



LINCOLN POLICE DEPARTMENT

Town of Lincoln Police Officer

The Town of Lincoln is currently seeking candidates to establish a list for the position of Police Officer. All previous applicants must reapply.

Salary Range: \$36,942 to \$54,874 annually.

Applicants must meet the following requirements:

- High School graduate or equivalency (Bachelor's Degree in the law enforcement field preferred);
- Must pass physical, written, and psychological exams;
- Must possess a valid drivers' license;
- Must serve a one (1) year probationary period.

Copies of the following must be submitted with completed applications:

- Birth certificate;
- Valid drivers' license;
- Copy of high school diploma, college degree or GED certificate.

Completed applications **must be returned** to the Director of Personnel, Lincoln Town Hall, 100 Old River Road, Lincoln, RI 02865 by **4:30 p.m., Monday, April 30, 2012.**

Applicants will be notified of the testing schedule by mail. There will be a \$30.00 processing fee for those taking the written exam.

Applications and Physical Fitness Standards are available at the Town Hall or on the website, www.lincolnri.org.

The Town of Lincoln does not discriminate on the basis of race, color, national origin, sex, religion, age or disability.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

WAIVER AUTHORIZATION

I hereby direct and authorize the Lincoln Police Department to obtain from the Bureau of Criminal Identification of the Department of the Attorney General for the State of Rhode Island, and criminal record that the Bureau of Criminal Identification has on file in reference to me. I further authorize the Lincoln Police Department to release this information to the following company, firm, or individual.

Company Name **Town of Lincoln**
Address **100 Old River Road, Lincoln, RI 02865**
Attention **Joanne McManus, Personnel Director**

I hereby waive and release any and all manner of actions, and demands of every kind, nature, and description, arising from any release of criminal records and requests therefore, whatsoever, against the State of Rhode Island, Bureau of Criminal Investigation, the Attorney General, the employees of the Attorney General's office, the Town of Lincoln, the Lincoln Police Department, and the employees of the Lincoln Police Department, in both law and equity which I may now have or in the future may have.

Signature of Applicant

Applicant Name _____ **Date of Birth** _____

Social Security Number _____

Present Address _____ **City** _____ **State** _____

How long at this address? _____

Previous Address _____ **City** _____ **State** _____

How long at this address? _____

Previous Address _____ **City** _____ **State** _____

How long at this address? _____

Notary Public Information:

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public

Commission Expires

Town of Lincoln

100 OLD RIVER ROAD

P.O. BOX 100

LINCOLN, RHODE ISLAND 02865

TEL (401) 333-1111

FAX (401) 334-4244

BRIAN W. SULLIVAN

CHIEF OF POLICE

POLICE DEPARTMENT

General Authorization for Release of Information

I, _____ do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to duly authorized agents of the Lincoln Police Department, whether the said records are of public, private, or confidential nature.

The intent of the authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies, including credit reports and ratings; medical and psychiatric treatment and consultation, including hospitals, clinics, private practitioners; the U.S. Veteran's Administration; the United States military; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; housing records; real and personal property tax statements and records; other financial statements and records wherever filed; records of complaints, arrest trial and/or convictions for alleged or actual violations of law, including criminal, and/or traffic records, records of complaints in any civil proceeding made in any case in which I presently have, or have had any interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data and /or information for the Lincoln Police Department to consider in determining my suitability for employment by that department.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part pursuant to this release authorization will be considered in determining my suitability for employment by the Lincoln Police Department. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this *Authorization for Release of Information*. I consider a copy of the *Authorization for Release of Information* to be as valid as the original even though a copy does not have my original signature.

I hereby release to the Lincoln Police Department and its agents and anyone who gives written or oral information about me to the Lincoln Police Department from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends to my heirs executors, assigns and representatives.

Print Name: _____

Signature: _____

Address: _____

Date of Birth: _____ Soc. Sec. Number: _____

Witness: _____

Town of Lincoln

100 OLD RIVER ROAD

P.O. BOX 100

LINCOLN, RHODE ISLAND 02865

TEL (401) 333-1111

FAX (401) 334-4244

BRIAN W. SULLIVAN

CHIEF OF POLICE

POLICE DEPARTMENT

Mental Health Authorization for Release of Information

I, _____, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to duly authorized agents of the Lincoln Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records from _____ regarding medical and psychiatric treatment and consultation, including records of hospitals, clinics and private practitioners operating within or in association with said _____.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data and/or information of the Lincoln Police Department to consider in determining my suitability for employment by that department.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, pursuant to this release authorization will be considered in determining my suitability for employment by the Lincoln Police Department. I have had explained to me, and I fully understand, that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this *Authorization for Release of Information*. I consider a copy of the *Authorization for Release of Information* to be as valid as the original even though a copy does not have my original signature.

I hereby release to the Lincoln Police Department and its agents and anyone who gives written or oral information about me to the Lincoln Police Department from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends to my heirs, executors, assigns and representatives.

Print Name: _____

Signature: _____

Address: _____

Date of Birth: _____ So. Sec. Number _____

Witness: _____

Town of Lincoln

100 OLD RIVER ROAD

P.O. BOX 100

LINCOLN, RHODE ISLAND 02865

TEL (401) 333-1111

FAX (401) 334-4244

BRIAN W. SULLIVAN

CHIEF OF POLICE

POLICE DEPARTMENT

Dear Physician:

The following named individual has submitted an application to become a Police Officer with the **LINCOLN POLICE** Department.

(name of department)

Candidate Name: _____	Date of Birth: _____	
Address: _____	Town/City: _____	State: _____

The **LINCOLN** Police Department and the Rhode Island Department of Public Safety/Municipal Police Training Academy (RIDPS/MPTA) requires each candidate to bring a completed Physical Fitness Test Certificate to the Physical Fitness Test before he/she will be allowed to participate in the test. A statement must be obtained from a licensed physician that the candidate is of sufficient physical conditioning to undergo a Physical Fitness test. The Fitness Test Medical Certificate **must** be completed within six (6) months of the Physical Fitness testing date.

Attached to this form is a listing of the minimum physical fitness standards a candidate must attain. We ask that your evaluation be based upon these criteria. Thank you for your assistance.

PHYSICIAN'S STATEMENT

I have examined the above-named individual on _____
(Date)

After reviewing each of the four (4) events, I find him/her to be of sufficient physical conditioning to allow the candidate to participate in the **LINCOLN** Police Department and RIDPS/MPTA Physical Fitness Test.
(name of department)

Comments (if any): _____

Physician's Signature

(Please type or print:)

Physician's Name: _____

Address: _____

Telephone Number: _____

**New Physical Fitness Assessment
40th Percentile**

1 Minute Push-Up

	Age<20	20-29	30-39	40-49	50-59
Male	29.0	24.0	18.0	13.0	10.0
Female	15.0	15.0	11.0	9.0	n/d

1.5 Mile Run-Aerobic Power

	Age<20	20-29	30-39	40-49	50-59
Male	12:29	12:29	12:53	13:50	15:14
Female	15:05	15:05	15:56	17:11	19:10

1 Minute Sit-up test

	Age<20	20-29	30-39	40-49	50-59
Male	41.0	38.0	35.0	29.0	24.0
Female	32.0	32.0	25.0	20.0	14.0

300 Meter Run

	Age<20	20-29	30-39	40-49	50-59
Male	59.0	59.0	58.9	72.0	83.2
Female	71.0	71.0	79.0	94.0	n/d



LINCOLN POLICE DEPARTMENT
100 Old River Road, Lincoln, RI 02865

PERSONAL HISTORY STATEMENT

THIS DOCUMENT IS FOR THE EXCLUSIVE USE OF THE BACKGROUND INVESTIGATORS
PRINT CLEARLY

Today's Date: _____ Location: _____

Last: _____ First: _____ Middle: _____

List your current address where you actually reside, not a mailing address:

Number and Street: _____ City: _____ State: _____ Zip: _____

Rent Own Parents Other How long have you lived there? Yrs Mo.

List your landlord and phone number:

List your home and work phone numbers including area code:

Home Telephone: _____ Work Telephone: _____

List your mailing address if different from your current address:

Number and Street: _____ City: _____ State: _____ Zip: _____

Are you a citizen of the United States? Yes _____ No _____

Place of Birth: _____ Date of Birth: _____

In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is Voluntary. The SSN will be used for identification purposes to ensure proper records are obtained.

SSN# _____ - _____ - _____

Provide the following for purposes of identification:

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Print name _____

List and describe all tattoos (indicate where they are located):

List all names, aliases, nicknames you have used or have been known by (include maiden name):

Last:	First:	Middle:	Years Used:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

Check all that apply:

Two-year college degree NOT in law enforcement. Masters Degree IN law enforcement.

Two-year college degree IN law enforcement. Masters Degree Not in law enforcement.

Four-year college degree NOT in law enforcement. Other

Four-year college degree IN law enforcement.

College:	City and State:	Major:	Date Began:	Date Ended:	Credits:	Degree:
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Print Name _____

Have you ever attended a trade, vocational or business school?		Yes _____	No _____
School:	Type of training:	Date attended:	Course completed:
		Yes	No
		Yes	No

High School Attended including graduation date: _____

EXPERIENCE AND EMPLOYMENT

BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, please list EVERY job, including military service, you have held in the last ten years. All time periods must be accounted for. Jobs include self-employed, part time, temporary work, voluntary work and internships. You must list all employment regardless of the length of employment. Addresses must be complete, current, and accurate. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment:	Name and address of employer:	Phone number and area code:
From: _____	_____	_____
To: _____	_____	_____
Month/Year _____	Month/Year _____	Supervisor's Name: _____
_____/____/____	_____/____/____	_____
Job Title: _____	Length of Employment: _____	_____
Describe your duties: _____		
Reason for leaving, be specific: _____		
Co-worker: _____	Work or home telephone number: _____	_____
Co-worker: _____	Work or home telephone number: _____	_____
_____ Unemployed?	From _____	To _____

Print Name _____

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Print Name _____

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Print Name _____

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Print Name _____

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Print Name _____

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Have you ever been investigated by your employer or supervisor for improper conduct, illegal activities, sexual harassment or Equal Employment Violations which resulted in your being found in violation of any policies, regulations, rules, or any State or Federal laws?

Yes _____ No _____ If yes, please provide the following information:

Date: _____ Employer: _____

Details and results of the investigation:

Have you ever been suspended by an employer or received a formal written reprimand?

Yes _____ No _____ Explain.

Date: _____ Employer: _____ Circumstances: _____

Print Name _____

Have you ever attended a police academy or a law enforcement training center?
Yes____ No____ Explain.
Name and address of site: _____ Date started:_____ Date ended:_____

Did you complete the training? Yes____ No____ If no, explain:

PRIOR APPLICATION

Have you ever applied to the Lincoln Police Department before? Yes____ No____ If yes, please provide the following Information:
Date applied:_____ Position:_____
Date applied:_____ Position:_____

APPLICATIONS WITH OTHER AGENCIES

Have you ever applied to any other law enforcement agency? Yes____ No____ If yes, list every agency, starting with the most recent one. DO NOT INCLUDE THIS APPLICATION.

Agency including address:_____ Date applied:_____
_____ Position:_____

Agency including address:_____ Date applied:_____
_____ Position:_____

Print Name _____

Agency including address: _____	Date applied: _____
_____	Position: _____

Agency including address: _____	Date applied: _____
_____	Position: _____

Agency including address: _____	Date applied: _____
_____	Position: _____

Agency including address: _____	Date applied: _____
_____	Position: _____

Print Name _____

MILITARY SERVICE

Did you comply with the draft registration law? Yes _____ No _____

Selective Service Number: _____

Have you ever served in any of the Armed Forces, National Guard or military reserves?
Yes _____ No _____

If yes, what is your current status with the military?

Active _____ Reserves _____ Inactive _____ Discharged _____

Branch: _____ Unit: _____ Enlistment date: _____ Discharge date: _____

Service number: _____ Highest rank: _____ Rank at discharge: _____ Type of discharge: _____

Separation code: _____ Re-enlistment code: _____ If active or current reserve, list your C.O.'s name _____

Were you ever investigated for any criminal activity while in the military or military reserves?
Yes _____ No _____ Explain, if yes: _____

Have you ever been reduced in pay grade or been subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? Yes _____ No _____ If yes, please explain.

Date: _____ Violation: _____ Penalty: _____

Did you receive an honorable discharge? Yes_____ No_____ If no, please explain.

LEGAL

Have you ever been convicted of a criminal offense? Yes_____ No_____

Have you ever admitted in any court of law to having committed a criminal offense? Including a plea of **NOLO**? Yes_____ No_____

ATTENTION Pursuant to Rhode Island General Law 12-1.3-4, Police applicants must disclose expunged records!

The following information must be provided if you have had any expungements.

Date: _____ Police Agency: _____ Charge: _____

Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act? Yes_____ No_____ This includes charges that were dismissed, dropped or reduced. If yes, please provide the following information. Start with most recent.

Date:	Charges:	Police Agency:	Results:
_____	_____	_____	_____

Circumstances:			

Date:	Charges:	Police Agency:	Results:
_____	_____	_____	_____

Circumstances:			

Print Name _____

Date:	Charges:	Police Agency:	Results:

Circumstances:			

Date:	Charges:	Police Agency:	Results:

Circumstances:			

Have you ever applied for a permit to carry a concealed weapon? Yes ___ No ___ If yes, explain.			

Date applied: _____ Permit granted: Yes ___ No ___ Weapon: _____			
Name of agency where applied: _____			
For what purpose? _____ Was it revoked? Yes ___ No ___			

Print Name _____

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?
Yes ___ No ___
Ever had a judgment rendered against you? Yes ___ No ___ If yes to either question,
provide the following.

Date: _____ Court location: _____

Plaintiff ___ Defendant ___

Details:

Date: _____ Court location: _____

Plaintiff ___ Defendant ___

Details:

Have you ever sold or supplied any form of illegal drug, narcotic or substance including
marijuana? Yes ___ No ___

Have you ever manufactured any form of drug, narcotic or controlled substance?
Yes ___ No ___

Have you ever cultivated, grown or attempted to grow marijuana?
Yes ___ No ___

Have you ever taken any form of illegal drug, narcotic or substance, including steroids?
Yes ___ No ___

Have you ever remained at a private gathering or party where illegal drugs or narcotics were
being used? Yes ___ No ___

Have you ever allowed someone to use illegal drugs or narcotics including marijuana at your
Residence or in your vehicle? Yes ___ No ___

IF YES, EXPLAIN ON PAGE 23

Print Name _____

TRAFFIC HISTORY/MOTOR VEHICLE OPERATION

Rhode Island driver's license number: _____ Class or type: _____

Expiration date: _____

Name in which license was granted: _____ Other names used (maiden name) _____

List other States where you have held a valid operator's license:

State: _____ Under what name? _____

License number: _____

State: _____ Under what name? _____

License number: _____

Has your driver's license ever been suspended, revoked or placed on negligent operator's probation by any state?

Yes ___ No ___ Explain.

Have you ever received a traffic citation? Yes ___ No ___ If yes, list all citations in the last ten years, most current first.

Month/Year	Violation	City/State	Resulting Action

Print Name _____

List all vehicles that you own and or that are registered to you. Include vehicles you frequently use:

Year	Make/Model	Color	License#/State	Currently Registered?
				Yes _____ No _____
				Yes _____ No _____
				Yes _____ No _____
				Yes _____ No _____
				Yes _____ No _____

As a driver, have you ever been involved in a motor vehicle accident? Yes ___ No ___
If yes, provide the following information.

Date: _____ City/State: _____ Were you considered at fault? Yes ___ No ___ Unk ___
Was there a report taken? Yes ___ No ___
Did you cause injury to another person? Yes ___ No ___
Was the accident a hit and run? Yes ___ No ___
Were you cited or arrested? Yes ___ No ___
Police Department: _____

Date: _____ City/State: _____ Were you considered at fault? Yes ___ No ___ Unk ___
Was there a report taken? Yes ___ No ___
Did you cause injury to another person? Yes ___ No ___
Was the accident a hit and run? Yes ___ No ___
Were you cited or arrested? Yes ___ No ___
Police Department: _____

Print Name _____

Date: _____	City/State: _____	Were you considered at fault? Yes ___ No ___ Unk ___
Was there a report taken?		Yes ___ No ___
Did you cause injury to another person?		Yes ___ No ___
Was the accident a hit and run?		Yes ___ No ___
Were you cited or arrested?		Yes ___ No ___
Police Department: _____		

Date: _____	City/State: _____	Were you considered at fault? Yes ___ No ___ Unk ___
Was there a report taken?		Yes ___ No ___
Did you cause injury to another person?		Yes ___ No ___
Was the accident a hit and run?		Yes ___ No ___
Were you cited or arrested?		Yes ___ No ___
Police Department: _____		

Rhode Island Law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list.	
Company: _____	Telephone Number: _____
Policy Number: _____	Expiration Date: _____

Print Name _____

RESIDENCE

List all of your residences during the last ten (10) years. List no information prior to your 15th birthday. Begin with your most current residence:

Current address: _____ City/State: _____ Since: _____

With whom do you live: _____

Landlord: _____

Previous address: _____ City/State: _____

With whom did you live: _____ From: _____ To: _____

Landlord: _____

Previous address: _____ City/State: _____

With whom did you live: _____ From: _____ To: _____

Landlord: _____

Print Name _____

Previous address:	City/State:	

With whom did you live:	From:	To:

Landlord:	_____	

Previous address:	City/State:	

With whom did you live:	From:	To:

Landlord:	_____	

Previous address:	City/State:	

With whom did you live:	From:	To:

Landlord:	_____	

Previous address:	City/State:	

With whom did you live:	From:	To:

Landlord:	_____	

Print Name _____

Please list as references three (3) individuals you have known for at least two (2) years who have knowledge of you and your qualifications. Examples can be personal friends, fiancée, boyfriend, girlfriend, friends of the family, roommates, teachers, neighbors, classmates, co-workers, past supervisors and military supervisors or acquaintances. DO NOT include relatives or family members.

Name:	Address:	Work _____ Home _____
<hr/>		
Work Number:	Home Number:	
<hr/>		
Occupation:	Relationship:	How long:
<hr/>		

Name:	Address:	Work _____ Home _____
<hr/>		
Work Number:	Home Number:	
<hr/>		
Occupation:	Relationship:	How long:
<hr/>		

Name:	Address:	Work _____ Home _____
<hr/>		
Work Number:	Home Number:	
<hr/>		
Occupation:	Relationship:	How long:
<hr/>		

Print Name _____

I understand that any conditional job offer or appointment tendered me will be contingent upon the results of a thorough background investigation.

I further understand that during the application process and or background investigation, I am required to report to the Lincoln Police Department Detective Division any changes in my personal history covered in the Personal History Statement.

Prior to submitting my Personal History Statement, I reviewed it carefully for truthfulness, completeness and accuracy.

I hereby certify that all statements made in the Personal History Statement are true and complete and I understand that any discrepancies, misstatements, omissions and or falsifications will be cause for disqualification and for my name to be removed from the eligible list or will be cause for further review and/or dismissal if an appointment was made.

Date: _____ Time: _____

**Full
Signature: _____**

OFFICIAL USE ONLY

**Personal History Statement accepted
by: _____**