

**CONFIDENTIAL**

**ADAMS COUNTY SHERIFF'S DEPARTMENT**  
**APPLICANT BACKGROUND INVESTIGATION**

**PERSONAL HISTORY QUESTIONNAIRE I**

INSTRUCTIONS:

**READ EVERY QUESTION CAREFULLY. ANSWER EVERY QUESTION. IF THE QUESTION DOES NOT PERTAIN TO YOU, INDICATE SO BY MARKING "D.N.A." IN THE APPROPRIATE SPACE.**

**YOU MAY BE REJECTED IF YOU HAVE INTENTIONALLY MADE A FALSE STATEMENT OF A MATERIAL FACT, OMITTED INFORMATION, OR PRACTICED OR ATTEMPTED TO PRACTICE ANY DECEPTION OR FRAUD IN YOUR PERSONAL HISTORY QUESTIONNAIRE.**

**ALL ENTRIES, EXCEPT THE SIGNATURE, MUST BE TYPED OR PRINTED IN BLOCK LETTERS IN BLACK OR BLUE INK.**

**IF THE SPACE AVAILABLE FOR ANSWERING ANY QUESTION IN THIS FORM IS INSUFFICIENT, USE THE CONTINUATION SHEET PROVIDED. SIGNIFY WHICH STATEMENT YOU ARE ANSWERING BY NUMBER.**



EDUCATION

16. Provide information on all schools you have attended. Start with high school through college.

Name of school	Address	Dates Attended	Did you graduate?	Degree
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**Attach a copy of all degrees and transcripts from schools**

17. Provide information on any correspondence, trade, or military schools you have attended.

Name of school	Address	Year last attended	Specialization	Degree
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**Attach copies of all certificates**

18. List any professional licenses or certificates you hold or have held.


**Attach copies of licenses or certificates**

DRIVING HISTORY

19. Can you operate an automobile? Yes ( ) No ( )

20. Do you possess a valid driver's license? Yes ( ) No ( )

Drivers License number \_\_\_\_\_ State \_\_\_\_\_

21. Has your license ever been suspended or revoked? Yes ( ) No ( )

If yes, please explain: \_\_\_\_\_

22. Have you ever held a driver's license in another state? Yes ( ) No ( )

If yes, please list the states and dates you held the license. \_\_\_\_\_  
\_\_\_\_\_

23. List your address for the last 10 years starting with the present.

From	To	Address	City & State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE

24. Have you ever served in any military organization of the U.S.? Yes ( ) No ( )

If yes, please specify branch: \_\_\_\_\_

25. What is your service serial number? \_\_\_\_\_

26. Are you now a member of the U.S. Reserve or National Guard Unit? Yes ( ) No ( )

27. What was/is the highest rank you ever held? \_\_\_\_\_

28. What was your rank at discharge? \_\_\_\_\_

29. List period(s) of active service:

From (date)	To (date)
_____	_____
_____	_____

30. Have you received any notice to report for active duty in the Armed Forces in the past 6 months? Yes ( ) No ( )

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

31. List any disciplinary action taken against you while a member of any branch of military service.

Date	Infraction	Discipline
_____	_____	_____
_____	_____	_____

CRIMINAL HISTORY

32. Have you ever been convicted of a crime, other than a petty offense? Yes ( ) No ( )

If yes, please give details below:

Date Arrested	City/State	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

33. Have you ever been placed on probation? Yes ( ) No ( )

If yes, please give details below:

Date Placed on Probation	City/State	Charge	Probation Officer's Name
_____	_____	_____	_____
_____	_____	_____	_____

34. Have you ever been required to pay a fine in excess of \$75.00? Yes ( ) No ( )

If yes, please explain: \_\_\_\_\_

35. Have you ever been fingerprinted by a police agency other than for an arrest?

Yes ( ) No ( ) If yes, please explain \_\_\_\_\_

\_\_\_\_\_

36. List all traffic citations you have received.

Location	Approximate Date	Nature of Violation	Disposition of Case
_____	_____	_____	_____
_____	_____	_____	_____

37. Are there any warrants or charges now pending against you in any court?

Yes ( ) No ( ) If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT HISTORY

38. List all jobs you have had in the last 15 years. Put your present or most recent job first. Include military service in proper time sequence and all temporary or part-time jobs.

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Your title/duties \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving (be exact) \_\_\_\_\_  
\_\_\_\_\_

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Your title/duties \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving (be exact) \_\_\_\_\_  
\_\_\_\_\_

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Your title/duties \_\_\_\_\_

Reason for leaving (be exact) \_\_\_\_\_

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Your title/duties \_\_\_\_\_

Reason for leaving (be exact) \_\_\_\_\_

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Your title/duties \_\_\_\_\_

Reason for leaving (be exact) \_\_\_\_\_

\*\*\*\*\*

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Your title/duties \_\_\_\_\_

Reason for leaving (be exact) \_\_\_\_\_

\*\*\*\*\*

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Your title/duties \_\_\_\_\_

Reason for leaving (be exact) \_\_\_\_\_

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39. Have you ever submitted an application for appointment to another police department? Yes ( ) No ( )

If yes, please explain \_\_\_\_\_

40. Have you ever been discharged or forced to resign because of misconduct or unsatisfactory service or while under investigation? Yes ( ) No ( )

If yes, please explain \_\_\_\_\_

41. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member? Yes ( ) No ( )

If yes, please explain \_\_\_\_\_

42. List 3 commercial or business credit references (include bank, charge accounts, or firms you have borrowed money from for any purpose.)

Name & Address Of Firm	Type of Business	Amount	Approximate Date Opened/Closed

43. Have you ever been sued? Yes ( ) No ( ) If yes, please give details\_\_\_\_\_

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44. List any outstanding debts and list amount(s) and whether in arrears.

Amount of Original Debt	Amount Now Owed	In Arrears		Amount Owed To	
		Yes	No	Name	Address

45. Have you ever filed for bankruptcy? Yes ( ) No ( ) If yes, please explain\_\_\_\_\_

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46. List below the names of 3 adults not related to you and not former employers who have known you for a period preferably more than 5 years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

Name	Address	Home Phone	Business Phone



**ADAMS COUNTY SHERIFF'S OFFICE  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

For the period of one year from the execution of this form, I \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the County of Adams, Adams County Sheriff's Office, or any individual or entity duly assigned by the Adams County Sheriff's Office. Whether the said records are of a public, private, criminal, internal, or confidential nature, I direct the release of such information regardless of any agreement I may have made to the contrary with any entity or individual to whom this release is presented.

The intent of this authorization is to give my consent for full and complete disclosure of criminal records, internal investigation records, military records, records of educational and financial institutions, including academic records, records of loans, and other financial statements and records wherever filed, records maintained by the National Personnel Records Center and the United States Veterans Administration, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law or of other counsel whether representing me or another person in any case either criminal or civil in which I presently have or had an interest. I acknowledge the existence of confidentiality between myself and any attorney with whom I have established an attorney/client privilege, and I hereby waive such privilege for the purpose of full and complete disclosure under the terms of this document. I further release from any liability an attorney who furnishes information under the terms and conditions of this document.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part upon this release authorization, will be considered in determining my suitability for employment with the County of Adams. Additionally, I understand it is the legal duty of the County of Adams to release any information of a serious criminal nature uncovered by this investigation to the proper authorities. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information whether from record or recollection. I further release the County of Adams and its agents or designees under this release from any and all liability that may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information."

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Applicant Signature (including maiden name)                      Date                      Witness Signature & Date

Please print or type the following information:

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Last name	First name	Middle initial	Maiden last name, former married name(s) or other names used
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House number/Box number	Street name/Rural route	City	State	Zip Code
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Previous Address:

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House number/Box number	Street name/Rural route	City	State	Zip Code
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Date of Birth	Sex	Race	Social Security number	Driver's License Number
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## POWER TEST INFORMATION

The actual performance requirement for each test is based upon norms for a national population sample.

The applicant must pass every test.

The required performance to pass each test is based upon sex and age (decade). While the absolute performance is different for the 8 categories, the relative level of effort is identical for each age and sex group. All recruits are being required to meet the same percentile rank in terms of their respective age/group. The performance requirement is that level of physical performance that approximates the 40<sup>th</sup> percentile for each age and sex group.

### POWER CHART

TEST	MALE				FEMALE			
AGE GROUP	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
Sit and Reach	16.0	15.0	13.8	12.8	18.8	17.8	16.8	16.3
1 Minute sit up	37	34	28	23	31	24	19	13
Maximum Bench Press Ratio	.98	.87	.79	.70	.58	.52	.49	.43
1.5 Mile Run	13.46	14.31	15.24	16.21	16.21	16.52	17.53	18.44