

# BURLINGTON POLICE DEPARTMENT

*Core Values: Integrity, Respect, Service, Creativity*

**PERSONAL HISTORY INFORMATION**  
**CIVILIAN POSITION: \_\_\_\_\_**



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**CANDIDATE NAME**

**CONFIDENTIAL**

## INSTRUCTIONS

The hiring process for employment with the Burlington Police Department includes preliminary testing, a psychological examination, a panel interview, a background investigation and 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 lines 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 [Recruitment@bpdvt.org](mailto:Recruitment@bpdvt.org). Additional information is available on our Web site at [www.bpdvt.org](http://www.bpdvt.org).

## 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.**

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

**ACCOUNT NAME/TYPE/NUMBER      MONTHLY PAYMENT      BALANCE**

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**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?**

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

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF YES, EXPLAIN BELOW:**

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*Respect ~ Honor ~ Remember*

*Officer James P. McGrath, end of watch May 12, 1904; Officer J. Albert Fisher, end of watch December 15, 1947*

23. HAVE YOU EVER BEEN MORE THAN 90 DAYS LATE ON A LOAN PAYMENT?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, EXPLAIN BELOW:

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## 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

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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:

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## 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>

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27. ARE YOU NOW, OR HAVE YOU EVER BEEN, ON ACTIVE MILITARY SERVICE? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, COMPLETE THE FOLLOWING:

SERVICE BRANCH \_\_\_\_\_  
DATE ENTERED \_\_\_\_\_

M.O.S. \_\_\_\_\_  
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:

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

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## EMPLOYMENT DATA

31. IN CHRONOLOGICAL ORDER, PLEASE LIST **ALL** OF YOUR WORK EXPERIENCE, 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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32. HAVE YOU EVER BEEN FIRED, SUSPENDED OR DISCIPLINED BY AN EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN BELOW:

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*Respect ~ Honor ~ Remember*

*Officer James P. McGrath, end of watch May 12, 1904; Officer J. Albert Fisher, end of watch December 15, 1947*

33. HAVE YOU EVER RESIGNED AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO TERMINATE OR DISCIPLINE YOU FOR ANY REASON? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN BELOW:

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### RESIDENCE DATA

34. LIST YOUR RESIDENCES FOR THE LAST **TEN** YEARS, BEGINNING WITH YOUR PRESENT ADDRESS. PROVIDE THE NAMES AND CURRENT ADDRESSES OF YOUR NEAREST NEIGHBORS AND ALL ROOMMATES AT EACH RESIDENCE. INCLUDE ALL MILITARY RESIDENCES.

DATES            ADDRESS    ROOMATES/NEIGHBORS            TELEPHONE & EMAIL  
(from-to)

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35. IF YOU ARE PRESENTLY RENTING, PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR LANDLORD:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE & EMAIL: \_\_\_\_\_

### 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

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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

**38. IS YOUR DRIVER'S LICENSE CURRENTLY, OR HAS IT EVER BEEN, DENIED, SUSPENDED OR REVOKED? YES \_\_\_\_\_ NO \_\_\_\_\_**  
**IF YES, EXPLAIN BELOW:**

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

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## **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. **THE SUBJECT OF A POLICE INVESTIGATION? YES \_\_\_\_\_ NO \_\_\_\_\_**

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

*Respect ~ Honor ~ Remember*

*Officer James P. McGrath, end of watch May 12, 1904; Officer J. Albert Fisher, end of watch December 15, 1947*

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

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

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

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

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

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**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:

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**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?

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

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

YES \_\_\_ NO \_\_\_

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

YES \_\_\_\_\_ NO \_\_\_\_\_

*Respect ~ Honor ~ Remember**Officer James P. McGrath, end of watch May 12, 1904; Officer J. Albert Fisher, end of watch December 15, 1947*

**IF YES, EXPLAIN BELOW:**

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**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:**

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**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?**

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**50. HAVE YOU EVER TAKEN A POLYGRAPH? YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF YES, PROVIDE THE FOLLOWING DATA:**

**DATE                      LOCATION/AGENCY                      PURPOSE**

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**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(S)? \_\_\_\_\_  
 FAMILY/FRIEND/ACQUAINTANCE: NAME: \_\_\_\_\_  
 MEDIA WHICH ONE? \_\_\_\_\_  
 JOB FAIR WHICH ONE? \_\_\_\_\_  
 BPD EMPLOYEE NAME: \_\_\_\_\_  
 OTHER \_\_\_\_\_

**53. LIST ANY FAMILY, FRIENDS, ETC. WHO YOU WOULD RECOMMEND TO BE A BURLINGTON POLICE OFFICER.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**kps 10/08**

## SIGNATURE PAGE

I \_\_\_\_\_ CONSENT TO TAKING AN EMPLOYMENT PHYSICAL, AND/OR PSYCHOLOGICAL EXAMINATION AND SUCH FUTURE, 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 BEACH AND PARKS OFFICER 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 BEACH AND PARKS 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 A 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\_\_)

*Respect ~ Honor ~ Remember*

*Officer James P. McGrath, end of watch May 12, 1904; Officer J. Albert Fisher, end of watch December 15, 1947*