

# Personal History Statement Internships



## AGREEMENT

I hereby certify that the answers and statements in the foregoing personal history statement are true and correct without consequential omissions of any kind. I hereby agree that any falsification contained in this information shall be considered good and sufficient cause for rejection of this application and/or discharge. I understand that a complete background investigation will be conducted as a condition of this employment. I authorize the aforementioned companies, persons and/or public institutions to give any information concerning me or my employment whether or not it is on their records. I hereby release said companies or persons from all liability for any damages whatsoever from issuing this information.

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- As a part of this investigative process, I will submit the following documents: proof of U.S. Citizenship, proof of age, verification of my identity, a social security card, and a discharge certificate or separation papers (for applicants who have served in the Armed Forces only).
- If employed on either a permanent or temporary basis, I agree to abide by all rules, policies, and regulations of the agency now in force, or that may be hereafter established.

**ONLY SIGNED APPLICATIONS ARE CONSIDERED VALID**

\_\_\_\_\_ (Signature)  
(Date)

\_\_\_\_\_  
(Print name)

**INSTRUCTIONS**

Note: Read these instructions carefully before proceeding.

Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be filled in entirely using your computer except where signatures are needed. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. Please provide a copy of the following list:

- College transcript if applies
- DD-214 form
- Social Security Card
- Driver's License
- Birth Certificate
- Photo (full face and upper torso)

### **Personal History Statement**

**A. Applicant Identification** – information provided in this section is used for

identification purposes only.

1. Name \_\_\_\_\_  
Last First Middle

2. Address \_\_\_\_\_  
Street Address or Post Office Box City State Zip Code

3. Phone Number \_\_\_\_\_ - \_\_\_\_\_  
Area Code

4. Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Month / Day / Year

5. Nickname(s), maiden name, or other names by which you have been known \_\_\_\_\_

\_\_\_\_\_ 6.

Social Security Number \_\_\_\_\_

7. Place of Birth \_\_\_\_\_  
City County State

8. Driver's License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State of Issue \_\_\_\_\_  
Month / Day / Year

9. Height \_\_\_\_\_ 10. Weight \_\_\_\_\_ 11.

Eye Color \_\_\_\_\_ 12. Hair Color \_\_\_\_\_ 13.

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Scars, tattoos, or other distinguishing marks \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. **Work History** – Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of

unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Name of a Co-worker \_\_\_\_\_

Reason for leaving \_\_\_\_\_ 2.

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Name of a Co-worker \_\_\_\_\_

Reason for leaving \_\_\_\_\_ 3.

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Name of a Co-worker \_\_\_\_\_

Reason for leaving \_\_\_\_\_

1. Have you served in the U.S. Armed forces? (Include National Guard Service)

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Date of Service From \_\_\_\_\_ To \_\_\_\_\_ Military Service No. \_\_\_\_\_

Branch of Service \_\_\_\_\_ Unit Designation \_\_\_\_\_

Highest Rank Held \_\_\_\_\_ Type of Discharge \_\_\_\_\_

3. Were you ever disciplined while in the military service (Include Court-Martials, Captain's Masts, Company Punishment, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

Charge	Agency	Date	Age at time	Disposition

If you received a discharge other than honorable, give complete details.

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1. School and College

School or College Attended	City and State	Dates Attended		Graduated		# Semester Hrs Completed	Major
		From	To	Yes	No		

3. List other schools attended (trade, vocational, business, etc.). Give name and address of school, dates attended, course of study, certificate, and other pertinent information.

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3. If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair).

Language	Reading	Speaking	Understanding	Writing

4. List any other special skills or qualifications you may possess.

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**E. Convictions, Arrests, Detentions, and Litigation**

1. Have you ever been convicted, arrested, detained or summoned into court?

Yes      No      If yes, complete the following (list juvenile, as well as adult occurrences).

Crime Charged	City and State	Date	Disposition of Case

**F. References or Acquaintances** – list five persons who know you well enough to provide current information about you. **Do not list relatives or former employers.**

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Years Known \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Years Known \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Years Known \_\_\_\_\_

4. Name \_\_\_\_\_ Address \_\_\_\_\_



Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Years Known \_\_\_\_\_

5. Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Years Known \_\_\_\_\_

**ALL RECORDS SUBMITTED BECOMES THE PROPERTY OF  
OXFORD POLICE DEPARTMENT, OXFORD, MS**

I understand that all appointments are probationary for Inturnships, during which time the Interns must log all his/her training with the Oxford Police Department. I also understand that any appointment tendered me will be contingent upon the results of a complete character and background investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Oxford Police Department and I agree to these conditions.

\_\_\_\_\_  
(Signature of the applicant as usually written)

Please read the following release form carefully and enter you signature, address and the date in the designated spaces. **THIS FORM MUST BE NOTARIZED**

DATE: \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

Having made application to the Oxford Police Dept., Oxford, Mississippi and desiring them to be informed of my past record and character, whether it be financial, academic, military, medical, employment, judicial, or personal reference, I, the undersigned, being under no disability whatsoever, hereby authorize the release of all such information, privileged or otherwise, to the Oxford Police Dept. Oxford, Mississippi and its representatives and release all contributing parties of such information from any charges or liabilities whatsoever because of furnishing said information found during the background investigation.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**STATE OF MISSISSIPPI**

**COUNTY OF** \_\_\_\_\_

Personally, came and appeared before me, the undersigned authority  
in and for said county and state, within named \_\_\_\_\_  
who, being by me first duly sworn, states upon his/her signed and delivered the above foregoing  
waiver on the date therein mentioned and for the purpose therein expressed.

**Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_**

**My commission Expires:** \_\_\_\_\_

**NOTARY PUBLIC**