

# Marion County Sheriff's Office



## Personal History Disclosure

Applicant's Name \_\_\_\_\_

Position \_\_\_\_\_

Division \_\_\_\_\_

Regular Position ☐  
Temporary Position ☐  
Volunteer Position ☐

# GENERAL INSTRUCTIONS

PLEASE READ AND FOLLOW INSTRUCTIONS CAREFULLY

DO NOT DETACH THESE INSTRUCTIONS FROM THIS FORM

Completion of this form is required by your prospective employer. Please note that your ability to complete this form in a neat, timely and accurate fashion is a part of the background investigation process. While your background investigator will review this form, box-by-box and line-by-line, it is nonetheless your responsibility to make sure that you have read each question asked of you, that you understand each question, and that you have answered truthfully and completely.

- Please utilize the fill-able version of this document, it can be found at: [www.gomcso.com](http://www.gomcso.com)
- If a question does not apply to you, so state with N/A.
- If space available is insufficient, continue on page 18 of 18 Additional Information and precede each answer with the appropriate title.
- Failure to provide complete names and addresses (including city, state and zip codes) will delay the processing of your background.
- Any section of this form marked "initial" or "signature" must be completed in blue ink. By placing his/her initials and signature the applicant is attesting to the accuracy and completeness of the information contained on that page.

This form is used by your prospective employer to, among other things, determine your legal qualifications for the position for which you are applying. In addition to state and federal mandates in this area, your prospective employer has an obligation to itself and to the citizens of its service area, to assure that persons who are not qualified for this position will be lawfully excluded from further consideration. Because it differs from some of the Personal History Statement forms with which you may already be familiar, you should exercise care in answering the questions. You may not attach portions of other Personal History Statement forms, resumes or applications in **substitution** for information required on this form.

**Please be as specific as possible in your answers. Vague answers only require explanations during your interview. Please remember that there is no such thing as a perfect person or perfect candidate. Your prospective employer is not looking for perfection; rather, they want an open and honest opportunity to fairly evaluate your qualifications for this position. An applicant may not be considered for employment with the Marion County Sheriff's Office if truthfulness is in doubt.**

You are responsible for the accuracy of information on this form. It is your responsibility to make certain that the information is complete and correct. Please note, the deliberate misstatement or omissions on this form will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. Read questions thoroughly before answering. The applicant is hereby advised that he/she is seeking the granting of a privilege and that the burden of proving qualification for a favorable determination is at all times on the applicant. In compliance with Public Law 93-579 [5 U.S.C. 552 (a)], you are hereby notified that the disclosure of your Social Security Number is voluntary. It will be used to obtain a credit history, and to check criminal history records. Your refusal to provide your Social Security Number for this purpose will delay processing of your background.

## THE AMERICANS WITH DISABILITIES ACT

Completion of this form is invariably required prior to the extension of any conditional offer of employment. It has been designed to avoid making inquiries about the existence, nature or severity of any disability an applicant may have. However, you should exercise care in responding to questions so as to avoid inadvertently furnishing such information. For example, when asked about why you left a job, do not indicate if you were disabled or granted a disability retirement. You should respond with *"Unable to meet job requirements"* or with just *"Retired"* in such cases. Also, you may indicate that you have sued (or had a suit settled) as a result of an accident, but do not indicate (at this time) if you were injured in that incident.

When responding to questions about any prior use of illegal drugs, you should identify the drug or controlled substance used and when you last used the drug, but do not indicate how many times you might have used

that drug. You may be asked to furnish this information if you have illegally used drugs within the past 12 months. Do not furnish any identifying information about controlled substances that are lawfully prescribed to you, unless you were arrested for driving under the influence of alcohol and/or drugs. In such cases do not identify the drug in question.

#### LEGAL QUESTIONS

All peace officer applicants and others (when indicated) are required to disclose their prior involvement in illegal acts within certain specified reporting periods, regardless of any legal process which may or may not have occurred as a result of those acts. Please note that you are required to disclose acts that you have committed even if you were never caught, arrested or prosecuted.

For questions regarding the use of illegal drugs, remember that the legal term “possession” includes any use whatsoever. It includes using, experimenting with, trying, ingesting, smoking, injecting or being under the influence. It would specifically include substances you thought were illegal drugs when you possessed them, even if they subsequently turned out to be harmless.

You are instructed to answer questions about infractions and misdemeanors you may have committed during the past 7 years – or at any time during or after you first worked in a law enforcement agency, whether civilian or military. You are also instructed to answer questions about felonies you may have committed at any time during your lifetime.

With respect to questions about legal processes initiated against you (detention, arrests, plea bargains, diversions and/or convictions) you may have a legal right to answer “No” to certain of these questions as a result of the provision of Oregon Law. You should consult your own attorney if you feel that you may be legally entitled to deny these processes under the law.

You are encouraged to make a copy of your completed form for your own records.

This document is treated as a highly confidential document and will not be shared with anyone outside of your prospective employer and background investigator. It becomes a permanent part of your background file with your prospective employer and will not be released to any other party without your signed authorization or the order of a competent court.

#### CERTIFICATION OF APPLICANT

I hereby certify that I have read and understand the instructions for completing this document.

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SIGNATURE OF APPLICANT

DATE

# PERSONAL HISTORY DISCLOSURE FORM

THE FOLLOWING INFORMATION IS REQUIRED OF YOU FOR VERIFICATION AND CONTACT PURPOSES. PLEASE PRINT IN INK.

## PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
OTHER NAMES YOU HAVE USED OR HAVE BEEN KNOWN AS, INCLUDING NICKNAMES					
DRIVER'S LICENSE NUMBER		STATE OF ISSUANCE		EXPIRATION DATE	
CURRENT RESIDENCE					
WITH WHOM DO YOU RESIDE?					
HOME/CELLULAR PHONE		WORK PHONE		E-MAIL ADDRESS	
CONTACT HOURS		CONTACT HOURS		WORK E-MAIL ADDRESS	
DATE OF BIRTH		CITY	COUNTY	STATE	COUNTRY
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF ALIEN, REGISTRATION NUMBER	SOCIAL SECURITY NUMBER		IN ACCORDANCE WITH THE FEDERAL PRIVACY ACT OF 1974, DISCLOSURE IS VOLUNTARY. THE SSN IS USED TO ENSURE PROPER RECORDS ARE OBTAINED.	
IF NATURALIZED, CERTIFICATION NUMBER		CITY & STATE NATURALIZED			DATE
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	TATOOS OR OTHER IDENTIFYING MARKS (DO <u>NOT</u> LIST SCARS OF MEDICAL ORIGIN)	

### EDUCATION

- ☐ HIGH SCHOOL DIPLOMA ☐ G.E.D.  
☐ HIGHER EDUCATION DEGREE ☐ CERTIFICATE OF HIGH SCHOOL PROFICIENCY

HIGH SCHOOL LAST ATTENDED

CITY & STATE		YEARS ATTENDED		FROM		TO	
COLLEGE OR UNIVERSITY ATTENDED		UNITS COMPLETED		DEGREE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY ATTENDED		UNITS COMPLETED		DEGREE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY ATTENDED		UNITS COMPLETED		DEGREE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WERE YOU EVER SUSPENDED, EXPELLED, OR DISMISSED FOR ACADEMIC DISQUALIFICATION, FROM ANY HIGH SCHOOL, COLLEGE OR UNIVERSITY? IF "YES", STATE REASON.						<input type="checkbox"/> YES <input type="checkbox"/> NO	

### PROFESSIONAL CERTIFICATES

- ☐ RESERVE ACADEMY  
☐ BASIC POLICE ACADEMY

DPSST NUMBER

HIGHEST CERTIFICATE LEVEL ATTAINED	DATE COMPLETED	DISCIPLINE <input type="checkbox"/> POLICE	<input type="checkbox"/> CORRECTIONS	<input type="checkbox"/> PAROLE & PROBATION
HIGHEST CERTIFICATE LEVEL ATTAINED	DATE COMPLETED	DISCIPLINE <input type="checkbox"/> POLICE	<input type="checkbox"/> CORRECTIONS	<input type="checkbox"/> PAROLE & PROBATION
HIGHEST CERTIFICATE LEVEL ATTAINED	DATE COMPLETED	DISCIPLINE <input type="checkbox"/> POLICE	<input type="checkbox"/> CORRECTIONS	<input type="checkbox"/> PAROLE & PROBATION

INITIALS

NAME/LOCATION OF ACADEMY

LANGUAGES

OTHER THAN ENGLISH, LIST LANGUAGES  
YOU SPEAK AND WRITE FLUENTLY

PERSONS WHO KNOW YOU WILL BE CONTACTED AND ASKED TO COMMENT ON YOUR SUITABILITY FOR THIS POSITION.  
INQUIRIES WILL BE ON JOB-RELEVANT MATTERS. LIST THE PERSON IDENTIFIED BELOW.  
IF NO LONGER LIVING OR THE CATEGORY IS NOT APPLICABLE, INDICATE "N/A".

RELATIVES

FATHER'S NAME	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)		E-MAIL ADDRESS
MOTHER'S NAME	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)		E-MAIL ADDRESS
SPOUSE'S NAME	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)		E-MAIL ADDRESS
FORMER SPOUSE'S NAME	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)		E-MAIL ADDRESS

LIST OTHER MEMBERS OF  
YOUR IMMEDIATE FAMILY IN  
THE FOLLOWING ORDER:

1. YOUR CHILDREN, INCLUDING AGE
2. IN-LAWS
3. BROTHERS & SISTERS
4. STEP PARENTS

5. STEP BROTHERS AND SISTERS
6. ADDITIONAL FORMER SPOUSES
7. OTHER RELATIVES WITH WHOM YOU  
HAVE A CLOSE RELATIONSHIP

NAME	RELATIONSHIP	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS
NAME	RELATIONSHIP	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS
NAME	RELATIONSHIP	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS
NAME	RELATIONSHIP	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS
NAME	RELATIONSHIP	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS
NAME	RELATIONSHIP	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS
NAME	RELATIONSHIP	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS
NAME	RELATIONSHIP	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS

INITIALS

NAME	RELATIONSHIP	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS
NAME	RELATIONSHIP	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS
NAME	RELATIONSHIP	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS
NAME	RELATIONSHIP	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS

☐ SEE CONTINUATION IN BACK PAGES.

## LONG TERM ACQUAINTANCES

LIST FOUR INDIVIDUALS WHO HAVE BEEN ACQUAINTED WITH YOU FOR FIVE YEARS OR MORE.  
DO NOT INCLUDE RELATIVES OR YOUR IMMEDIATE OR FORMER SUPERVISORS FROM WORK.

NAME	YEARS KNOWN	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS
NAME	YEARS KNOWN	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS
NAME	YEARS KNOWN	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS
NAME	YEARS KNOWN	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS

## SOCIAL PEERS

LIST FOUR INDIVIDUALS WHO ARE YOUR SOCIAL FRIENDS AND WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR. DO NOT INCLUDE RELATIVES.

NAME	YEARS KNOWN	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS
NAME	YEARS KNOWN	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS
NAME	YEARS KNOWN	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS

INITIALS

NAME	YEARS KNOWN	OCCUPATION	DAY/EVENING PHONE
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL ADDRESS

## RESIDENCES

FURNISH THE FOLLOWING INFORMATION CONCERNING THE PLACES YOU HAVE LIVED IN THE PAST TEN YEARS. BEGIN WITH WHERE YOU LIVE NOW AND WORK BACKWARD.

ADDRESS (INCLUDING ZIP CODE)	FROM	TO	LANDLORD OR PROPERTY OWNER
ADDRESS (INCLUDING ZIP CODE)	FROM	TO	LANDLORD OR PROPERTY OWNER
ADDRESS (INCLUDING ZIP CODE)	FROM	TO	LANDLORD OR PROPERTY OWNER
ADDRESS (INCLUDING ZIP CODE)	FROM	TO	LANDLORD OR PROPERTY OWNER
ADDRESS (INCLUDING ZIP CODE)	FROM	TO	LANDLORD OR PROPERTY OWNER
ADDRESS (INCLUDING ZIP CODE)	FROM	TO	LANDLORD OR PROPERTY OWNER
ADDRESS (INCLUDING ZIP CODE)	FROM	TO	LANDLORD OR PROPERTY OWNER
ADDRESS (INCLUDING ZIP CODE)	FROM	TO	LANDLORD OR PROPERTY OWNER
ADDRESS (INCLUDING ZIP CODE)	FROM	TO	LANDLORD OR PROPERTY OWNER
ADDRESS (INCLUDING ZIP CODE)	FROM	TO	LANDLORD OR PROPERTY OWNER

## ROOMMATES

LIST THE NAMES OF THE PERSONS WITH WHOM YOU RESIDED DURING THE PAST TEN YEARS. INCLUDE THEIR CURRENT ADDRESS, PHONE NUMBER, EMAIL ADDRESS AND THE NUMBER OF YEARS YOU LIVED TOGETHER. **DO NOT LIST RELATIVES (SPOUSE, PARENTS, SIBLINGS).**  
**DO NOT LIST BARRACKS MATES IN THE MILITARY, UNLESS YOU SHARED A SINGLE ROOM OR OFF-BASE HOUSING.**

NAME	ADDRESS	PHONE	E-MAIL	YEARS LIVED TOGETHER
NAME	ADDRESS	PHONE	E-MAIL	YEARS LIVED TOGETHER
NAME	ADDRESS	PHONE	E-MAIL	YEARS LIVED TOGETHER
NAME	ADDRESS	PHONE	E-MAIL	YEARS LIVED TOGETHER
NAME	ADDRESS	PHONE	E-MAIL	YEARS LIVED TOGETHER
NAME	ADDRESS	PHONE	E-MAIL	YEARS LIVED TOGETHER

HAVE YOU EVER BEEN DENIED THE REFUND OF MORE THAN 50% OF ANY SECURITY OR DAMAGE DEPOSIT BY ANY LANDLORD? IF "YES", STATE REASON. ☐ YES ☐ NO

INITIALS

# EMPLOYMENT HISTORY

YOUR EMPLOYMENT HISTORY IS A CRITICAL PART OF YOUR BACKGROUND. YOU MUST ACCOUNT FOR EACH AND EVERY JOB YOU HAVE HELD DURING THE PAST 15 YEARS, WHETHER FULL-TIME, PART-TIME OR VOLUNTARY.

- BE SURE TO INCLUDE PERIODS OF UNEMPLOYMENT.
- BEGIN WITH YOUR PRESENT OR MOST RECENT JOB AND WORK BACKWARD.
- ATTACH ADDITIONAL SHEETS OF PAGE 6 AS NECESSARY.
- BE SPECIFIC ABOUT YOUR REASONS FOR LEAVING OR WANTING TO LEAVE.
- DO NOT USE VAGUE COMMENTS SUCH AS "PERSONAL REASONS".
- YOU MUST LIST BUSINESSES WHICH YOU THINK MAY BE OUT OF BUSINESS AND ANY JOB YOU HELD, REGARDLESS OF HOW BRIEFLY.

NAME OF PRESENT EMPLOYER				SUPERVISOR	
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL		PHONE
FROM	TO	JOB TITLE	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY		SALARY
CO-WORKERS' NAMES			REASON FOR WANTING TO LEAVE		

WILL A PROBLEM RESULT IF YOUR PRESENT EMPLOYER IS CONTACTED? ☐ YES ☐ NO  
 IF "YES", PLEASE EXPLAIN

NOT EMPLOYED	FROM	TO	MILITARY SERVICE	FROM	TO

NAME OF EMPLOYER				SUPERVISOR	
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL		PHONE
FROM	TO	JOB TITLE	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY		SALARY
CO-WORKERS' NAMES			REASON FOR LEAVING		

NOT EMPLOYED	FROM	TO	MILITARY SERVICE	FROM	TO

NAME OF EMPLOYER				SUPERVISOR	
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL		PHONE
FROM	TO	JOB TITLE	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY		SALARY
CO-WORKERS' NAMES			REASON FOR LEAVING		

NOT EMPLOYED	FROM	TO	MILITARY SERVICE	FROM	TO

NAME OF EMPLOYER				SUPERVISOR	
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL		PHONE
FROM	TO	JOB TITLE	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY		SALARY
CO-WORKERS' NAMES			REASON FOR LEAVING		

NOT EMPLOYED	FROM	TO	MILITARY SERVICE	FROM	TO

INITIALS



NAME OF EMPLOYER				SUPERVISOR	
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL		PHONE
FROM	TO	JOB TITLE	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY		SALARY
CO-WORKERS' NAMES			REASON FOR LEAVING		

<b>NOT EMPLOYED</b>	FROM	TO	<b>MILITARY SERVICE</b>	FROM	TO
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NAME OF EMPLOYER				SUPERVISOR	
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL		PHONE
FROM	TO	JOB TITLE	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY		SALARY
CO-WORKERS' NAMES			REASON FOR LEAVING		

<b>NOT EMPLOYED</b>	FROM	TO	<b>MILITARY SERVICE</b>	FROM	TO
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NAME OF EMPLOYER				SUPERVISOR	
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL		PHONE
FROM	TO	JOB TITLE	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY		SALARY
CO-WORKERS' NAMES			REASON FOR LEAVING		

<b>NOT EMPLOYED</b>	FROM	TO	<b>MILITARY SERVICE</b>	FROM	TO
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NAME OF EMPLOYER				SUPERVISOR	
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL		PHONE
FROM	TO	JOB TITLE	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY		SALARY
CO-WORKERS' NAMES			REASON FOR LEAVING		

<b>NOT EMPLOYED</b>	FROM	TO	<b>MILITARY SERVICE</b>	FROM	TO
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NAME OF EMPLOYER				SUPERVISOR	
MAILING ADDRESS (INCLUDING ZIP CODE)			E-MAIL		PHONE
FROM	TO	JOB TITLE	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY		SALARY
CO-WORKERS' NAMES			REASON FOR LEAVING		

<b>NOT EMPLOYED</b>	FROM	TO	<b>MILITARY SERVICE</b>	FROM	TO
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INITIALS
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HAVE YOU EVER CONSUMED ANY ALCOHOL OR ILLEGALLY INGESTED ANY CONTROLLED SUBSTANCES WHILE ON DUTY OR AT WORK, IN VIOLATION OF THE POLICIES, RULES OR REGULATIONS OF YOUR EMPLOYER, INCLUDING THE MILITARY?

☐ YES ☐ NO

HAVE YOU EVER BEEN INVOLUNTARILY TERMINATED FROM A JOB, INCLUDING LAYOFFS, FIRINGS, FORCED OR REQUESTED RESIGNATIONS, OR PROBATIONARY RELEASE? DO NOT LIST ANY SEPARATION WHICH RESULTED FROM A MEDICAL INABILITY TO WORK.

☐ YES ☐ NO  
IF "YES" GIVE DETAILS

☐ SEE CONTINUATION IN BACK PAGES.

HAVE YOU EVER ENGAGED IN ANY SEXUAL ACTIVITY ON-DUTY OR AT WORK?

☐ YES ☐ NO

HAS YOUR EMPLOYER EVER INVESTIGATED YOU OR YOUR WORK PERFORMANCE AS A RESULT OF A COMPLAINT FROM A CO-WORKER OR MEMBER OF THE PUBLIC? IF "YES", GIVE THE COMPLETE DETAILS OF EACH SUCH INCIDENT BELOW, INCLUDE THE DATE OF THE INCIDENT. WERE YOU FOUND IN THE WRONG? ☐ YES ☐ NO IF "YES", WHAT DISCIPLINE WAS IMPOSED?

☐ YES ☐ NO

☐ SEE CONTINUATION IN BACK PAGES.

HAVE YOU EVER BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION BY AN EMPLOYER, INCLUDING FORMAL REPRIMANDS, WARNINGS OR SUSPENSIONS? IF "YES", GIVE THE DETAILS:

☐ YES ☐ NO

☐ SEE CONTINUATION IN BACK PAGES.

HAVE YOU APPLIED FOR THIS TYPE OF JOB AT ANY OTHER GOVENMENTAL AGENCY? IF "YES", PROVIDE THE FOLLOWING DETAILS.

☐ YES ☐ NO

APPROXIMATE APPLICATION DATE	NAME OF AGENCY	STATUS OF APPLICATION

INITIALS

LIST OTHER PERSONS EMPLOYED IN THIS FIELD WHO MAY BE FAMILIAR ENOUGH WITH YOU TO OFFER AN OPINION AS TO YOUR SUITABILITY.

NAME	AGENCY	PHONE
NAME	AGENCY	PHONE
NAME	AGENCY	PHONE
NAME	AGENCY	PHONE

## MILITARY SERVICE

IF YOU ARE MALE AND WERE A U.S. CITIZEN OR RESIDENT ALIEN ON YOUR 18<sup>TH</sup> BIRTHDAY, AND WERE BORN ANY OTHER TIME THAN APRIL 1, 1957 THROUGH JANUARY 15, 1960, YOU MUST BY LAW HAVE REGISTERED FOR THE SELECTIVE SERVICE WITHIN 90 DAYS OF YOUR 18<sup>TH</sup> BIRTHDAY.

SELECTIVE SERVICE REGISTRATION NUMBER	HAVE YOU EVER SERVED IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	CHARACTER OF DISCHARGE	
BRANCH OF MILITARY IN WHICH YOU SERVED	DATE ENTERED MILITARY SERVICE	DATE DISCHARGED	YOUR MILITARY SERVICE NUMBER
YEAR DD214 WAS ISSUED	RANK AT DISCHARGE	HIGHEST RANK HELD	WERE YOU EVER REDUCED IN RANK?
WERE YOU EVER THE SUBJECT OF JUDICIAL OR NON-JUDICIAL PUNISHMENT WHILE IN THE ARMED FORCES? IF "YES", EXPLAIN. <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>			

WITH WHAT UNIT WERE YOU LAST ASSIGNED?	ARE YOU STILL PARTICIPATING IN ANY MILITARY RESERVE OR NATIONAL GUARD UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	UNIT	DATE OBLIGATION ENDS
LIST ANY AWARDS OR DECORATIONS YOU HAVE RECEIVED WHILE IN THE MILITARY.			

LIST OTHER PERSONS IN THE MILITARY WHO MAY BE FAMILIAR ENOUGH WITH YOU TO OFFER AN OPINION.

NAME	RANK	PHONE
NAME	RANK	PHONE
NAME	RANK	PHONE

## FINANCIAL

YOUR RESPONSIBILITY IN INCURRING AND MEETING YOUR FINANCIAL OBLIGATIONS REFLECTS UPON YOUR DEPENDABILITY AND GOOD JUDGEMENT. IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", GIVE THE DETAILS.

HAVE YOUR WAGES EVER BEEN GARNISHED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER HAD BILLS TURNED OVER FOR COLLECTIONS? IF "YES", HAS THE DEBT BEEN SATISFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE ANY GOODS YOU PURCHASED BEEN REPOSSESSED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN DELINQUENT ON INCOME OR OTHER TAX PAYMENTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER FILED FOR BANKRUPTCY OR BEEN PLACED ON A WAGE EARNER'S PLAN?	<input type="checkbox"/> YES <input type="checkbox"/> NO

INITIALS

LOCATION OF BANKRUPTCY COURT IN WHICH YOUR PETITION WAS FILED	HAS THE BANKRUPTCY BEEN FULLY DISCHARGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	AMOUNT
HAVE YOU EVER BEEN, OR ARE YOU NOW, DELINQUENT ON ANY COURT ORDERED PAYMENT/S (IE: CHILD SUPPORT, ALIMONY, ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN.			

ASIDE FROM A SPOUSE'S EARNINGS OR PARENTAL SUPPORT, DO YOU HAVE OR HAVE YOU HAD ANY SOURCE OF INCOME APART FROM YOUR SALARY OR WAGES? THIS INCLUDES TRUSTS, BEQUESTS, INHERITANCE, OR PROCEEDS FROM LAWSUITS, MAJOR GAMBLING WINNINGS, ETC. DO <u>NOT</u> LIST THE SOURCE OF INCOME DERIVED FROM ANY WORKER'S COMPENSATION OR DISABILITY SETTLEMENT.	
SOURCE	AMOUNT
SOURCE	AMOUNT

MONTHLY FINANCES			
MONTHLY ASSETS		MONTHLY LIABILITIES	
YOUR NET SALARY		REAL ESTATE MORTGAGE PAYMENT DOES PAYMENT INCLUDE PROPERTY TAXES & INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SPOUSES' NET SALARY		RENT PAYMENT	
OTHER INCOME		CAR LOAN PAYMENT/S	
		CAR LOAN PAYMENT/S	
		OTHER LONG TERM LOAN PAYMENT/S	
		CREDIT CARDS/REVOLVING CREDIT	
		OTHER ROUTINE EXPENSES (FOOD, CLOTHING, ENTERTAINMENT, ETC.)	
TOTAL MONTHLY INCOME		TOTAL MONTHLY EXPENDITURES	

OVERALL FINANCES			
OVERALL ASSETS		OVERALL LIABILITIES	
CHECKING		REAL ESTATE MORTGAGE	
SAVINGS		AUTO LOANS	
PERSONAL PROPERTY		OTHER LONG TERM LOAN/S	
REAL ESTATE		OTHER LIABILITIES	
AUTOMOBILES			
OTHER ASSETS			
TOTAL ASSETS		TOTAL LIABILITIES	

INITIALS
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## LEGAL

YOUR INVOLVEMENT IN CIVIL AND CRIMINAL PROCEEDINGS MAY HAVE A DIRECT BEARING ON YOUR LEGAL ELIGIBILITY TO HOLD THIS POSITION. HOWEVER, SOME ARRESTS OR EVEN CONVICTIONS MAY NOT AUTOMATICALLY DISQUALIFY YOU FROM FURTHER CONSIDERATION FOR THIS JOB. FURNISH THE FOLLOWING INFORMATION. APPLICANTS SHOULD NOTE THAT ALL ADULT CRIMINAL RECORDS, INCLUDING FELONY, MISDEMEANOR AND OTHER CONVICTIONS, MUST BE REPORTED UNLESS YOU ARE LEGALLY ENTITLED NOT TO DISCLOSE THAT INFORMATION.

HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR INVESTIGATION BY ANY LAW ENFORCEMENT AGENCY, EITHER AS A JUVENILE OR AS AN ADULT? ☐ YES ☐ NO  
IF "YES", PROVIDE THE ADDITIONAL REQUESTED INFORMATION. (DO NOT INCLUDE MINOR TRAFFIC INFRACTIONS IN THE CATEGORY.)

APPROXIMATE DATE	AGENCY INVOLVED	NATURE OF ARREST / DETENTION
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HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE, INCLUDING MILITARY COURT MARTIAL? ☐ YES ☐ NO  
IF "YES", PROVIDE THE ADDITIONAL REQUESTED INFORMATION.

ARRESTING AGENCY	APPROXIMATE DATE OF CONVICTION	NATURE OF OFFENSE	SENTENCE
ARRESTING AGENCY	APPROXIMATE DATE OF CONVICTION	NATURE OF OFFENSE	SENTENCE
ARRESTING AGENCY	APPROXIMATE DATE OF CONVICTION	NATURE OF OFFENSE	SENTENCE

HAVE YOU EVER BEEN PLACED ON PROBATION BY A COURT OF LAW? IF "YES", EXPLAIN. ☐ YES ☐ NO

HAVE YOU EVER BEEN REQUIRED TO APPEAR IN JUVENILE COURT FOR AN ACT WHICH WOULD HAVE BEEN A CRIME IF COMMITTED BY AN ADULT? ☐ YES ☐ NO  
IF "YES", EXPLAIN.

HAVE YOU EVER BEEN SUED IN COURT, OR HAVE YOU EVER SUED ANYONE ELSE IN COURT? (THIS INCLUDES INCIDENTS ARISING OUT OF YOUR EMPLOYMENT, DIVORCE ACTIONS, SMALL CLAIMS, OR OTHER SUITS.) DO NOT LIST THE NATURE OF THE SUIT IF THIS INVOLVES WORKER'S COMPENSATION OR DISABILITY CLAIMS. ☐ YES ☐ NO  
IF "YES", EXPLAIN.

HAVE YOU SETTLED ANY CIVIL SUITS OUT OF COURT, IN WHICH YOU, YOUR INSURANCE COMPANY OR ANYONE ELSE ON YOUR BEHALF, WERE REQUIRED TO MAKE A CASH PAYMENT TO THE OTHER PARTY? ☐ YES ☐ NO  
IF "YES", EXPLAIN.

HAVE YOU EVER BEEN THE SUBJECT OF ANY FEDERAL OR STATE CIVIL RIGHTS INVESTIGATIONS? ☐ YES ☐ NO  
IF "YES", EXPLAIN.

HAVE YOU EVER BEEN THE SUBJECT OF A CIVIL RESTRAINING ORDER? ☐ YES ☐ NO  
IF "YES", EXPLAIN.

TO THE BEST OF YOUR KNOWLEDGE, ARE YOU CURRENTLY UNDER INVESTIGATION BY ANY LAW ENFORCEMENT AGENCY (LOCAL, STATE OR FEDERAL) CONCERNING ANY ALLEGED VIOLATION OF CRIMINAL LAW? ☐ YES ☐ NO  
IF "YES", EXPLAIN.

CHECK THE BOX NEXT TO ANY INFRACTIONS THAT YOU MAY HAVE COMMITTED AS AN ADULT, OR WITHIN THE PAST 7 YEARS, OR AT ANY TIME DURING OR AFTER YOU HAVE BEEN EMPLOYED IN ANY LAW ENFORCEMENT AGENCY. EXPLAIN THE CIRCUMSTANCES BELOW, FOR ANY THAT WERE NOT ROUTINE TRAFFIC VIOLATIONS. (TRAFFIC VIOLATIONS ARE ADDRESSED ELSEWHERE ON THIS FORM.)

☐ POSSESSION OF UNDER AN OUNCE OF MARIJUANA (POSSESSION INCLUDES USE AND/OR EXPERIMENTATION) ☐ CITY / COUNTY ORDINANCES  
☐ HUNTING / FISHING WITHOUT A LICENSE ☐ OTHER \_\_\_\_\_

EXPLANATION:

INITIALS

CHECK THE BOX NEXT TO ANY MISDEMEANORS THAT YOU MAY HAVE COMMITTED WITHIN THE PAST 7 YEARS, OR AT ANY TIME DURING OR AFTER YOU WERE FIRST EMPLOYED IN ANY LAW ENFORCEMENT AGENCY. EXPLAIN THE CIRCUMSTANCES BELOW, FOR EACH.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> PETTY THEFT             | <input type="checkbox"/> JOY-RIDING           | <input type="checkbox"/> IMPERSONATION OF A PEACE OFFICER              |
| <input type="checkbox"/> INDECENT EXPOSURE       | <input type="checkbox"/> RESISTING ARREST     | <input type="checkbox"/> CARRYING A CONCEALED WEAPON WITHOUT A PERMIT  |
| <input type="checkbox"/> ANNOYING PHONE CALLS    | <input type="checkbox"/> VANDALISM            | <input type="checkbox"/> POSSESSION OF STOLEN PROPERTY                 |
| <input type="checkbox"/> HIT & RUN (NO INJURIES) | <input type="checkbox"/> DRUNK IN PUBLIC      | <input type="checkbox"/> ASSAULT / BATTERY (INCLUDES FIGHTING)         |
| <input type="checkbox"/> NSF "BOUNCED" CHECKS    | <input type="checkbox"/> UNLAWFUL ASSEMBLY    | <input type="checkbox"/> POSSESSION OF ALTERED OR FALSE IDENTIFICATION |
| <input type="checkbox"/> DEFRAUDING AN INNKEEPER | <input type="checkbox"/> ILLEGAL GAMBLING     | <input type="checkbox"/> POSSESSION OF ALCOHOL AS A MINOR              |
| <input type="checkbox"/> OTHER _____             | <input type="checkbox"/> BRANDISHING A WEAPON | <input type="checkbox"/> PROSTITUTION OR SOLICITING A PROSTITUTE       |

CHECK THE BOX NEXT TO ANY FELONIES THAT YOU MAY HAVE COMMITTED. EXPLAIN THE CIRCUMSTANCES BELOW, FOR EACH.

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> MURDER      | <input type="checkbox"/> FORGERY                 | <input type="checkbox"/> POSSESSION / USE OF CONTROLLED SUBSTANCE           |
| <input type="checkbox"/> ARSON       | <input type="checkbox"/> CHILD ABUSE             | <input type="checkbox"/> POSSESSION FOR SALE / SALE OF CONTROLLED SUBSTANCE |
| <input type="checkbox"/> ROBBERY     | <input type="checkbox"/> EMBEZZLEMENT            | <input type="checkbox"/> CULTIVATION / MANUFACTURE OF CONTROLLED SUBSTANCE  |
| <input type="checkbox"/> GRAND THEFT | <input type="checkbox"/> AGGRAVATED ASSAULT      | <input type="checkbox"/> FORCIBLE RAPE                                      |
| <input type="checkbox"/> AUTO THEFT  | <input type="checkbox"/> DOMESTIC VIOLENCE       | <input type="checkbox"/> UNLAWFUL INTERCOURSE                               |
| <input type="checkbox"/> BURGLARY    | <input type="checkbox"/> HIT & RUN WITH INJURIES | <input type="checkbox"/> OTHER SEXUAL ASSAULT                               |

HAVE YOU EVER BEEN FOUND "NOT GUILTY BY REASON OF INSANITY" FOR ANY OFFENSE?

☐ YES ☐ NO

HAVE YOU EVER BEEN DESIGNATED A MENTALLY DISORDERED SEX OFFENDER?

☐ YES ☐ NO

IF "YES", EXPLAIN BELOW.

## MOTOR VEHICLE OPERATION

ALTHOUGH OPERATION OF A MOTOR VEHICLE MAY NOT, IN ALL CASES, BE A REQUIREMENT OF THE POSITION FOR WHICH YOU HAVE APPLIED, PLEASE FURNISH THE FOLLOWING INFORMATION REGARDING YOUR DRIVING HISTORY.

CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	EXPIRATION DATE	NAME AS IT APPEARS ON THIS LICENSE
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HAVE YOU EVER HELD A DRIVER'S LICENSE IN ANOTHER STATE OR COUNTRY?

☐ YES ☐ NO

IF "YES", PROVIDE REQUESTED INFORMATION BELOW.

INITIALS

FORMER DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	DATES HELD	NAME AS IT APPEARS ON THIS LICENSE
FORMER DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	DATES HELD	NAME AS IT APPEARS ON THIS LICENSE
FORMER DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	DATES HELD	NAME AS IT APPEARS ON THIS LICENSE

HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE IN ANY STATE OR COUNTRY?  
IF "YES", EXPLAIN.

☐ YES ☐ NO

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED, REVOKED, OR PLACED ON NEGLIGENT OPERATOR'S PROBATION?  
IF "YES", EXPLAIN

☐ YES ☐ NO

HAVE YOU EVER RECEIVED A WARNING NOTICE FROM THE STATE CONCERNING YOUR DRIVING HABITS?

☐ YES ☐ NO

HAVE YOU OPERATED A MOTOR VEHICLE WHILE YOU BELIEVE YOU WERE UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS, WITHIN THE PAST 5 YEARS? IF "YES", EXPLAIN.

☐ YES ☐ NO

HAVE YOU EVER BEEN CHARGED WITH "WILLFUL FAILURE TO APPEAR" OR "FAILURE TO PAY A FINE" AS A RESULT OF A CITATION YOU RECEIVED?  
IF "YES" GIVE DETAILS.

☐ YES ☐ NO

LIST ALL TRAFFIC CITATIONS (EXCLUDING PARKING TICKETS) YOU HAVE RECEIVED WITHIN THE PAST 7 YEARS. YOU **MUST** LIST CITATIONS YOU RECEIVED EVEN IF THEY WERE SUBSEQUENTLY DISMISSED OR YOU WERE FOUND "NOT GUILTY".

APPROXIMATE DATE OF CITATION	VIOLATION/CHARGES	ISSUING AGENCY	DISPOSITION

LIST ALL TRAFFIC COLLISIONS YOU HAVE BEEN INVOLVED IN WITHIN THE PAST 5 YEARS IN WHICH YOU WERE THE DRIVER.

APPROXIMATE DATE OF COLLISION	LOCATION OF ACCIDENT	LAW ENFORCEMENT AGENCY INVESTIGATING

ARE YOU CURRENTLY OPERATING A MOTOR VEHICLE IN THE STATE OF OREGON?

☐ YES ☐ NO

#### AUTOMOBILE INSURANCE INFORMATION

POLICY NUMBER	EXPIRATION DATE	COMPANY ISSUING YOUR AUTOMOBILE LIABILITY POLICY
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INITIALS

HAS YOUR AUTOMOBILE INSURANCE EVER BEEN CANCELLED?  
IF "YES", INDICATE REASON.

☐ YES ☐ NO

HAS YOUR MOTOR VEHICLE REGISTRATION EVER BEEN WITHHELD  
BECAUSE OF YOUR FAILURE TO PAY PARKING TICKETS? IF "YES", INDICATE REASON.

☐ YES ☐ NO

## GENERAL TOPICS

THE FOLLOWING QUESTIONS RELATE TO ISSUES THAT HAVE NOT YET BEEN SPECIFICALLY ADDRESSED IN THIS FORM.

HAVE YOU EVER CALLED IN "SICK" FOR WORK,  
WHEN YOU IN FACT WERE NOT SICK? IF "YES", GIVE DETAILS.

☐ YES ☐ NO

NUMBER OF TIMES	WHEN	EMPLOYER	WHAT WERE YOU DOING INSTEAD OF REPORTING TO WORK?

HAVE YOU EVER BEEN IMPLICATED IN THE SEXUAL HARASSMENT OF A  
CO-WORKER OR SUBORDINATE EMPLOYEE? IF "YES", GIVE DETAILS.

☐ YES ☐ NO

HAS AN EMPLOYER OF YOURS EVER BEEN SUED AS A RESULT OF YOUR CONDUCT OR DUTIES. THIS QUESTION INCLUDES VEHICLE  
COLLISIONS IN YOUR EMPLOYER'S VEHICLES, PERSONS INJURED OR KILLED AS A RESULT OF YOUR DUTIES, CLAIMS OF FALSE  
ARREST, UNLAWFUL IMPRISONMENT, EXCESSIVE USE OF FORCE, ETC. IF "YES", GIVE DETAILS.

☐ YES ☐ NO

DO YOU CURRENTLY USE ANY ILLEGAL DRUG OR CONTROLLED SUBSTANCE NOT LAWFULLY PRESCRIBED TO YOU?  
NOTE: AS USED IN THIS FORM, "CURRENTLY" IS DEFINED TO MEAN AT ANY TIME WITHIN THE PAST 12 MONTHS.  
IF "YES", EXPLAIN.

☐ YES ☐ NO

HAVE YOU EVER DONE ANYTHING FOR WHICH YOU BELIEVE YOU COULD  
BE SUCCESSFULLY BLACKMAILED? IF "YES", EXPLAIN.

☐ YES ☐ NO

INITIALS



WE WILL BE CONDUCTING AN INTENSIVE INVESTIGATION INTO YOUR SUITABILITY FOR EMPLOYMENT IN THIS POSITION. PLEASE WRITE DOWN, IN DETAIL, EVERYTHING YOU FEEL IS IMPORTANT FOR YOUR BACKGROUND INVESTIGATOR TO KNOW CONCERNING YOUR APPLICATION.

COMPLETING THE BACKGROUND PHASE OF THIS PROCESS MAY INCLUDE MEETINGS OR APPOINTMENTS, SCHEDULED IN BUILDINGS WHICH MIGHT REQUIRE CLIMBING STAIRS. DO YOU REQUIRE ANY SPECIAL ACCOMODATIONS TO COMPLETE THIS PROCESS?

☐ YES ☐ NO

I hereby certify that all statements and representations made by me in this form are true and correct to the best of my knowledge. I have personally completed this form, and I understand that deliberate errors or misstatements will cause my application to be rejected.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**DO NOT MAIL, HAND DELIVER, OR E-MAIL THIS FORM UNTIL YOU ARE SPECIFICALLY INSTRUCTED TO DO SO. ANY FORMS RECEIVED BY THE MARION COUNTY SHERIFF'S OFFICE, PRIOR TO OUR EXPLICIT REQUEST WILL NOT BE EVALUATED OR RETAINED AND WILL BE PROMPTLY DESTROYED.**

**UPON OUR EXPLICIT REQUEST FOR YOUR COMPLETED PERSONAL HISTORY DISCLOSURE, *COPIES* OF THE FOLLOWING DOCUMENTS, IF APPLICABLE, MUST BE SUBMITTED WITH THIS QUESTIONNAIRE, AND WILL BECOME THE PERMANENT PROPERTY OF THE MARION COUNTY SHERIFF'S OFFICE. (DO NOT SUBMIT THE *ORIGINALS* OF YOUR DOCUMENTS.)**

Birth Certificate - ***CERTIFIED***

Marriage License/s

Divorce Decree/s

High School Diploma

College Degree/s OR Transcript/s – ***Certified and school to mail to:***

***Marion County Sheriff's Office, Peggy Lowery, P.O. Box 14500, Salem, OR 97309***

**Veterans: FORM DD214 – Long Form**

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INITIALS

## ADDITIONAL INFORMATION

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INITIALS