

Memphis Police Department



Police Officer and Police Service Technician

Application Packet

Dr. 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 _____

Full Name (Last) (First) (Middle) Sex/Race Date of Birth

A. _____

Current Street Address Apt. # City State Zip Code

B. _____

Home Phone Work Phone Cell Phone Pager Number Work Hours Days Off

C. _____

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

D. 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.)

1. 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)

List ALL Children and Step-Children:

Full Name Address Phone Number Age Date of
Birth

1. _____

2. _____

3. _____

4. _____

5. _____

A. 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

1. EDUCATION

School Name	Location - City/State	Attended	Year of	Credit Hours
HIGH SCHOOL				
G.E.D.				
COLLEGE/UNIVERSITY				
GRADUATE SCHOOL				
TRADE/BUSINESS/ OTHER SCHOOLS				

2. 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.

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 _____

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: _____

Phone Number: (_____) _____ Supervisor: _____

Position: _____
Work Duties: _____

Reason for Leaving (explain in detail): _____

Name of Employer or Business: _____

Street Address: _____ City _____ State _____ Zip _____

Date of Employment: From: _____ To: _____

Phone Number: (_____) _____ Supervisor: _____

Position: _____
Work Duties: _____

Reason for Leaving (explain in detail): _____

Name of Employer or
Business: _____

Street
Address: _____ City _____ State _____ Zip _____

Date of Employment: From: _____ To: _____

Phone Number: (_____) _____
Supervisor: _____

Positions: _____

Work Duties: _____

Reason for Leaving (explain in
detail): _____

Name of Employer or
Business: _____

Street
Address: _____ City: _____ State: _____ Zip _____

Date of Employment: From: _____ To: _____

Phone Number (_____) _____
Supervisor: _____

Position: _____

Work Duties: _____

Reason for Leaving (explain in detail)

Name of Employer or
Business: _____

Street
Address: _____ City: _____ State: _____ Zip _____

Date of Employment: From: _____ To: _____

Phone Number (_____) _____
Supervisor: _____

Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

Name of Employer or Business: _____

Street Address: _____ City: _____ State: _____ Zip _____

Dates of Employment: From: _____ To: _____

Phone Number (_____) _____ Supervisor: _____

Position: _____ Work

Duties: _____

Reason for Leaving (explain in detail): _____

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

1. 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 #	State	Own/Buying

1. 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

1. 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

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 of Case

2. 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

- A. 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 of Case

B. 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 OF CASE

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, please 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?

AGENCY	DATE	POSITION	RESULT

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

G. 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
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Home Phone	Work Phone	Cell Phone	Pager Number
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2.

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 Number
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3.

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 Number
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