



Elkhart County Sheriff Department
Background Investigation for Employment
Personal History Questionnaire

The Personal History Questionnaire (PHQ) is the first step in the background application process. You are required to complete a PHQ form, which must be returned to the Elkhart County Sheriff Department. If you fail to complete the PHQ, you may be disqualified from future participation and no longer considered for the position. The following instructions should be followed when completing your PHQ.

- The Personal History Questionnaire (PHQ) must be completed directly by the individual who has applied for the position.
- All responses must be printed and legible using black ink.
- A response is required for every question; if the question does not apply, you must indicate "N/A" (Not Applicable). Do not leave any responses blank.
- It is the responsibility of the applicant to ensure all information is accurate, complete and truthful.
 - Falsification, willful misrepresentation or intentional omission of material information will result in disqualification and/or termination of employment by the Sheriff Department
 - Unintentional failure to include information may also result in disqualification, because it may be considered untruthfulness. Therefore you should take necessary action to obtain all information
 - **Do not** just leave response blank, as that may also be considered untruthfulness, resulting in disqualification.
- If the space provided on the PHQ is insufficient for your response, you may write your response on a separate sheet of paper, and attach it to the PHQ.
- You must report a change in any information that occurs after submitting your PHQ, to the Elkhart County Sheriff Department. This would include changes in name, address, phone number(s) employment, driving record, etc.
- When you return your PHQ, it must have several documents attached. A list of those documents is found on the next page of these instructions.
- Once your PHQ has been submitted, any questions regarding your background investigation may be directed to the Elkhart County Sheriff Department.

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Following is a list of the documents that you are required to submit in order for your background investigation to begin. Attach copies of all the documents listed below, which pertain to you. Failure to attach copies of all required documents at the time you submit your PHQ, may result in a delay in completion of your background investigation and consequently may affect your ability to be hired.

If you are unable to obtain a copy of all required documents, attach a written explanation of which documents(s) are missing and when you anticipate you will be able to provide them. The missing documents must be submitted as soon as it is possible to do so. The documents you submit will not be returned to you.

Documents to Submit:

- Legal Birth Certificate. You must submit a true certified copy of this document.
- Social Security Card showing you current legal name
- Marriage license
- Divorce Decree and or Death Certificate of Spouse (if applicable)

- High School Diploma
- High School Transcript showing successful completion
- OR G.E.D. Certificate

- Valid Driver's License

Note: You must have a valid Driver's License at the time your background investigation begins, or you may be disqualified-If you do not currently hold a valid driver's license; you are strongly encouraged to take immediate action to obtain such.

If you have served in the Military, you must provide:

- Undeleted Copy of your DD-214 Military Form (Undeleted means that the bottom portion of the form, which shows the type of discharge and character of service is attached) and your Discharge Certificate

If you have attended college, you must provide:

- Official** transcript(s)
- Vocational/Technical Certificates (if applicable)
- College Diploma(s) (if applicable)

If you were not born in the United States, you must provide:

- Naturalization Papers

Elkhart County Sheriff Department
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Position applied for: _____

Section I – PERSONAL RECORD

1) LEGAL NAME: _____
Last Name First Name Full Middle Name

2) List all other names you have used or been known by (Maiden name, adopted name, aliases, nicknames, etc.)

3) Your present SOCIAL SECURITY number: _____ - _____ - _____
3 Digits 2 Digits 4 Digits

4) Other Social Security number(s) that have been assigned to you: _____

5) Date of Birth: _____ / _____ / _____
Month Day Year

6) Current Age: _____ 7) Gender: Male Female

8) Place of Birth: _____ City _____ County _____ State _____

9) Race: _____

10) Present Address: _____

City _____ County _____ State _____

11) Cell Phone Number (_____) _____

Work Phone Number (_____) _____

Email: _____

12) Current Marital Status: Never Married Married Divorced Separated Widowed

Name of Present Spouse: _____
Last Name First Name Middle Name

Date of Birth: ____/____/____

City/State Marriage Performed: _____ Date ____/____/____

Present Address (if different than yours): _____

City _____ State _____ Zip _____

Spouse's Telephone Number: (____) _____ - _____ Occupation of Spouse: _____

Spouse's Employer: _____ Spouse's Email: _____

13) Name of Girlfriend /
Boyfriend / Fiancée: _____
Last Name First Name Middle Name

Present Address: _____ City _____

State _____ Zip _____ Date of Birth: ____/____/____

Telephone Number: (____) _____ - _____ Occupation: _____

Employer: _____ Email: _____

14) List ALL Previous marriages in order of occurrence

Name of Former Spouse: _____
Last name (presently using) First Name Middle Name

Present Address: _____

City/State Marriage Performed: _____

Court Issuing Divorce / Annulment: _____

Date filed: ____/____/____

Date Granted: ____/____/____

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES

15) List all children (Include natural, stepchildren, adopted children, foster children, and other dependents). If deceased, so indicate.

a) Name: _____ /_____/_____
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____ Email: _____

Name of Other Parent: _____ (____) - _____
Last First Middle

b) Name: _____ /_____/_____
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____ Email: _____

Name of Other Parent: _____ (____) - _____
Last First Middle

c) Name: _____ /_____/_____
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ (____) - _____
Last First Middle

d) Name: _____ /_____/_____
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____ Email: _____

Name of Other Parent: _____ (____) - _____
Last First Middle

16) List other relatives in the following order: Father, Mother, Brothers & Sisters

Name	Address & Phone	Relation	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provide Emails for listed relatives

Name	Email Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section II- RESIDENCES

17) Have you ever lived in a foster home? Yes No
If yes, explain and give details (Names, Dates, Address, etc.)

18) List below in reverse chronological order each place you have resided. Start with your present address and work backwards. Be careful to give your correct address. **OMIT NONE**. Periods of residency at college may be denoted by the college address, although specific addresses are preferred.

Present
Address _____
City State Zip

With whom do you live? _____

Do you Rent

From: (Mo. /Yr.) ____/____ To: (Mo./Yr.) ____/____

Own

If Renting-
Landlord Name _____ Landlord Phone (____) _____ - _____

Landlord Address _____
City State Zip

Previous
Address _____
City State Zip

With whom do you live? _____

Do you Rent

From: (Mo. /Yr.) ____/____ To: (Mo. /Yr.) ____/____

Own

If Renting-
Landlord Name _____ Landlord Phone(____) _____ - _____

Landlord Address _____
City State Zip

Previous Address _____
City State Zip

With whom do you live? _____

Do you Rent

From: (Mo. /Yr.) ____/____ To: (Mo. /Yr.) ____/____

Own

If Renting-
Landlord Name _____ Landlord Phone (____) _____ - _____

Landlord Address _____
City State Zip

19) List any other city or cities you have ever lived in. (Include Military)

NOTE: IF THERE ARE MORE RESIDENCES THAN SPACES THAN SPACES PROVIDED, ATTACH ADDITIONAL PAGES.

20) Has a formal eviction action ever been commenced against you? Yes No If yes, explain and give details in including date and County:

Section III – CITIZENSHIP

21) Are you a United States citizen? Yes No

22) If you are of foreign birth, or are a naturalized citizen, provide the following:

Country of Birth _____	Date of Entry into the United States _____/_____/_____
Port of Departure for the United States _____	Port / Place of Entry into the United States _____

23) If a naturalized citizen, name and address of person who sponsored you on arrival:

Sponsor Name _____
Last First Middle

Current
Address of Sponsor _____
City State Zip

Your First Address
After Arrival in US _____
City State Zip

24) When did you obtain Citizenship?

Petition Number _____ Date _____/_____/_____

State _____ Court _____ Certificate Number _____

Section IV – EMPLOYMENT HISTORY

25) Beginning with your current employment, list all jobs including full-time, part-time, and temporary positions you have ever held. If you have had intervening periods of military service, unemployment or public assistance, list those periods in the space provided.

a) CURRENT EMPLOYER:

Dates of From _____ To _____ Employer _____
Employment _____/_____/_____

Address _____
City State Zip

Position _____ Supervisor _____ (_____) - _____

Reason for Leaving _____

Did you give proper notice? Yes No If no, explain: _____

Email: _____

b) PREVIOUS EMPLOYER:

Dates of From _____ To _____ Employer _____
Employment _____/_____/_____

Address _____
City State Zip

Position _____ Supervisor _____ (_____) - _____

Reason for Leaving _____

Did you give proper notice? Yes No If no, explain: _____

Email: _____

c) PREVIOUS EMPLOYER:

Dates of Employment From _____ To _____ Employer _____

Address _____
City State Zip

Position _____ Supervisor _____ (____) - _____

Reason for Leaving _____

Did you give proper notice? Yes No If no, explain: _____

Email: _____

d) PREVIOUS EMPLOYER:

Dates of Employment From _____ To _____ Employer _____

Address _____
City State Zip

Position _____ Supervisor _____ (____) - _____

Reason for Leaving _____

Did you give proper notice? Yes No If no, explain: _____

Email: _____

e) PREVIOUS EMPLOYER:

Dates of Employment From _____ To _____ Employer _____

Address _____
City State Zip

Position _____ Supervisor _____ (____) - _____

Reason for Leaving _____

Did you give proper notice? Yes No If no, explain: _____

Email: _____

f) PREVIOUS EMPLOYER:

Dates of Employment From _____ To _____ Employer _____

Address _____
City State Zip

Position _____ Supervisor _____ (____) - _____

Reason for Leaving _____

Did you give proper notice? Yes No If no, explain: _____

Email: _____

g) PREVIOUS EMPLOYER:

Dates of Employment From _____ To _____ Employer _____

Address _____
City State Zip

Position _____ Supervisor _____ (____) - _____

Reason for Leaving _____

Did you give proper notice? Yes No If no, explain: _____

Email: _____

NOTE: IF THERE ARE MORE EMPLOYERS THAN SPACES PROVIDED, ATTACH ADDITIONAL PAGES

26) Have you ever received unemployment compensation? Yes No

If yes, specify dates below:

From: ____/____/____ To: ____/____/____

From: ____/____/____ To: ____/____/____

From: ____/____/____ To: ____/____/____

27) Has any employer ever advised you of any problems, or have you had any problems, such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers, and/or being below required standards for quantity and/or quality of work? Yes No If yes, explain and give details.

28) Have you ever resigned in lieu of termination or been terminated (fired), disciplined, reprimanded, or Suspended at any place of employment? Yes No If yes, explain and give details.

29) Have you ever had any extended work absences for reasons other than medical/sick leave or earned vacations?

Yes No If yes, explain and give details.

Section V – MILITARY SERVICE

30) Have you registered with the Selective Service (Under the Selective Service Act: Section 6, 50 U.S.C APP456) in accordance with federal law governing males who have reached their eighteenth (18th) birthday? Yes No If no, explain:

31) Have you ever served in the Armed Forces, National Guard or Military Reserves? Yes No
If no, skip to Question 42
If yes, list active duty and/or reserve duty assignments:

Branch: _____	From: _____	To: _____
Branch: _____	From: _____	To: _____
Branch: _____	From: _____	To: _____

Name, address and phone numbers of unit(s):

Name _____	Phone (____) _____ - _____
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Address _____	City _____	State _____	Zip _____	Email _____
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Name _____	Phone (____) _____ - _____
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Address _____	City _____	State _____	Zip _____	Email _____
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32) Type of Separation _____ Character of Service _____
Narrative Reason for Separation: _____

If Character of Service is other than "Honorable", explain:

33) Where Stationed for Basic Training _____ Near what major city

34) Where transferred after Basic Training _____

35) Have you ever served outside of the United States for any period(s) of time? Yes No If yes explain and give details (including country(s), dates, etc) of all instances:

36) Were you ever convicted by a court martial? Yes No If yes, explain and give details (including dates, incident, punishment, and/or disposition, etc.) of all instances:

37) Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military? Yes No If yes, explain and give details (including dates, incident, punishment, and/or disposition, etc.) of all instances:

38) Discharged from where _____

39) Rank at time of discharge _____

40) Have you ever been reduced in rank? Yes No If yes, explain and give details of instances:

41) How many periods of active military service have you had (Drafts, enlistments or recalls to service)?

42) Have you ever been refused enlistment or acceptance by any branch of the Military Service National Guard or Military Reserves? Yes No If yes, explain and give details (include dates) of all instances:

Section VI – EDUCATION QUALIFICATIONS

43) High School Graduation or G.E.D

- I possess a High School Diploma Date Received
_____ / _____ / _____
Date Location
- I passed the G.E.D test _____
- I possess a Certified High School Equivalency

44) List all high schools you have attended.

	Dates	From	To
Name of School _____	Attended		
		_____ / _____ / _____	_____ / _____ / _____
Location _____	City	State	Phone (____) _____ - _____

	Dates	From	To
Name of School _____	Attended		
		_____ / _____ / _____	_____ / _____ / _____
Location _____	City	State	Phone (____) _____ - _____

45) List all colleges you have attended

	Dates	From	To
Name of School _____	Attended		
		_____ / _____ / _____	_____ / _____ / _____
Location _____	City	State	Register Office Phone (____) _____ - _____

Degrees Earned _____ Credits Earned _____

	Dates	From	To
Name of School _____	Attended		
		_____ / _____ / _____	_____ / _____ / _____
Location _____	City	State	Register Office Phone (____) _____ - _____

Degrees Earned _____ Credits Earned _____

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES

46) List other educational programs you have taken, such as business institutes or correspondence schools, etc
Note any certificates or diplomas earned.

47) Have you ever been placed on probation, suspended or expelled from any school or college for any
academic or disciplinary reason? Yes No If yes, explain details including dates of instances:

48) Has any high school, college university, or trade school, etc. ever advised you of any problems that you
have had, such as attendance, difficulty getting along with instructors or fellow students, etc?
 Yes No If yes, explain and give details including dates of instances:

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES

Section VII – FINANCIAL HISTORY

NOTE: Negative financial history will not be the sole basis of disqualification.

49) Have you been an owner, co-owner, or partner of any business? Yes No If yes, explain and give details (dates, company name, address, etc.):

50) Do you have an income from any source other than your principal occupation? Yes No If yes, explain and give details:

51) Have you been refused credit in the past eight (8) years? Yes No If yes, explain and give details:

52) Have you failed to repay a loan in the past eight (8) years? Yes No If yes, explain and give details:

53) In the past eight (8) years, have any of your bills been turned over to a collection agency? Yes No If yes, explain and give details:

54) In the past eight (8) years, have you had any items repossessed or turned back to a finance company? Yes No If yes, explain and give details.

55) In the past eight (8) years, have your wages been attached or garnisheed? Yes No If yes, explain and give details INCLUDING CASE NUMBERS.

56) In the past eight (8) years, have you filed or declared bankruptcy? Yes No If yes, explain and give details INCLUDING CASE NUMBERS.

57) Have you ever had a judgment served against you? Yes No If yes, explain and give details INCLUDING CASE NUMBERS.

58) Has the Internal Revenue Service or any governmental agency ever initiated action to collect past due income or other tax payments? Yes No If yes, explain and give details:

59) Have you ever failed to file a tax return when required to do so? Yes No If yes, explain and give details.

60) Have you ever failed to pay court ordered support payment(s) for any children of whom you are the mother/father? Yes No If yes, explain and give details INCLUDING CASE NUMBERS:

61) Have you ever failed to pay any court ordered payments or fines? Yes No If yes, explain and details INCLUDING CASE NUMBERS:

62) Have you ever taken out any student loans for education or training? Yes NO

If yes, the loan is: Paid Not Paid

If the loan is not paid – Do you have monthly payback agreement? Yes No

NOTE: IF MORE SPACES IS NEEDED, ATTACH ADDITIONAL SPACES

Section VIII – MOTOR VEHICLE OPERATION

63) Do you currently possess a Valid License? Yes No
If yes, complete the following

State Issued	Number	Class/Classes	Expiration Date
/ /			

64) Has your driver's license and/or driving privileges **EVER** been:
a) Suspended: Yes No If yes, explain and give details including dates.

b) Revoked: Yes No If yes, explain and give details including dates.

64c) Have you ever been classified as a Habitual Traffic Violator (HTV)? Yes No If yes, explain and give details including dates.

64d) Have you ever been cited for an alcohol related driving offense? Yes No If yes, explain and give details including dates.

65) Has any driver's license issued to you contained any specific limitations, restrictions or special conditions?
 Yes No If yes, explain and give details.

66) List any other state(s) where you have been licensed to drive:

State	Name used on license
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State	Name used on license
-------	----------------------

67) Have you ever had a driver's license under another name? Yes No If yes, explain and give details.

68) Have you ever been refused a driver's license by another state? Yes No If yes, explain and give details.

69) Do you currently own any motor vehicles? Types of vehicles currently owned: Yes No If yes, complete the following

STATE	VEHICLE MAKE/MODEL	YEAR	LICENSE PLATE NUMBER
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70) Do you have liability insurance on each of the vehicles you own? Yes No

71) Have you ever been involved, as the driver in a motor vehicle crash? Yes No If yes, provide the following

<u>DATE</u> <u>ENFORCEMENT/</u> <u>JURISDICTION</u>	<u>LOCATION</u>	<u>CITY/STATE</u>	<u>CITATION/CRASH NUMBER</u>
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/ /			
/ /			
/ /			

72) Are you presently under indictment or a defendant in any pending traffic actions(s)? Yes No, If yes, explain and give details.

73) List ALL traffic violation(s) you ever been cited for (including military citations):

<u>DATE</u>	<u>VIOLATION</u>	<u>CITY/STATE</u>	<u>DISPOSITION</u>
/ /			
/ /			
/ /			

Section – CRIMINAL/CIVIL/JUDICIAL HISTORY

74) List all non-traffic convictions you have ever had and have not been expunged by a court. Examples of these include, but are not limited to, felony crimes, misdemeanor crimes, Municipal Court Citations, Civil Summons and violations of State Statues, County and City Ordinances, Department of Natural Resources and Internal Revenue Service laws. List these convictions below and describe. **Please note: A conviction that has not been expunged will not necessarily be a bar to employment. Factors such as recency, type of offense, seriousness, nature of violation, and rehabilitation may be taken into consideration.*

<u>DATE</u>	<u>TYPE/VIOLATON</u>	<u>CITY/STATE</u>	<u>DISPOSITION</u>
a) _____/_____/_____			

Describe Incident: _____

b) _____/_____/_____

Describe Incident _____

c) _____/_____/_____

Describe Incident _____

75) Have you ever been convicted of a crime that was reduced from a felony to a misdemeanor? Yes No
If yes, explain and give details including dates.

76) Have you ever been convicted of a domestic violence related offense? Yes No If yes, explain and give details including dates.

77) Has a warrant ever been issued for your arrest? Yes No If yes, explain and give details including dates.

78) Have you ever failed to appear in court when properly ordered to do so? Yes No If yes, explain and give details including dates.

79) Have you ever had a restraining order, protection order or an injunction issued against you? Yes No
If yes, explain and give details including dates.

80) Are you presently under indictment or a defendant in any pending criminal or civil action(s)? Yes No
If yes, explain and give details including dates.

81) Have you ever been named as a party in a civil action or proceeding as a plaintiff or defendant? (E.g. paternity action, bankruptcy, eviction, action resulting from a non-payment of monies owed, small claims court proceedings, divorce, child custody hearings, civil lawsuits resulting from auto crashes, industrial accidents or negligence on your part or on the part of someone else.) Yes No If yes, explain and give details including dates and case numbers.

82) Have you ever served time in prison or jail as a result of either a felony or misdemeanor conviction?
 Yes No If yes, explain and give details including dates.

83) Have you ever been placed on probation/parole as an adult? Yes No If yes, explain and give details.

84) Have you ever been a member, or associated with, any gang (E.g. motorcycle gang, street gang, etc.)?
 Yes No If yes, explain and give details.

85) Please provide the following information regarding your use and/or experimentation with any controlled substance, without a prescription. Do you now, or have you in the past, used, tried, or experimented with any of the following:

<u>SUBSTANCE</u>	<u>YES</u>	<u>NO</u>	<u>LAST USED</u>	
			<u>MONTH</u>	<u>YEAR</u>
<u>Ecstasy (Methylenedioxy-N-methylamphetamine)</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>GHB (Gamma-Hydroxybutyric Acid, etc.)</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Cocaine / Crack</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>PCP (angel dust, crystal, rocket fuel, KJ)</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Amphetamines / Methamphetamines (uppers, speed, crank)</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Barbiturates (downers, yellow jackets)</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic, THC)</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Psilocybin (magic mushrooms)</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Heroin</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Morphine / Demerol</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Mescaline / Peyote</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Thai Sticks (Opiated grass)</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Amyl Nitrate (poppers)</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Quaaludes (ludes)</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Steroids</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Hashish / Hashish Oil</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Marijuana (grass, pot)</u>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Other-Not listed above</u>	<input type="checkbox"/>	<input type="checkbox"/>		

86) Have you ever failed a mandatory drug screening? Yes No If yes, explain and give details

87) Have you ever possessed, sold, furnished and /or manufactured any controlled substance, drug narcotic, or any other illegal substance? Yes No If yes, explain and give details

88) Have you ever been involved in glues sniffing and/or used any other such chemical agents for the recreational or social purpose of obtaining a state of intoxication? Yes No If yes, explain and give details

89) Have you ever abused a prescription drug, narcotic, and/or any other controlled substance? Yes No If yes, explain and give details

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES

Section X – GENERAL QUESTIONS

90) Have you ever applied for a permit to carry a gun? Yes No If yes, provide the following:

<u>PERMIT NUMBER</u>	<u>WHERE GRANTED</u>	<u>LAW ENFORCEMENT AGENCY</u>	<u>PURPOSE</u>
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91) List all occasions in the past where you were the victim of a reported crime (Such as thefts, robberies, burglaries, domestic violence, etc.)

92) Have you ever been rejected/disqualified for any civil service job, e.g. Police, Fire, Postal Service?
 Yes No If yes, provide the following

<u>DATE</u>	<u>AGENCY</u>	<u>POSITION</u>	<u>LAST KNOWN STATUS</u>
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93) Have you ever before been the subject of a background investigation? Yes No If yes, list ALL investigations and specify jurisdiction, date, and disposition for all background investigations.

94) Have either you or any property rented or owned by you ever been investigated by the Health Department, Building Inspection or other agency? (E.g., cruelty to animals, filthy conditions in a residence, building code violations, or abandoned vehicles on property, etc.) Yes No If yes, explain and give details

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES

Section XI – LAW ENFORCEMENT EXPERIENCE

95) Have you ever acted as a volunteer for any law enforcement agency? Yes No If yes, explain and give details

96) Have you ever been employed by a law enforcement agency?
 Yes No If No, skip Questions 96 through 102

97) List all law enforcement agencies you have been employed by:

98) List all complaints that you have been the subject of and all suspensions or reprimands that you have received while employed by a law enforcement agency (Indicate date, nature of incident, disposition or action taken):

99) If you are presently, or have been previously, employed by a law enforcement agency, answer the following:

a) Are there any pending disciplinary action(s) and/or internal investigation(s) against you at this time or were there at the time of your separation? Yes No If yes, explain and give details

b) Your reason for leaving that law enforcement agency?

100) List all duty-connected civil suits you have been a party to:

101) List all on-duty motor vehicles crashes you have been involved in as a driver:

102) List all occasions where you engaged in the use of deadly force (Give dates, locations and circumstances)

103) Have you ever been dismissed by a law enforcement agency for any reason(s)? Yes No If yes, explain and give details

104) Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Yes No If yes, explain below

105) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No If yes, explain below

106) Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question 105? Yes No If yes, explain below

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES

Section XII – PERSONAL REFERENCES

List five (5) individuals who have known you personally for at least the last 5 years and know you well enough to provide current information about you. If this individual is a co-employee he/she also needs to you socially. **DO NOT** list relatives, present or former employers/supervisors, elected officials, or any person employed by the Elkhart County Sheriff Department.

REFERENCE#1

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____
Email: _____ Cell Phone Number(_____) _____ - _____

REFERENCE#2

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____
Email: _____ Cell Phone Number(_____) _____ - _____

REFERENCE#3

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____
Email: _____ Cell Phone Number(_____) _____ - _____

REFERENCE#4

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____
Email: _____ Cell Phone Number(_____) _____ - _____

REFERENCE#5

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____
Email: _____ Cell Phone Number(_____) _____ - _____

Social Media History

	YES	NO
<u>Facebook</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Twitter</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Youtub</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Instagram</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Tumblr</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Flicker</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Snapchat</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>myspace</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>



Personal History Questionnaire
CERTIFICATION & SIGNATURE

I hereby certify that the answers to questions on this application are accurate, true, and complete and that I have made no willful misrepresentation, omissions, or falsifications. I understand that if I give false information or omit material information on this Personal History Questionnaire or at any time during the selection process, I will be immediately rejected and disqualified from the selection process and/or removed from employment with the Elkhart County Sheriff Department.

Signature of applicant _____

Date: _____