|  |  |
| --- | --- |
|  | Oregon State PoliceSUPPLEMENTAL PERSONAL HISTORY INFORMATION CHECKLIST |

The documents provided must be arranged in the order listed below and emailed as one scanned PDF. This scanned document must be submitted via email to the following email address osptrooper@osp.oregon.gov. The subject line of the email should state your full name and personal history information. Failure to comply can result in disqualification. Answer each line. If an item does not apply, check “No” and enter “N/A” in the explanation column.

|  |  |  |
| --- | --- | --- |
| **Documents** | **Included** | **If NO, Explain** |
| Copy of college transcripts | Yes | No |       |
| [ ]  | [ ]  |
| Copy of high school transcripts | Yes | No |       |
| [ ]  | [ ]  |
| Copy of GED Certificate | Yes | No |       |
| [ ]  | [ ]  |
| Copy of college diploma | Yes | No |       |
| [ ]  | [ ]  |
| Copy of high school diploma, if diploma is unavailable, obtain a certified notice on letterhead indicatinggraduation date if applicable | Yes | No |       |
| [ ]  | [ ]  |
| Copies of any Divorce Decrees | Yes | No |       |
| [ ]  | [ ]  |
| Copies of all Restraining Orders to which you are the respondent | Yes | No |       |
| [ ]  | [ ]  |
| Copies of all police reports, court records, and a brief explanation for any arrest for any crime. This includesany citations issued in lieu of an arrest for any crime. | Yes | No |       |
| [ ]  | [ ]  |
| Copy of Birth Certificate or Naturalization Document | Yes | No |       |
| [ ]  | [ ]  |
| Copy of DD214, if applicable | Yes | No |       |
| [ ]  | [ ]  |

*Please do not submit the following documentation at this time*: Resumes, letters of recommendation, letters or certificates of commendation, training certificates, civic awards, and any other materials you wish to have placed in your file. Hold these documents and present them to your background investigator at the time of your interview.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       |       |       |
|  | Last | First | Middle |

Oregon State Police

Training and Recruiting Section 4190 Aumsville Hwy. SE

Salem, OR 97317

503-378-4175

osptrooper@osp.oregon.gov

## Section 1: Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       |       |       |
|  | Last | First | Middle |

**Failure to complete this form or any other information may delay the processing of your background form:**

* **ALL QUESTIONS MUST BE ANSWERED – if you run out of room on the form, attach a supplemental Word document referencing the appropriate section.**

**The information furnished on this form is confidential and is to be utilized for the purpose of enabling the Department of State Police to determine the applicant’s qualifications. This completed document must be emailed to** **osptrooper@osp.oregon.gov** **.**

**PERSONAL DATA**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth: |       | Social Security Number: |       | DPSST #:(If applicable) |       |
| Place of Birth: |       |
| All City, State, or Country lived in since birth: |       |

|  |  |  |
| --- | --- | --- |
| Present Address: |       |       |
|  | Street Address | Apartment/Unit # |
|  |       |       |       |
|  | City | State | ZIP Code |

|  |  |  |
| --- | --- | --- |
| Permanent Address: |       |       |
|  | Street Address | Apartment/Unit # |
|  |       |       |       |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |       | Work Phone: |       |
| Message Phone: |       | Cell Phone: |       |

|  |  |
| --- | --- |
| Email Address: |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Height: |       | Weight: |       | Eye Color: |       | Hair Color: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender: |       | Race: |       | Citizenship Status: |       |

|  |
| --- |
| Distinguishing marks or features (i.e., scars, marks, tattoos, etc.): |
|       |
| Driver’s License No.: |       | State: |       | DL Expiration: |       |
| List any other states where you have been licensed to operate a motor vehicle and dates: |
|       |
| List all motor vehicles registered to you. Include the Make, Model, Year, License Plate Number, and Issuing State: |
|       |

|  |  |
| --- | --- |
| N/A[ ]  | List all your current and past social media accounts. Include your username and/or screen name for each account. (Twitter, Facebook, LinkedIn, Instagram, Snapchat, Reddit, TikTok, etc.) |
|

|  |
| --- |
| Additional Information: |
|  |

 |

## Section 2: References

For four (4) references and an alternate reference that are not related to you by blood or marriage, provide the following information. **List residents of Oregon if possible**.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       | Email address: |       |
| Mailing Address: |       |  Home Phone: |       |
| Employer: |       |
| Employer Street Address: |       |
| Employer Mailing Address: |       |
| Work Phone: |       |
|  |  |  |  |
| Full Name: |       | Email address: |       |
| Mailing Address: |       |  Home Phone: |       |
| Employer: |       |
| Employer Street Address: |       |
| Employer Mailing Address: |       |
| Work Phone: |       |
|  |  |  |  |
| Full Name: |       | Email address: |       |
| Mailing Address: |       |  Home Phone: |       |
| Employer: |       |
| Employer Street Address: |       |
| Employer Mailing Address: |       |
| Work Phone: |       |
|  |  |  |  |
| Full Name: |       | Email address: |       |
| Mailing Address: |       |  Home Phone: |       |
| Employer: |       |
| Employer Street Address: |       |
| Employer Mailing Address: |       |
| Work Phone: |       |
|  |  |  |  |

List three (3) additional references, not already listed, who have known you at least three years. Do not include persons related by blood or marriage, current co-workers, or current supervisors. List residents of Oregon if possible. List individuals who have known you for at least three (3) years.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       | Email address: |       |
| Street Address: |       | Years Know: |       |
| Mailing Address: |       | Phone Number: |       |
| Employer: |       |
| Employer Street Address: |       |
| Employer Mailing Address: |       |
| Work Phone: |       |
| Relationship: |       | Date of last contact: |       |
|  |  |  |  |
| Full Name: |       | Email address: |       |
| Street Address: |       | Years Know: |       |
| Mailing Address: |       | Phone Number: |       |
| Employer: |       |
| Employer Street Address: |       |
| Employer Mailing Address: |       |
| Work Phone: |       |
| Relationship: |       | Date of last contact: |       |
|  |  |  |  |
| Full Name: |       | Email address: |       |
| Street Address: |       | Years Know: |       |
| Mailing Address: |       | Phone Number: |       |
| Employer: |       |
| Employer Street Address: |       |
| Employer Mailing Address: |       |
| Work Phone: |       |
| Relationship: |       | Date of last contact: |       |
|  |  |  |  |

|  |
| --- |
| Additional Information: |
|       |
|

|  |  |  |
| --- | --- | --- |
| YES[ ]  | NO[ ]  | Have you ever applied for employment with any other criminal justice system agency? If the answer is “YES”, attach a supplemental document referencing the appropriate section and list the following information:* Provide names of all agencies, City and State of the agency, title of position applied, date(s) of application(s), and your current application status with each agency.
* If you are no longer being considered by any of the agencies listed, provide the reason why.
* If you are no longer being considered by any of these agencies, what reason would the agency provide us as to the reason why you are no longer being considered?
 |
|

|  |
| --- |
| Additional Information: |
|  |

 |

 |

## Section 3: Traffic/Arrest/Violation Records

List **ALL INCIDENTS** in which you were **CONTACTED** by a police officer **FOR ANY REASON**. This includes traffic crashes. Attach an additional page if needed. List all such matters, even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment or fine including **ALL CITATIONS**. An applicant’s police contacts whether as a complainant, witness, victim, person of interest or suspect are relevant to their qualifications for the position of peach officer. The number of contacts will not be used in evaluation of qualifications, but rather the potential behavior patters exhibited by those contacts. Be complete and accurate in entering the following information.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |       | Place: |       | Police Agency: |       |  | Final Disposition: |       |
| Describe Incident: |
|       |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |       | Place: |       | Police Agency: |       |  | Final Disposition: |       |
| Describe Incident: |
|       |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |       | Place: |       | Police Agency: |       |  | Final Disposition: |       |
| Describe Incident: |
|       |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |       | Place: |       | Police Agency: |       |  | Final Disposition: |       |
| Describe Incident: |
|       |

|  |
| --- |
| Additional Information: |
|       |

|  |  |  |
| --- | --- | --- |
| Has any member of your family, including in-laws, spouse/significant other/domestic partner, or anyone else with whom you are closely associated, or with whom you have lived, been arrested for anything other than traffic violations? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |       | Name and Relationship: |       | Date of Birth: |       | Place: |       |
| Charge: |       | Final Disposition: |       |
|  |  |  |  |
| Date: |       | Name and Relationship: |       | Date of Birth: |       | Place: |       |
| Charge: |       | Final Disposition: |       |
|  |  |  |  |
| Date: |       | Name and Relationship: |       | Date of Birth: |       | Place: |       |
| Charge: |       | Final Disposition: |       |
|  |  |  |  |
| Additional Information: |
|       |

## Section 4: Personal History

***Domestic Partnership, Significant Other, or Spouse:***

|  |  |  |  |
| --- | --- | --- | --- |
| Current Domestic Partners Full Name: |       | Date of Birth: |       |
| Other Names Used: |       |
| Street Address: |       | Phone Number: |       |
| Driver’s License No. & State |       | Email: |       |
| Employer: |       |
| Employer Address: |       |
| Occupation: |       | Salary: | $      |
| Work Phone: |       |
|  |
| Ex-Domestic Partner’s Full Name: |  | Date of Birth: |       |
| Other Names Used: |       |
| Street Address: |       |
| Phone: |       | Email: |       |
|  |  |  |  |
| Ex-Domestic Partner’s Full Name: |  | Date of Birth: |       |
| Other Names Used: |       |
| Street Address: |       |
| Phone: |       | Email: |       |
| Additional Information: |
|  |

**List all children- natural, adopted, step and/or foster children and identify relationship.**

|  |  |
| --- | --- |
| Full Name: |       |
| Other Names Used: |       |
| Additional Parent/Guardian Names: |       |
| Street Address: |       |
| Email: |       |
| Relationship: |       | Date of Birth: |       |

|  |  |
| --- | --- |
| Full Name: |       |
| Other Names Used: |       |
| Additional Parent/Guardian Names: |       |
| Street Address: |       |
| Email: |       |
| Relationship: |       | Date of Birth: |       |

|  |  |
| --- | --- |
| Full Name: |       |
| Other Names Used: |       |
| Additional Parent/Guardian Names: |       |
| Street Address: |       |
| Email: |       |
| Relationship: |       | Date of Birth: |       |

|  |  |
| --- | --- |
| Full Name: |       |
| Other Names Used: |       |
| Additional Parent/Guardian Names: |       |
| Street Address: |       |
| Email: |       |
| Relationship: |       | Date of Birth: |       |

|  |
| --- |
| Additional Information: |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you required to pay child support? | YES[ ]  | NO[ ]  | Monthly amount: | $      |

**List all family members to include father, mother, brother(s), and sisters(s).**

**Father:**

|  |  |
| --- | --- |
| Full Name: |       |
| Other Names Used: |       |
| Street Address: |       |
| Email Address: |       | Date of Birth: |       | Phone: |       |
| Employer and Occupation: |       |
| Business Address: |       | Phone: |       |

**Mother:**

|  |  |
| --- | --- |
| Full Name: |       |
| Other Names Used: |       |
| Street Address: |       |
| Email Address: |       | Date of Birth: |       | Phone: |       |
| Employer and Occupation: |       |
| Business Address: |       | Phone: |       |

**Sister/Brother:**

|  |  |
| --- | --- |
| Full Name: |       |
| Other Names Used: |       |
| Street Address: |       |
| Email Address: |       | Date of Birth: |       | Phone: |       |
| Employer and Occupation: |       |
| Business Address: |       | Phone: |       |

**Sister/Brother:**

|  |  |
| --- | --- |
| Full Name: |       |
| Other Names Used: |       |
| Street Address: |       |
| Email Address: |       | Date of Birth: |       | Phone: |       |
| Employer and Occupation: |       |
| Business Address: |       | Phone: |       |

**Sister/Brother:**

|  |  |
| --- | --- |
| Full Name: |       |
| Other Names Used: |       |
| Street Address: |       |
| Email Address: |       | Date of Birth: |       | Phone: |       |
| Employer and Occupation: |       |
| Business Address: |       | Phone: |       |

|  |
| --- |
| Additional Information: |
|  |

**List all stepfather(s), stepmother(s), stepsister(s), and/or stepbrother(s) and any in-laws.**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       | Relationship: |       |
| Other Names Used: |       |
| Street Address: |       |
| Email Address: |       | Date of Birth: |       | Phone: |       |
| Employer and Occupation: |       |
| Business Address: |       | Phone: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       | Relationship: |       |
| Other Names Used: |       |
| Street Address: |       |
| Email Address: |       | Date of Birth: |       | Phone: |       |
| Employer and Occupation: |       |
| Business Address: |       | Phone: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       | Relationship: |       |
| Other Names Used: |       |
| Street Address: |       |
| Email Address: |       | Date of Birth: |       | Phone: |       |
| Employer and Occupation: |       |
| Business Address: |       | Phone: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       | Relationship: |       |
| Other Names Used: |       |
| Street Address: |       |
| Email Address: |       | Date of Birth: |       | Phone: |       |
| Employer and Occupation: |       |
| Business Address: |       | Phone: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       | Relationship: |       |
| Other Names Used: |       |
| Street Address: |       |
| Email Address: |       | Date of Birth: |       | Phone: |       |
| Employer and Occupation: |       |
| Business Address: |       | Phone: |       |

|  |
| --- |
| Additional Information: |
|  |

## Section 5: Residences

List all residences since the age of 17 (start with most current).

**Current Residence:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |       | To: |       |  Provide Full Address: |       |
| With whom did you live? |       | Relationship: |       |
| Person’s Current Address: |       | Current Phone No.: |       |
| To whom was payment made? |       | Rent or Own: |       |
| Full current address: |       | Current Phone No.: |       |
|  |  |  |  |
| From: |       | To: |       |  Provide Full Address: |       |
| With whom did you live? |       | Relationship: |       |
| Person’s Current Address: |       | Current Phone No.: |       |
| To whom was payment made? |       | Rent or Own: |       |
| Full current address: |       | Current Phone No.: |       |
|  |  |  |  |
| From: |       | To: |       |  Provide Full Address: |       |
| With whom did you live? |       | Relationship: |       |
| Person’s Current Address: |       | Current Phone No.: |       |
| To whom was payment made? |       | Rent or Own: |       |
| Full current address: |       | Current Phone No.: |       |
|  |  |  |  |
| From: |       | To: |       |  Provide Full Address: |       |
| With whom did you live? |       | Relationship: |       |
| Person’s Current Address: |       | Current Phone No.: |       |
| To whom was payment made? |       | Rent or Own: |       |
| Full current address: |       | Current Phone No.: |       |
|  |  |  |  |
| From: |       | To: |       |  Provide Full Address: |       |
| With whom did you live? |       | Relationship: |       |
| Person’s Current Address: |       | Current Phone No.: |       |
| To whom was payment made? |       | Rent or Own: |       |
| Full current address: |       | Current Phone No.: |       |
|  |  |  |  |
| From: |       | To: |       |  Provide Full Address: |       |
| With whom did you live? |       | Relationship: |       |
| Person’s Current Address: |       | Current Phone No.: |       |
| To whom was payment made? |       | Rent or Own: |       |
| Full current address: |       | Current Phone No.: |       |
|  |  |  |  |
| From: |       | To: |       |  Provide Full Address: |       |
| With whom did you live? |       | Relationship: |       |
| Person’s Current Address: |       | Current Phone No.: |       |
| To whom was payment made? |       | Rent or Own: |       |
| Full current address: |       | Current Phone No.: |       |
|  |  |  |  |

|  |
| --- |
| Additional Information: |
|  |

## Section 6: Education

*Attach* ***ALL*** *official high school and college transcripts, GED certificate and copies of diplomas.*

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |       | Address: |       |
| From: |       | To: |       | Credits: |       | GPA: |       |
| Year Graduated: |       | Major: |       |
| Year you expected to graduate: |       | Degree(s): |       |
| Do you have a high school diploma or certificate for passing an approved high school equivalency test (GED): | [ ]  Yes [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
| School: |       | Address: |       |
| From: |       | To: |       | Credits: |       | GPA: |       |
| Year Graduated: |       | Major: |       |
| Year you expected to graduate: |       | Degree(s): |       |

|  |  |  |  |
| --- | --- | --- | --- |
| School: |       | Address: |       |
| From: |       | To: |       | Credits: |       | GPA: |       |
| Year Graduated: |       | Major: |       |
| Year you expected to graduate: |       | Degree(s): |       |

|  |  |  |  |
| --- | --- | --- | --- |
| School: |       | Address: |       |
| From: |       | To: |       | Credits: |       | GPA: |       |
| Year Graduated: |       | Major: |       |
| Year you expected to graduate: |       | Degree(s): |       |

|  |
| --- |
| Additional Information: |
|  |

## Section 7: Employment

List every period of employment (part-time, full-time, temporary, seasonal, self-employed, and volunteer positions) and employer since age of 17 or the last ten (10) years, whichever is longer. Account for all times including periods of unemployment. (Start with most current employment)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you want your present employer contacted? | YES[ ]  | NO[ ]  | Initial: |       |

List every period of employment and employer since age 17 or the last ten (10) years, whichever is longer. Account for all times including periods of unemployment. *(Start with most current employment)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |       | To: |       | Name of Employer/Organization: |       |
| Street Address: |       |
| Mailing Address: |       | Phone No.: |       |
| Job Title and Duties: |       | Monthly Salary: | $      |
| Name of Supervisor: |       | Employment Status: |       |
| Supervisors Phone No.: |       | Supervisor’s Email: |       |
| Name of Co-worker #1: |       | Co-Worker #1 Title: |       |
| Co-Worker #1 Phone: |       | Co-Worker #1 Email: |       |
| Name of Co-Worker #2 |       | Co-Worker #2 Title: |       |
| Co-Worker #2 Phone: |       | Co-Worker #2 Email: |       |
| Name of Co-Worker #3 |       | Co-Worker #3 Title: |       |
| Co-Worker #3 Phone: |       | Co-Worker #3 Email: |       |
| HR Manager Name: |       | HR Manager Title: |       |
| HR Manager Phone: |       | HR Manager Email: |       |
| Was any disciplinary action taken against you? | YES[ ]  | NO[ ]  |  |
| If ***YES***, attach a page labeled “Section 10: Employment” and explain fully. |
| Reason for leaving: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |       | To: |       | Name of Employer/Organization: |       |
| Street Address: |       |
| Mailing Address: |       | Phone No.: |       |
| Job Title and Duties: |       | Monthly Salary: | $      |
| Name of Supervisor: |       | Employment Status: |       |
| Supervisors Phone No.: |       | Supervisor’s Email: |       |
| Name of Co-worker #1: |       | Co-Worker #1 Title: |       |
| Co-Worker #1 Phone: |       | Co-Worker #1 Email: |       |
| Name of Co-Worker #2 |       | Co-Worker #2 Title: |       |
| Co-Worker #2 Phone: |       | Co-Worker #2 Email: |       |
| Name of Co-Worker #3 |       | Co-Worker #3 Title: |       |
| Co-Worker #3 Phone: |       | Co-Worker #3 Email: |       |
| HR Manager Name: |       | HR Manager Title: |       |
| HR Manager Phone: |       | HR Manager Email: |       |
| Was any disciplinary action taken against you? | YES[ ]  | NO[ ]  |  |
| If ***YES***, attach a page labeled “Section 10: Employment” and explain fully. |
| Reason for leaving: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |       | To: |       | Name of Employer/Organization: |       |
| Street Address: |       |
| Mailing Address: |       | Phone No.: |       |
| Job Title and Duties: |       | Monthly Salary: | $      |
| Name of Supervisor: |       | Employment Status: |       |
| Supervisors Phone No.: |       | Supervisor’s Email: |       |
| Name of Co-worker #1: |       | Co-Worker #1 Title: |       |
| Co-Worker #1 Phone: |       | Co-Worker #1 Email: |       |
| Name of Co-Worker #2 |       | Co-Worker #2 Title: |       |
| Co-Worker #2 Phone: |       | Co-Worker #2 Email: |       |
| Name of Co-Worker #3 |       | Co-Worker #3 Title: |       |
| Co-Worker #3 Phone: |       | Co-Worker #3 Email: |       |
| HR Manager Name: |       | HR Manager Title: |       |
| HR Manager Phone: |       | HR Manager Email: |       |
| Was any disciplinary action taken against you? | YES[ ]  | NO[ ]  |  |
| If ***YES***, attach a page labeled “Section 10: Employment” and explain fully. |
| Reason for leaving: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |       | To: |       | Name of Employer/Organization: |       |
| Street Address: |       |
| Mailing Address: |       | Phone No.: |       |
| Job Title and Duties: |       | Monthly Salary: | $      |
| Name of Supervisor: |       | Employment Status: |       |
| Supervisors Phone No.: |       | Supervisor’s Email: |       |
| Name of Co-worker #1: |       | Co-Worker #1 Title: |       |
| Co-Worker #1 Phone: |       | Co-Worker #1 Email: |       |
| Name of Co-Worker #2 |       | Co-Worker #2 Title: |       |
| Co-Worker #2 Phone: |       | Co-Worker #2 Email: |       |
| Name of Co-Worker #3 |       | Co-Worker #3 Title: |       |
| Co-Worker #3 Phone: |       | Co-Worker #3 Email: |       |
| HR Manager Name: |       | HR Manager Title: |       |
| HR Manager Phone: |       | HR Manager Email: |       |
| Was any disciplinary action taken against you? | YES[ ]  | NO[ ]  |  |
| If ***YES***, attach a page labeled “Section 10: Employment” and explain fully. |
| Reason for leaving: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |       | To: |       | Name of Employer/Organization: |       |
| Street Address: |       |
| Mailing Address: |       | Phone No.: |       |
| Job Title and Duties: |       | Monthly Salary: | $      |
| Name of Supervisor: |       | Employment Status: |       |
| Supervisors Phone No.: |       | Supervisor’s Email: |       |
| Name of Co-worker #1: |       | Co-Worker #1 Title: |       |
| Co-Worker #1 Phone: |       | Co-Worker #1 Email: |       |
| Name of Co-Worker #2 |       | Co-Worker #2 Title: |       |
| Co-Worker #2 Phone: |       | Co-Worker #2 Email: |       |
| Name of Co-Worker #3 |       | Co-Worker #3 Title: |       |
| Co-Worker #3 Phone: |       | Co-Worker #3 Email: |       |
| HR Manager Name: |       | HR Manager Title: |       |
| HR Manager Phone: |       | HR Manager Email: |       |
| Was any disciplinary action taken against you? | YES[ ]  | NO[ ]  |  |
| If ***YES***, attach a page labeled “Section 10: Employment” and explain fully. |
| Reason for leaving: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |       | To: |       | Name of Employer/Organization: |       |
| Street Address: |       |
| Mailing Address: |       | Phone No.: |       |
| Job Title and Duties: |       | Monthly Salary: | $      |
| Name of Supervisor: |       | Employment Status: |       |
| Supervisors Phone No.: |       | Supervisor’s Email: |       |
| Name of Co-worker #1: |       | Co-Worker #1 Title: |       |
| Co-Worker #1 Phone: |       | Co-Worker #1 Email: |       |
| Name of Co-Worker #2 |       | Co-Worker #2 Title: |       |
| Co-Worker #2 Phone: |       | Co-Worker #2 Email: |       |
| Name of Co-Worker #3 |       | Co-Worker #3 Title: |       |
| Co-Worker #3 Phone: |       | Co-Worker #3 Email: |       |
| HR Manager Name: |       | HR Manager Title: |       |
| HR Manager Phone: |       | HR Manager Email: |       |
| Was any disciplinary action taken against you? | YES[ ]  | NO[ ]  |  |
| If ***YES***, attach a page labeled “Section 10: Employment” and explain fully. |
| Reason for leaving: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |       | To: |       | Name of Employer/Organization: |       |
| Street Address: |       |
| Mailing Address: |       | Phone No.: |       |
| Job Title and Duties: |       | Monthly Salary: | $      |
| Name of Supervisor: |       | Employment Status: |       |
| Supervisors Phone No.: |       | Supervisor’s Email: |       |
| Name of Co-worker #1: |       | Co-Worker #1 Title: |       |
| Co-Worker #1 Phone: |       | Co-Worker #1 Email: |       |
| Name of Co-Worker #2 |       | Co-Worker #2 Title: |       |
| Co-Worker #2 Phone: |       | Co-Worker #2 Email: |       |
| Name of Co-Worker #3 |       | Co-Worker #3 Title: |       |
| Co-Worker #3 Phone: |       | Co-Worker #3 Email: |       |
| HR Manager Name: |       | HR Manager Title: |       |
| HR Manager Phone: |       | HR Manager Email: |       |
| Was any disciplinary action taken against you? | YES[ ]  | NO[ ]  |  |
| If ***YES***, attach a page labeled “Section 10: Employment” and explain fully. |
| Reason for leaving: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |       | To: |       | Name of Employer/Organization: |       |
| Street Address: |       |
| Mailing Address: |       | Phone No.: |       |
| Job Title and Duties: |       | Monthly Salary: | $      |
| Name of Supervisor: |       | Employment Status: |       |
| Supervisors Phone No.: |       | Supervisor’s Email: |       |
| Name of Co-worker #1: |       | Co-Worker #1 Title: |       |
| Co-Worker #1 Phone: |       | Co-Worker #1 Email: |       |
| Name of Co-Worker #2 |       | Co-Worker #2 Title: |       |
| Co-Worker #2 Phone: |       | Co-Worker #2 Email: |       |
| Name of Co-Worker #3 |       | Co-Worker #3 Title: |       |
| Co-Worker #3 Phone: |       | Co-Worker #3 Email: |       |
| HR Manager Name: |       | HR Manager Title: |       |
| HR Manager Phone: |       | HR Manager Email: |       |
| Was any disciplinary action taken against you? | YES[ ]  | NO[ ]  |  |
| If ***YES***, attach a page labeled “Section 10: Employment” and explain fully. |
| Reason for leaving: |       |

|  |
| --- |
| Additional Information: |
|       |

## Section 8: Military Service

|  |  |
| --- | --- |
| Selective Service Number (if after January 15, 1960): |       |

*Note: The Military Release form (attached)* ***MUST*** *be completed if you have served for any length of time for in any capacity.*

**Army:**

|  |  |  |  |
| --- | --- | --- | --- |
| Enlisted Date: |       | Discharge Date: |       |
| Re-entry Code: |       | Type of Discharge: |       |
| MOS: |       | Job Title: |       |
| Contact Person: |       | Email: |       |

**Navy:**

|  |  |  |  |
| --- | --- | --- | --- |
| Enlisted Date: |       | Discharge Date: |       |
| Re-entry Code: |       | Type of Discharge: |       |
| MOS: |       | Job Title: |       |
| Contact Person: |       | Email: |       |

**Airforce:**

|  |  |  |  |
| --- | --- | --- | --- |
| Enlisted Date: |       | Discharge Date: |       |
| Re-entry Code: |       | Type of Discharge: |       |
| MOS: |       | Job Title: |       |
| Contact Person: |       | Email: |       |

**Marines:**

|  |  |  |  |
| --- | --- | --- | --- |
| Enlisted Date: |       | Discharge Date: |       |
| Re-entry Code: |       | Type of Discharge: |       |
| MOS: |       | Job Title: |       |
| Contact Person: |       | Email: |       |

**Coast Guard**:

|  |  |  |  |
| --- | --- | --- | --- |
| Enlisted Date: |       | Discharge Date: |       |
| Re-entry Code: |       | Type of Discharge: |       |
| MOS: |       | Job Title: |       |
| Contact Person: |       | Email: |       |

**Other:**

|  |  |  |  |
| --- | --- | --- | --- |
| Enlisted Date: |       | Discharge Date: |       |
| Re-entry Code: |       | Type of Discharge: |       |
| MOS: |       | Job Title: |       |
| Contact Person: |       | Email: |       |

|  |
| --- |
| Additional Information: |
|       |

## Section 9: Financial

The management of personal finances is relevant to an individual’s qualifications for the position of peace officer. The amount of indebtedness will not be used in evaluation qualifications, but rather the behavior exhibited in meeting financial obligations. Be complete and accurate in entering the following information.

1. **Current Monthly Income**

|  |  |
| --- | --- |
| Current Monthly Salary: | $      |
| Spouse’s or Partner’s Monthly Salary: | $      |

Sources of all other monthly income- fully describe source, including address, city, state, zip code, and telephone number.

|  |  |
| --- | --- |
|       | $      |
|       | $      |
|       | $      |
|       | $      |

|  |  |
| --- | --- |
| Total Monthly Income: | $      |

|  |
| --- |
| Additional Information: |
|  |

1. **Current Assets**- List all savings account(s), checking account(s), and investments. Include names, addresses and phone numbers of institutions.

|  |  |  |
| --- | --- | --- |
| Type of Account: |       | $      |
| Institution: |       |

|  |  |  |
| --- | --- | --- |
| Type of Account: |       | $      |
| Institution: |       |

|  |  |  |
| --- | --- | --- |
| Type of Account: |       | $      |
| Institution: |       |

|  |  |  |
| --- | --- | --- |
| Type of Account: |       | $      |
| Institution: |       |

|  |
| --- |
| Additional Information: |
|  |

1. **LIST YOUR EQUITY IN OTHER ASSETS**. Include automobiles, recreational vehicles, real estate, investment income, rental property income, etc. ***Equity is found by subtracting the amount owed from the market value and is not the current value of the item or property.***

|  |  |
| --- | --- |
| Rental Property Income | $      |
| Investment Income | $      |
| Other than Salary, Employment Related Income | $      |
|       | $      |
|       | $      |
|       | $      |
| Additional Information: |
|  |

1. **TOTAL ASSETS.**  Combine total monthly income, total of current assets, and total equity to find your total assets.

|  |  |
| --- | --- |
| **TOTAL ASSETS:** | $      |

## Section 9: Credit History

**List all open accounts including mortgages, rent, car payments, educational loans, and miscellaneous payments. If you do not have five open accounts, include closed accounts so that you will have at least five accounts listed. Include credit cards.**

|  |  |  |  |
| --- | --- | --- | --- |
| Column 1**Monthly Payment** | Column 2**Current Balance** | **Original Amount** | **Account Information** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $      | $      | $      |       |       |
| Creditor’s Name and Address | Phone Number |
|       |       |       |       |
| Account No. | Date Incurred | Reason for Debt | Any Late Payments? |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $      | $      | $      |       |       |
| Creditor’s Name and Address | Phone Number |
|       |       |       |       |
| Account No. | Date Incurred | Reason for Debt | Any Late Payments? |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $      | $      | $      |       |       |
| Creditor’s Name and Address | Phone Number |
|       |       |       |       |
| Account No. | Date Incurred | Reason for Debt | Any Late Payments? |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $      | $      | $      |       |       |
| Creditor’s Name and Address | Phone Number |
|       |       |       |       |
| Account No. | Date Incurred | Reason for Debt | Any Late Payments? |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $      | $      | $      |       |       |
| Creditor’s Name and Address | Phone Number |
|       |       |       |       |
| Account No. | Date Incurred | Reason for Debt | Any Late Payments? |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $      | $      | $      |       |       |
| Creditor’s Name and Address | Phone Number |
|       |       |       |       |
| Account No. | Date Incurred | Reason for Debt | Any Late Payments? |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $      | $      | $      |       |       |
| Creditor’s Name and Address | Phone Number |
|       |       |       |       |
| Account No. | Date Incurred | Reason for Debt | Any Late Payments? |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $      | $      | $      |       |       |
| Creditor’s Name and Address | Phone Number |
|       |       |       |       |
| Account No. | Date Incurred | Reason for Debt | Any Late Payments? |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $      | $      | $      |       |       |
| Creditor’s Name and Address | Phone Number |
|       |       |       |       |
| Account No. | Date Incurred | Reason for Debt | Any Late Payments? |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $      | $      | $      |       |       |
| Creditor’s Name and Address | Phone Number |
|       |       |       |       |
| Account No. | Date Incurred | Reason for Debt | Any Late Payments? |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |
| --- | --- |
| $      | Total of Column 1: Monthly Payments |
| $      | Total of Column 2: Total Debts |

|  |
| --- |
| Additional Information: |
|  |

## Section 11: Career Goals

**Provide complete answers to the following questions.**

|  |
| --- |
| 1. When did your interest in public service, and specifically law enforcement begin?
 |
|  |

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| --- |
| 1. When did you begin to prepare yourself for a career in law enforcement? What steps have you taken?
 |
|  |

|  |
| --- |
| 1. What personal attributes do you possess that would establish your fitness for service as a police officer with the Department of State Police?
 |
|  |

|  |
| --- |
| 1. What would you identify as your two greatest strengths? Why?
 |
|  |

|  |
| --- |
| 1. What would you identify as your two greatest weaknesses? Why?
 |
|  |

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| --- |
| 1. What are your reasons for wanting to be a police officer?
 |
|  |

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| --- |
| 1. What are your reasons for applying for a law enforcement position with the Oregon State Police?
 |
|  |

## Section 12: Skills and Interests

**Provide complete answers to the following questions.**

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| --- |
| 1. What skills, knowledge, ability, training, and experience do you have that would establish your fitness for service as a police officer with the Department of State Police?
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| --- |
| 1. List special skills. Be specific as to your level of expertise. (Examples are languages, pilot’s license, martial arts, diving, computers, etc.).
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| --- |
| 1. List your hobbies, interests, and recreational activities.
 |
|  |

## Section 13: Drug and Alcohol Use

**All impairing drugs/substances used that were not specifically prescribed by a medical professional, for each drug/substance provide:**

1. **Drugs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date first used | Date last used | Frequency | Type | Occupation at time of use | Age when used |
|       | To: |       |       |       |       |       |
| How was the drug/substance consumed? (Ingested, topically applied, etc.) |       | How was the drug/substance obtained? |       |
| Describe involvement of this drug/substance?(Growing, manufacturing, selling, smuggling, transporting, purchasing, using, possessing, experimenting, etc.) |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date first used | Date last used | Frequency | Type | Occupation at time of use | Age when used |
|       | To: |       |       |       |       |       |
| How was the drug/substance consumed? (Ingested, topically applied, etc.) |       | How was the drug/substance obtained? |       |
| Describe involvement of this drug/substance?(Growing, manufacturing, selling, smuggling, transporting, purchasing, using, possessing, experimenting, etc.) |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date first used | Date last used | Frequency | Type | Occupation at time of use | Age when used |
|       | To: |       |       |       |       |       |
| How was the drug/substance consumed? (Ingested, topically applied, etc.) |       | How was the drug/substance obtained? |       |
| Describe involvement of this drug/substance?(Growing, manufacturing, selling, smuggling, transporting, purchasing, using, possessing, experimenting, etc.) |       |

1. **Alcohol**

|  |  |  |
| --- | --- | --- |
| Frequency | Quantity Consumed | Additional Information |
|      /Week |       |       |
|      /Month |       |       |

|  |
| --- |
| Additional Information: |
|  |

**Oregon State Police**

**Training and Recruiting Section**

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