

PORTLAND BUREAU OF POLICE

Personal History Statement



Date _____

Position Applied For

- Entry Police Officer
- Lateral Police Officer
- Reserve Police Officer
- Reinstatement



IF THIS DOCUMENT IS INCOMPLETE OR ILLEGIBLE, YOU MAY BE REFERRED TO A WORKSHOP AND/OR THE NEXT HIRING CYCLE THEREBY DELAYING THE PROCESSING OF YOUR APPLICATION

INSTRUCTIONS: READ CAREFULLY BEFORE PROCEEDING

This document must be **typed** or printed legibly in **BLACK** ink. All fields must be completed.

1. Answer to the best of your ability. If you do not know the information requested and cannot obtain it after making a reasonable effort, enter "UNK" (unknown). Use the supplemental sheet to explain the steps you have taken to obtain the information.
2. If a field does not apply, enter "N/A" (not applicable).
3. If a person has no middle name, write "NMN" in the box provided.
4. You are responsible for obtaining **ALL** information about references, employers, family, roommates, and other contacts (i.e. dates of birth, email addresses, etc.).
5. If there is insufficient space on the form for you to provide all required information, use the SUPPLEMENTAL SHEET provided at the back. Be sure to reference the relevant section and number before continuing your answer (i.e. "Section 3 EMPLOYMENT").
6. If you cannot recall specific details of an incident, include everything you can remember. You must make all logical and reasonable efforts to obtain requested information.
7. In accordance with The Americans with Disabilities Act (ADA) and The Genetic Information Nondiscrimination Act (GINA), applicants are not expected or required to reveal any medical or other disability related information about themselves or their family members in response to questions on this form. Therefore, do not divulge information concerning physical or mental conditions, either past or present.
8. Derogatory information in your background (e.g. been fired from a job, a criminal record, etc.) will not necessarily disqualify you from continuing in this process. However, the intentional omission or falsification of any item will cause your application to be **rejected**. For this reason, be open and straightforward as you fill out this form and in all dealings with the Portland Police Bureau.
9. You increase your chances of becoming a Portland Police Officer by answering all questions completely and accurately.
10. You will **not** be provided a copy of this document once you submit it. It is recommended that you keep copies for yourself of all documents you furnish to the Portland Police Bureau.
11. If there is any doubt as to whether information should be included in this PHS or not, **INCLUDE IT**. You will be given an opportunity to explain your answers.

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APPLICANT DECLARATION OF ELIGIBILITY

(Initial each of the following three statements indicating you have read and understand each)

_____ I have reviewed the MINIMUM REQUIREMENTS for **Police Officer** for the Portland Police Bureau and I meet or exceed all listed items.

_____ I understand that falsifying any information in this document will cause my application for employment to be denied. Further, I understand that falsifying any information in this document will cause me to be permanently ineligible for employment with the Portland Police Bureau in any capacity.

SECTION A

(Initial each of the following two requirements if you meet them)

By submitting my Personal History Statement to the Portland Police Bureau, I certify the following:

_____ I am at least 21 years of age

_____ I possess a high school diploma or G.E.D.

SECTION B

AND I possess **at least one** of the following: *(Initial each criterion that applies to you)*

_____ An associate degree or bachelor's degree from an accredited college or university.

_____ At least 60 semester credit hours or at least 90 quarter credit hours from an accredited college or university (COURSES MUST BE 100 LEVEL OR ABOVE).

_____ Another state's CURRENT police officer standards and training certificate, accepted by Oregon Department of Public Safety Standards and Training (DPSST).

_____ Two years of continuous service and currently working as an officer exercising police powers at a local, county, state, or federal law enforcement agency.

_____ Two years of continuous service and currently working as a state or federal certified parole or probation officer.

_____ Two years of continuous service and currently working as a state, county or federal certified corrections officer.

_____ Two years of continuous service and currently working for the Portland Police Bureau or Portland Bureau of Emergency Communications.

_____ Two years of active duty or four years of reserve U.S. military service under HONORABLE conditions.

_____ Two years of service as a Portland Police reserve officer (after training and with at least 500 hours of service rendered).

**** LATERAL APPLICANTS ONLY ****

_____ I MEET THE ABOVE CRITERIA IN SECTIONS A & B **AND** I HAVE AT LEAST THREE (3) YEARS OF CURRENT POLICE SERVICE AS DESCRIBED ON THE PORTLAND POLICE BUREAU WEBSITE

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1 APPLICANT INFORMATION

NAME LAST FIRST MIDDLE				RACE	SEX	DATE OF BIRTH	
STREET ADDRESS				CELL PHONE:			
CITY STATE ZIP CODE				HOME/MESSAGE/OTHER PHONE:			
LIST ANY OTHER NAMES YOU HAVE USED							
WHAT IS YOUR PRIMARY EMAIL ADDRESS: _____ LIST ALL OTHER EMAIL ADDRESSES THAT YOU HAVE EVER USED							
HEIGHT	WEIGHT	EYES	HAIR	Are you a U.S. Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>			
SOCIAL SECURITY NUMBER			CURRENT DRIVER'S LICENSE NUMBER	STATE			
PLACE OF BIRTH (CITY, COUNTY STATE, COUNTRY)							
LIST ALL STATES THAT YOU HAVE LIVED IN SINCE THE AGE OF 16							
LIST ALL SOCIAL MEDIA SITES (Twitter, Facebook, Instagram, etc.) ON WHICH YOU MAINTAIN AN ACCOUNT. LIST USER NAMES FOR EACH WEBSITE.							
Site		Username		Site		Username	
_____		_____		_____		_____	
_____		_____		_____		_____	

<p>Do you have any body art including tattoos, visible piercings, gauges or plugs, branding, or non-medical scarification? (You will be required to provide photos of each at a later time.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>DESCRIBE EACH TATTOO / PIERCING, LOCATION ON BODY, AND SIGNICANCE IT HAS TO YOU</p> 	
<p>Are you now, or have you ever been, associated with any organization, movement, group, or combination of persons which promote a subversive ideology or advocate for the use of force, violence, or extreme prejudice?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>LIST EACH SUCH ORGANIZATION / GROUP, INCLUDING DAYES OF ASSOCIATION, NAME OF GROUP, AND PURPOSE</p> 	
<p>Were you referred to this job by a member of the Portland Police Bureau?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>IF YES, PLEASE LIST WHO REFFERED YOU AND BRIEFLY DESCRIBE HOW THEY HAVE ASSISTED YOU</p> 	

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APPLICANT INFORMATION (CONTINUED) - RELATIONSHIP STATUS

(Check all that apply)

- MARRIED
 DIVORCED
 SEPARATED
 WIDOWED
 SINGLE
 DOMESTIC PARTNER
 SIGNIFICANT OTHER
 BOYFRIEND / GIRLFRIEND

List all above checked information below as indicated

NAME OF CURRENT SPOUSE/PARTNER/BOYFRIEND/GIRLFRIEND		DOB	PHONE	EMAIL
HOME ADDRESS	CITY	STATE	ZIP	
EMPLOYER OR OCCUPATION			BUSINESS PHONE	
BUSINESS ADDRESS	CITY	STATE	ZIP	
OTHER NAMES USED			DRIVERS LICENSE NUMBER	STATE
DATE OF MARRIAGE/ENGAGEMENT	LOCATION OF MARRIAGE		SOCIAL SECURITY NUMBER	

LIST YOUR PREVIOUS SPOUSE, PARTNER, OR SIGNIFICANT OTHER

NAME OF FORMER SPOUSE/PARTNER/BOYFRIEND/GIRLFRIEND		DOB	HOME PHONE	
CURRENT ADDRESS	CITY	STATE	ZIP	
DATE MARRIED	LOCATION OF MARRIAGE	DATE DIVORCED (If applicable)	SOCIAL SECURITY NUMBER	
FORMER FATHER IN-LAW NAME		DOB	HOME PHONE	
HOME ADDRESS	CITY	STATE	ZIP	
FORMER MOTHER IN-LAW NAME		DOB	HOME PHONE	
HOME ADDRESS	CITY	STATE	ZIP	

CHILD / STEP-CHILD NAME			DOB	
HOME PHONE (If 18 or older)	EMAIL (If 18 or older)			
HOME ADDRESS	CITY	STATE	ZIP	

CHILD / STEP-CHILD NAME			DOB	
HOME PHONE (If 18 or older)	EMAIL (If 18 or older)			
HOME ADDRESS	CITY	STATE	ZIP	

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APPLICANT INFORMATION (CONTINUED) - FAMILY INFORMATION

CHILD / STEP-CHILD NAME		DOB	
HOME PHONE (If 18 or older)	EMAIL (If 18 or older)		
HOME ADDRESS	CITY	STATE	ZIP

CHILD / STEP-CHILD NAME		DOB	
HOME PHONE (If 18 or older)	EMAIL (If 18 or older)		
HOME ADDRESS	CITY	STATE	ZIP

CHILD / STEP-CHILD NAME		DOB	
HOME PHONE (If 18 or older)	EMAIL (If 18 or older)		
HOME ADDRESS	CITY	STATE	ZIP

CHILD / STEP-CHILD NAME		DOB	
HOME PHONE (If 18 or older)	EMAIL (If 18 or older)		
HOME ADDRESS	CITY	STATE	ZIP

LIST ADDITIONAL FORMER SPOUSES, PARTNERS, PARENTS-IN-LAW, OR CHILDREN (IF APPLICABLE)

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2

RESIDENCES

List below all residences since age 17. If you are older than 27, list all residences where you have lived for the PAST 10 YEARS.
List present residence first and work backward. INCLUDE ALL MILITARY DUTY STATIONS.

FROM MO/YR	TO MO/YR	ADDRESS	CITY	STATE	ZIP
WITH WHOM DO YOU LIVE? (NAME, DATE OF BIRTH OR AGE, RELATIONSHIP TO YOU)					
LANDLORD/MORTGAGE COMPANY NAME		MAILING ADDRESS		CONTACT PHONE NUMBER	
DID YOU HAVE EVICTION OR FORECLOSURE PROCEEDINGS INITIATED AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO USE THIS SPACE TO EXPLAIN A "YES" ANSWER (YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION AT A LATER TIME)					

FROM MO/YR	TO MO/YR	ADDRESS	CITY	STATE	ZIP
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, RELATIONSHIP TO YOU)					
LANDLORD/MORTGAGE COMPANY NAME		MAILING ADDRESS		CONTACT PHONE NUMBER	
DID YOU HAVE EVICTION OR FORECLOSURE PROCEEDINGS INITIATED AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO USE THIS SPACE TO EXPLAIN A "YES" ANSWER (YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION AT A LATER TIME)					

FROM MO/YR	TO MO/YR	ADDRESS	CITY	STATE	ZIP
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, RELATIONSHIP TO YOU)					
LANDLORD/MORTGAGE COMPANY NAME		MAILING ADDRESS		CONTACT PHONE NUMBER	
DID YOU HAVE EVICTION OR FORECLOSURE PROCEEDINGS INITIATED AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO USE THIS SPACE TO EXPLAIN A "YES" ANSWER (YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION AT A LATER TIME)					

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RESIDENCES (CONTINUED)

FROM MO/YR	TO MO/YR	ADDRESS	CITY	STATE	ZIP
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, RELATIONSHIP TO YOU)					
LANDLORD/MORTGAGE COMPANY NAME		MAILING ADDRESS		CONTACT PHONE NUMBER	
DID YOU HAVE EVICTION OR FORECLOSURE PROCEEDINGS INITIATED AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO USE THIS SPACE TO EXPLAIN A "YES" ANSWER (YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION AT A LATER TIME)					

FROM MO/YR	TO MO/YR	ADDRESS	CITY	STATE	ZIP
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, RELATIONSHIP TO YOU)					
LANDLORD/MORTGAGE COMPANY NAME		MAILING ADDRESS		CONTACT PHONE NUMBER	
DID YOU HAVE EVICTION OR FORECLOSURE PROCEEDINGS INITIATED AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO USE THIS SPACE TO EXPLAIN A "YES" ANSWER (YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION AT A LATER TIME)					

FROM MO/YR	TO MO/YR	ADDRESS	CITY	STATE	ZIP
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, RELATIONSHIP TO YOU)					
LANDLORD/MORTGAGE COMPANY NAME		MAILING ADDRESS		CONTACT PHONE NUMBER	
DID YOU HAVE EVICTION OR FORECLOSURE PROCEEDINGS INITIATED AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO USE THIS SPACE TO EXPLAIN A "YES" ANSWER (YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION AT A LATER TIME)					

(USE SUPPLEMENTAL SHEET TO ADD MORE RESIDENCES IF NEEDED)

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3 EMPLOYMENT

List below every period of employment since age 17. If you are older than 27, list all employment for the PAST 10 YEARS. Begin with present employment and work backward. Include part-time jobs and period of unemployment.

FROM DATE	TO DATE	NAME OF EMPLOYER	<input type="checkbox"/> FULL TIME
			<input type="checkbox"/> PART TIME
ADDRESS		CITY	STATE ZIP
SALARY/HOURLY WAGE	WEBSITE	PHONE	
JOB TITLE, DESCRIPTION AND DUTIES			
COMPLETE NAME OF SUPERVISOR		EMAIL	PHONE
COMPLETE NAME OF COWORKER		EMAIL	PHONE
EXPLAIN REASON FOR LEAVING			
LIST ANY DISCIPLINARY ACTIONS AGAINST YOU: <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE (EXPLAIN IN SPACE BELOW)			

I HAVE OBJECTIONS TO PORTLAND MAKING INQUIRIES OF MY PRESENT EMPLOYER. YES NO

I REALIZE THAT, BECAUSE OF THIS, MY BACKGROUND INVESTIGATION MAY BE DELAYED. _____ (INITIAL)

REASON:

FROM DATE	TO DATE	NAME OF EMPLOYER	<input type="checkbox"/> FULL TIME
			<input type="checkbox"/> PART TIME
ADDRESS		CITY	STATE ZIP
SALARY/HOURLY WAGE	WEBSITE	PHONE	
JOB TITLE, DESCRIPTION AND DUTIES			
COMPLETE NAME OF SUPERVISOR		EMAIL	PHONE
COMPLETE NAME OF COWORKER		EMAIL	PHONE
EXPLAIN REASON FOR LEAVING			
LIST ANY DISCIPLINARY ACTIONS AGAINST YOU: <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE (EXPLAIN IN SPACE BELOW)			

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EMPLOYMENT (CONTINUED)

FROM DATE	TO DATE	NAME OF EMPLOYER	<input type="checkbox"/> FULL TIME
<input type="checkbox"/> PART TIME			
ADDRESS		CITY	STATE
ZIP			
SALARY/HOURLY WAGE	WEBSITE	PHONE	
JOB TITLE, DESCRIPTION AND DUTIES			
COMPLETE NAME OF SUPERVISOR		EMAIL	PHONE
COMPLETE NAME OF COWORKER		EMAIL	PHONE
EXPLAIN REASON FOR LEAVING			
LIST ANY DISCIPLINARY ACTIONS AGAINST YOU: <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE (EXPLAIN IN SPACE BELOW)			

FROM DATE	TO DATE	NAME OF EMPLOYER	<input type="checkbox"/> FULL TIME
<input type="checkbox"/> PART TIME			
ADDRESS		CITY	STATE
ZIP			
SALARY/HOURLY WAGE	WEBSITE	PHONE	
JOB TITLE, DESCRIPTION AND DUTIES			
COMPLETE NAME OF SUPERVISOR		EMAIL	PHONE
COMPLETE NAME OF COWORKER		EMAIL	PHONE
EXPLAIN REASON FOR LEAVING			
LIST ANY DISCIPLINARY ACTIONS AGAINST YOU: <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE (EXPLAIN IN SPACE BELOW)			

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EMPLOYMENT (CONTINUED)

FROM DATE	TO DATE	NAME OF EMPLOYER	<input type="checkbox"/> FULL TIME
			<input type="checkbox"/> PART TIME
ADDRESS		CITY	STATE ZIP
SALARY/HOURLY WAGE		WEBSITE	PHONE
JOB TITLE, DESCRIPTION AND DUTIES			
COMPLETE NAME OF SUPERVISOR		EMAIL	PHONE
COMPLETE NAME OF COWORKER		EMAIL	PHONE
EXPLAIN REASON FOR LEAVING			
LIST ANY DISCIPLINARY ACTIONS AGAINST YOU: <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE (EXPLAIN IN SPACE BELOW)			

(USE SUPPLEMENTAL SHEET TO ADD MORE EMPLOYMENT IF NEEDED)

Have you ever been discharged/fired (not laid off) from any position?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever resigned to avoid discharge/being fired?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever resigned while under suspension or while dismissal proceedings were pending?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever received unemployment compensation? List states below	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had an employer extend your probationary period?	<input type="checkbox"/> YES <input type="checkbox"/> NO
USE THIS SPACE TO EXPLAIN ANY 'YES' ANSWERS	

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4 VOLUNTEER EXPERIENCE/ INTERNSHIPS
List all volunteer positions, internships, and/or any type of unpaid work that you have performed.

DATE FROM	DATE TO	ORGANIZATION NAME			
ADDRESS		CITY	STATE	ZIP	CONTACT PHONE
SUPERVISOR NAME		EMAIL			PHONE
JOB TITLE		DUTIES AND RESPONSIBILITIES			

DATE FROM	DATE TO	ORGANIZATION NAME			
ADDRESS		CITY	STATE	ZIP	CONTACT PHONE
SUPERVISOR NAME		EMAIL			PHONE
JOB TITLE		DUTIES AND RESPONSIBILITIES			

DATE FROM	DATE TO	ORGANIZATION NAME			
ADDRESS		CITY	STATE	ZIP	CONTACT PHONE
SUPERVISOR NAME		EMAIL			PHONE
JOB TITLE		DUTIES AND RESPONSIBILITIES			

DATE FROM	DATE TO	ORGANIZATION NAME			
ADDRESS		CITY	STATE	ZIP	CONTACT PHONE
SUPERVISOR NAME		EMAIL			PHONE
JOB TITLE		DUTIES AND RESPONSIBILITIES			

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5 EDUCATION
Account for all civilian and military schools, vocational schools, and high school. List most current school first.

FROM DATE	TO DATE	NAME AND LOCATION OF INSTITUTION		
GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	MAJOR	DEGREE / CERTIFICATE	QUARTER CREDIT HOURS EARNED _____	SEMESTER CREDIT HOURS EARNED _____

FROM DATE	TO DATE	NAME AND LOCATION OF INSTITUTION		
GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	MAJOR	DEGREE / CERTIFICATE	QUARTER CREDIT HOURS EARNED _____	SEMESTER CREDIT HOURS EARNED _____

FROM DATE	TO DATE	NAME AND LOCATION OF INSTITUTION		
GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	MAJOR	DEGREE / CERTIFICATE	QUARTER CREDIT HOURS EARNED _____	SEMESTER CREDIT HOURS EARNED _____

FROM DATE	TO DATE	NAME AND LOCATION OF INSTITUTION		
GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	MAJOR	DEGREE / CERTIFICATE	QUARTER CREDIT HOURS EARNED _____	SEMESTER CREDIT HOURS EARNED _____

(USE SUPPLEMENTAL SHEET TO ADD MORE EDUCATION IF NEEDED)

Have you ever been expelled from any school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been suspended from any school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever "flunked out" of college?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been placed on academic probation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been the subject of any other type of discipline from any school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
USE THIS SPACE TO EXPLAIN ANY "YES" ANSWERS	

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6 REFERENCES
Provide eight (8) references, NOT RELATED TO YOU OR EACH OTHER BY BLOOD OR MARRIAGE, who are of reputable standing in their community; five (5) of whom have known you for at least three (3) years; four (4) of whom are your peers.
You may use FORMER co-workers if you have a personal relationship with them, but NOT current co-workers.

LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB	PLACE OF EMPLOYMENT	YRS KNOWN
STREET ADDRESS OR PO BOX					EMPLOYMENT ADDRESS		
CITY			STATE	ZIP	CITY		STATE ZIP
EMAIL					HOME PHONE		BUSINESS PHONE

LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB	PLACE OF EMPLOYMENT	YRS KNOWN
STREET ADDRESS OR PO BOX					EMPLOYMENT ADDRESS		
CITY			STATE	ZIP	CITY		STATE ZIP
EMAIL					HOME PHONE		BUSINESS PHONE

LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB	PLACE OF EMPLOYMENT	YRS KNOWN
STREET ADDRESS OR PO BOX					EMPLOYMENT ADDRESS		
CITY			STATE	ZIP	CITY		STATE ZIP
EMAIL					HOME PHONE		BUSINESS PHONE

LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB	PLACE OF EMPLOYMENT	YRS KNOWN
STREET ADDRESS OR PO BOX					EMPLOYMENT ADDRESS		
CITY			STATE	ZIP	CITY		STATE ZIP
EMAIL					HOME PHONE		BUSINESS PHONE

LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB	PLACE OF EMPLOYMENT	YRS KNOWN
STREET ADDRESS OR PO BOX					EMPLOYMENT ADDRESS		
CITY			STATE	ZIP	CITY		STATE ZIP
EMAIL					HOME PHONE		BUSINESS PHONE

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REFERENCES (continued):

LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB	PLACE OF EMPLOYMENT	YRS KNOWN
STREET ADDRESS OR PO BOX					EMPLOYMENT ADDRESS		
CITY			STATE	ZIP	CITY		STATE ZIP
EMAIL					HOME PHONE		BUSINESS PHONE

LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB	PLACE OF EMPLOYMENT	YRS KNOWN
STREET ADDRESS OR PO BOX					EMPLOYMENT ADDRESS		
CITY			STATE	ZIP	CITY		STATE ZIP
EMAIL					HOME PHONE		BUSINESS PHONE

LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB	PLACE OF EMPLOYMENT	YRS KNOWN
STREET ADDRESS OR PO BOX					EMPLOYMENT ADDRESS		
CITY			STATE	ZIP	CITY		STATE ZIP
EMAIL					HOME PHONE		BUSINESS PHONE

Has any of the above-listed references ever been arrested? YES NO

USE THIS SPACE TO EXPLAIN A 'YES' ANSWER

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7 RELATIVES

List all below-specified family members, beginning with parents, including current address, E-mail and complete name (last, first, middle). List the person even if you do not have contact with them. Code the entries: **A**-Parents/Guardians, **B**-Step-Parents, **C**-Foster Parents, **D**-Parents-in-Law, **E**-Brothers, **F**-Sisters, **G**-Step-Brothers, **H**-Step-Sisters, **I**-Brothers/Sisters-in-Law, **J**-Aunts, and **K**-Uncles. If deceased, indicate with an asterisk (*) next to DOB.

A	LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB
ADDRESS CITY STATE ZIP						
PHONE			EMAIL		OCCUPATION	
A	LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB
ADDRESS CITY STATE ZIP						
PHONE			EMAIL		OCCUPATION	

	LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB
ADDRESS CITY STATE ZIP						
PHONE			EMAIL		OCCUPATION	

	LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB
ADDRESS CITY STATE ZIP						
PHONE			EMAIL		OCCUPATION	

	LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB
ADDRESS CITY STATE ZIP						
PHONE			EMAIL		OCCUPATION	

	LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB
ADDRESS CITY STATE ZIP						
PHONE			EMAIL		OCCUPATION	

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RELATIVES (CONTINUED)

CODE	LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB
ADDRESS						
CITY		STATE		ZIP		
PHONE			EMAIL		OCCUPATION	

CODE	LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB
ADDRESS						
CITY		STATE		ZIP		
PHONE			EMAIL		OCCUPATION	

CODE	LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB
ADDRESS						
CITY		STATE		ZIP		
PHONE			EMAIL		OCCUPATION	

CODE	LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB
ADDRESS						
CITY		STATE		ZIP		
PHONE			EMAIL		OCCUPATION	

CODE	LAST NAME	FIRST	MIDDLE	RACE	SEX	DOB
ADDRESS						
CITY		STATE		ZIP		
PHONE			EMAIL		OCCUPATION	

CODE	LAST NAME FIRST MIDDLE	RACE	SEX	DOB
ADDRESS				
CITY		STATE		ZIP
PHONE		EMAIL		OCCUPATION

(USE SUPPLEMENTAL SHEET TO ADD MORE RELATIVES IF NEEDED)

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8 FAMILY AND ASSOCIATE ARREST RECORD
HAS ANY MEMBER OF YOUR FAMILY (INCLUDING IN-LAWS) OR ANYONE ELSE YOU ARE CLOSELY ASSOCIATED WITH OR ANY ROOMMATES, EVER BEEN ARRESTED FOR ANYTHING OTHER THAN TRAFFIC VIOLATIONS?
YES NO (Provide details below.)

DATE OF CONTACT	NAME AND RELATIONSHIP	DATE OF BIRTH
PLACE OF CONTACT	CHARGE	FINAL DISPOSITION
EXPLAIN		

DATE OF CONTACT	NAME AND RELATIONSHIP	DATE OF BIRTH
PLACE OF CONTACT	CHARGE	FINAL DISPOSITION
EXPLAIN		

DATE OF CONTACT	NAME AND RELATIONSHIP	DATE OF BIRTH
PLACE OF CONTACT	CHARGE	FINAL DISPOSITION
EXPLAIN		

DATE OF CONTACT	NAME AND RELATIONSHIP	DATE OF BIRTH
PLACE OF CONTACT	CHARGE	FINAL DISPOSITION
EXPLAIN		

Do you associate with and/or communicate with anyone incarcerated in any correctional or confinement facility or anyone on work release, parole, or probation (outside the line of duty)? YES NO

EXPLAIN *YES* ANSWER

Do you associate with anyone who is known to be a convicted felon? YES NO

EXPLAIN *YES* ANSWER

(USE SUPPLEMENTAL SHEET TO ADD MORE ARREST RECORDS IF NEEDED)

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9 POLICE CONTACT AND ARREST RECORD

Have you ever been questioned as a suspect in any **felony** crime? YES NO
 Have you ever been arrested for any **felony** crime? YES NO
 Did any of these cases involve domestic violence? YES NO N/A

Explain YES answers below

Date	Location	Investigating Agency	Case # (if applicable)	Alleged Crime	Disposition
					<input type="checkbox"/> Dismissed <input type="checkbox"/> Found Not Guilty <input type="checkbox"/> Pleased <input type="checkbox"/> Convicted
					<input type="checkbox"/> Dismissed <input type="checkbox"/> Found Not Guilty <input type="checkbox"/> Pleased <input type="checkbox"/> Convicted
					<input type="checkbox"/> Dismissed <input type="checkbox"/> Found Not Guilty <input type="checkbox"/> Pleased <input type="checkbox"/> Convicted

USE THIS SPACE TO EXPLAIN "YES" ANSWERS

Have you ever been questioned as a suspect in any **misdemeanor** crime? YES NO
 Have you ever been arrested for any **misdemeanor** crime? YES NO
 Did any of these cases involve domestic violence? YES NO N/A

Explain YES answers below

Date	Location	Investigating Agency	Case # (if applicable)	Alleged Crime	Disposition
					<input type="checkbox"/> Dismissed <input type="checkbox"/> Found Not Guilty <input type="checkbox"/> Pleased <input type="checkbox"/> Convicted
					<input type="checkbox"/> Dismissed <input type="checkbox"/> Found Not Guilty <input type="checkbox"/> Pleased <input type="checkbox"/> Convicted
					<input type="checkbox"/> Dismissed <input type="checkbox"/> Found Not Guilty <input type="checkbox"/> Pleased <input type="checkbox"/> Convicted

USE THIS SPACE TO EXPLAIN "YES" ANSWERS

PORTLAND BUREAU OF POLICE
Personal History Statement

POLICE CONTACT AND ARREST RECORD (CONTINUED)

Have you ever been arrested for or charged with any other offense not listed on previous pages (i.e. *Minor in Possession, Curfew Violation, Alcohol in Public, or Loitering to Solicit Prostitution, etc.*)? YES NO

Explain YES answers below

Date	Location	Investigating Agency	Case # (if applicable)	Alleged Crime	Disposition
					<input type="checkbox"/> Dismissed <input type="checkbox"/> Found Not Guilty <input type="checkbox"/> Pled <input type="checkbox"/> Convicted
					<input type="checkbox"/> Dismissed <input type="checkbox"/> Found Not Guilty <input type="checkbox"/> Pled <input type="checkbox"/> Convicted
					<input type="checkbox"/> Dismissed <input type="checkbox"/> Found Not Guilty <input type="checkbox"/> Pled <input type="checkbox"/> Convicted

USE THIS SPACE TO EXPLAIN "YES" ANSWERS

List any other instances where your name could appear in a police or campus security report.

Examples include calling 9-1-1, being a witness to a crime, filing a police report as a victim, et al.

Date	Location	Investigating Agency	Case # (if applicable)	Brief Explanation

USE THIS SPACE TO EXPLAIN ENTRIES

(USE SUPPLEMENTAL SHEET TO ADD MORE ARREST/REPORT RECORDS IF NEEDED)

PORTLAND BUREAU OF POLICE
Personal History Statement

POLICE CONTACT AND ARREST RECORD (CONTINUED)

Have you ever been **the respondent/subject** of a restraining order, stalking order, or other protective court order?

YES NO

USE THIS SPACE TO EXPLAIN A "YES" ANSWER

Have you ever **requested** a restraining order, stalking order, or other protective court order?

YES NO

USE THIS SPACE TO EXPLAIN A "YES" ANSWER

Have you ever been involved in a physical altercation with a spouse, significant other, roommate, family member, or child (i.e. slap, punch, bite, push, shove, et al)?

YES NO

USE THIS SPACE TO EXPLAIN A "YES" ANSWER

Have you ever threatened a spouse or romantic partner?

YES NO

USE THIS SPACE TO EXPLAIN A "YES" ANSWER

Have you ever used derogatory language directed toward a spouse or romantic partner?

YES NO

USE THIS SPACE TO EXPLAIN A "YES" ANSWER

Have you ever required a spouse or significant other to provide you with detailed updates about his or her whereabouts or secretly kept them under surveillance?

YES NO

USE THIS SPACE TO EXPLAIN A "YES" ANSWER

PORTLAND BUREAU OF POLICE
Personal History Statement

10 DRIVING RECORD

List below all incidents in which you were stopped by a law enforcement officer/campus security officer while operating a motor vehicle. This includes photo radar and red light cameras. Include traffic citations and warnings, but not parking tickets. For speeding, list alleged speed and posted speed limit (i.e. speeding 45 in a 25). Please explain each instance in the space provided.

DATE	LOCATION	AGENCY	VIOLATION	DISPOSITION
				<input type="checkbox"/> WARNING <input type="checkbox"/> FOUND NOT GUILTY / DISMISSED <input type="checkbox"/> GUILTY – FINE ASSESSED <input type="checkbox"/> GUILTY – DEFERRED / CLASS
DESCRIBE EVENT				

DATE	LOCATION	AGENCY	VIOLATION	DISPOSITION
				<input type="checkbox"/> WARNING <input type="checkbox"/> FOUND NOT GUILTY / DISMISSED <input type="checkbox"/> GUILTY – FINE ASSESSED <input type="checkbox"/> GUILTY – DEFERRED / CLASS
DESCRIBE EVENT				

DATE	LOCATION	AGENCY	VIOLATION	DISPOSITION
				<input type="checkbox"/> WARNING <input type="checkbox"/> FOUND NOT GUILTY / DISMISSED <input type="checkbox"/> GUILTY – FINE ASSESSED <input type="checkbox"/> GUILTY – DEFERRED / CLASS
DESCRIBE EVENT				

DATE	LOCATION	AGENCY	VIOLATION	DISPOSITION
				<input type="checkbox"/> WARNING <input type="checkbox"/> FOUND NOT GUILTY / DISMISSED <input type="checkbox"/> GUILTY – FINE ASSESSED <input type="checkbox"/> GUILTY – DEFERRED / CLASS
DESCRIBE EVENT				

DATE	LOCATION	AGENCY	VIOLATION	DISPOSITION
				<input type="checkbox"/> WARNING <input type="checkbox"/> FOUND NOT GUILTY / DISMISSED <input type="checkbox"/> GUILTY – FINE ASSESSED <input type="checkbox"/> GUILTY – DEFERRED / CLASS
DESCRIBE EVENT				

List below all motor vehicle accidents in which you were a driver of one of the vehicles. If police did not respond, list "N/A" for Agency. Include approximate total dollar amount of damages and whether or not you reported the accident to DMV.

DATE	LOCATION	AGENCY	INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO	DAMAGE AMOUNT (\$)
DESCRIBE TRAFFIC CRASH				

PORTLAND BUREAU OF POLICE
Personal History Statement

DRIVING RECORD (CONTINUED)

DATE	LOCATION	AGENCY	INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO	DAMAGE AMOUNT (\$)
DESCRIBE TRAFFIC CRASH				

(USE SUPPLEMENTAL SHEET TO ADD MORE VEHICLE ACCIDENTS IF NEEDED)

List below liability insurance you have had for the past five (5) years.

DATE FROM	DATE TO	COMPANY	POLICY NUMBER
AGENT NAME	ADDRESS		PHONE NUMBER

DATE FROM	DATE TO	COMPANY	POLICY NUMBER
AGENT NAME	ADDRESS		PHONE NUMBER

DATE FROM	DATE TO	COMPANY	POLICY NUMBER
AGENT NAME	ADDRESS		PHONE NUMBER

Have you ever been placed in a "high risk" insurance category (e.g. SR-22)? YES NO
USE THIS SPACE TO EXPLAIN A "YES" ANSWER

List below all vehicles registered to you or your spouse, and any vehicle registered to any other occupants of your residence.
 Also list any vehicle that you regularly use that is not registered to you.

YEAR	MAKE	MODEL	STATE/LICENSE NUMBER	REGISTERED OWNER

PORTLAND BUREAU OF POLICE
Personal History Statement

DRIVING RECORD (CONTINUED)

Has your license ever been suspended or revoked IN ANY STATE?

YES NO

If so, which state(s)?

Please explain when and why your license was suspended or revoked

Do you currently have any restrictions on your driver license?

YES NO

If so, what restrictions?

Have you ever had a traffic or parking ticket go to collections?

YES NO

If so, list date, location, and explain why.

LIST ALL STATES IN WHICH YOU HAVE BEEN LICENSED TO DRIVE AND THE LICENSE NUMBER:

PORTLAND BUREAU OF POLICE
Personal History Statement

11 FINANCIAL

List your net monthly salary and any other income under **INCOME**. List monthly payments under **EXPENDITURES**. List things that you own under **ASSETS**. List total amount of each debt under **LIABILITIES**.

MONTHLY INCOME	
Monthly Salary	
Other Household Salary	
Other monthly income (describe)	
TOTAL MONTHLY INCOME	

MONTHLY EXPENDITURES	
Mortgage Payment	
Rent	
Child Support Payments	
School Loan Payments	
Credit Card Payments	
Auto Loan Payments	
Utilities / Food / Living Expenses	
Other Expenditures (describe)	
TOTAL MONTHLY EXPENDITURES	

CURRENT ASSETS	
Real Estate (appraised value)	
Checking Account Balance	
Savings Account Balance	
Stocks and Bonds	
Life Insurance (cash value)	
Automobile	
Automobile	
IRA, Retirement, etc.	
Other asset (describe)	
Other asset (describe)	
TOTAL ASSETS	

CURRENT LIABILITIES	
Mortgage Loan	
Auto Loan	
School Loan	
Charge Accounts (total)	
Home Equity Loan	
Other Liability (describe)	
Other Liability (describe)	
TOTAL LIABILITIES	

- | | | |
|---------------------------------------------------------------------------|------------------------------|-----------------------------|
| Have you ever declared bankruptcy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever had a debt referred to collections? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever had your wages garnished? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever had any property repossessed (e.g. auto, television, etc.)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever had a judgment rendered against you, including liens? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been delinquent in filing or paying any taxes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever had financial and/or personal problems related to gambling? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever sued someone or been sued by someone? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been a witness or party to a lawsuit? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are there any current pending civil actions against you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

(continued on next page)

PORTLAND BUREAU OF POLICE
Personal History Statement

FINANCIAL (CONTINUED)

Do you presently receive any income other than your regular salary

(DO NOT INCLUDE CHILD SUPPORT)?

YES NO

Should you be employed by this Bureau, do you anticipate any income other than your regular salary (DO NOT INCLUDE CHILD SUPPORT)?

YES NO

Have you ever been delinquent on child support payments?

YES NO

USE THIS SPACE TO EXPLAIN ALL "YES" ANSWERS

PORTLAND BUREAU OF POLICE
Personal History Statement

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SPECIAL QUALIFICATIONS / SKILLS

List below any special certifications, qualifications, and/or skills including licenses (other than driver).

Title	Description	Issue Date	Expiration Date

Have you ever been certified as a law enforcement officer in Oregon?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If so, date of academy graduation?	DPSST number		
Have you ever been certified as a law enforcement officer in any other state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If so, what state(s)?	When?	Badge/Certification number	
Have you ever been certified as a law enforcement officer by any federal agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If so, what agency?	When?	Badge/Certification number	
Have you ever been refused a license or certification?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If so, what license or certification?			
Have you ever had a license (not driver) or certification suspended or revoked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If so, on what license or certificate?	Date		
Have you ever been refused bond by a bonding company or had a bond revoked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If so, when?	Name of bonding company		

PORTLAND BUREAU OF POLICE
Personal History Statement

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MILITARY STATUS

Have you served in the US Armed Forces?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you presently a member of the U.S. Reserve or National Guard?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you registered for the US Selected Service System (<i>males only</i>)?		
Enter Selective Service Number: _____ (Can be obtained at www.sss.gov/records.htm)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

BRANCH	DATE FROM	DATE TO	MOS #	MOS TITLE / DESCRIPTION	DISCHARGE TYPE	HIGHEST RANK/RATE/GRADE

While in the military service, were you ever arrested for any offense?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
While in the military service, did you ever receive a traffic citation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you ever a defendant in any military trial?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you receive any disciplinary action (NJP [Non-Judicial Punishment], Captain's Mast, Article 15, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you ever denied a security clearance or have your security clearance revoked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

USE THIS SPACE TO EXPLAIN ALL "YES" ANSWERS

PORTLAND BUREAU OF POLICE
Personal History Statement

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LEGAL

Have you EVER used any illegal drug, EVEN ONE TIME , (including youthful experimentation)? <input type="checkbox"/> YES <input type="checkbox"/> NO 			
List below all drugs you have ever used during your lifetime			
Type of Drug	How many times?	Last usage (Month/Year)	Comment / Explanation
Smoked Marijuana	_____	_____	_____
Edible Marijuana	_____	_____	_____
Other forms of Marijuana	_____	_____	_____
Cocaine or Crack	_____	_____	_____
Ecstasy	_____	_____	_____
Hallucinogens	_____	_____	_____
PCP/Angel Dust	_____	_____	_____
Heroin	_____	_____	_____
Other Opiates	_____	_____	_____
Methamphetamine	_____	_____	_____
Other amphetamines	_____	_____	_____
Steroids	_____	_____	_____
Other illegal drugs	_____	_____	_____

Have you ever used prescription drugs which were not prescribed to you by a medical professional (to include medical marijuana)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever sold or provided an illegal drug to another person?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has alcohol use ever had a negative impact upon your life?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has drug use ever had a negative impact upon your life?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever associated with persons who have used, transported, or sold any of the above listed drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever transported, either knowingly or unknowingly, any of the above listed drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
USE THIS SPACE TO EXPLAIN ALL "YES" ANSWERS		

PORTLAND BUREAU OF POLICE
Personal History Statement

LEGAL (CONTINUED)

Have you applied for employment with other law enforcement agencies? YES NO

Agency and Location	Date Applied	Position Applied For
OUTCOME <input type="checkbox"/> NOT QUALIFIED <input type="checkbox"/> NOT SELECTED <input type="checkbox"/> IN PROCESS <input type="checkbox"/> HIRED <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> WITHDREW Reason:		

Agency and Location	Date Applied	Position Applied For
OUTCOME <input type="checkbox"/> NOT QUALIFIED <input type="checkbox"/> NOT SELECTED <input type="checkbox"/> IN PROCESS <input type="checkbox"/> HIRED <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> WITHDREW Reason:		

Agency and Location	Date Applied	Position Applied For
OUTCOME <input type="checkbox"/> NOT QUALIFIED <input type="checkbox"/> NOT SELECTED <input type="checkbox"/> IN PROCESS <input type="checkbox"/> HIRED <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> WITHDREW Reason:		

Agency and Location	Date Applied	Position Applied For
OUTCOME <input type="checkbox"/> NOT QUALIFIED <input type="checkbox"/> NOT SELECTED <input type="checkbox"/> IN PROCESS <input type="checkbox"/> HIRED <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> WITHDREW Reason:		

Agency and Location	Date Applied	Position Applied For
OUTCOME <input type="checkbox"/> NOT QUALIFIED <input type="checkbox"/> NOT SELECTED <input type="checkbox"/> IN PROCESS <input type="checkbox"/> HIRED <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> WITHDREW Reason:		

Have you used or had proxy software or other relaying software to conceal any online activity? YES NO
 USE THIS SPACE TO EXPLAIN A "YES" ANSWER

Have you ever viewed, downloaded, bought, ordered, obtained, used or sold any sort of child pornography, including pornographic comics or anime? YES NO

USE THIS SPACE TO EXPLAIN A "YES" ANSWER

PORTLAND BUREAU OF POLICE
Personal History Statement

LEGAL (CONTINUED)

Have you ever provided or received sexual favors or services in change for money, drugs, or other favors?

YES NO

USE THIS SPACE TO EXPLAIN A "YES" ANSWER

Have you ever viewed pornographic material at work?

YES NO

USE THIS SPACE TO EXPLAIN A "YES" ANSWER

Have you ever engaged in sexual activity at work?

YES NO

USE THIS SPACE TO EXPLAIN A "YES" ANSWER

Is there any other issue not covered in this PHS that you want to bring to the attention of the Portland Police Bureau?

YES NO

USE THIS SPACE TO EXPLAIN A "YES" ANSWER

PORTLAND BUREAU OF POLICE
Personal History Statement

DO NOT SIGN UNTIL INSTRUCTED TO DO SO BY YOUR BACKGROUND INVESTIGATOR

I hereby swear or affirm that there are no willful misrepresentations, or omissions in, or falsifications of, the preceding statements and answers.

I am aware that should investigation disclose such misrepresentations, falsifications, or omissions in any documents I submit or statements I make as part of the application process, my application will be rejected and I will be disqualified from applying for any future position in the service of the Portland Police Bureau.

If, after my acceptance for employment, subsequent investigation should disclose misrepresentation, falsification, or omission, it will be just cause for immediate dismissal.

I understand that this is a continuing investigation and agree to notify the Portland Police Bureau of any address, job or marital status change, or any other information that may reflect any changes or additions in the statement of personal history.

I further swear or affirm that I have not, within the past one (1) year, engaged in the unlawful manufacture, distribution, possession or use of any controlled substance (as defined in 21 U.S.C 812 and 21 CFR 1308.11-1308.15) as required in the Drug-Free Workplace Act of 1988.

DATE

SIGNATURE

NOTARY

Subscribed and Sworn to before me on the _____ day of _____, _____

In the City of Portland, Multnomah County, State of Oregon.

Notary Public for the State of Oregon

My Commission Expires the _____ day of _____, _____.

NOTARY SEAL

PORTLAND BUREAU OF POLICE
Personal History Statement

SUPPLEMENTAL SHEET

If there is insufficient space on the form for you to provide all required information, use this SUPPLEMENTAL SHEET. Be sure to reference the relevant section and number before continuing your answer (i.e. "Section 3 EMPLOYMENT"). Information should be formatted the same as the relevant section.

PORTLAND BUREAU OF POLICE
Personal History Statement

SUPPLEMENTAL SHEET

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PORTLAND BUREAU OF POLICE
Personal History Statement

SUPPLEMENTAL SHEET

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