

To fill out and submit the fillable form, you can use one of two methods:

- 1) Download the PDF and save it on your computer. Using [Adobe Acrobat Reader](#), the preferred program to use, you can type information into the interactive fields within the document.
- 2) Alternatively, right-click the saved PDF, select "Open with," and choose "Google Chrome." This action opens the PDF in the browser, enabling you to complete it using the built-in PDF Viewer.

Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to determine your suitability for the Public Safety position you have applied for.

- It is your responsibility to complete this form in its entirety and provide accurate and truthful responses.
- Please adhere to the provided instructions and ensure that you type or neatly print using black ink.
- It is imperative that you respond to all items and inquiries. If a question is not relevant to your situation, please indicate this by entering "N/A" (not applicable) in the designated area for your response.
- If you require more space for any response, please use the supplemental information page on this form's last page (page 32) and clearly identify the additional information by the corresponding question number.
- Please follow the instructions provided and submit the completed form to the National Testing Network.

Disqualification

There exists a limited number of automatic grounds for rejection. Instances of prior illegal drug use, driving under the influence, theft, or even arrest or misdemeanor conviction may not necessarily result in automatic disqualification. However, intentional misstatements or omissions can and often do lead to the rejection of one's application, irrespective of the nature or rationale behind the misstatements or omissions. The predominant reason individuals encounter disqualification during the background investigation is the intentional withholding or misrepresentation of job-relevant information from their potential employer.

In accordance with the Americans with Disabilities Act and the Genetic Information Nondiscrimination Act (GINA) of the United States, applicants are not obligated to disclose any medical or disability-related information pertaining to themselves or their family members in response to the inquiries outlined in this document..

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 1: PERSONAL

1. YOUR FULL NAME					
LAST	FIRST	MIDDLE			
2. FORMER NAMES, ALIASES, OR NICKNAMES (INCLUDE MAIDEN NAMES)		<input type="checkbox"/> N/A			
3. ADDRESS WHERE YOU LIVE					
NUMBER / STREET		APT / UNIT			
CITY	STATE	ZIP			
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)					
5. CONTACT NUMBERS					
6. CONTACT EMAIL		7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)			
8. DPSST NUMBER					
9. SOCIAL MEDIA PLATFORMS – LIST ALL CURRENT AND PAST SOCIAL MEDIA PLATFORMS WITH YOUR USERNAME AND / OR SCREEN NAME FOR EACH ACCOUNT					
10. EMPLOYMENT ELIGIBILITY					
Are you legally authorized to work in the United States under federal law?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
11. CITIZENSHIP STATUS					
Are you a US Citizen or a nonimmigrant legally admitted to the United States under a Compact of Free Association?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you a resident noncitizen who is eligible and has applied for US Citizenship?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
12. BIRTHPLACE (CITY / COUNTY / STATE / COUNTRY)		12.1 LIST ADDITIONAL LANGUAGES YOU ARE PROFICIENT IN			
13. BIRTHDATE (MM/DD/YYYY)	14. SOCIAL SECURITY NUMBER	15. DRIVER'S LICENSE			
		NUMBER: STATE: EXPIRES:			
16. PHYSICAL DESCRIPTION					
GENDER	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	RACE

SECTION 2: RELATIVES AND REFERENCES

17. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "Deceased," if appropriate.
- Mark "N/A" if a category is not applicable.
- If more space is needed, continue on Page 32.*

17. A Spouse / Registered Domestic Partner		<input type="checkbox"/> Deceased	<input type="checkbox"/> NA	
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
OTHER NAMES USED		DATE OF BIRTH (MM/DD/YYYY)		
HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		
DATE OF MARRIAGE/REGISTRATION (MM/YYYY)	Is there or has there ever been a restraining or stay-away order. in effect involving you and this individual?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 2: RELATIVES AND REFERENCES *continued*

17.B Former Spouse / Former Registered Domestic Partner		<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A	
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
OTHER NAMES USED		DATE OF BIRTH (MM/DD/YYYY)		
HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		
DATE OF MARRIAGE/REGISTRATION (MM/YYYY)	DATE OF DISSOLUTION (MM/YYYY)	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		

17.C Parents / Guardians / In-laws					
List ALL parents/guardians/in-laws living or deceased, including biological, adoptive, foster, stepparents, etc.					
17.C.1 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> In-law <input type="checkbox"/> Other <input type="checkbox"/> Deceased					
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
DATE OF BIRTH (MM/DD/YYYY)	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL		
17.C.2 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> In-law <input type="checkbox"/> Other <input type="checkbox"/> Deceased					
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
DATE OF BIRTH (MM/DD/YYYY)	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL		
17.C.3 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> In-law <input type="checkbox"/> Other <input type="checkbox"/> Deceased					
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
DATE OF BIRTH (MM/DD/YYYY)	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL		
17.C.4 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> In-law <input type="checkbox"/> Other <input type="checkbox"/> Deceased					
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
DATE OF BIRTH (MM/DD/YYYY)	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL		

Supplemental relatives' information is provided on Page 32

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 2: RELATIVES AND REFERENCES *continued*

17.C.5 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> In-law <input type="checkbox"/> Other					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY)	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL		
17.C.6 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> In-law <input type="checkbox"/> Other					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY)	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL		
17.D Brothers / Sisters <input type="checkbox"/> N/A					
List ALL LIVING siblings, including half-siblings, step-siblings, foster siblings, etc.					
17.D.1 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other:					
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY)	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL		
17.D.2 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other:					
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY)	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL		
17.D.3 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other:					
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY)	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL		
17.D.4 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other:					
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY)	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL		

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 2: RELATIVES AND REFERENCES *continued*

17.E Children

N/A

List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name of the additional parent/guardian.

17.E.1 Child: Son Daughter Other:

NAME	ADDITIONAL PARENT/GUARDIAN			
DATE OF BIRTH (MM/DD/YYYY)	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
AGE	CONTACT NUMBER	EMAIL		

17.E.2 Child: Son Daughter Other:

NAME	ADDITIONAL PARENT/GUARDIAN			
DATE OF BIRTH (MM/DD/YYYY)	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
AGE	CONTACT NUMBER	EMAIL		

17.E.3 Child: Son Daughter Other:

NAME	ADDITIONAL PARENT/GUARDIAN			
DATE OF BIRTH (MM/DD/YYYY)	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
AGE	CONTACT NUMBER	EMAIL		

17.E.4 Child: Son Daughter Other:

NAME	ADDITIONAL PARENT/GUARDIAN			
DATE OF BIRTH (MM/DD/YYYY)	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
AGE	CONTACT NUMBER	EMAIL		

Supplemental relative information is provided on Page 32

18. LIST OF REFERENCES

List seven (7) people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. **Do NOT include relatives, employers, housemates, or any individuals listed elsewhere.**

18.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE	CELL PHONE	EMAIL		
How do you know this person?		How long have you known this person?	Date of last contact:		

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 2: RELATIVES AND REFERENCES *continued*

18.2	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL			
<i>How do you know this person?</i>		<i>How long have you known this person?</i>	<i>Date of last contact:</i>			
18.3	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL			
<i>How do you know this person?</i>		<i>How long have you known this person?</i>	<i>Date of last contact:</i>			
18.4	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL			
<i>How do you know this person?</i>		<i>How long have you known this person?</i>	<i>Date of last contact:</i>			
18.5	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL			
<i>How do you know this person?</i>		<i>How long have you known this person?</i>	<i>Date of last contact:</i>			
18.6	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL			
<i>How do you know this person?</i>		<i>How long have you known this person?</i>	<i>Date of last contact:</i>			

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 2: RELATIVES AND REFERENCES *continued*

18.7	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL		
<i>How do you know this person?</i>		<i>How long have you known this person?</i>	<i>Date of last contact:</i>		

Oregon state law **mandates** candidates' provide three additional references, not already listed, who have known you **at least three years**.
Do not include anybody related to you by blood or marriage, current coworkers, or current supervisors.

18.A.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL		
<i>How do you know this person?</i>		<i>How long have you known this person?</i>	<i>Date of last contact:</i>		
18.A.2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL		
<i>How do you know this person?</i>		<i>How long have you known this person?</i>	<i>Date of last contact:</i>		
18.A.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL		
<i>How do you know this person?</i>		<i>How long have you known this person?</i>	<i>Date of last contact:</i>		

Supplemental reference information is provided on Page 32

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 3: EDUCATION

- **NOTE: Transcripts and/or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on Page 32.*

19. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Graduation:	<input type="checkbox"/> High School Equivalency Test:	<input type="checkbox"/> High School Proficiency Certificate:		

20. LIST HIGH SCHOOL(S) ATTENDED

20.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		CITY	STATE
20.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		CITY	STATE

21. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

21.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	GPA
	ADDRESS (NUMBER / STREET)			DEGREE EARNED <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:	
CITY		STATE	ZIP	MAJOR / AREA OF STUDY	
21.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	GPA
	ADDRESS (NUMBER / STREET)			DEGREE EARNED <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:	
CITY		STATE	ZIP	MAJOR / AREA OF STUDY	
21.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	GPA
	ADDRESS (NUMBER / STREET)			DEGREE EARNED <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:	
CITY		STATE	ZIP	MAJOR / AREA OF STUDY	

22. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

22.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE TRAINING?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
CITY		STATE	TYPE OF SCHOOL OR TRAINING	

LIST ALL BASIC COURSES ATTENDED

23. Have you ever taken a (Arrest and/or Firearms) Course? YES NO

IF YES, provide the following information.

A. COURSE PRESENTER NAME	LOCATION (CITY / STATE)
B. COURSE COMPLETION	
Did you successfully complete the course?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMPLETION DATE (MM/YYYY)	

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 3: EDUCATION *continued*

24. Have you ever attended a Basic Course/Academy: Police, Fire, Dispatcher, Reserve, or Specialized Investigators'? YES NO

IF YES, provide the following information:

24.1	NAME OF COURSE PRESENTER/ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/ GRADUATE?	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
LOCATION (CITY, STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR			CONTACT NUMBER	
24.2	NAME OF COURSE PRESENTER/ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/ GRADUATE?	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
LOCATION (CITY, STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR			CONTACT NUMBER	

Supplemental basic course information is provided on Page 32

25.	Have you ever been placed on academic probation or received discipline at any of the schools or institutions you attended?	<input type="checkbox"/> YES <input type="checkbox"/> NO
26.	Have you ever been suspended or expelled from any of the schools, academies, or institution you attended?	<input type="checkbox"/> YES <input type="checkbox"/> NO
27.	Have you ever plagiarized, cheated, or engaged in any other intellectual dishonesty at any academy, training facility, or educational facility or assisted another person to cheat, plagiarize or engage in intellectual dishonesty?	<input type="checkbox"/> YES <input type="checkbox"/> NO
28.	Have you been accused of plagiarism, cheating, or any other intellectual dishonesty from any academy, training facility, or educational facility or been accused of assisting another person to cheat, plagiarize or engage in intellectual dishonesty?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29.	Have you ever dropped out, failed, or been dismissed from a public safety academy?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered “YES” to any of Questions 25-29, explain (include when, where, and circumstances – reference corresponding numbers). If more space is needed, continue your responses on page 32.

SECTION 4: RESIDENCE HISTORY

30. LIST OF RESIDENCES

- List all current and prior addresses **during the last 10 years or since age 17**.
- Provide **complete** addresses. Do **NOT** use P.O. Boxes.
- **If more space is needed, continue your response on Page 32.**

30.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			RENT OR OWN	FROM (MM/YYYY)	TO (MM/YYYY)
						Present
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER	
CITY		STATE	ZIP	EMAIL		
Name(s) of those with whom you live:						

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 4: RESIDENCE HISTORY *continued*

30.2	FORMER ADDRESS (NUMBER / STREET / APT)			RENT OR OWN	FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
MAILING ADDRESS OF THE PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)						CONTACT NUMBER
CITY	STATE	ZIP	EMAIL			
Name(s) of those with whom you live:						
Reason for moving:						
30.3	FORMER ADDRESS (NUMBER / STREET / APT)			RENT OR OWN	FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
MAILING ADDRESS OF THE PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)						CONTACT NUMBER
CITY	STATE	ZIP	EMAIL			
Name(s) of those with whom you live:						
Reason for moving:						
30.4	FORMER ADDRESS (NUMBER / STREET / APT)			RENT OR OWN	FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
MAILING ADDRESS OF THE PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)						CONTACT NUMBER
CITY	STATE	ZIP	EMAIL			
Name(s) of those with whom you live:						
Reason for moving:						
30.5	FORMER ADDRESS (NUMBER / STREET / APT)			RENT OR OWN	FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
MAILING ADDRESS OF THE PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)						CONTACT NUMBER
CITY	STATE	ZIP	EMAIL			
Name(s) of those with whom you live:						
Reason for moving:						

SECTION 4: RESIDENCE HISTORY continued

LIST ANY CITIES AND STATES OR COUNTRIES LIVED IN SINCE BIRTH

Supplemental residence information is provided on Page 32

31. LIST OF HOUSEMATES

- Provide contact information for all housemates listed with whom you have resided **during the past 10 years or since age 17**.
- If more space is needed, continue your response on Page 32.*

31.1	NAME OF HOUSEMATE			CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY		STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			
31.2	NAME OF HOUSEMATE			CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY		STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			
31.3	NAME OF HOUSEMATE			CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY		STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			
31.4	NAME OF HOUSEMATE			CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY		STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			
31.5	NAME OF HOUSEMATE			CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY		STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			

Supplemental housemate information is provided on Page 32

32.	Have you ever been asked to leave, been issued an eviction notice, or been evicted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
33.	Have you ever left a residence owing rent, utilities, or other household expenses?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
34.	Have you ever had any neighbor disputes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 4: RESIDENCE HISTORY continuedIf you answered "YES" to **Questions 32, 33 and/or 34**, explain (include when, where, and circumstances):**SECTION 5: EXPERIENCE AND EMPLOYMENT****35. JOB EXPERIENCE**

- List **at least ten years** of employment history in part-time, full-time, temporary, seasonal, self-employment, and volunteer positions. (Begin with your current or most recent.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment **over 30 days**.
- **If more space is needed, continue your response on Page 32.**

35.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER EXT	
CITY		STATE	ZIP	EMAIL	
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE		
SUPERVISOR NAME		TITLE	CONTACT NUMBER	EXT	EMAIL
HR MANAGER NAME		TITLE	CONTACT NUMBER	EXT	EMAIL
NAMES OF CO-WORKERS		TITLE	CONTACT NUMBER	EXT	EMAIL
1)					
2)					
3)					
Would there be a problem if we contacted your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, explain:					
35.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:				

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

35.3	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)		
ADDRESS (NUMBER / STREET / SUITE / OR BASE)				CONTACT NUMBER	EXT		
CITY		STATE	ZIP	EMAIL			
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)				
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer				
DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE				
SUPERVISOR NAME		TITLE		CONTACT NUMBER	EXT		
HR MANAGER NAME		TITLE		CONTACT NUMBER	EXT		
NAME OF COWORKERS		TITLE		CONTACT NUMBER	EXT		
1)							
2)							
3)							
35.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						
35.5	NAME OF CURRENT EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)	
ADDRESS (NUMBER / STREET / SUITE / OR BASE)				CONTACT NUMBER	EXT		
CITY		STATE	ZIP	EMAIL			
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)				
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer				
DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE				
SUPERVISOR NAME		TITLE		CONTACT NUMBER	EXT		
HR MANAGER NAME		TITLE		CONTACT NUMBER	EXT		
NAMES OF CO-WORKERS		TITLE		CONTACT NUMBER	EXT		
1)							
2)							
3)							
35.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

35.7	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)	
ADDRESS (NUMBER / STREET / SUITE / OR BASE)				CONTACT NUMBER	EXT	
CITY		STATE	ZIP	EMAIL		
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE			
SUPERVISOR NAME		TITLE		CONTACT NUMBER	EXT	EMAIL
HR MANAGER NAME		TITLE		CONTACT NUMBER	EXT	EMAIL
NAMES OF CO-WORKERS		TITLE		CONTACT NUMBER	EXT	EMAIL
1)						
2)						
3)						
35.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					
35.9	NAME OF CURRENT EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET / SUITE / OR BASE)				CONTACT NUMBER	EXT	
CITY		STATE	ZIP	EMAIL		
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE			
SUPERVISOR NAME		TITLE		CONTACT NUMBER	EXT	EMAIL
HR MANAGER NAME		TITLE		CONTACT NUMBER	EXT	EMAIL
NAMES OF CO-WORKERS		TITLE		CONTACT NUMBER	EXT	EMAIL
1)						
2)						
3)						
35.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

35.11	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER		EXT
CITY			STATE	ZIP	EMAIL
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE		
SUPERVISOR NAME		TITLE	CONTACT NUMBER	EXT	EMAIL
HR MANAGER NAME		TITLE	CONTACT NUMBER	EXT	EMAIL
NAMES OF CO-WORKERS		TITLE	CONTACT NUMBER	EXT	EMAIL
1)					
2)					
3)					
35.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				
35.13	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER		EXT
CITY			STATE	ZIP	EMAIL
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE		
SUPERVISOR NAME		TITLE	CONTACT NUMBER	EXT	EMAIL
HR MANAGER NAME		TITLE	CONTACT NUMBER	EXT	EMAIL
NAMES OF CO-WORKERS		TITLE	CONTACT NUMBER	EXT	EMAIL
1)					
2)					
3)					
35.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				

Supplemental employment information is provided on Page 32 □

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

36.	Have you ever failed a background investigation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37.	Have you ever had your probationary period extended for any reason?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38.	Have you ever received an unsatisfactory performance review?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39.	Have you ever been involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
40.	Have you ever had your integrity questioned in an employment setting?	<input type="checkbox"/> YES <input type="checkbox"/> NO
41.	Have you ever refused to follow a lawful direct order from a supervisor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
42.	Have you ever damaged a company vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO
43.	Have you ever failed to report damage to a company vehicle or other property?	<input type="checkbox"/> YES <input type="checkbox"/> NO
44.	Have you ever broken any rules, regulations, policies, or laws while driving a company vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO
45.	Have you ever removed equipment, components, or software from an employer for personal use?	<input type="checkbox"/> YES <input type="checkbox"/> NO
46.	Have you ever used a company/department computer contrary to any company/department policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
47.	Have you ever released confidential information that you were not authorized to release?	<input type="checkbox"/> YES <input type="checkbox"/> NO
48.	Have you ever taken or used any money, property, or equipment for personal gain from a place where you worked?	<input type="checkbox"/> YES <input type="checkbox"/> NO
49.	Have you ever taken a co-worker's property or money without permission?	<input type="checkbox"/> YES <input type="checkbox"/> NO
50.	Have you ever received money from inaccuracies on an expense report?	<input type="checkbox"/> YES <input type="checkbox"/> NO
51.	Have you ever falsified yours or someone else's timecard?	<input type="checkbox"/> YES <input type="checkbox"/> NO
52.	Have you ever left work without permission?	<input type="checkbox"/> YES <input type="checkbox"/> NO
53.	Have you ever slept on the job without permission?	<input type="checkbox"/> YES <input type="checkbox"/> NO
54.	Have you ever called in to work sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> YES <input type="checkbox"/> NO
55.	Have you ever been talked to or warned at work about lateness, absences, or sick leave abuse, excluding protected leave?	<input type="checkbox"/> YES <input type="checkbox"/> NO
56.	Have you ever missed days or been late to work due to drug or alcohol consumption?	<input type="checkbox"/> YES <input type="checkbox"/> NO
57.	Have you ever been talked to or warned by an employer about your drinking or use of any drugs, including marijuana?	<input type="checkbox"/> YES <input type="checkbox"/> NO
58.	Has your work performance ever been affected by your use of alcohol or drugs, including marijuana?	<input type="checkbox"/> YES <input type="checkbox"/> NO
59.	Have you ever viewed or emailed pornographic material while at work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
60.	Have you ever engaged in sexual intercourse or touched, with or without clothing, the intimate body parts of another person while at work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
61.	Have you ever been accused of or investigated for discrimination or harassment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
62.	Have you ever been the subject of a job-related investigation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
63.	Have you ever been the subject of a complaint at work that resulted in disciplinary action?	<input type="checkbox"/> YES <input type="checkbox"/> NO
64.	Have you ever received correction or discipline at work, to include verbal or written reprimands?	<input type="checkbox"/> YES <input type="checkbox"/> NO
65.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
66.	Have you ever been voluntarily or involuntarily demoted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
67.	Have you ever had a pay raise or promotion delayed or withheld due to performance or conduct?	<input type="checkbox"/> YES <input type="checkbox"/> NO
68.	Have you ever quit without giving proper notice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
69.	Have you ever resigned in lieu of termination, had a negotiated resignation/settlement agreement, or resigned while under suspension or while dismissal proceeding was pending?	<input type="checkbox"/> YES <input type="checkbox"/> NO
70.	Will any of your past or present employers give you an unfavorable recommendation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
71.	Have you ever been informed by a previous employer that you were ineligible for rehire?	<input type="checkbox"/> YES <input type="checkbox"/> NO
72.	Have you ever been denied employment by a public safety or criminal justice agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

73. Have you ever been accused of or investigated for untruthfulness, dishonesty, or misrepresentation?..... YES NO

If you answered “YES” to any of Questions 36-73, explain (include when, where, and circumstances – reference corresponding numbers).

If more space is needed, continue your responses on page 32.

Supplemental employment information is provided on Page 32 □

APPLICATIONS TO OTHER AGENCIES

74. Have you **ever** applied for **any** public safety position (city, county, state, or federal)?..... YES NO

- If you answered “YES” to Question 74, list **EVERY** agency you have applied to, **starting with the most recent**.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. If you applied more than once to the same agency, list each occurrence separately.**
- Give complete and accurate addresses.
- **If more space is needed, continue your response on Page 32.**

74.1	NAME OF PUBLIC SAFETY AGENCY			STATE	DATE APPLICATION SUBMITTED
ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY		STATE	ZIP	CONTACT NUMBER	EXT
TITLE OF POSITION APPLIED				EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Conditional Offer Polygraph/CVSA Background Chief/Exec

STATUS: Hired On Eligibility List Withdrawn Disqualified Non-Select Other (explain)

74.2	NAME OF PUBLIC SAFETY AGENCY			STATE	DATE APPLICATION SUBMITTED
ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY		STATE	ZIP	CONTACT NUMBER	EXT
TITLE OF POSITION APPLIED				EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Conditional Offer Polygraph/CVSA Background Chief/Exec

STATUS: Hired On Eligibility List Withdrawn Disqualified Non-Select Other (explain)

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

74.3	NAME OF PUBLIC SAFETY AGENCY			STATE	DATE APPLICATION SUBMITTED
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER	EXT
TITLE OF POSITION APPLIED			EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Conditional Offer Polygraph/CVSA Background Chief/Exec

STATUS: Hired On Eligibility List Withdrawn Disqualified Non-Select Other (explain)

74.4	NAME OF PUBLIC SAFETY AGENCY			STATE	DATE APPLICATION SUBMITTED
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER	EXT
TITLE OF POSITION APPLIED			EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Conditional Offer Polygraph/CVSA Background Chief/Exec

STATUS: Hired On Eligibility List Withdrawn Disqualified Non-Select Other (explain)

74.5	NAME OF PUBLIC SAFETY AGENCY			STATE	DATE APPLICATION SUBMITTED
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER	EXT
TITLE OF POSITION APPLIED			EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Conditional Offer Polygraph/CVSA Background Chief/Exec

STATUS: Hired On Eligibility List Withdrawn Disqualified Non-Select Other (explain)

74.6	NAME OF PUBLIC SAFETY AGENCY			STATE	DATE APPLICATION SUBMITTED
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER	EXT
TITLE OF POSITION APPLIED			EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Conditional Offer Polygraph/CVSA Background Chief/Exec

STATUS: Hired On Eligibility List Withdrawn Disqualified Non-Select Other (explain)

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

74.7	NAME OF PUBLIC SAFETY AGENCY			STATE	DATE APPLICATION SUBMITTED	
ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER		EXT
TITLE OF POSITION APPLIED				EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief/Exec						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> Non-Select <input type="checkbox"/> Other (explain)						
74.8	NAME OF PUBLIC SAFETY AGENCY			STATE	DATE APPLICATION SUBMITTED	
ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER		EXT
TITLE OF POSITION APPLIED				EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief/Exec						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> Non-Select <input type="checkbox"/> Other (explain)						

Supplemental application information is provided on Page 32

PREVIOUS PUBLIC SAFETY EXPERIENCE							
75. Do you have any previous public safety experience in this state or any other jurisdiction? <i>(If no, skip to Section 6: Military Experience.)</i>						<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>During, or after, your employment in any public safety position: (check Yes or No)</i>							
75.1	Have you ever been terminated for cause from employment in any public safety position in any State?						<input type="checkbox"/> YES <input type="checkbox"/> NO
75.2	Have you ever had any public safety certifications suspended or revoked in any State?						<input type="checkbox"/> YES <input type="checkbox"/> NO
75.3	Have you ever been dishonest in the reporting, investigation, or prosecution of a crime, or relating to the reporting of, or investigation of misconduct by a peace officer or custodial officer, but not limited to, false statements, intentionally filing false reports, tampering with, falsifying, destroying, or concealing evidence, perjury, and tampering with data recorded by a body-worn camera or other recording devices for the purposes of concealing misconduct?						<input type="checkbox"/> YES <input type="checkbox"/> NO
75.4	Have you ever abused your power, including but not limited to, intimidating witnesses, knowingly obtaining a false confession, or knowingly making a false arrest?						<input type="checkbox"/> YES <input type="checkbox"/> NO
75.5	Have you ever committed physical abuse, including, but not limited to, excessive or unreasonable use of force?						<input type="checkbox"/> YES <input type="checkbox"/> NO
75.6	Have you ever committed sexual assault, or any nonconsensual sexual act proscribed by Federal, Tribal, or State law, including when the victim lacks consent or committed amongst members of any law enforcement agency?						<input type="checkbox"/> YES <input type="checkbox"/> NO
75.7	Have you ever demonstrated bias based on actual or perceived race, national origin, religion, gender identity or expression, housing status, sexual orientation, mental or physical disability, or other protected status in violation of law or department policy or inconsistent with a peace officer's obligation to carry out their duties in a fair and unbiased manner?						<input type="checkbox"/> YES <input type="checkbox"/> NO
75.8	Have you ever committed acts that violate the law and are sufficiently egregious or repeated as to be inconsistent with a peace officer's obligation to uphold the law or respect the rights of members of the public?						<input type="checkbox"/> YES <input type="checkbox"/> NO
75.9	Have you ever participated in a law enforcement gang, defined by Federal and/or State statute?						<input type="checkbox"/> YES <input type="checkbox"/> NO
75.10	Have you ever failed to cooperate with an investigation into potential misconduct?						<input type="checkbox"/> YES <input type="checkbox"/> NO
75.11	Have you ever failed to intercede when present and observing another officer using force that is clearly beyond that which is objectively reasonable or necessary under the circumstances?						<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

- If you answered “YES” to **ANY** of the item(s) in **Question 75**, fully explain (include dates and circumstances). Reference the corresponding number (e.g., 75.5) for each explanation.
- If more space is needed, continue your response on Page 32.

Supplemental employment information is provided on Page 32

SECTION 6: MILITARY EXPERIENCE

76. Are you required to register for the Selective Service? YES NO If “YES,” have you registered? YES NO

Selective Service Registration Number: _____

If “NO,” please explain: _____

77. Have you ever served in the military?..... YES NO

78. If you answered “YES” to Question 48, include the following service information:

BRANCH OF SERVICE	MOS	JOB TITLE	ENLISTMENT DATE	DISCHARGE DATE

TYPE OF DISCHARGE

Entry Level	Honorable	General	OTH (Other than Honorable)	Bad Conduct	Dishonorable
-------------	-----------	---------	----------------------------	-------------	--------------

Re-entry Code (1 – 4) if applicable – refer to your DD-214:

Are you currently participating in one of the following?

Military Reserve National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____

79.	Have you ever held any type of secret clearance issued by a federal agency?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
80.	Where you ever questioned, detained, the subject of any report, held on suspicion, cited, taken into custody, or arrested for any offense, or a defendant in any trial by civilian or military authorities?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
81.	Were you ever A.W.O.L. or on any unauthorized leave while in the service?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
82.	Have you ever performed duties that required certification under a “Human Reliability” or “Personnel Reliability” (PRP) program?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
83.	Have you ever been denied or had your certification removed under a “Human Reliability” or “Personnel Reliability” (PRP) Program?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
84.	Were you ever reduced in rank or grade while in the service?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
85.	Did you ever receive any type of disciplinary action (NJP, Article 15, captain’s masts, company punishments)?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
86.	Have you ever had any type of clearance denied, revoked, suspended, or downgraded?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
87.	Have you ever taken military property without permission for personal use, to sell or give away?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered “YES” to any of **Questions 79-87**, explain (include dates and circumstances).

Supplemental military information is provided on Page 32

SECTION 7: FINANCIAL**88. INCOME AND EXPENSES**

For questions 88.1 and 88.2, fill in the amounts to the nearest dollar.

- For **Question 88.1:** Include “All” employment, rental property, investment, domestic partner, significant other, or spouse **monthly incomes**.
- For **Question 88.2:** Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

88.1	Employment	Rental property	Investments	Domestic Partner	Significant Other	Spouse	Total monthly income
	\$	\$	\$	\$	\$	\$	\$
88.2	Current Debt Obligations – Monthly Expenses						
	Type of Expense	Monthly Payment	Current Balance	Original Debt Amount	Date Incurred		Late Payments
	Mortgage	\$	\$	\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Rent	\$	\$	\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Utilities	\$	\$	\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Cell Phones	\$	\$	\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Credit Card #1	\$	\$	\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Credit Card #2	\$	\$	\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Credit Card #3	\$	\$	\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Car Loans	\$	\$	\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Educational Loan	\$	\$	\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Insurances	\$	\$	\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Misc Expenses	\$	\$	\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
88.3	Creditors name	Creditors Address			Creditor Contact Number		
89.	If you become employed by this agency, do you anticipate any additional personal income other than your salary?						
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
90.	Are you responsible for any court-ordered payments? (E.g., child support, alimony, judgement, restitution, etc.).....						
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
91.	Have you ever been over 30 days late in paying child support or alimony?.....						
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
92.	Have your wages ever been garnished?.....						
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
93.	Have you ever filed for or declared bankruptcy (Chapter 7, 11, or 13)?.....						
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
94.	Have you ever been refused credit?						
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
95.	Have you ever been referred to a collection agency?.....						
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
96.	Have you ever had anything repossessed?.....						
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
97.	Have you ever been delinquent on income or other tax payments?.....						
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
98.	Have you ever failed to file income tax as required by law or falsified information on an income tax form?.....						
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
99.	Have you ever avoided paying any lawful debt?.....						
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
100.	Have you ever failed to repay a debt?.....						
	<input type="checkbox"/> YES <input type="checkbox"/> NO						

SECTION 7: FINANCIAL *continued*

101.	Have you ever borrowed money to pay for a gambling debt?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
102.	Do you currently have any outstanding debts because of gambling?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
103.	Have you ever spent or received money for illegal purposes? (E.g., illegal drugs prostitution, purchase of fraudulent documents, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
104.	Have you written a check when you knew you did not have enough money in your account?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
105.	Have you ever defrauded or been a victim of identity theft?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
106.	Have you ever defrauded anyone?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered “YES” to any of Questions 89-106, explain (include when, where, and why – reference corresponding numbers).

Supplemental financial information is provided on Page 32 □

SECTION 8: LEGAL

- If you have any doubts or concerns as to the applicability of a particular item, or how you should respond, you should discuss your response with the hiring department and/or competent legal counsel before completing this section.

107.1	Have you ever given or displayed pornographic material to anyone under the age of 18?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.2	Have you ever inappropriately touched the intimate body parts, with or without clothing, of a person under the age of 18?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.3	Have you ever engaged in any type of sexual activity with a person under the age of 18?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.4	Have you ever purposefully exposed or displayed your privates to a person under the age of 18?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.5	Have you ever taken pictures of a disrobed person under the age of 18?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.6	Have you ever bought or retained pictures of a disrobed person under the age of 18?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.7	Have you ever viewed sexual pictures of a person under the age of 18?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.8	Have you ever communicated with a person under the age of 18 with the intent to perform a sexual act?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.9	Have you ever had sexual intercourse with a minor under the age of consent in the applicable state?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.10	Have you ever forced another person to have sexual contact against their will?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.11	Have you ever had sex within public view?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.12	Have you ever exposed your genitals or private parts in a lewd manner?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.13	Have you ever engaged in sexual behavior at work?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.14	Since your 18 th birthday, have you ever had sexual contact with a minor under the age of 18?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.15	Have you ever participated in any other illegal sexual activity (prostitution, rape, illegal pornographic activity, etc.)?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.16	While employed as a law enforcement officer, have you ever engaged in serious misconduct that would have resulted in your certification being revoked by the commission if employed as a peace officer in this state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.17	Have you ever been convicted of a felony?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.18	Have you ever been convicted of any offense in any other jurisdiction which would have been a felony if committed in this state?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.19	Have you ever been discharged from the military for committing an offense, as adjudicated by a military tribunal, which would have been a felony if committed in this state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 8: LEGAL continued

107.20	Have you ever had your name listed in the National Decertification Index of the International Association of Directors of Law Enforcement Standards and Training or any other database designated by the federal government?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.21	Have you ever had your certification as a law enforcement officer in any jurisdiction suspended or revoked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107.22	While employed as a law enforcement officer, have you ever engaged in serious misconduct that would have resulted in your certification being revoked by the commission if employed as a peace officer in this state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

- If you answered “YES” to **ANY** of the item(s) in **Question 107.1 through 107.22**, fully explain the circumstances, including dates and resolution. Reference the corresponding number (e.g., 107.5) for each explanation.
- **If more space is needed, continue your response on Page 32.**

Supplemental disqualification information is provided on Page 32 □

Disclosure of Arrest and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As an applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- **If more space is needed, continue your response on Page 32.**

108. List all arrests, criminal citations to appear, convictions, juvenile adjudications, any police contacts, and any fish and wildlife offenses, regardless of outcome from 16 years of age to present.

If YES, explain each incident.

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY	DISPOSITION OF INCIDENT
108.1				

DESCRIPTION OF INCIDENT

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY	DISPOSITION OF INCIDENT
108.2				

DESCRIPTION OF INCIDENT

Supplemental disclosure information is provided on Page 32 □

109.	Are there any criminal charges or other types of charges pending against you?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
110.	Have you ever had a search warrant executed on your person, property, or residence?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
111.	Have you ever or are you now wanted for any reason by any law enforcement agency?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 8: LEGAL *continued*

112.	Have you ever committed, been convicted of, been found guilty of, or entered a plea of guilt or no contest to any offense punishable as a crime (includes felonies, misdemeanors, and violations) or received an adjudication in ANY local, state, federal, military, or tribal jurisdiction?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
113.	Have you ever entered a diversion or similar type program because of a criminal proceeding?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
114.	Have you ever been a suspect in a criminal investigation that resulted in a civil compromise agreement?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
115.	Have you ever been incarcerated for any reason in any jurisdiction?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
116.	Do you have a court disposition in any jurisdiction for possession of less than one ounce of marijuana that occurred prior to July 1, 2015?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
117.	Have you ever had a charge of contempt of court filed against you?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
118.	Have you ever submitted to or refused a polygraph examination?.....	YES NO
119.	Have you ever had a sanction imposed by any court (including those set aside/or a diversion)?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
120.	Are you aware of any court that would not consider you a credible witness?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
121.	Have you ever had a judgment rendered against you?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
122.	Are there any pending civil actions against you?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
123.	Have you ever been the subject of any criminal or civil rights investigation?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
124.	Have you ever been required to appear before a court or judge?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
125.	Have you ever been a defendant in a civil action for collection of a debt?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
126.	Have you ever falsified any official report or statement?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
127.	Have you ever been placed on court-ordered probation?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
128.	Have you ever been referred to a juvenile department or required to appear before a juvenile court for unlawful or criminal conduct?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
129.	Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolution, child custody, paternity, support, etc.)?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
130.	Have the police ever responded to any of your residences for any reason?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
131.	Has any member of your family (including in-laws) your current domestic partner, significant other or anyone you are related to or lived with been arrested or convicted for anything other than traffic violations?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
132.	Have you ever deliberately done anything to hurt a child?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
133.	Have any dependent children in your care ever been taken into protective custody?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
134.	Have you or a current or former domestic partner, significant other, or spouse ever been referred to or the subject of an investigation by a child or adult protective services agency?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
135.	Have you ever filed or been the subject of any restraining order, stay away order, protective order, or stalking order filed against you?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
136.	Have you settled any civil lawsuit which required payments from you or on your behalf to another party?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
137.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
138.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
139.	Have you ever filed a false insurance or workers' compensation claim?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 8: **LEGAL** (continued)

If you answered “YES” to any of Questions 109-139, explain (include court case or document, dates, and circumstances – reference corresponding numbers). If more space is needed, continue your response on Page 32.

Supplemental legal information is provided on Page 32

► **Involvement in Criminal Acts**

140. Have you ever been involved in or committed any of the acts listed below?

- You **MUST** include any acts committed at any time after you were first employed in any public safety position, including as a Police Officer, Firefighter, Paramedic, Dispatcher, Volunteer, Explorer/Police Cadet.

NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

- If you answered “YES” to **ANY** of the item(s) fully explain the circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g., 78.5) for each explanation.

- **If more space is needed, continue your response on Page 32.**

140.1	Arson	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.2	Assault.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.3	Assault with a weapon.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.4	Blackmail or extortion.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.5	Burglary.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.6	Child abuse or neglect.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.7	Contributing to the delinquency of a minor.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.8	Downloading, viewing, or possessing child sexual abuse material.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.9	Driving while intoxicated.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.10	Elder abuse and/or neglect	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.11	Embezzlement	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.12	Filing a false police report or call to 9-1-1-	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.13	Forgery	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.14	Fraudulent use of a credit/debit card, ATM, or bank card.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.15	Hate or bias crime.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.16	Hit and run collision.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.17	Illegal gambling.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.18	Illegal Hunting or fishing.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.19	Impersonating a police officer or government official.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.20	Indecent exposure or obscene conduct.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 8: **LEGAL** (continued)

140.21	Insurance fraud.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.22	Menacing or threatening with intent to harm.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.23	Murder, homicide, attempted murder, manslaughter, or assault with intent to kill someone.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.24	Perjury	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.25	Possession of alcohol as a minor.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.26	Possession of an illegal explosive/destructive device.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.27	Possession of falsified or altered identification, including use of another's ID.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.28	Prostitution or solicitation of prostitution.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.29	Public intoxication.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.30	Rape or sexual assault.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.31	Reckless driving.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.32	Resisting arrest or obstructing a law enforcement officer.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.33	Robbery	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.34	Stalking	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.35	Theft	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.36	Trespassing.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.37	Using a false identification.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.38	Vandalism.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.39	Voyeurism or peeping.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140.40	Any other criminal act whether or not you were caught.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

- If you answered "YES" to **ANY** of the item(s), fully explain the circumstances, including dates, names of individuals and resolution. Reference the corresponding number (e.g., 140.5) for each explanation.
- **If more space is needed, continue your response on Page 32.**

Supplemental legal information is provided on Page 32

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 8: LEGAL (continued)

► Drugs / Alcohol Use

- Your responses shall include — ***but not be limited to*** — your use of any of the following:

- Amphetamines / Methamphetamines (*Speed, Adderall, Crank, etc.*)
- Marijuana (*with or without a prescription*)
- Barbiturates (*Downers*)
- Mescaline / Peyote / Mushrooms
- Cocaine / Crack Cocaine
- Morphine / Methadone / Hydromorphone / Buprenorphine
- Designer Drugs (*Ecstasy, MDMA, Synthetic Opioids.*)
- PCP / Ketamine, Dextromethorphan
- Fentanyl
- Quaaludes
- GHB (*Date Rape Drug*)
- Steroids (Testosterone, HGH)
- Hallucinogens (*Peyote, LSD, Mushrooms*)
- Tetrahydrocannabinol (*THC*)
- Hashish / Hashish Oil
- Glue, paint, aerosol, or any substance containing toluene.
- Heroin / Opium / Fentanyl / OxyContin / Vicodin / Codeine
- Synthetic Drugs (*Spice, K-2, Bath Salts, DMT, Molly*)

141. List all impairing drugs/substances used that were not specifically prescribed by a medical professional or for the purpose of “getting high.”

141.1	DRUG / SUBSTANCE USED	DATE FIRST USED	DATE LAST USED	NUMBER OF TIMES USED
	HOW THE DRUG / SUBSTANCE WAS OBTAINED	HOW THE DRUG WAS INHALED, INJECTED, INJECTED OR TOPICALLY APPLIED		
141.2	DRUG / SUBSTANCE USED	DATE FIRST USED	DATE LAST USED	NUMBER OF TIMES USED
	HOW THE DRUG / SUBSTANCE WAS OBTAINED	HOW THE DRUG WAS INHALED, INJECTED, INJECTED OR TOPICALLY APPLIED		
141.3	DRUG / SUBSTANCE USED	DATE FIRST USED	DATE LAST USED	NUMBER OF TIMES USED
	HOW THE DRUG / SUBSTANCE WAS OBTAINED	HOW THE DRUG WAS INHALED, INJECTED, INJECTED OR TOPICALLY APPLIED		
142.	Have you ever been involved in growing, manufacturing, selling, smuggling, or transporting drugs / substances?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO		
143.	Have you purchased, used, possessed, or experimented with the drug / substances?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO		
144.	Within the last five (5) years, have you associated with friends, acquaintances, housemates, or family members who have illegally possessed or used drugs or narcotics, as defined in federal law, or who have illegally used prescription medications?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO		
145.	Have you ever misused yours or anyone else's prescription medications?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO		
146.	Have you ever forged or altered a prescription for drugs?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO		
147.	Have you ever gone to work under the influence of drugs, including marijuana or alcohol?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO		
148.	Have you ever caused a disruption or acted as a nuisance while under the influence of drugs, including marijuana or drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
149.	Have you ever engaged in violent behavior while using or under the influence of drugs, including marijuana or alcohol?..	<input type="checkbox"/> YES <input type="checkbox"/> NO		
150.	Have you ever furnished alcohol to anyone under the age of 21 years?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO		
151.	Have you ever consumed alcohol within an hour prior to starting work/class?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO		
152.	Have you ever consumed alcohol while working or during class, including breaks or meal periods?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO		
153.	Have you ever failed an employment related drug test?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION 8: LEGAL (continued)

If you answered "YES" to any of Questions 142 - 153 explain (include court case or document, dates, and circumstances – reference corresponding numbers). If more space is needed, continue your response on Page 32.

Supplemental drug information is provided on Page 32 □

SECTION 9: MOTOR VEHICLE RECORDS - OPERATIONS**154. Current Driver's License:**

STATE OF ISSUANCE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED

155. List other states where you have been licensed to operate a motor vehicle.

STATE OF ISSUANCE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED

156. List all registered motor vehicles and current auto insurance companies and policy numbers.

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	LICENSE PLATE NUMBER	ISSUING STATE

157. List your current liability insurance on your vehicle(s).

157.1	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	VEHICLE MODEL	YEAR (YYYY)	VEHICLE LICENSE
		INSURANCE COMPANY	POLICY NUMBER	EXPIRATION DATE (MM/DD/YYYY)	
157.2	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	CITY	STATE	ZIP	CONTACT NUMBER
		INSURANCE COMPANY	POLICY NUMBER	EXPIRATION DATE (MM/DD/YYYY)	
		CITY	STATE	ZIP	CONTACT NUMBER

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 9: MOTOR VEHICLE RECORDS – OPERATIONS *continued*

158. Have you received any traffic citations, excluding parking citations, *within the past seven years?*..... YES NO

If YES, give details below.

158.1	CITATION TYPE	CONTACT AGENCY	CITY	STATE
	CITATION DATE Month: _____ Year: _____	DISPOSITION <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
158.2	CITATION TYPE	CONTACT AGENCY	CITY	STATE
	CITATION DATE Month: _____ Year: _____	DISPOSITION <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
158.3	CITATION TYPE	CONTACT AGENCY	CITY	STATE
	CITATION DATE Month: _____ Year: _____	DISPOSITION <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
159.	Has your driver's license ever been suspended, revoked, or cancelled?.....			<input type="checkbox"/> YES <input type="checkbox"/> NO
160.	Has a citation ever resulted in a warrant or caused your license to be suspended or withheld due to failure to appear?.....			<input type="checkbox"/> YES <input type="checkbox"/> NO
161.	Have you ever failed to appear in court, complete a diversion, pay a fine, or complete traffic school?.....			<input type="checkbox"/> YES <input type="checkbox"/> NO
162.	Have you ever been involved as a driver in a motor vehicle accident?.....			<input type="checkbox"/> YES <input type="checkbox"/> NO
163.	Have you ever been found to be at fault for motor vehicle accident?.....			<input type="checkbox"/> YES <input type="checkbox"/> NO
164.	Have you ever driven a vehicle without auto insurance?.....			<input type="checkbox"/> YES <input type="checkbox"/> NO
165.	Have you ever been refused automobile liability insurance or a bond or had them terminated or denied?.....			<input type="checkbox"/> YES <input type="checkbox"/> NO
166.	Have you ever been placed in a "High Risk" automobile insurance category, such as SR-22?.....			<input type="checkbox"/> YES <input type="checkbox"/> NO
167.	Have you ever been notified by a motor vehicles division that your driver's license was about to be suspended or revoked for any reason?.....			<input type="checkbox"/> YES <input type="checkbox"/> NO
168.	Have you ever been refused a driver's license?.....			<input type="checkbox"/> YES <input type="checkbox"/> NO
169.	Have you ever had a vehicle impounded because of a traffic stop?.....			<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered "YES" to any of Questions 159 - 169, explain (include court case or document, dates, and circumstances – reference corresponding numbers). If more space is needed, continue your response on Page 32.

Supplemental motor vehicle information is provided on Page 32

PERSONAL HISTORY STATEMENT – Oregon Public Safety (Rev. 01/2025)

SECTION 9: MOTOR VEHICLE INFORMATION (continued)

170. Have you been involved as a driver in a motor vehicle accident, *within the past seven years?* YES NO

If YES, give details below.

170.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
170.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

Supplemental motor vehicle information is provided on Page 32 □

SECTION 10: OTHER TOPICS

171.	Have you ever applied for a concealed carry weapon (CCW) permit?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, have you ever been refused a CCW permit?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
172.	Have you ever been denied entry into another country?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
173.	Have you ever accessed or used any part of a computer, computer system, software/web application, or program in a way that was against the law, contrary to policy, or without authorization?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
174.	Have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted or shows a policy of advocating for discrimination, the commission of force, or violence to deny other persons their rights under the Constitution of the United States of America or the State of Oregon; or which seeks to alter the form of government of the United States of America by unconstitutional means?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
175.	Have you ever had a complaint of unnecessary force or brutality filed against you?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
176.	Have you ever hit or physically overpowered a current or former domestic partner, romantic partner, significant other, spouse, or family member?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
177.	Have you ever been involved in a physical fight, confrontation, or other violent act?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
178.	Have you ever caused physical injury to another person?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
179.	Is there any reason you would not be able to use deadly force, if necessary, in the line of duty?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
180.	Have you ever used your position of authority to benefit yourself or another, or harm another, contrary to policy or in violation of the law?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
181.	Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual orientation, or disability?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
182.	Have you ever been, a member or associate of a criminal enterprise, street gang, law enforcement gang, hate group, or any other group that advocates discrimination, genocide, or violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual orientation, or disability?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
183.	Are you or have you ever engaged in membership in a hate group, participation in any hate group activity, or advocacy of public expressions of hate?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
184.	Have you ever made postings, statements or endorsements advocating discrimination, genocide, or violence against individuals because of their actual or perceived race, ethnicity, gender, nationality, religion, disability, or sexual orientation?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
185.	Have you ever expressed or exhibited bias against individuals because of their actual or perceived race or ethnicity, gender, nationality, religion, disability, or sexual orientation?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 10: OTHER TOPICS (continued)

If you answered "YES" to any of **Questions 171–185**, give details, including dates and circumstances – *reference corresponding numbers*).

If more space is needed, continue your response on Page 32.

Supplemental other topics information provided on Page 32

SECTION 11: CERTIFICATION

I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: ►

Date:

Provide supplemental INFORMATION

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Reference the corresponding questions and/or specific items.
- You may print copies of this page as needed.