

BURLINGTON POLICE DEPARTMENT

Core Values: Integrity, Respect, Service, Creativity

PERSONAL HISTORY INFORMATION FOR PARKING ENFORCEMENT OFFICER



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

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

If you have any questions, please contact Corporal Carolynne Erwin at the Recruitment Office at (802) 540-2119 or cerwin@bpdvt.org. Additional information is available on our Web site at 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17. EX-SPOUSE(S)/EX-CIVIL UNION PARTNER(S):

GENDER NAME AGE ADDRESS TELEPHONE & EMAIL

18. CHILDREN, STEP-CHILDREN, AND/OR DEPENDENTS:

GENDER NAME AGE ADDRESS TELEPHONE & EMAIL

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 _____
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:

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

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:

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:

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)

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. PROIVIDE THE FOLLOWING DATA FOR EACH INCIDENT:

DATE	VIOLATION	LOCATION	POLICE DEPT/ACTION

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:**

**39. ARE YOUR REGISTRATION PLATES CURRENTLY, OR HAVE THEY EVER BEEN, DENIED, SUSPENDED OR REVOKED? YES _____ NO _____
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. **THE SUBJECT OF A POLICE 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? _____

42. 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. 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 _____

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(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.

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 EMPLOYERS (S), TO OBTAIN INFORMATION FROM THEM, AND TO FURTHER INVESTIGATE THE TRUTHFULNESS OF THIS INFORMATION.

FURTHERMORE, HAVING APPLIED FOR EMPLOYMENT AS A PARKING ENFORCEMENT 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 PARKING ENFORCEMENT 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