHARGED WITH A CRIME/OFFENSE AS A JUVENILE? YES _____ NO _____
8. BROUGHT BEFORE A JUVENILE COURT? YES _____ NO _____
9. QUESTIONED BY THE POLICE FOR ANY INVESTIGATION? YES _____ NO _____

NOTE: YOU MUST DISCLOSE ALL ARRESTS NO MATTER HOW THE CASE WAS DISPOSED.

IF YOU ANSWERED YES TO ANY OF THE ABOVE, EXPLAIN BELOW:

41. HAVE YOU EVER BEEN THE SUBJECT OF A RESTRAINING ORDER OR TRESPASS ORDER? YES ___ NO ___ IF YES, EXPLAIN BELOW:

42. HAVE YOU EVER COMMITTED AN ACT OF DOMESTIC VIOLENCE OR STALKING? IF YES, EXPLAIN BELOW:

43. WHAT CRIMES HAVE YOU COMMITTED SINCE THE AGE OF 10?

**44. ARE YOU NOW, OR HAVE YOU EVER BEEN, A PLAINTIFF OR DEFENDANT IN ANY CIVIL COURT ACTION? YES ___ NO ___
IF YES, EXPLAIN BELOW:**

45. HAVE YOU EVER USED, TRIED, OR EXPERIMENTED WITH:

MARIJUANA?

YES ___ NO ___ IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

COCAINE?

YES ___ NO ___ IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

HEROIN?

YES ___ NO ___ IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

HALLUCINOGENIC DRUGS (LSD, PCP, MUSHROOMS, ECSTASY)?

YES ___ NO ___ DRUG TYPE(S) _____
IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

METHAMPHETAMINE?

YES ___ NO ___ IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

PRESCRIPTION DRUGS THAT WERE NOT PRESCRIBED TO YOU?

YES ___ NO ___ DRUG TYPE(S) _____

IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

OTHER DRUGS NOT PREVIOUSLY LISTED?

YES ___ NO ___ DRUG TYPE(S) _____

IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

HAVE YOU EVER SOLD OR DISTRIBUTED ANY DRUG?

YES ___ NO ___

IF YES, EXPLAIN BELOW:

46. DO YOU DRINK ALCOHOLIC BEVERAGES? YES ___ NO ___

IF YES, DESCRIBE YOUR FREQUENCY OF USE. HOW MANY TIMES HAVE YOU BEEN DRUNK IN THE LAST YEAR?

GENERAL DATA

47. DO YOU BELONG TO ANY ORGANIZATION AND/OR ADHERE TO ANY BELIEF WHICH WOULD IN ANY WAY:

1. LIMIT OR PROHIBIT YOUR USE OF WEAPONS OR FIREARMS?

YES ___ NO ___

2. RESTRICT YOU FROM CONFORMING TO DEPARTMENTAL STANDARDS OF APPEARANCE AND/OR GROOMING?

YES ___ NO ___

3. INCLUDE YOUR INVOLVEMENT IN, OR SUPPORT OF, ANY HATE GROUP(S)?

YES ___ NO ___

IF YES, EXPLAIN BELOW:

48. ARE YOU A MEMBER OF, OR HAVE YOU EVER BEEN A MEMBER OF, ANY COMMUNIST OR SUBVERSIVE ORGANIZATION OR ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES ___ NO ___

IF YES, PROVIDE THE NAME OF THE ORGANIZATION AND EXPLAIN BELOW:

49. HAVE YOU EVER FILED AN APPLICATION OR ARE YOU NOW AWAITING THE RESULTS OF A FILED APPLICATION WITH ANY OTHER LAW ENFORCEMENT AGENCY?

YES _____ NO _____

IF YES, PLEASE LIST BELOW:

DEPARTMENT	PENDING/ACCEPTED/REJECTED/IF REJECTED, WHY?
_____	_____
_____	_____
_____	_____

50. HAVE YOU EVER TAKEN A POLYGRAPH? YES _____ NO _____

IF YES, PROVIDE THE FOLLOWING DATA:

DATE	LOCATION/AGENCY	PURPOSE
_____	_____	_____
_____	_____	_____
_____	_____	_____

51. LIST ANY AND ALL EMPLOYEES OF THE BURLINGTON POLICE DEPARTMENT WITH WHOM YOU ARE ACQUAINTED:

1. _____
2. _____
3. _____

52. HOW DID YOU HEAR ABOUT THIS JOB POSTING?

INTERNET- WHAT SITE? _____
FAMILY/FRIEND/ACQUAINTANCE- NAME: _____
MEDIA- WHICH ONE? _____
JOB FAIR- WHICH ONE? _____
BPD EMPLOYEE NAME: _____
OTHER _____

53. LIST ALL SOCIAL MEDIA ACCOUNTS YOU HAVE AND PROVIDE YOUR USER NAME

54. PLEASE TAPE A RECENT HEAD AND SHOULDERS PHOTOGRAPH OF YOURSELF (PASSPORT TYPE) AND A COPY OF YOUR DRIVER'S LICENSE TO THIS PAGE.

SIGNATURE PAGE

I _____ CONSENT TO TAKING AN EMPLOYMENT POLYGRAPH, PHYSICAL, AND/OR PSYCHOLOGICAL EXAMINATION AND SUCH FUTURE POLYGRAPH, PHYSICAL, AND/OR PSYCHOLOGICAL EXAMINATIONS AS MAY BE REQUIRED BY THE BURLINGTON POLICE DEPARTMENT.

I AUTHORIZE A DULY AUTHORIZED AGENT OF THE BURLINGTON POLICE DEPARTMENT TO CONTACT ANY OF MY PREVIOUS EMPLOYER(S), TO OBTAIN INFORMATION FROM THEM, AND TO FURTHER INVESTIGATE THE TRUTHFULNESS OF THIS INFORMATION.

FURTHERMORE, HAVING APPLIED FOR EMPLOYMENT AS A CIVILIAN POSITION WITH THE BURLINGTON POLICE DEPARTMENT, I HEREBY AUTHORIZE AND REQUEST ANY AND EVERY PHYSICIAN, SCHOOL OFFICIAL, CREDIT BUREAU, AND OTHER PERSON, FIRM, OFFICER, CORPORATION, ASSOCIATION, ORGANIZATION, OR INSTITUTE HAVING CONTROL OF ANY DOCUMENTS, RECORDS, OR OTHER INFORMATION PERTAINING TO ME TO PERMIT THE BURLINGTON POLICE DEPARTMENT OR ANY OF ITS REPRESENTATIVES TO INSPECT AND MAKE COPIES OF ANY SUCH DOCUMENTS, RECORDS, AND OTHER INFORMATION. I HEREBY AUTHORIZE ALL SUCH PERSONS AND ENTITIES, AS SET OUT ABOVE, TO ANSWER INQUIRIES, QUESTIONS, OR INTERROGATORIES CONCERNING ME, WHICH MAY BE SUBMITTED TO THEM BY THE BURLINGTON POLICE DEPARTMENT OR ANY OF ITS REPRESENTATIVES.

I HEREBY RELEASE AND HOLD HARMLESS ANY AND EVERY PHYSICIAN, SCHOOL, OFFICIAL, CREDIT BUREAU, AND OTHER PERSON, FIRM, OFFICER, CORPORATION, ASSOCIATION, ORGANIZATION, OR INSTITUTION WHO OR WHICH COMPLIES WITH THE AUTHORIZATION AND REQUEST MADE HEREIN FROM ANY AND ALL LIABILITY OF EVERY NATURE AND KIND ARISING OUT OF OR IN ANY WAY PERTAINING TO THE FURNISHING OR DISCLOSURE OF SUCH DOCUMENTS, RECORDS, AND OTHER INFORMATION TO THE BURLINGTON POLICE DEPARTMENT OR ANY OF ITS REPRESENTATIVES.

I UNDERSTAND THAT MY DISCLOSURE OF INFORMATION ABOUT MY CRIMINAL HISTORY, FINANCIAL HISTORY, AND/OR HISTORY OF DRUG OR ALCOHOL USE WILL NOT NECESSARILY SERVE AS AN ABSOLUTE BAR TO MY EMPLOYMENT. HOWEVER, I UNDERSTAND AND AGREE THAT THESE ISSUES MAY BE CONSIDERED, ALONG WITH FACTORS SUCH AS THE NATURE, SERIOUSNESS AND DURATION OF THE CONDUCT, THE DATE OF ITS OCCURRENCE, AND REHABILITATION EFFORTS IN DETERMINING MY FITNESS FOR THE POSITION OF A POLICE OFFICER. I VOLUNTARILY PROVIDE SUCH INFORMATION IN CONSIDERATION FOR MY DESIRE TO BE CONSIDERED AS A CANDIDATE FOR A POSITION AT THE BURLINGTON POLICE DEPARTMENT. I FREELY PROVIDE ALL OF THE INFORMATION REQUESTED IN THE PERSONAL HISTORY INFORMATION PACKET AND HEREBY WAIVE ANY RIGHT TO PRIVACY OR CONFIDENTIALITY, INCLUDING ANY STATUTORY OR CONSTITUTIONAL RIGHTS, THAT I MAY HAVE TO THE CONFIDENTIALITY OF SUCH INFORMATION. THIS WAIVER IS MADE FOR THE LIMITED PURPOSE OF THE DEPARTMENT'S CONSIDERATION OF ME AS AN OFFICER CANDIDATE AND WITH THE UNDERSTANDING THE DEPARTMENT WILL OTHERWISE MAINTAIN THIS INFORMATION IN A CONFIDENTIAL MANNER.

I understand further that any false answers, statements, or misleading omissions made by me on this Personal History Information packet in connection with the above mentioned investigation and/or any physical examination can be sufficient grounds for my rejection as a candidate for employment or denial of any other request. **I HEREBY CERTIFY THAT ALL OF THE FOREGOING ANSWERS ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.**

DATE: _____ SIGNED: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____

BEFORE ME, _____

NOTARY PUBLIC (02/10/20__)