



**OFFICE OF THE SHERIFF  
SHERIFF PHILLIP MCDONALD**

**513 Center St.  
Lakeview, Or 97630**  
Phone (541)947-6956  
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**INSTRUCTIONS**

**READ THESE INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

- Your Personal History Statement should be printed legibly in **black** ink. Answer all questions to the best of your ability. Sign and date the "Affirmation", "Authorization for Release of Information Agreement", and "Permission to Obtain Consumer Report" forms. Your signature on the "Authorization for Release of Information Agreement" must be notarized.
- If a question is not applicable to you, enter N/A in the space provided.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses including zip codes. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification. No matter how qualified you are in other respects, you cannot become a Lake County Sheriff's Office employee if your truthfulness is in doubt.
- The Americans with Disabilities Act prohibits employers from making medically-related inquiries **prior** to a Conditional Offer of Employment. Therefore, if you are completing this personal history statement before you have received a Conditional Offer of Employment, **do not** divulge information concerning physical or medical conditions, either past or current.
- You **must** include the following with your application:
  - ✓ A copy of your high school diploma or GED, even if you are a college graduate.
  - ✓ An uncensored copy of your DD214 military release form if you served in the military.

POSITION APPLIED FOR: \_\_\_\_\_

## PERSONAL HISTORY STATEMENT

### A. **APPLICANT IDENTIFICATION** – Information provided in this section is used for identification purposes only.

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Mailing Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell or Pager # : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social security number: \_\_\_\_\_  
MONTH/DAY/YEAR

Nickname(s), maiden name, or other names by which you have been known:  
\_\_\_\_\_

Place of birth: \_\_\_\_\_  
CITY COUNTY STATE

Are you a U.S. citizen? ☐ Yes ☐ No Naturalized? ☐ Yes ☐ No

**If no, please provide documents as proof of immigration.**

Driver's license #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ State: \_\_\_\_\_

List other States in which you've had a driver's license: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of eyes: \_\_\_\_\_ Color of hair: \_\_\_\_\_

Scars, tattoos, or other distinguishing marks: \_\_\_\_\_

### B. **RESIDENCES** – List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year, attach extra page if necessary.

DATES	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### **ROOMMATES** – List all roommates with whom you have resided for the past 10 years. Attach extra page if necessary. Do not include roommates that were assigned to your living space such as, college and military housing.

NAME	TIME PERIOD	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. EXPERIENCE AND EMPLOYMENT** – Beginning with your present or most recent job, list all employment held for the past 10 years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries were made. Please indicate month and year.

**Current Employer:** \_\_\_\_\_ **From** \_\_\_\_\_

**Address:** \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**EMAIL:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name of coworker:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

May we contact your current employer? ☐ Yes ☐ No

**Employer:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Address:** \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**EMAIL:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name of coworker:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Address:** \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**EMAIL:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name of coworker:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Address:** \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**EMAIL:** \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of coworker: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**Employer:** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

EMAIL: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of coworker: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged for failing to pass a probationary period? ☐ No ☐ Yes

Have you ever been discharged from any position? ☐ No ☐ Yes

Have you ever resigned to avoid discharge or resigned while under suspension or while dismissal proceedings were pending? ☐ No ☐ Yes

Have you applied for employment with any other criminal justice system agencies?

☐ No ☐ Yes If yes, where and when? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **D. MILITARY HISTORY**

Have you registered with Selective Service? ☐ No ☐ Yes

Have you served in the U.S. Armed Forces? ☐ No ☐ Yes

Date of service: From: \_\_\_\_\_ To: \_\_\_\_\_ Branch of service: \_\_\_\_\_

Unit designation: \_\_\_\_\_ Military service number: \_\_\_\_\_

Highest rank held: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)? ☐ No ☐ Yes

CHARGE	AGENCY	DATE	AGE AT	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## E. EDUCATIONAL HISTORY

HIGH SCHOOL  
ATTENDED

CITY/STATE

DATES ATTENDED  
FROM/TO

GRADUATED  
YES NO

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

College or university attended: \_\_\_\_\_

City & State: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Units completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree received, if any, & date: \_\_\_\_\_

College or University attended: \_\_\_\_\_

City & State: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Units completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree received, if any, & date: \_\_\_\_\_

College or University attended: \_\_\_\_\_

City & State: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Units completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree received, if any, & date: \_\_\_\_\_

List other schools attended (trade, vocational, business, etc.) Give name and address of school, dates attended, course of study, certificate, and any other pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## F. SPECIAL QUALIFICATIONS & SKILLS

List any special licenses you hold (such as pilot, radio operator, scuba, etc.). Show licensing authority, original date of issue, and date of expiration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any specialized machinery or equipment, which you can operate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair):

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
_____				
_____				

Have you ever applied for a permit to carry a concealed weapon? ☐ No ☐ Yes If yes, please provide the following:

Permit granted: ☐ Yes ☐ No Date: \_\_\_\_\_

Name of law enforcement agency: \_\_\_\_\_

Purpose: \_\_\_\_\_

List any other special skills or qualifications you may possess: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## G. LEGAL

Have you ever been convicted of a crime?

☐ No ☐ Yes

Have you ever been arrested for a crime, even though you were not convicted?

☐ No ☐ Yes

Have you ever been detained (stopped, contacted, or questioned) by the police?

☐ No ☐ Yes **(Other than for Traffic Infractions)**

If yes, complete the following (list juvenile as well as adult occurrences):

POLICE AGENCY			DISPOSITION
CRIME CHARGED	CITY & STATE	DATE	OF CASE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been involved as a party in civil litigation? ☐ No ☐ Yes

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

Have you ever used an illegal drug, including marijuana. ☐ No ☐ Yes

If yes, please list the drugs used, when last used, and the frequency of use: \_\_\_\_\_

\_\_\_\_\_

## H. MOTOR VEHICLE OPERATION

Has your driver's license ever been suspended or revoked? ☐ No ☐ Yes

If yes, give date, location and reasons: \_\_\_\_\_

\_\_\_\_\_

List all driving citations you have received as an adult or juvenile, excluding parking tickets:

MONTH & YEAR	CHARGE	CITY & STATE	DISPOSITION
--------------	--------	--------------	-------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## I RELATIVES, REFERENCES, ACQUAINTANCES

Are you? ☐ single ☐ married ☐ separated ☐ divorced ☐ widowed ☐ other

If married: Date of marriage: \_\_\_\_\_ City & State: \_\_\_\_\_

Spouse's name and Date of Birth (wife's maiden name): \_\_\_\_\_

\_\_\_\_\_

### IF EVER SEPARATED, DIVORCED OR WIDOWED:

Previous spouse's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current address: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Date of divorce decree: \_\_\_\_\_

Previous spouse's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current address: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Date of divorce decree: \_\_\_\_\_

\*Attach additional pages if necessary

List all children related to you or your spouse (natural, stepchildren, adopted & foster children).

NAME	RELATION	DATE OF BIRTH	ADDRESS	SUPPORTED BY WHOM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List other relatives in the following order: father, mother (include maiden name), brothers & sisters. If deceased, so indicate.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

To your knowledge, has any member of your or your spouse's immediate family ever been arrested for anything other than a minor traffic violation? ☐ No ☐ Yes

If yes, list other person's name, date of birth, relationship, and the charge(s). Please use attachment sheet if space provided is not adequate.

\_\_\_\_\_

\_\_\_\_\_

**J. REFERENCE OR ACQUAINTANCES** – List seven persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business address: \_\_\_\_\_



Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business address: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business address: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business address: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business address: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business address: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business address: \_\_\_\_\_

**K. FINANCIAL HISTORY** – Sources of income

What is your present salary or wage? \_\_\_\_\_

Do you have income from any source other than your principal occupation? ☐ No ☐ Yes

If yes, how much? \_\_\_\_\_ How often? \_\_\_\_\_

The source? \_\_\_\_\_

Do you have a bank account? ☐ Yes ☐ No

Savings account average balance: \$\_\_\_\_\_

Name & address of bank \_\_\_\_\_

Have you ever had any debt turned over to a collection agency? ☐ No ☐ Yes

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever had anything repossessed? ☐ No ☐ Yes If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever filed bankruptcy? ☐ No ☐ Yes If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have your wages ever been garnished? ☐ No ☐ Yes If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the name, address, and phone number of your landlord or mortgage holder?

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL OBLIGATIONS-** Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments.

TYPE	NAME, ADDRESS, & PHONE NUMBER OF CREDITORS	REASON FOR DEBT	TOTAL BALANCE	MONTHLY PAYMENTS

1) Are there any events in your life that may reflect on your suitability to perform duties of the position for which you are applying, or is there anything in your background that requires further explanation? ☐ No ☐ Yes If you answered "yes", please explain.

2) In your own handwriting, please write in a short paragraph explaining why you want this position.

## ***AFFIRMATION***

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

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SIGNATURE OF APPLICANT *IN FULL*

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DATE COMPLETED

# AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

APPLICANT'S NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TO WHOM IT MAY CONCERN: I am an applicant for a position with Lake County, Oregon. The County needs to thoroughly investigate my employment background and personal history to evaluate my qualifications for this position. It is in the public interest that all relevant information concerning my personal and employment history be disclosed to Lake County.

I hereby authorize any representative of the Lake County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records, or any part thereof, regardless of whether those records are considered public, private or confidential. The intent of this authorization is to provide full and free access to my background and history, for the specific purpose of conducting a background investigation that may provide relevant information for the Sheriff's Office to consider in determining my suitability for employment with Lake County. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. This release does not authorize the release of any medical records.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history including any arrest records, any information in investigatory files, efficiency ratings, complaints or grievances against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another in any case in which I was involved, attendance records, polygraph examinations, any internal affairs investigations and discipline, including any files which are deemed to be confidential or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the requested information, regardless of any prior agreement I have made with you or your organization to the contrary. The Sheriff's Office will discontinue processing of my application and/or background check if you refuse to provide the requested information.

For and in consideration of the Lake County's acceptance and processing of my application for employment and background check, I agree to hold harmless and indemnify Lake County, its officers, agents, and employees from any claim or liability associated to my background check and any decision to employ, not employ, or cease employing me with Lake County. I understand that if information of a serious criminal nature is discovered in this investigation, that information will be turned over to the proper authorities.

I understand that the Privacy Act, 5 USC § 552a, prohibits disclosure of certain federal records without my signed authorization or other statutory exemption. My signature above indicates my express permission to release these records pursuant to 5 USC § 552a (b), to the Lake County Sheriff's Office for their use in conducting this background check.

A photocopy or telephonic facsimile (fax) of this release shall be valid as an original, even though such photocopy or fax does not contain my original signature. This release is valid for six months from the date of my signature above.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public for Oregon

02/17/04 cll

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

## ***DISCLOSURE TO APPLICANTS***

**THIS IS TO INFORM YOU THAT A "CONSUMER REPORT" MAY BE OBTAINED FOR EMPLOYMENT PURPOSES BY LAKE COUNTY. LAKE COUNTY REQUESTS THAT YOU SIGN THE ATTACHED AUTHORIZATION INDICATING WRITTEN PERMISSION FOR THE COUNTY TO OBTAIN THE REPORT.**

A "Consumer Report" includes communications from a consumer reporting agency regarding an individual's credit history, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

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### ***PERMISSION TO OBTAIN CONSUMER REPORT***

I have read and understand the attached disclosure. I hereby knowingly and voluntarily give my permission for Lake County to obtain a copy of a Consumer Report on me.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRINTED NAME