

City of
BEATRICE
Board of Public Works
BEATRICE POLICE DEPARTMENT

Application Instructions
Please Read Carefully Before Proceeding

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

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

PERSONAL HISTORY STATEMENT

A. Applicant Identification:

Information provided in this section is used for identification purposes only.

1. **Name:** _____
Last First Middle

2. **Address:** _____
P.O. Box/Street Address

City State Zip Code

3. **Telephone Number:** _____

4. **Date of Birth:** _____
Month Date Year

5. **Nickname(S), Maiden Name, or Other Names by Which You Have Been Known:** _____

6. **Social Security Number:** _____

7. **Place of Birth:** _____
City County State

8. **Are You A U.S. Citizen?** Yes No

9. **Driver's License Number:** _____
State of Issue: _____

10. **Height:** _____

11. **Weight:** _____

12. **Color of Eyes:** _____

13. **Color of Hair:** _____

14. **Scars, Tatoos, or Other Distinguishing Marks:** _____

2. From _____ To _____ Employer _____
Address _____
Telephone Number _____ Job Title _____
Duties _____

Supervisor _____
Name of Co-Worker _____
Reason For Leaving _____

3. From _____ To _____ Employer _____
Address _____
Telephone Number _____ Job Title _____
Duties _____

Supervisor _____
Name of Co-Worker _____
Reason For Leaving _____

4. From _____ To _____ Employer _____
Address _____
Telephone Number _____ Job Title _____
Duties _____

Supervisor _____
Name of Co-Worker _____
Reason For Leaving _____

5. From _____ To _____ Employer _____

Address _____

Telephone Number _____ Job Title _____

Duties _____

Supervisor _____

Name of Co-Worker _____

Reason For Leaving _____

6. From _____ To _____ Employer _____

Address _____

Telephone Number _____ Job Title _____

Duties _____

Supervisor _____

Name of Co-Worker _____

Reason For Leaving _____

D. Military Record:

1. Have You Served in the U. S. Armed Forces? Yes No

2. Date of Service: From _____ To _____

Branch of Service _____

Unit Designation _____ Highest Rank Held _____

Type of Discharge _____

3. Were you ever disciplined while in the military service (Include court-martial, captain's masts, company punishment, etc.)? YES NO

Charge	Agency	Date	Age at Time	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

E. The City of Beatrice complies with Nebraska's Veterans Preference laws.

Do you wish to claim Veteran's Preference in your employment search? Yes No

If yes, include documents showing you receive or are eligible to receive benefits from the U.S. Department of Veterans Affairs and a Form DD214 in order to verify entrance and separation dates, type of separation, and character of service. The spouse of a 100 percent disabled veteran may claim preference by providing a Form DD214, proof of disability, and a marriage certificate.

F. Educational History:

High School Attended	City/State	Dates Attended		Graduated	
		From	To	Yes	No
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

College or University Attended: _____

City/State: _____

Dates Attended: _____

Units Completed: _____

Major/Minor: _____

Degree Received, if any and Date: _____

College or University Attended: _____

City/State: _____ Dates Attended: _____

Units Completed: _____ Major/Minor: _____

Degree Received, if any and Date: _____

3. List Other Schools Attended (Trade, Vocational, Business, Etc.). Give name and address of school, dates attended, course of study, certificate, and any other pertinent information.

G. Special Qualifications and Skills:

H. Arrests, Detentions, and Litigation:

1. Have you ever been arrested, detained by police, or summoned into court? YES NO

If yes, complete the following (list juvenile as well as adult occurrences).

Police Agency	Crime Charged	City/State	Date	Disposition of Case
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Have you ever been involved as a party in civil litigation? YES NO

If yes, give details. _____

I. Traffic Record:

1. Has your driver's license ever been suspended or revoked? YES NO

If yes, give date, location, and reasons. _____

2. With what company do you carry auto insurance? _____

3. List to the best of your memory all driving citations you have received as an adult or juvenile, excluding parking tickets.

Month/Year	Charge	City/State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

J. Financial History:

Sources of Income

1. What is your present salary or wages? _____
2. Do you have income from any source other than your principal occupation? YES NO
If yes, how much? _____
How often? _____
The source? _____
3. Do you own any real estate? YES NO Value \$ _____
Location: _____
4. Do you own any bonds, government or other? YES NO Value \$ _____
5. Do you own any corporate stock? YES NO Value \$ _____
6. Do you have a bank account? YES NO

Savings

Average Balance: \$ _____

Name and Address of Bank _____

Checking

Average Balance: \$ _____

Name and Address of Bank _____
