

Minnesota State Patrol (MN)



Personal History Statement

Applicant:

Personal History Statement Application

| | | | | |
|-------|---------|------|--------|---------|
| | | DOB: | Age: | Gender: |
| | | | | |
| Cell: | Office: | Fax: | Email: | |

Personal Information Module

My Information

Nickname or Alias

Maiden Name

Suffix (Jr., Sr., II, III, etc.)

Race

Birth County

Birth City

Birth State

Birth Country

Are you a citizen of the United States?

Are you legally authorized to accept work and remain in the United States?

What is your highest level of education?

Naturalization

Were you naturalized? (Citizen through legal process, rather than by birthright or descent)

Languages

Do you know any additional languages?

Family Module

Significant Other Information

Do you have a spouse, fiance or significant other (Please also add if Deceased)?

First Name

Middle Name

Last Name

Maiden Name

Date of Birth

Years Together

Relationship

Email Address

Phone Number

Work Phone

Address

City

State

Zip

How would you classify this contact? (select all that apply)

Parents

Parent First Name

Parent Middle Name

Parent Last Name

Phone Number

Email Address

Address 1

Address 2

City

State

Is this parent deceased?

How would you classify this contact? (select all that apply)

Children

Do you have any children?

Sibling Information

Do you have a sibling to add?

Divorcee Information

Have you ever been divorced?

Personal References Module

References Information

First Name

Past/Current Law Enforcement Officer?

Middle Name

Last Name

Relationship

Years Known

Phone Number

Work Phone

Email Address

City

State

How would you classify this contact? (select all that apply)

Education Module

General Questions

Did you obtain your GED or High School Diploma?

Have you ever been homeschooled?

Have you ever attended a law enforcement training academy?

List all awards received from high school and college

List all intern programs in which you have participated (high school and college)

High School Information

Did you attend High School?

High School Name

High School Address 1

High School Address 2

High School City

High School State

High School Zip

High School Phone Number

High School Fax Number

High School Attended From

High School Attended To

Did you graduate and receive your diploma from this school?

Were you ever suspended, expelled, or placed on academic probation at this school?

How would you classify this contact? (select all that apply)

College Information

Did you attend college?

College Name

College Address 1

College Address 2

College City

College State

College Zip

College Phone Number

College Fax Number

What is your degree major?

What is your degree minor, if applicable?

Enrollment Status?

College cumulative grade point average?

College Start Date

College End Date

Did you receive a diploma from this institution?

Were you ever suspended, expelled, or placed on academic probation at this school?

How would you classify this contact? (select all that apply)

Trade School

Did you attend a trade school?

Trade School Name

Trade School Address 1

Trade School Address 2

Trade School City

Trade School State

Trade School Zip

Trade School Phone Number

Trade School Fax Number

Trade School Start Date

Trade School End Date

Did you graduate from this trade school?

Were you ever suspended, expelled, or placed on academic probation at this school?

How would you classify this contact? (select all that apply)

Residences Module

Residence Information

Move in Date

Address 1

Address 2

City

State

Zip

Country

Did you rent this property?

Have you moved from this residence?

Did someone other than you live at this address?

Were the police ever called to this residence?

Employment History Module

EMPLOYER INFORMATION

Is this a Military Unit

Do you have employer information to add?

Name of Employer

Address 1

Address 2

City

State

Zip

Phone

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| Is this a Law Enforcement Reserve Unit |
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POSITION INFORMATION

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| Occupation |
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| Start Date |
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| Pay Type |
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|------------------------------|
| Number of Persons Supervised |
|------------------------------|

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|----------|
| Job Type |
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| Job Duties |
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| Exact Title of Your Position: |
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| Where you required to take a drug test as a condition of employment? |
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DEPARTURE INFORMATION

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| Have you left this employment? |
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CONTACT

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| Would there be a problem if we contact this employer? |
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SUPERVISOR DETAILS

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| Did you have a supervisor? |
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| Describe how closely you worked with this individual. (If no supervisor, answer N/A) |
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| Supervisor First and Last name |
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|-------|
| Phone |
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| Email |
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| How would you classify this contact? (select all that apply) |
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CO-WORKER DETAILS

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| Did you have co-workers? |
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| Describe how closely you worked with this individual. (If no co-worker, answer N/A) |
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| Co-Worker First and Last name |
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| Phone |
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| Email |
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| How would you classify this contact? (select all that apply) |
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Unemployment Module

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| Details |
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| Since the age of 18, have you had any periods of time when you were not employed? |
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| Type |
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| From Date |
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| To Date |
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Misc. Employment Question Module

Have you ever filed for unemployment compensation?

Are you now, or have you ever been engaged in a business as an owner, partner, or a corporate member?

Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, verbal counseling, and reductions in pay, assignments, or demotions.)

Have you ever been terminated, voluntarily resigned, or given the option to resign from any employment?

Have you ever quit without giving proper notice?

Have you ever been fingerprinted by a law enforcement agency in connection with employment?

Have you ever falsely reported your work hours to an employer?

Have you ever provided false information or withheld information on an employment application or during an interview?

Were you ever involved in a physical / verbal altercation with a supervisor, co-worker, or customer?

Have you ever been warned by an employer about your drinking or drug habits and their impact on your performance?

Prior Public Safety Applications Module

Prior Public Safety Applications

Have you ever applied to any other law enforcement agency?

Agency Name (Include Investigator Contact Information if Known)

Application Date

Application Status

Agency Phone

Position Applied For

LE Agency Address 1

LE Agency Address 2

LE Agency City

LE Agency State

LE Agency Zip

Application Complete

Written Test Complete

Physical Agility Test Complete

Oral Interview Complete

Background Complete

Chief / Panel Interview Complete

Conditional Job Offer

If you were rejected by this agency, please explain

How would you classify this contact? (select all that apply)

Additional Questions

Have you ever been, or are you currently, on any law enforcement officer eligibility list?

Have you previously applied for a position for employment with the Minnesota Department of Public Safety?

Are you currently or have you ever been a member of any organized law enforcement reserve unit?

Name of Agency

Military Service Module

Have you ever been in the military?

Location

Military Branch

Last Rank Held

Start Date

End Date

Type of Discharge

Specialty

Unit

Reserves

Are you currently participating in a military reserve program?

Reserve Program

Obligation End Date

Status

Unit

Location/Drill Site

Highest Rank

Name of Immediate Supervisor in Last Unit

Supervisor Phone

Supervisor Email

Judicial / Non-Judicial Hearings

Have you ever been subject of any judicial or nonjudicial disciplinary action?(court martial, captain's mast, office hours, or company punishment?)

Security Clearance

Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded?

Other

Have you ever served in a military organization of any foreign government?

Has your discharge or separation notice ever been corrected or changed?

How many discharges or separations from the service were given to you?

Financial History Module

Monthly Income

List any accounts you control or have access to that are not your own

List any credit accounts and loans (Institute Name, Type of account, Account #)

List checking, savings, and money market accounts (Institute Name, Type of account, Account #)

List any loans or financial obligations to persons, or businesses (Person or Business Name and reason for obligation)

Outstanding Student Loans

Do you have any outstanding student loans?

Delinquent Installment Loans

Have you ever been delinquent on any installment loans?

Collection Agency

Have any of your bills ever been turned over to a collection agency?

Liens

Have you ever had any liens or civil judgement placed against you?

Attached or Garnished Wages

Have you ever had your wages attached or garnished?

Delinquent Tax

Have you ever been delinquent in filing your federal or state income tax?

Do you have any outstanding (unpaid) tax obligations?

Repossessed Property

Do you own real property?

Have you ever had any property repossessed?

Bankruptcy

Have you ever filed for bankruptcy?

Foreclosure

Have you ever been involved in a foreclosure?

Court Ordered Judgment

Have you ever had any civil judgement against you or ordered by the court to pay child support?

Illegal Purposes

Have you ever spent money for illegal purposes (ie; illegal drugs, prostitution, purchase of fraudulent documents, etc.)?

Gambling Debt

Have you ever borrowed money to pay for a gambling debt? (If yes, do you currently have any outstanding debts as a result of gambling?)

Arrests Module

Arrests

Have you ever been charged with a criminal act?

Date of Offense

Charge(s)

City

State

Arresting Agency Name

Disposition

Details

Civil Judgment Module

Civil Judgment

Have you ever been involved or currently involved as a defendant, plaintiff, respondent, or complainant in a civil litigation? This includes bankruptcy, divorce, custody hearings, etc.

Case Date

County / State

Action / Proceeding

Defendant, Plaintiff, Respondent, Complainant

Disposition / Case Details

Domestic Violence Module

Domestic Violence

Have you ever been involved in a domestic violence incident?

Misc. Question Module

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| As an adult, have you ever had any contact with a law enforcement agency as a witness, suspect, victim, complainant or any other reason? (Do not list Traffic violations - listed in Driver History) |
| As an adult, have you ever had a record of a criminal conviction expunged or a pardon for a crime? (Disclose all expunction or records or pardons) |
| Remaining questions are: Have you ever committed or been involved in any of the following? They should be answered even though not marked as required. Do you understand these instructions? |
| Contributing to the delinquency of a minor |
| Carrying a concealed weapon without a permit |
| Driving under the influence of alcohol and/or drugs |
| Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) |
| Filing a false police report |
| Hit & run collision (no injuries) |
| Illegal Gambling |
| Illegal hunting and/or fishing (for example, without a license, out of season) |
| Impersonating a peace officer (pretending to be a police officer) |
| Indecent exposure and/or lewd or obscene conduct |
| Intentionally writing a bad check |
| Joyriding (using a car or other vehicle without owner's permission) |
| Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) |
| Petty theft (including shoplifting/switching price tags) |
| Possession of alcohol as a minor |
| Possession of falsified or altered identification, including use of another person's ID (for any reason) |
| Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) |
| Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors) |
| Reckless driving |
| Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police) |
| Trespassing |
| Vandalism (including, but not limited to, `tagging,` malicious mischief, and/or property damage) |
| Any other act amounting to a misdemeanor |
| Arson (intentionally destroying property by setting a fire) |
| Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) |
| Blackmail or extortion |
| Burglary (entering a structure or vehicle to commit theft or other crime) |
| Child molestation (performing unlawful acts with a child, inappropriate touching of a child) |
| Elder abuse and/or neglect (physical and/or financial) |
| Embezzlement (theft of money or other valuables entrusted to you) |

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| Felony drunk driving (involving injuries) |
| Forcible rape |
| Forgery (falsifying any type of document, check certificate, license, currency, etc.) |
| Fraudulent use of a credit, ATM, debit, and/or check card |
| Grand theft (or any firearm) |
| Hit & run (with injuries) |
| Hate crime |
| Illegal sex acts |
| Insurance fraud |
| Murder, homicide, or attempted murder |
| Perjury (lying under oath) |
| Possession of an explosive/destructive device |
| Robbery (theft from another person using a weapon, force, or fear) |
| Stalking |
| Theft of a vehicle and/or vehicle parts |
| Viewing and/or possessing child pornography |
| Any other act amounting to a felony |
| Have you ever had sexual contact with a person who lacked the capacity to give their consent? |
| Have you ever been the subject of a complaint made to law enforcement? |
| Have you ever taken prescription medication in a manner other than it was prescribed? |
| During the past five (5) years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and or illegally used prescription medications? |
| Have you ever been refused a permit to carry a concealed weapon? |
| Are you now, or have you been, a member or associate of a criminal enterprise, street gang, or any other group that advocates the violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? |
| Have you ever hit or physically overpowered a spouse or romantic partner? |
| Have you ever made a credit card purchase with a credit card that was not issued to you? |
| Since the age of 13, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? |
| Have you ever made an explosive device? |
| Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? |
| Have you ever provided false information to a police officer? |
| Have you ever been detained by law-enforcement for any reason? |

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| Drug Use Module |
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| Have you ever used non-prescriptive illegal drugs such as cocaine, LSD, opiates, amphetamines or methamphetamine? |
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Additional Questions

Do you drink alcohol?

Do you drink THC infused beverages?

Driver History Module

Who is your current automobile insurance with? LIST: Agency, Phone, Email (If less than 3 years, provide previous company also)

List all the vehicles you own or drive on a regular basis: (Make, Model, Year, Plate #)

Have you ever been refused automobile liability insurance or a bond, or had them cancel your policy?

Has an insurance company ever taken action against your insurance coverage?

Drivers License

Do you possess a valid Minnesota driver's license?

Have you ever possessed a driver's license in a state other than Minnesota?

Expiration Date

Issuing State

Restrictions

Name License Issued Under & License Number

Have you ever been refused a driver's license by any state?

Has your driver's license ever been suspended, revoked, canceled, or withdrawn?

Motor Vehicle Accidents

Have you been involved, as the driver, in a motor vehicle accident?

Have you ever had an automobile crash where you did not have auto insurance coverage?

City

State

Police Report

Responding Police Agency

Injuries

Describe the accident & Enter Date

If the crash was not reported to Law Enforcement - Explain why not

Have you been charged with driving without insurance?

Traffic Citation

Have you ever received a traffic citation (excluding parking tickets)? List ALL including other states.

City of Violation

State of Violation

Status of Violation

Describe Violation & Enter Date

Additional Questions

Any law enforcement contacts that were for a violation of the traffic laws or criminal code of this or any other state, but did not result in the issuance of a citation or criminal prosecution.

Social Media Module

Do you currently have or have previously had any social media accounts?

Social Media Platform?

What is your username/handle?

Add URL/link for this social media account

Pistol Permits Module

Do you currently or have you had in the past a pistol permit?

State

County

Permit Number

Professional Licenses Module

Do you currently, or have you in the past, held any professional licenses such as nurse, private investigator, etc.?

License Type

Date Received

Issuing Authority (Name)

Issuing Authority (Address)

Additional Questions

Are you currently licensed or eligible for licensing as a peace officer in Minnesota?

POST license #

Date of issuance

Date of expiration

If not licensed: When will you be taking the P.O.S.T. licensing examination?

Status of your license

Has the P.O.S.T. Board ever taken disciplinary action against your license? If yes, explain

If you are currently a peace officer from outside MN, have you taken the MN P.O.S.T. Board reciprocity examination?

Minnesota Law Enforcement Skills Course completed at: (include date)

Did you train in another state?

Name of Training Program in other state (include address and date of completion)

Street Gang Affiliations (Self) Module

Street Gang Affiliations (Self)

Are you currently, or have you ever been a member of a criminal gang or gang related activity?

Volunteer Service Module

Volunteer Service

Have you ever volunteered your time for an organization and/or cause?

Organization Name

Organization Address (include Street, City, State, and Zip Code)

Supervisor First and Last name

Supervisor Email

Supervisor Telephone

Position

Start Date

End Date

Details

How would you classify this contact? (select all that apply)

Organizations Module

Organizations

Do you belong to any organizations, clubs or groups?

Organization Name

Organization Address

Position

Start Date

End Date

Details

Specialized Training Module

Specialized Training

Have you received any training that you would feel is relevant to the position you're applying?

Course Name

Date Received

Provider Name