



BEATRICE POLICE DEPARTMENT

Application Instructions
Please Read 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.

1. Your personal History Statement should be printed legibly in ink; Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A 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 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 your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

PERSONAL HISTORY STATEMENT

A. Applicant Identification:

Information provided in this section is used for identification purposes only.

1. **Name:** _____
 First Middle Last

2. **Address:** _____
 P.O. Box/Street Address

 City State Zip Code

3. **Telephone Number:** _____

4. **Date of Birth:** _____
 Month Date Year

5. **Nickname(S), Maiden Name, or Other Names by Which You Have Been Known:** _____

6. **Social Security Number:** _____

7. **Place of Birth:** _____
 City County State

8. **Are You A U.S. Citizen?** Yes No

9. **Driver's License Number:** _____
State of Issue: _____

10. **Height:** _____

11. **Weight:** _____

12. **Color of Eyes:** _____

13. **Color of Hair:** _____

14. **Scars, Tatoos, or Other Distinguishing Marks:** _____

B. Residences:

List all addresses where you have lived during the past ten (10) years, beginning with present address. List date by month and year. Attach extra page if necessary.

From	To	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Work History:

Beginning with your present or most recent job, list all employment since the age of sixteen (16), including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. From _____ To _____ Employer _____

Address _____

Telephone Number _____ Job Title _____

Duties _____

Supervisor _____

Name of Co-Worker _____

Reason For Leaving _____

2. From _____ To _____ Employer _____
Address _____
Telephone Number _____ Job Title _____
Duties _____

Supervisor _____
Name of Co-Worker _____
Reason For Leaving _____

3. From _____ To _____ Employer _____
Address _____
Telephone Number _____ Job Title _____
Duties _____

Supervisor _____
Name of Co-Worker _____
Reason For Leaving _____

4. From _____ To _____ Employer _____
Address _____
Telephone Number _____ Job Title _____
Duties _____

Supervisor _____
Name of Co-Worker _____
Reason For Leaving _____

5. From _____ To _____ Employer _____

Address _____

Telephone Number _____ Job Title _____

Duties _____

Supervisor _____

Name of Co-Worker _____

Reason For Leaving _____

6. From _____ To _____ Employer _____

Address _____

Telephone Number _____ Job Title _____

Duties _____

Supervisor _____

Name of Co-Worker _____

Reason For Leaving _____

D. Military Record:

1. Have You Served in the U. S. Armed Forces? Yes No

2. Date of Service: From _____ To _____

Branch of Service _____

Unit Designation _____ Highest Rank Held _____

Type of Discharge _____

3. Were you ever disciplined while in the military service (Include court-martial, captain's masts, company punishment, etc.)? YES NO

Charge	Agency	Date	Age at Time	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you received a discharge other than honorable, give complete details.

E. The City of Beatrice complies with Nebraska's Veterans Preference laws.

Do you wish to claim Veteran's Preference in your employment search? Yes No

If yes, include documents showing you receive or are eligible to receive benefits from the U.S. Department of Veterans Affairs and a Form DD214 in order to verify entrance and separation dates, type of separation, and character of service. The spouse of a 100 percent disabled veteran may claim preference by providing a Form DD214, proof of disability, and a marriage certificate.

F. Educational History:

High School Attended	City/State	Dates Attended		Graduated	
		From	To	Yes	No
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<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 and Date: _____

College or University Attended: _____

City/State: _____ Dates Attended: _____

Units Completed: _____ Major/Minor: _____

Degree Received, if any and Date: _____

3. 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.

G. Special Qualifications and Skills:

H. Arrests, Detentions, and Litigation:

1. Have you ever been arrested, detained by police, or summoned into court? YES NO

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

Police Agency	Crime Charged	City/State	Date	Disposition of Case
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Have you ever been involved as a party in civil litigation? YES NO

If yes, give details. _____

I. Traffic Record:

1. Has your driver's license ever been suspended or revoked? YES NO

If yes, give date, location, and reasons. _____

2. With what company do you carry auto insurance? _____

3. List to the best of your memory all driving citations you have received as an adult or juvenile, excluding parking tickets.

Month/Year	Charge	City/State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

J. Financial History:

Sources of Income

1. What is your present salary or wages? _____
2. Do you have income from any source other than your principal occupation? YES NO
If yes, how much? _____
How often? _____
The source? _____
3. Do you own any real estate? YES NO Value \$ _____
Location: _____
4. Do you own any bonds, government or other? YES NO Value \$ _____
5. Do you own any corporate stock? YES NO Value \$ _____
6. Do you have a bank account? YES NO

Savings

Average Balance: \$ _____

Name and Address of Bank _____

Checking

Average Balance: \$ _____

Name and Address of Bank _____

K. References

List five (5) persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name: _____ Address: _____

Residence Phone: _____ Business Phone: _____

Business Address: _____

Years Known: _____

Name: _____ Address: _____

Residence Phone: _____ Business Phone: _____

Business Address: _____

Years Known: _____

Name: _____ Address: _____

Residence Phone: _____ Business Phone: _____

Business Address: _____

Years Known: _____

Name: _____ Address: _____

Residence Phone: _____ Business Phone: _____

Business Address: _____

Years Known: _____

Name: _____ Address: _____

Residence Phone: _____ Business Phone: _____

Business Address: _____

Years Known: _____

L. Membership in Organizations (Past and/or Present)

Name & Address	Type (Social, Fraternal, Professional, etc.)	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

M. Personal Declarations

1. Describe in your own words the frequency and extent of your use of intoxicating liquors.

2. Have you ever used marijuana or any other drug not prescribed by your physician?

YES NO

If yes, what were the circumstances? _____

3. Have you ever sold or furnished drugs or narcotics to anyone?

YES NO

If yes, explain in detail. _____

Beatrice Police Department Candidate Physical Assessment

The Nebraska Law Enforce Training Center (NLETC) requires all candidates to complete a Physical Fitness Test. According to the NLETC to successfully complete the NLETC Physical Fitness Test, you must score an overall average of 30% on all testing completed which is based on gender and age norms.

The student is NOT required to score 30% on **EACH** individual test so long as your entire average score on the fitness test is at least 30%. This test is scored based upon age and gender, so the percentages will vary for each applicant based upon those factors. Below is a table with the 30% standard only:

	Men 30% Standards				Women 30% Standards			
	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs
Vertical Jump	18"	18"	14.5"	13.5"	13.5"	11.1"	9"	N/A
1 Minute Push-ups	26	20	15	10	13	9	7	N/A
300 Meter Sprint	62 sec	63 sec	77 sec	87 sec	75 sec	82 sec	106 sec	N/A
1 Minute Sit-ups	35	32	27	21	30	22	17	12
1.5 Mile Run	13:16	13:46	14:34	15:58	15:52	16:39	17:22	18:59

The Beatrice Police Department will be holding this same Physical Assessment with the same standards. Each applicant should come to the Physical Assessment dressed in appropriate workout style clothing. The applicant will get a 15 minute window to stretch and warm up prior to testing. We will do the 1.5 mile run first and give each applicant the same amount of break prior to running the 300 meter run in the end.

We want each applicant to strive to achieve the best possible score they can so we have included the 100% scoring table also:

	Men 100% Standards				Women 100% Standards			
	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs
Vertical Jump	30.3"	28.4"	25.1"	22"	19"	18"	13.5"	N/A
1 Minute Push-ups	100	86	64	51	53	48	23	N/A
300 Meter Sprint	42.6 sec	42 sec	47 sec	52 sec	54 sec	55 sec	65 sec	N/A
1 Minute Sit-ups	>55	>51	>47	>43	>51	>42	>38	>30
1.5 Mile Run	8:22	8:49	9:02	9:31	9:23	9:52	10:09	11:34

The testing will take place at the Beatrice High School. If the weather does not cooperate that day we will move the Physical Assessment to the YMCA indoor facility. If you have any questions about the Physical Assessment you can contact Officer Shane Maloley #328 at (402) 223-4080 or email at smaloley@beatrice.ne.gov.

Authority to Release Information

Full Name: _____ Date of Birth: _____
(PRINT or TYPE)

Current Address: _____

This release is being made in conjunction with my application for employment as a law enforcement officer.

I hereby authorize a review and full disclosure of any and all records or files (or any part thereof) pertaining to me, including but not limited to the files and records of any school or other educational institution, financial or credit agency, public utility companies, any hospital, clinic, doctor or other medical practitioner, the military or armed forces of the United States, any agency or business pre-employment or employment records and/or personnel files including background investigation reports, results of polygraph examinations, efficiency ratings, complaints and/or grievances involving me as well as medical examinations, attorneys' files, court records or documents in civil or criminal cases in which I am involved, and any records, files or documents regarding any arrests, convictions or other criminal investigations or charges involving me whether in writing or in electronic media databases.

I further authorize the release of information to the Beatrice Police Department concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to become trained and certified as a law enforcement officer, even if the information is not contained in written records and regardless of whether the information is considered privileged or confidential in nature:

I release and hold harmless the State of Nebraska, the City of Beatrice, NE, and all departments or employees of such, for all actions taken as a result of the information it receives and/or disseminates.

This release of information form, or a duly executed photocopy and/or fax is valid for a period of one year from the date of execution.

I, the undersigned, after first being duly sworn, hereby acknowledge that I give the above authority to release information of my own free will and for the purposes stated therein and I have voluntarily furnished my social security number.

Signature: _____ Date: _____

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

Notary Public

Return form and application to: City Clerk, 400 Ella Street, Beatrice, NE 68310