

# Memphis Police Department



## Police Officer and Police Service Technician Application Packet

**W.W. Herenton**  
Mayor of Memphis

**Walter E. Crews**  
Director of Police

## **Memphis Police Department Personal History Statement**

Please Read: Answer each question on this form. Information must be **HANDWRITTEN AND PRINTED IN BLACK INK (DO NOT TYPE)**. If additional information must be submitted in response to a specific question, please submit this information on additional sheets of 8 ½” x 11” paper (**NO SCRAP SHEETS**) and attach them to this form. Precede each answer with the number and letter of the referenced section. **DO NOT MISSTATE OR OMIT ANY FACTS**, as all information is verified. **ACCURACY IS ESSENTIAL. ANY FALSE STATEMENTS OR INFORMATION KNOWINGLY OMITTED IN THIS QUESTIONNAIRE IS JUST CAUSE FOR DENYING OR TERMINATING YOUR APPLICATION.** There are to be no **UNKNOWN** or **UNANSWERED** questions when this form is completed and turned in. If a Question or the information requested does not apply, indicate this by using the symbol N/A (not applicable). Should this questionnaire be **UNSATISFACTORILY FILLED OUT**, you will be rejected from further consideration.

When the Personal History Statement is turned in, the following support documents **MUST ALSO BE TURNED IN**:

1. A Certified copy of your Birth Certificate for us to witness, and photo copy for us to retain
2. Your original Driver’s License for us to witness, and a photo copy for us to retain
3. Your original Military DD214 Member 2 (including character of discharge Section), and any other discharge document(s), if applicable, for us to witness And a copy for us to retain
4. Active Reserves who currently attend Military Drills must submit a Military Letter of Good Standing. This letter can be obtained from a staff member Upon receipt of your Application Packet. The applicant must also submit all Original DD214 discharge documents as soon as they become available to the Applicant.
5. Applicants who have previously served in the Active Reserves **MUST** submit Copy of their discharge papers, showing character of discharge from the Reserve Unit.
6. All PST applicants must submit transcripts from ALL colleges attended. All PST Applicants under the age of twenty-one (21) **MUST** provide their ACT/SAT scores.

**FAILURE TO TURN IN THESE DOCUMENTS WILL RESULT IN YOUR APPLICATION BEING REJECTED BY THE MEMPHIS POLICE DEPARTMENT.**

**I hereby certify that I have read and understand all of the above stated information.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This packet must be **HANDWRITTEN IN BLACK INK (DO NOT TYPE)**.

**\*\*Please Print\*\* If this application packet is NOT LEGIBLE, IT WILL NOT BE ACCEPTED**

**1. PERSONAL HISTORY**

Date \_\_\_\_\_ Position Applied For \_\_\_\_\_

A. \_\_\_\_\_  
Full Name (Last) (First) (Middle) Sex/Race Date of Birth

B. \_\_\_\_\_  
Current Street Address Apt. # City State Zip Code

C. \_\_\_\_\_  
Home Phone Work Phone Cell Phone Pager Number Work Hours Days Off

D. \_\_\_\_\_  
Name and phone number of a neighbor or relative with whom you are in regular contact, where a message can be left for you.

E. Are you a United States Citizen? \_\_\_\_\_Yes \_\_\_\_\_No

\_\_\_\_\_   
Social Security Number Birthplace City State County

F. List any maiden name or any other names that you have ever used, including all married names or Nicknames, etc. \_\_\_\_\_

G. Marital Status \_\_\_\_\_Single \_\_\_\_\_Married \_\_\_\_\_Divorced \_\_\_\_\_Separated \_\_\_\_\_Widowed

H. Driver's License \_\_\_\_\_  
State Number Type or Classification

\_\_\_\_\_   
Expiration Date Conditions (Corrective Lens, etc.)

**2. FAMILY HISTORY**

A. \_\_\_\_\_  
Full Name of Present Spouse Maiden Name Age Date of Birth

B. \_\_\_\_\_  
Present Employment of Spouse Address (City/State) Phone Number

C. \_\_\_\_\_  
Full Name of Former Spouse(s) Maiden Name Age Date of Birth

\_\_\_\_\_   
Address (City/State) of **Former** Spouse(s)

D. List ALL Children and Step-Children:

	Full Name	Address	Phone Number	Age	Date of Birth
1.					
2.					
3.					
4.					
5.					

E. List separately, Mother, Father, Step-Mother, and Step-Father:

1.

Full Name of Father	Age	Date of Birth

  

Home Address (City/State/Zip)	Phone Number

2.

Full Name of Mother	Age	Date of Birth

  

Home Address (City/State/Zip)	Phone Number

3.

Full Name of Step-Mother	Age	Date of Birth

  

Home Address (City/State/Zip)	Phone Number

4.

Full Name of Step-Father	Age	Date of Birth

  

Home Address (City/State/Zip)	Phone Number

5. List all persons who reside at your present residence:

Full Name	Age	Date of Birth
Full Name	Age	Date of Birth
Full Name	Age	Date of Birth
Full Name	Age	Date of Birth



**5. EMPLOYMENT**

On the following pages you will find employment reference sheets. It is very important that employment information be accurate.

Please list your **ENTIRE** employment history.

Include **ALL PART-TIME, TEMPORARY, and SEASONAL EMPLOYMENT** regardless of Time employed.

**IF UNEMPLOYED FOR ANY LENGTH OF TIME, LIST DATES OF UNEMPLOYMENT BEGIN WITH YOUR CURRENT EMPLOYMENT, OR MOST RECENT JOB, AND WORK BACKWARDS.**

Employment history must cover from **HIGH SCHOOL GRADUATION TO PRESENT.**

**LIST ALL AREA CODES AND ZIP CODES.**

**MAKE SURE THAT ALL ADDRESSES AND PHONE NUMBERS ARE COMPLETE AND ACCURATE.**

If additional employment reference sheets are needed, please make photocopies prior to filling out any forms.

**6. EMPLOYMENT TERMINATION**

A. Have you ever been dismissed, fired, or asked to resign from any employment or position you Have held, knowing that you would be fired if you did not resign?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, explain below:

**TERMINATIONS:**

1 Company Name \_\_\_\_\_

Street address \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Termination #1

**EXPLAIN IN DETAIL CIRCUMSTANCES OF TERMINATION:**

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

**\* ANY ADDITIONAL TERMINATIONS PLEASE USE A SEPARATE SHEET AND ATTACH.**

## Employment Reference Sheet

MAY WE CONTACT YOUR CURRENT EMPLOYER?

\_\_\_\_\_ YES \_\_\_\_\_ NO

- If the response is “NO” you will be required to provide proof of employment and dates of employment.
- You may also be required to provide proof and dates of any previous employment, including any periods of self-employment and unemployment.

Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full time \_\_\_ Part Time \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

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Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

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Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Positions: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

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Employment Reference Sheet

Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail) \_\_\_\_\_

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Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

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Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

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**IF ADDITIONAL EMPLOYMENT SHEETS ARE NEEDED, PLEASE  
MAKE PHOTOCOPIES PRIOR TO FILLING OUT ANY FORMS.**

**7. VEHICLE INFORMATION**

A. List all vehicles that you own and/or drive for personal use. (Include vehicle belonging to parents Or others with whom you reside.)

Year	Make	Model	Color	Auto Tag Number	State	Own/Buying

**8. DRUG HISTORY**

A. Are you currently using any kinds of drugs or controlled substances not prescribed by a Physician?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

B. Drug/Narcotic Information (Explain any “YES” answer in “Comments” section)

YES	NO	
_____	_____	1. Have you ever tried, used, puffed, experimented, taken orally or injected any drug or narcotic?
_____	_____	2. Have you ever tried or used marijuana?_____If yes, how many times have you tried_____, puffed_____, or used marijuana_____?
_____	_____	3. Have you ever tried or used hashish?
_____	_____	4. Have you ever tried or used heroin?
_____	_____	5. Have you ever tried or used cocaine?
_____	_____	6. Have you ever tried or used LSD or any other hallucinogen?
_____	_____	7. Have you ever tried or used speed, amphetamine, ecstasy, or methphetamines?
_____	_____	8. Have you ever tried or used downers, barbiturates, or mandrax?
_____	_____	9. Have you ever used any prescription drugs not intended for you?
_____	_____	10. Have you ever used anabolic steroids?
_____	_____	11. Have you ever tried or used any other illegal drug or narcotic?
_____	_____	12. Have you ever sold marijuana?
_____	_____	13. Have you ever sold any illegal drugs or narcotics?
_____	_____	14. Have you ever been present when others were using marijuana?
_____	_____	15. Have you ever been present when others were using illegal drugs or narcotics?
_____	_____	16. Have you ever altered a prescription given to you by a doctor?
_____	_____	17. Have you ever taken a substance not knowing what it was?
_____	_____	18. Have you ever inhaled paint, gases, glues, or other abusable chemicals?
_____	_____	19. Have you ever obtained a drug from an altered prescription?

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. MILITARY RECORD**

- A. Have you ever been on active duty in the Armed Forces of the United States?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO **If yes:** \_\_\_\_\_
- B. Branch of Military Service \_\_\_\_\_
- C. Type of Discharge \_\_\_\_\_ **If other than HONORABLE , explain:**  
 \_\_\_\_\_
- D. Dates of Active Duty (Month, Day, and Year) FROM \_\_\_\_\_ TO \_\_\_\_\_
- E. Have you ever been, or are you currently, a member of a **Reserve Unit** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**  
 If yes, Branch \_\_\_\_\_ Ready \_\_\_\_\_ Standby/RR \_\_\_\_\_  
 Date of Discharge: \_\_\_\_\_ Type of Discharge \_\_\_\_\_
- F. Are you currently active in the military? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**  
 If yes, what is your anticipated release date \_\_\_\_\_
- G. If you were in the military, were you ever court-martialed? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**  
 If yes, explain: \_\_\_\_\_
- Did you ever have ANY type of disciplinary action taken against you while in the military (this includes Article 15, Captain’s Mast, etc.)? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**10. COURT RECORD**

- A. Have you ever been arrested as an **adult or a juvenile** (arrest is defined as being taken into custody and transported to a jail/detention facility) or charged with a crime as an adult or a juvenile (charged with a crime means issued a misdemeanor citation, a juvenile summons, an adult summons, arrested on a warrant, or indicted by a grand jury)? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
- B.** List **ALL** times you have been arrested or had criminal charges placed against you, including a detailed explanation of the circumstances (use additional sheets if needed). You must list **ALL** arrests or charges even if they were dropped or did not result in a conviction and even if the public records of the arrest or charges were expunged and erased and even if you have been told that you do not have to admit to arrests or charges which have been expunged or erased. An independent investigation of your criminal history will be conducted and, **if arrests or charges are found which you did not report, your application can be rejected due to untruthfulness.**

Date	City/State	Charges	Circumstances	Disposition

- C. Have you ever, as an **adult or a juvenile**, been convicted of or entered a guilty plea or a plea of nolo contendere to any criminal charge? This question includes **ALL** criminal offenses including felonies, misdemeanors, misdemeanor citations, traffic citations, city ordinance summons, and juvenile summons \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
- C. List below **ALL** adult and juvenile convictions, guilty pleas and pleas of nolo contendere with a disposition for each. You must list **ALL** convictions and pleas even if the conviction or plea was later expunged or erased and even if you were told that you did not have to admit to the conviction or plea since it had been expunged or erased. Failure to list a conviction or

plea, which is later uncovered during the background investigation, can result in your application being rejected for untruthfulness.

**ARRESTS:**

Date	City/State	Charges	Circumstances	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. Has your Driver's License ever been suspended, cancelled, or revoked? \_\_\_\_YES \_\_\_\_NO  
If yes, please explain:\_\_\_\_\_

Have you ever had a Driver's License in any other state? \_\_\_\_YES \_\_\_\_NO  
If yes, which state(s), list license number if known:\_\_\_\_\_

**TRAFFIC TICKETS:**

Date	City/State	Charges	Circumstances	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**11. MISCELLANEOUS**

- A. Based on your religion, are there any special considerations you might request as to the handling of a firearm or days off? \_\_\_\_Yes \_\_\_\_No  
If yes explain\_\_\_\_\_
  
- B. List all relatives employed by the City of Memphis Government, including the Memphis Police Department.\_\_\_\_\_
  
- C. Are you currently, or have you ever been, an employee of the City of Memphis or Shelby County Government? \_\_\_\_Yes \_\_\_\_No. If yes, list what agency, dates of employment, position, and designate whether or not you were a permanent employee, temporary employee, reserve, or volunteer.\_\_\_\_\_

D. Have you previously submitted an application for employment or tested for the **Memphis Police Department or any other law enforcement agency? If Yes list below:**

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E. Do you currently possess a Special Officer's (Security Guard) Commission? \_\_\_ Yes \_\_\_ No  
If yes, list agency issuing commission: \_\_\_\_\_

F. Do you currently possess a valid gun permit? \_\_\_ Yes \_\_\_ No

G. Have you ever submitted to a polygraph test? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

H. Are you presently involved or have knowledge that you might become involved in any criminal Or civil lawsuits? \_\_\_ Yes \_\_\_ No. If yes, explain: \_\_\_\_\_

**12. REFERENCES:**

A. List three (3) references who are responsible adults or reputable standing in their community, Who you **HAVE KNOWN WELL FOR AT LEAST THREE YEARS, AND WHO KNOW YOU**. References **CANNOT** be relatives, former employers, or present employers. You **MUST** include their full names, **COMPLETE** home address and business address (include city, state, zip code), and correct home or business telephone number (including area code) were **they may be contacted Monday through Friday during normal business hours:**

1. \_\_\_\_\_

Full Name (Last, First, Middle)	Years Known		
Current Street Address Apt. #	City	State	Zip Code
Employment Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	Pager Number

2. \_\_\_\_\_

Full Name (Last, First, Middle)	Years Known		
Current Street Address Apt #	City	State	Zip Code
Employment Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	Pager

3.

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Full Name (Last, First, Middle)	Years Known		
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Current Street Address Apt. #	City	State	Zip Code
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Employment Address	City	State	Zip Code
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Home Phone	Work Phone	Cell Phone	Pager
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