

## MISSOURI STATE HIGHWAY PATROL PERSONAL HISTORY STATEMENT - TROOPER

## INSTRUCTIONS: READ CAREFULLY BEFORE PROCEEDING.

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

- Your Personal History Statement should be <u>printed legibly in black ink</u>. Answer all questions to the best of your ability. If a question is unclear, please contact the Human Resources Division at (573) 526-6117.
- 2. If a question is not applicable to you, enter NA in the space provided.
- 3. **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.
- 4. You are responsible for obtaining correct addresses. 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.
- 5. If there is insufficient space on the form for you to include all information required, attach extra sheets (8 1/2 x 11) to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- 6. An accurate and complete form will help expedite the background investigation. A pre-employment polygraph examination will be used to verify **deliberate omissions or falsifications** which may result in applicant disqualification.
- 7. Do not include information pertaining to injuries, medical issues, or disabilities in any part of this form, regarding yourself or any family member.

## FORWARD PERSONAL HISTORY STATEMENT TO:

## MISSOURI STATE HIGHWAY PATROL HUMAN RESOURCES DIVISION 1510 EAST ELM STREET JEFFERSON CITY, MO 65101

A. APPLICANT ID	ENTIFICATION -	Information provided in this section is	used for identification purposes only.						
NAME: LAST, FIRST	, MIDDLE			SOCIAL SECURITY NUMBER					
STREET ADDRESS		_	CITY, STATE, ZIP CODE						
HOME TELEPHONE	NUMBER	BUSINESS TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER	DATE OF BIRTH (MO/DAY/YR)					
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U. S.?  STATE YOU LEGALLY AUTHORIZED TO WORK IN THE U. S.?  STATE YOU LEGALLY AUTHORIZED TO WORK IN THE U. S.?  STATE YOU LEGALLY AUTHORIZED TO WORK IN THE U. S.?									
	AD YOUR NAME LEG		IF YES, INDICATE PREVIOUS NAME(S)						
DATE OF CHANGE			REASON FOR CHANGE						
B. RESIDENCES - List all addresses where you have lived for the past 10 years, not including your present address. List date by month and year.  Attach extra page if necessary.									
FROM	TO		ADDRESS	ADDRESS					

C. WORK HIST	ORY - Beginning employme	g with your present or most i	recent job, list all employment for the past 10 years, including part-time, temporary or seasonal nemployment. Attach extra pages if necessary.
1. FROM	ТО	EMPLOYER	
ADDRESS		<u>'</u>	
TELEPHONE NUM	1BER	JOB TITLE	
DUTIES			
SUPERVISOR			NAME OF CO-WORKER
REASON FOR LEA	AVING		
2. FROM	ТО	EMPLOYER	
ADDRESS			
TELEPHONE NUM	IBER	JOB TITLE	
( ) DUTIES			
DOTIES			
OLIDED VICOD			Lyune or on worker
SUPERVISOR			NAME OF CO-WORKER
REASON FOR LEA	AVING		
3. FROM	ТО	EMPLOYER	
ADDRESS			
TELEPHONE NUM	IBER	JOB TITLE	
( ) DUTIES			
SUPERVISOR			NAME OF CO-WORKER
REASON FOR LEA	AVING		
4. FROM	ТО	EMPLOYER	
ADDRESS			
TELEPHONE NUM	IBER	JOB TITLE	
( ) DUTIES			
BOTILO			
SUPERVISOR			NAME OF CO-WORKER
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REASON FOR LEA	AVING		

5. FROM	ТО	EMPLOY	ER						
ADDRESS		1							
TELEPHONE NUMBI	ER	JOB TITL	E						
( ) DUTIES									
DOTTES									
SUPERVISOR				NAME OF CO-	-WORKER				
REASON FOR LEAV	ING								
6. FROM	ТО	EMPLOY	ER						
ADDRESS		1							
TELEPHONE NUMBI	E								
DUTIES		1							
SUPERVISOR				NAME OF CO-WORKER					
REASON FOR LEAV	ING			<u> </u>					
7 WERE YOU EVE	R DISCHARGED OR E	ORCED TO	RESIGN FROM ANY JOB BECAL	ISE OF ALLEG	ATIONS OF	MISCON	DUCT OR UNSATISFACTORY SERVICE?		
		, PLEASE E							
1. ARE YOU REGIS	TERED WITH THE U.S	S. SELECTI	LES ONLY) VE SERVICE SYSTEM?		REGISTRA	ATION NU	IMBER		
			TRATION NUMBER						
E. MILITARY REC	ORD								
	ED IN THE U.S. ARME	ED FORCES			1.	WUT DEC	NOVATION		
2. DATE OF SERVICE FROM	;E TO		BRANCH OF SERVICE	UNIT DESIGNATION					
	10		CURRENT / HIGHEST RANK HE	HELD MOS OR SPECIALITY					
3. TYPE OF DISCHA	ARGE (If applicable)								
		IN THE MI	ILITARY SERVICE (Include court-r	nartial, captains	mast, comp	any punis	hment, etc.)?		
	CHARGE		AGENCY	DA		AGE	DISPOSITION		

F. EDUCATIONAL HISTORY						
4 HIGH COHOOL (C) ATTENDED	OLTY	AND CTATE		ATTENDED		UATE
1. HIGH SCHOOL(S) ATTENDED	CITY	AND STATE	FROM	ТО	YES	NO
					DATES A	TTENDED
2. COLLEGE(S) OR UNIVERSITY(IES) ATTENDED		CITY AND STATE			FROM	ТО
TOTAL CREDIT HOURS COMPLETED	DEGREE RECEIVED		D	ATE OF DE	GREE	
					DATES A	TTENDED
COLLEGE(S) OR UNIVERSITY(IES) ATTENDED		CITY AND STATE			FROM	то
TOTAL OPERIT HOURS COMPLETED	DEODEE DEOEWED			ATE OF DEC		
TOTAL CREDIT HOURS COMPLETED	DEGREE RECEIVED		ا	ATE OF DEC	akee	
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3. TRADE, VOCATIONAL, BUSINESS SCHOOL(S) ATTE	ENDED	CITY AND STATE			FROM	ТО
TOTAL CREDIT HOURS COMPLETED	CERTIFICATION RECEIVED			ATE OF CEF	TIEICATIO	N.
TOTAL GILLDIT FIGURES GOWN LETED	OLITII IOATIONTILOLIVED			AIL OI OLI	IIII IOAI IO	11
					DATES A	TTENDED
TRADE, VOCATIONAL, BUSINESS SCHOOL(S) ATTE	ENDED	CITY AND STATE			FROM	ТО
TOTAL CREDIT HOURS COMPLETED	CERTIFICATION RECEIVED		П	ATE OF CEF	RTIFICATIO	L N
G. SPECIAL QUALIFICATIONS AND SKILLS  1. PEACE OFFICER STANDARDS TRAINING CERTIFICATION  1. PEACE STANDARDS TRAINING TRAINING CERTIFICATION  1. PEACE STANDARDS TRAINING TRAINING CERTIFICATION  1. PEACE STANDARDS TRAINING TRAININ	ATION (Include the license class o	ortifuing aganay aganay you worked for	including oits	and state a	nd datas	
of employment.) NOTE: This can be more than one.	ATION (Iliciade the license class, c	ermying agency, agency you worked for	including city	and State, a	nu uates	
2. LIST ANY SPECIAL LICENSES YOU HOLD (Such as p	aramedic, emt, pilot, radio operato	r, scuba, etc.) SHOWING LICENSING A	UTHORITY,	ORIGINAL D	ATE OF ISS	SUE,
DATE OF EXPIRATION, AND HOURS OF TRAINING.						
3. LIST SPECIAL SKILLS YOU POSSESS OR HOBBIES	IN WHICH YOU ENGAGE (foreign	Janguaga proficionaica, computer prog	romming/okill	o etc.)		
3. LIST SPECIAL SKILLS TOU POSSESS ON HOBBIES	IN WHICH TOO ENGAGE (loreign	nanguage pronciencies, computer prog	amming/skiii	s, etc.)		
4. LIST ANY VOLUNTEER WORK OR COMMUNITY INVO	OLVEMENT.					

	H. CRIMINAL HISTORY								
	BEEN ARRESTED FOR, CONVICTED OF,					YES IF YES, COMPLETE			
OATE	es for which you received a suspended ALLEGED CRIME		tence, reduced sente POLICE AGENCY, C		•	NO THE FOLLOWING.			
DATE	ALLEGED ONIVIL	'	PULICE AGENCY,	ALL & STATE	טוטרט	SITION OF GASE			
2 HAVE YOU EVER	L BEEN ARRESTED FOR, CONVICTED OF,	OR PI ED GUILTY	TO A MISDEMEANOR	7		YES IF YES, COMPLETE			
(Including charge	es for which you received a suspended	imposition of sen	tence, reduced sente	ence, or a military v	riolation) 🗆 🗅 ۱	NO THE FOLLOWING.			
DATE	ALLEGED CRIME		POLICE AGENCY, (	CITY & STATE	DISPO	SITION OF CASE			
<u> </u>									
	BEEN ARRESTED FOR, CONVICTED OF				□ NO				
DATE	COUNTY		POLICE AGENCY, C	CITY & STATE	DISPO	SITION OF CASE			
4. ARE YOU PRESE	NTLY ON PROBATION FOR ANY CRIMINA	AL OFFENSE?	☐ YES ☐ NO	IF YES, EXPLAIN.					
5. HAVE YOU EVER	USED ILLEGAL DRUGS, NARCOTICS, OR	A PRESCRIPTION	DRUG OF	☐ YES ☐ NO IF	YES EXPLAIN IN	DETAIL & INCLUDE			
ANOTHER PERSO					ATES (MONTH / Y				
· ·····/E.V.O.H.E.V.E.D	THE THE PRINCE NADOCTION OF		= 3::2 =0 A13/ONE0						
6. HAVE YOU EVER	SOLD ILLEGAL DRUGS, NARCOTICS, OF	A PRESCRIPTION	DRUG TO ANYONE?		F YES, EXPLAIN IN ATES (MONTH / Y	I DETAIL & INCLUDE FAR)			
					ATEO (MONTH)	LANJ.			
	GIVEN OR FURNISHED ILLEGAL DRUGS	, NARCOTICS, OR	A PRESCRIPTION			DETAIL & INCLUDE			
DRUG TO ANYON	IE?			D	ATES (MONTH / Y	EAR).			
I. TRAFFIC REC	ORD								
1. DO YOU POSSES	S A VALID DRIVER LICENSE? DRIVER I	LICENSE NUMBER			STATE	OF ISSUE			
☐ YES ☐	l NO								
2. LIST ALL STATES	WHERE YOU WERE ISSUED A DRIVER I	ICENSE (Include d	river license number)						
<u></u>									
3. HAS YOUR DRIVE	ER LICENSE EVER BEEN SUSPENDED OF	REVOKED?	☐ YES ☐ NO	IF YES, GIVE DAT	ΓΕ, STATE, & REA	SON.			
4. LIST MOTOR VEH	HICLE(S), CRAFTS, TRAILERS, ETC. CURF	RENTLY REGISTER	ED OR TITLED IN YOU	JR NAME (Your name	listed on the title /	lien)			
MAKE	MODEL	YEAR	LICENSE/TITLE N	NUMBER STA	TE YEA	AR LICENSE EXPIRES			
- LICTALL DDIVING	CONTATIONS VOLUME PEOPLYED EVO	THE PARK DARKING	TIOMETO						
	G CITATIONS YOU HAVE RECEIVED, EXC	LUDING PARKING		-:	DIODO				
DATE	CHARGES		POLICE AGENCY,	CITY & STATE	טוארנו	DSITION OF CASE			
6. ARE YOU PRESE	NTLY ON PROBATION FOR ANY TRAFFIC	OFFENSE? L	☐ YES ☐ NO	IF YES, EXPLAIN.					

TRAF	E YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OI FIC OFFENSE, OR CHARGES REDUCED IN RELATION T ude charges for which you received a suspended imp	O ALCOHOL RELATED	Y ALCOHOL TRAFFIC O	RELATED FFENSES?	☐ YES	□NO	IF YES, EXPL	AIN.
	CRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENT ach additional pages if necessary)	S IN WHICH YOU HAV	E BEEN INVO	DLVED, GIVING	i APPROXIMA	TE DATES	S AND LOCATION	IS.
`	, , , , , , , , , , , , , , , , , , , ,							
I EIN	ANCIAL - Attach additional pages if necessary							
CHECK	ING AND SAVINGS ACCOUNTS (Enter a "C" for checking a	or a "S" for savings in th	he column en	titled "C / S.")	You may be re	equired to p	orovide account r	numbers during
C/S	NAME OF FINANCIAL INSTITUTIO	N			ı	CITY & S	TATE	
LOANS	(Include loans previously paid in full or defaulted on within	last 15 years.) You ma	y be required	to provide acco	ount numbers			
	NAME OF LENDER / INSTITUTION		CITY & ST	ATE		ORIGIN. BALANC		
CREDIT	CARDS  NAME OF CREDIT CARD			MONTHI	Y PAYMEN	т	PRESENT E	MANCE
	NAME OF CHEST CARS			WOIVIII	TIATMEN	•	THEOLINTE	ALANOL

1. HAVE YOU EVER KNOWINGLY	Y WRITTEN A "NO ACC	COU	NT" CHECK?	`	YES		IF YES, NUMBER WRITTEN	E>	XPLAIN:
2. HAVE YOU EVER KNOWINGL	Y WRITTEN AN "INSUF	FFIC	JENT FUNDS CHF	ECK"?	YES	□NO	IF YES, NUMBER WRITTEN	E)	XPLAIN:
3. HAVE YOU EVER PETITIONE	D FOR BANKRUPTCY?	,			YES	□NO	IF SO, WHEN AND WHERE?		
<u></u>									
K. REFERENCES - List five p	saraana whom you kn		wall anough to n	rovido ou	-rant info	armation	shout you. Do not list relati	···oo or former er	malayara
NAME	ersons whom you kin	1	weil enough to pi FREET ADDRESS,				about you. Do not list relative	ves or rounter en	пріоуеть.
1.		ļ_							
RELATIONSHIP	RESIDENCE PHONE		BUSINESS PHO	NE	BUSINE	ESS ADDF	RESS		YEARS KNOWN
NAME		ST	TREET ADDRESS,	CITY, STA	ATE, ZIP	CODE			
2. RELATIONSHIP	RESIDENCE PHONE		BUSINESS PHO		DUSINE	ESS ADDF			YEARS KNOWN
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NAME		ST	TREET ADDRESS,	, CITY, ST	ATE, ZIP	CODE			<u> </u>
3.									
RELATIONSHIP	RESIDENCE PHONE		BUSINESS PHO	ONE	BUSINE	ESS ADDF	RESS		YEARS KNOWN
		T			: TE 7ID	2205			
NAME 4.		Sı	REET ADDRESS,	CITY, SIF	ATE, ∠IP	CODE			
RELATIONSHIP	RESIDENCE PHONE		BUSINESS PHO		RUSINE	ESS ADDF	RESS		YEARS KNOWN
TILE THORIGH.	Theoret		D00111200	142	DO01_	.00 1100.	1200		TLANG MITOTIL
NAME		ST	REET ADDRESS,	CITY, ST/	ATE, ZIP	CODE			
5.	<del>-</del>		<del></del>						T
RELATIONSHIP	RESIDENCE PHONE		BUSINESS PHO	)NE	BUSINE	ESS ADDF	RESS		YEARS KNOWN
L. LIST NAMES OF RELATIV	/FS WORKING FOR	ТНЕ	L F MISSOURI ST	ATF HIG	HWAY P	ATROL.	/Whether by blood or mari	riane)	
NAME			RELATIONSHIP			A	NAME		TIONSHIP
							<u>`</u>		
M. PERSONAL DECLARATION	 Ons								
HAVE YOU MADE APPLICATION	ON FOR EMPLOYMENT	WIT	TH THIS OR ANY	OTHER LA	W ENFO	RCEMEN	IT OR RELATED AGENCY?	☐ YES ☐	NO
NAME OF DEPARTME	ENT / AGENCY		DATE APPLIED	ACCE	PTED	GIVE F	REASON FOR REJECTION OR	DECLINING THE	APPOINTMENT
				☐ YES	□NO				
				<del> -</del>					
				☐ YES	□ NO				
		$\dashv$		+					
				☐ YES					
				☐ YES	□ №				
2. ARE THERE ANY INCIDENTS TION OF YOUR SUITABILITY F					) NOT ME YES		D HEREIN WHICH MAY INFLUE IF SO, EXPLAIN	NCE THIS PATRO	)L'S EVALUA-
TION OF TOOK SOFTABLETT.	On Livii LOTIVILITI 7.0						11 00, LXI LXIII		
3. ARE YOU NOW OR HAVE EV	/ER BEEN ASSOCIATE!	D W	ITH AN INDIVIDU	AL KNOW	N TO PA	RTICIPAT	E IN ACTIVITY THAT IS IN VIC	LATION OF LOCA	AL. STATE, OR
FEDERAL LAWS?									,
☐ YES ☐ NO IF YES,	S, EXPLAIN								

Do NOT include information regarding injuries, medical issues, or disabiliti		
	es, regarding yourself or any family member.	
O. APPLICANT CERTIFICATION	DITTIES AS A TROOPER COULD VOLLDO SO?	
O. APPLICANT CERTIFICATION  IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR D	DUTIES AS A TROOPER, COULD YOU DO SO?	☐ YES ☐ NO IF NO, EXPLAIN
	DUTIES AS A TROOPER, COULD YOU DO SO?  DO YOU HAVE A TROOP PREFERENCE?	
IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DEATH OF MISSOURI?  PER YOU WILLING TO RELOCATE ANYWHERE IN THE STATE OF MISSOURI?  YES NO	DO YOU HAVE A TROOP PREFERENCE?  □ YES □ NO IF YES, LIST TROOP(S)	IF NO, EXPLAIN
IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DEATH OF MISSOURI?	DO YOU HAVE A TROOP PREFERENCE?  □ YES □ NO IF YES, LIST TROOP(S)	IF NO, EXPLAIN
IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DEATH OF MISSOURI?  PER YOU WILLING TO RELOCATE ANYWHERE IN THE STATE OF MISSOURI?  YES NO	DO YOU HAVE A TROOP PREFERENCE?  YES NO IF YES, LIST TROOP(S)  assign members to any location within the S or falsifications in the foregoing statements and an	IF NO, EXPLAIN  State of Missouri.  Iswers to questions.
ARE YOU WILLING TO RELOCATE ANYWHERE IN THE STATE OF MISSOURI?  YES NO  The Missouri State Highway Patrol reserves the right to I hereby certify that there are no willful misrepresentations, omissions, I am fully aware that any such misrepresentations, omissions, or the state of the country	DO YOU HAVE A TROOP PREFERENCE?  YES NO IF YES, LIST TROOP(S)  assign members to any location within the S or falsifications in the foregoing statements and an falsifications will be grounds for immediate rejecte or incomplete statements during the pre-em	IF NO, EXPLAIN  State of Missouri.  Iswers to questions.  Section or termination of imployment
ARE YOU WILLING TO RELOCATE ANYWHERE IN THE STATE OF MISSOURI?  The Missouri State Highway Patrol reserves the right to I hereby certify that there are no willful misrepresentations, omissions, I am fully aware that any such misrepresentations, omissions, or temployment.  I fully realize that willfully withholding information or making fals testing will be a basis for dismissal and permanent disqualification.	DO YOU HAVE A TROOP PREFERENCE?  YES NO IF YES, LIST TROOP(S)  assign members to any location within the S or falsifications in the foregoing statements and an falsifications will be grounds for immediate rejecte or incomplete statements during the pre-em	IF NO, EXPLAIN  State of Missouri.  Isswers to questions.  Section or termination of imployment