

**Bethany Beach Police Department  
Personal History Statement**

Fill out this entire application and submit to [bbpdjobs@townofbethanybeach.com](mailto:bbpdjobs@townofbethanybeach.com)

Please Read: Answer each question on this form. If additional information must be submitted in response to a specific question, please submit this information on an additional sheet of 8 ½" x 11" paper (NO SCRAP SHEETS) and attach them to this form. Precede each answer with the section that it references. **DO NOT MISSTATE OR OMIT ANY FACTS**, as information is verified. **ACCURACY IS ESSENTIAL. ANY FALSE STATEMENTS OR INFORMATION KNOWINGLY OMITTED IN THIS QUESTIONNAIRE IS JUST CAUSE FOR DENYING OF TERMINATING YOUR APPLICATION.**

There are to be no **UNKNOWN** or **UNANSWERED** questions when this form is completed and turned in. If a question or the information requested does not apply, indicate this by using the symbol N/A (not applicable). Should this questionnaire be **UNSATISFACTORILY FILLED OUT**, you will be rejected from further consideration.

When the personal history statement is turned in, the following support documents **MUST ALSO BE TURNED IN:**

1. A copy of your birth certificate
2. A copy of your driver's license
3. Your original Military DD214 Member 2 (including character of discharge section) and any other discharge document(s), if applicable, for us to witness and a copy for us to retain
4. Active reserves who currently attend military drills must submit a military letter of good standing. This letter can be obtained from a staff member upon receipt of your application packet. The applicant must also submit all original DD214 discharge documents as soon as they become available to the applicant
5. Applicants who have previously served in the active reserves MUST submit a copy of their discharge papers, showing character of discharge from the reserve unit
6. All full-time police applicants must submit transcripts from ALL colleges attended.
7. Seasonal police, omit #6.

**FAILURE TO TURN IN THESE DOCUMENTS WILL RESULT IN YOUR APPLICATION BEING REJECTED BY THE BETHANY BEACH POLICE DEPARTMENT.**

I hereby certify that I have read and understand all of the above stated information.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Type name

PERSONAL HISTORY

Date \_\_\_\_\_ Position Applied for \_\_\_\_\_

Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Are you a United States Citizen \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birthplace City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

List any maiden name or any and ALL other names that you have ever used, including all married names or nicknames \_\_\_\_\_

Marital Status Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Driver's License State \_\_\_\_\_ Number \_\_\_\_\_ Type of Classification \_\_\_\_\_

Expiration Date \_\_\_\_\_ Conditions (i.e. corrective lenses, etc.) \_\_\_\_\_

FAMILY HISTORY

Full Name of Present Spouse \_\_\_\_\_

Maiden name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Present employment of spouse \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

Phone number \_\_\_\_\_

Full Name of Former Spouse(s) \_\_\_\_\_

Maiden name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

List ALL children and step-children

Full name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

Phone number \_\_\_\_\_

Full name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

Phone number \_\_\_\_\_

Full name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

Phone number \_\_\_\_\_

Full name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

Phone number \_\_\_\_\_

Full name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

Phone number \_\_\_\_\_

List separately, Mother, Father, Step-Mother and Step-Father:

Father's full name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

Mother's full name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

Step-Father's full name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

Step-Mother's full name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

List all persons who reside at your present residence:

Full name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Full name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Full name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Full name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

#### RESIDENCE

Chronologically list all of your residences since your 18<sup>th</sup> birthday, regardless of the time you resided there, **beginning with your present address and working backward**. If in military service, list dates, branch and duty stations, include off base residences. List addresses while attending school if away from home. Note when living with parents with an asterisk (\*).

From Mo/Yr \_\_\_\_\_ to Mo/Yr \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ to Mo/Yr \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ to Mo/Yr \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ to Mo/Yr \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ to Mo/Yr \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ to Mo/Yr \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ to Mo/Yr \_\_\_\_\_

Address (incl. city & state) \_\_\_\_\_

### EDUCATION

School	Location (City & State)	Dates attended	Year of graduation	Credit hours/Degree
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High School	_____	_____	_____	_____
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GED	_____	_____	_____	_____
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College/University	_____	_____	_____	_____
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College/University	_____	_____	_____	_____
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College/University	_____	_____	_____	_____
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Graduate School	_____	_____	_____	_____
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Trade/business/other schools	_____	_____	_____	_____
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### EMPLOYMENT

On the following pages, you will find employment reference sheets. It is very important that employment information be accurate.

Please list your ENTIRE employment history. Include ALL PART TIME, TEMPORARY and SEASONAL employment regardless of length of time employed. IF UNEMPLOYED FOR ANY LENGTH OF TIME, LIST DATES OF UNEMPLOYMENT.

BEGIN WITH YOUR CURRENT EMPLOYMENT, OR MOST RECENT AND WORK BACKWARDS.

Employment history must cover from high school graduation to present.

List all zip codes and area codes.

Make sure that all addresses and phone numbers are complete and accurate.

If additional employment reference sheets are needed, make photocopies prior to filing out any forms.

#### EMPLOYMENT TERMINATION

Have you ever been dismissed, fired or asked to resign from any employment or position you have held, knowing that you would be fired if you did not resign? \_\_\_\_\_ If yes, explain below.

#### TERMINATIONS

Company name \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment from/to \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

#### EXPLAIN IN DETAIL THE CIRCUMSTANCES OF THE TERMINATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*ANY ADDITIONAL TERMINATIONS, PLEASE USE A SEPARATE SHEET AND SUBMIT WITH APPLICATION.**

#### EMPLOYMENT REFERENCE SHEET

May we contact your current employer? \_\_\_\_\_

- If your response is "NO", you will be required to provide proof of employment along with dates.
- You may also be required to provide proof and dates of any previous employment, including any periods of self-employment and unemployment.

Name of Employer or business \_\_\_\_\_

Address (incl. city/state/zip) \_\_\_\_\_

Dates of employment from/to \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Work duties \_\_\_\_\_

Reason for leaving (explain in detail) \_\_\_\_\_

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Name of Employer or business \_\_\_\_\_

Address (incl. city/state/zip) \_\_\_\_\_

Dates of employment from/to \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Work duties \_\_\_\_\_

Reason for leaving (explain in detail) \_\_\_\_\_

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Name of Employer or business \_\_\_\_\_

Address (incl. city/state/zip) \_\_\_\_\_

Dates of employment from/to \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Work duties \_\_\_\_\_

Reason for leaving (explain in detail) \_\_\_\_\_

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Name of Employer or business \_\_\_\_\_

Address (incl. city/state/zip) \_\_\_\_\_

Dates of employment from/to \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Work duties \_\_\_\_\_

Reason for leaving (explain in detail) \_\_\_\_\_

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IF ADDITIONAL EMPLOYMENT SHEETS ARE NEEDED, MAKE PHOTOCOPIES PRIOR TO FILING OUT ANY FORMS.

VEHICLE INFORMATION

List all vehicles that you own and/or drive for personal use (include vehicles belonging to parents or all others with whom you reside).

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
Auto Tag # \_\_\_\_\_ State \_\_\_\_\_ Own/Buying \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
Auto Tag # \_\_\_\_\_ State \_\_\_\_\_ Own/Buying \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
Auto Tag # \_\_\_\_\_ State \_\_\_\_\_ Own/Buying \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
Auto Tag # \_\_\_\_\_ State \_\_\_\_\_ Own/Buying \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
Auto Tag # \_\_\_\_\_ State \_\_\_\_\_ Own/Buying \_\_\_\_\_

DRUG HISTORY

Are you currently using any kind of drugs or controlled substances not prescribed by a physician? \_\_\_\_\_  
If yes, explain \_\_\_\_\_

Drug/narcotic information (explain any "YES" answers in the comments section)

- \_\_\_\_\_ Have you ever tried, used, puffed, experimented, taken orally or injected any drug or narcotic?
- \_\_\_\_\_ Have you ever tried or used marijuana? If YES, how many times have you tried \_\_\_\_\_, puffed \_\_\_\_\_ or used marijuana \_\_\_\_\_?
- \_\_\_\_\_ Have you ever tried or used heroin?
- \_\_\_\_\_ Have you ever tried or used cocaine?
- \_\_\_\_\_ Have you ever tried or used LSD or any other hallucinogen?
- \_\_\_\_\_ Have you ever tried or used speed, amphetamine, ecstasy or methamphetamines?
- \_\_\_\_\_ Have you ever tried or used downers, barbiturates or mandrax?
- \_\_\_\_\_ Have you ever used any prescription drugs not intended for you?
- \_\_\_\_\_ Have you ever tried or used anabolic steroids?
- \_\_\_\_\_ Have you ever tried or used any other illegal drugs or narcotics?
- \_\_\_\_\_ Have you ever sold marijuana?
- \_\_\_\_\_ Have you ever sold any illegal drugs or narcotics?
- \_\_\_\_\_ Have you ever been present when others were using marijuana?
- \_\_\_\_\_ Have you ever been present when others were using illegal drugs or narcotics?
- \_\_\_\_\_ Have you ever altered a prescription given to you by a doctor?
- \_\_\_\_\_ Have you ever taken a substance not knowing what it was?
- \_\_\_\_\_ Have you ever inhaled paint, gases, glue or other abusable chemicals?



\_\_\_\_\_ Have you ever obtained a drug from an altered prescription?

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY RECORD**

Have you ever been on active duty in the Armed Forces of the United States? \_\_\_\_\_

If yes, Branch \_\_\_\_\_ Type of Discharge \_\_\_\_\_

If other than Honorable, explain \_\_\_\_\_

Dates of active duty From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been or are you currently a member of a Reserve Unit? \_\_\_\_\_

If yes, Branch \_\_\_\_\_ Ready \_\_\_\_\_ Standby/RR \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Type of discharge \_\_\_\_\_

Are you currently active in the military? \_\_\_\_\_

If yes, what is your anticipated release date? \_\_\_\_\_

If you were in the military, were you ever court martialled? \_\_\_\_\_

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

Did you ever have ANY type of disciplinary action taken against you while in the military (this includes Article 15, Captain's Mast, etc.)? \_\_\_\_\_

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

**COURT RECORD**

Have you ever been arrested as an adult or a juvenile (arrest is defined as being taken into custody and transported to a jail/detention facility) or charged with a crime as an adult or a juvenile (charged with a crime means issued a misdemeanor citation, a juvenile summons, an adult summons, arrested on a warrant, or indicted by a grand jury)? \_\_\_\_\_

List ALL times you have been arrested or had criminal charges placed against you, including a detailed explanation of the circumstances (use additional sheets if needed). You must list ALL arrests or charges even if they were dropped or did not result in a conviction and even if the public records of the arrest or charges were expunged and erased and even if you have been told that you do not have to admit to arrests or charges which have been expunged or erased. An independent investigation of your criminal history will be conducted and, if arrests or charges are found which you did not report, your application can be rejected due to untruthfulness.

DATE	CITY/STATE	CHARGES	CIRCUMSTANCES	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever as an adult or a juvenile, been convicted of or entered a guilty plea or a plea of *nolo contendere* to any criminal charge? (This question includes ALL criminal offenses including felonies, misdemeanors, misdemeanor citations, traffic citations, city ordinance summons and juvenile summons)

\_\_\_\_\_

List below ALL adult and juvenile convictions, guilty pleas and pleas of nolo contendere along with a disposition for each.

You MUST list ALL convictions and pleas even if the conviction or plea was later expunged or erased and even if you were told that you did not have to admit to the conviction or plea since it had been expunged or erased. Failure to list a conviction or plea, which is later uncovered during the background investigation, can result in your application being rejected for untruthfulness.

#### ARRESTS

Date	City/State	Charges	Circumstances	Disposition
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your driver's license ever been suspended, canceled or revoked? \_\_\_\_\_

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

Have you ever had a driver's license in any other state? \_\_\_\_\_

If yes, which state(s), list license #, if known \_\_\_\_\_

#### TRAFFIC TICKETS

Date	City/State	Charges	Circumstances	Disposition
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### MISCELLANEOUS

Based on your religion, are there any special considerations you might request as to the handling of a firearm or days off? \_\_\_\_\_

List all relatives employed by the Town of Bethany Beach, including the Bethany Beach Police Department \_\_\_\_\_

Are you currently or have you ever been an employee of the Town of Bethany Beach or Bethany Beach Police Department? \_\_\_\_\_ If yes, list what agency, dates of employment, position and designate whether or not you were a permanent, temporary seasonal or volunteer employee \_\_\_\_\_

Have you previously submitted an application for employment or tested for the Bethany Beach Police Department or any other law enforcement agency? If yes, which ones \_\_\_\_\_

Do you currently possess a Special Officer's (security guard) Commission? \_\_\_\_\_ If yes, list the agency issuing commission \_\_\_\_\_

Do you currently possess a value gun permit? \_\_\_\_\_

Have you ever submitted to a polygraph test? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Are you presently involved or have knowledge that you might become involved in any criminal or civil lawsuit? \_\_\_\_\_ If yes, explain \_\_\_\_\_

#### REFERENCES

List three (3) references who are responsible adults with reputable standing in their community, who you have known well for at least three years and who know you. References CANNOT be relatives or current or former employers. Include their full names, COMPLETE home and business address (include city, state and zip) and correct phone numbers (include area code) where they may be contacted Monday through Friday during normal business hours.

Full Name \_\_\_\_\_ Years known \_\_\_\_\_  
Current address \_\_\_\_\_  
Employment address \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Full Name \_\_\_\_\_ Years known \_\_\_\_\_  
Current address \_\_\_\_\_  
Employment address \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Full Name \_\_\_\_\_ Years known \_\_\_\_\_  
Current address \_\_\_\_\_  
Employment address \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

APPLICATION PROCESS

If you are applying for the police of Police Officer and fail to meet the minimum requirements of age and/or college experience, do you want to be considered for another position within the police department? \_\_\_\_\_

I hereby certify that ALL statements made by me on tis application are true and complete to the best of my knowledge. I further certify that this application contains no willful misrepresentation or falsifications. I am aware that should any investigation at any time reveal or disclose any such misrepresentations or falsifications, my application may be rejected and my name may be removed from the employment list and I may be disqualified from applying in the future for positions with the Bethany Beach Police Department or my employment with the Town of Bethany Beach may be terminated. If any information changes on your application, you must keep this office updated. This includes jobs, addresses, phone numbers, any contact with law enforcement officers and any other important information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Type Name

BETHANY BEACH POLICE DEPARTMENT EMPLOYMENT TEAM  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize full disclosure of all records concerning myself to any duly authorized agent of the Bethany Beach Police Department, whether the said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, medical and psychiatric treatment and/or consultation, including hospital, clinics, private practitioners and the U.S. Veteran's Administration, employment and pre-employment records, complaints or grievances filed by or against me, the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have or had an interest. This waiver also gives authority to release law enforcement or criminal records or information from a law enforcement agency.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment with the Bethany Beach Police Department. I also certify that any person(s) who may provide such information concerning me shall not be held accountable for providing said information and I do hereby release said person(s) from any and all liability which may be incurred as a result of providing such information.

A copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Type Name

NOTE: You will need to email all supporting documents that are required in this application (Including, but not limited to the following: driver's license, birth certificate etc.) to the following address:  
[bbpdjobs@townofbethanybeach.com](mailto:bbpdjobs@townofbethanybeach.com)