



Pre-Employment Background Investigation

PERSONAL HISTORY STATEMENT - POSITION OF PUBLIC TRUST

**All fields, including email and phone numbers must be filled out.
Incomplete Personal History Statements will not be accepted.**

Applicant Instructions

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position you have applied for.

- Please complete this form and provide all required information.
- Please download this form directly onto your computer and type all of the requested information.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, Use the supplemental information page on the last page (page 19) and identify the additional information by the question number.

In order to be considered for the position, for which you applied, we must complete a comprehensive background investigation. As part of the investigation, ProFirst Training and Consulting, LLC and The Village of Caledonia may obtain a consumer report that includes, but is not limited to, creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, reference checks, DMV records, any other public records and any other information bearing on your credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

Failure to provide all requested information below, including your Social Security Number, will prevent The Village of Caledonia from completing the required background investigation for hiring purposes, and will result in your disqualification from the hiring process.

Notice: By my signature below I hereby authorize and consent to the Village of Caledonia and ProFirst Training and Consulting, LLC to conduct my background investigation without restriction. This information will be retained in my application file, which is confidential. Wisconsin's Fair Employment Law, s. 111.31-111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge: however, it is not discrimination to decline to hire a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job. Failure of any applicant (current or potential employee) to disclose any requested information, including but not limited to: criminal or ordinance violations, convictions, fines, forfeitures, pending charges (including traffic and DNR charges) or expunged offenses, will make you ineligible. This includes all adult fines and/or convictions regardless of how many years have elapsed.

I affirm that all the information on this document is true and complete to the best of my knowledge and I understand that any falsification or omission of information will disqualify me for this position. I authorize the [insert Agency Name] to conduct a background check and verify the information provided above and to procure a consumer credit report if applicable.

I have read and I understand the above instructions.

Signature: _____

Date: _____

PERSONAL HISTORY STATEMENT

REQUIRED DOCUMENTS

Please provide the following documents and upload them on the Document Portal Page (Step 3).

1. Drivers License or Passport
2. Birth Certificate
3. High School Diploma
4. College Transcripts and Degree (if applicable)

Your background investigator might ask for additional documents as the background investigation progresses.

Please upload each of these documents in the Documents Portal within the respective upload field.

PERSONAL HISTORY STATEMENT –

SECTION 1: PERSONAL

1. YOUR FULL NAME					
LAST		FIRST		MIDDLE	
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)					<input type="checkbox"/> N/A
3. ADDRESS WHERE YOU LIVE					
NUMBER / STREET				APT / UNIT	
CITY				STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)					
5. CONTACT NUMBERS					
HOME ()		WORK ()		EXT	OTHER ()
				<input type="checkbox"/> CELL	<input type="checkbox"/> FAX
6. CONTACT EMAIL			7. LIST ALL OTHER EMAIL ADDRESSES THAT ARE ASSOCIATED TO YOU (SEPARATED BY COMMAS)		
8. LIST ALL SOCIAL MEDIA YOU ARE INVOLVED IN:					
9. CITIZENSHIP					
Are you a U.S. citizen?					<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, are you a resident alien who is eligible and has applied for U.S citizenship?					<input type="checkbox"/> Yes <input type="checkbox"/> No
10. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)					
11. BIRTHDATE (MM/DD/YYYY)		12. SOCIAL SECURITY NUMBER		13. DRIVER'S LICENSE	
		— —		NUMBER:	STATE: EXPIRES:
14. PHYSICAL DESCRIPTION					
HEIGHT:		WEIGHT:		HAIR COLOR:	EYE COLOR:

SECTION 2: RELATIVES AND REFERENCES

15. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "Deceased," if appropriate.
- Mark "N/A" if a category is not applicable.
- If more space is needed, continue on page 19 - reference corresponding numbers.

15.A Spouse / Registered Domestic Partner

☐ Deceased ☐ N/A

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)						

15.B Former Spouse / Former Registered Domestic Partner

☐ Deceased ☐ N/A

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		DATE OF DISSOLUTION / (MM/YYYY)				

PERSONAL HISTORY STATEMENT –



16. LIST OF REFERENCES						
<ul style="list-style-type: none"> List 7-10 people who know you well, such as close personal references, social and family friends, teachers, military colleagues, and/or co-workers. Do NOT include relatives, employers, housemates, or any individuals listed elsewhere. 						
16.1	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL		
	How do you know this person?				How long have you known this person?	
16.2	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL		
	How do you know this person?				How long have you known this person?	
16.3	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL		
	How do you know this person?				How long have you known this person?	
16.4	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL		
	How do you know this person?				How long have you known this person?	

PERSONAL HISTORY STATEMENT –

SECTION 2: RELATIVES AND REFERENCES *continued*

16.5	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	How do you know this person?				How long have you known this person?		
16.6	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	How do you know this person?				How long have you known this person?		
16.7	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	How do you know this person?				How long have you known this person?		
16.8	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	How do you know this person?				How long have you known this person?		
16.9	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	How do you know this person?				How long have you known this person?		
16.10	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	How do you know this person?				How long have you known this person?		

Supplemental references information included on page 19 ☐

PERSONAL HISTORY STATEMENT –

SECTION 3: EDUCATION

- NOTE:** You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.

If more space is needed, continue your response on page 19.

17. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> High School Equivalency Test:	/
		<input type="checkbox"/> Secondary School (Outside the United States)	/

18. LIST HIGH SCHOOL(S) ATTENDED

18.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/	
	CITY	STATE	
18.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/	
	CITY	STATE	

19. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

19.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	/	/		<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)	DEGREE EARNED		
		<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
19.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	/	/		<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)	DEGREE EARNED		
		<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
19.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	/	/		<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)	DEGREE EARNED		
		<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

20. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

20.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL / INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
	/	/		<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	

Supplemental education information included on page 19 ☐

PERSONAL HISTORY STATEMENT –

23. Have you ever been subject to any disciplinary action, from any high school(s), college/university, business, trade school, ☐ Yes ☐ No

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or POST basic course academy. Include when the disciplinary action(s) occurred, name of school(s), and an explanation of the circumstances.

24. Since the age of 16, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any exam ? ☐ Yes ☐ No

IF YES, explain circumstances.

SECTION 4: RESIDENCE HISTORY

25. LIST OF RESIDENCES

- List all residences **during the last 10 years or since age 15**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory. Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- If more space is needed, continue your response on page 19.

25.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	Present
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				()	
	CITY	STATE	ZIP	EMAIL	
Name(s) of those with whom you live:					

PERSONAL HISTORY STATEMENT –

SECTION 4: RESIDENCE HISTORY *continued*

25.2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				()	
	CITY	STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					
25.3	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				()	
	CITY	STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					
25.4	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				()	
	CITY	STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					
25.5	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				()	
	CITY	STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					

Supplemental residence information included on page 19 ☐

PERSONAL HISTORY STATEMENT –

SECTION 5: EXPERIENCE AND EMPLOYMENT

32. JOB EXPERIENCE

- List **ALL** jobs you have had in the last 10 years, including part-time, temporary, self-employment, internships, and volunteer. (Begin with your current or most recent.)
- if you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in **excess of 30 days**.
- If more space is needed, continue your response on page 19

32.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT	
				()		
	CITY	STATE	ZIP	EMAIL		
	JOB TITLE / RANK			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
	DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE		
	SUPERVISOR			CONTACT NUMBER	EXT.	EMAIL
				()		
NAMES OF CO-WORKERS			CONTACT NUMBER	EXT.	EMAIL	
1)			()			
2)			()			
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, explain:						
_____ _____ _____ _____ _____ _____						

32.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

32.3	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT	
				()		
	CITY	STATE	ZIP	EMAIL		
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
	DUTIES / ASSIGNMENTS			REASON FOR LEAVING		
	SUPERVISOR			CONTACT NUMBER	EXT.	EMAIL
			()			
NAMES OF CO-WORKERS			CONTACT NUMBER	EXT.	EMAIL	
1)			()			
2)			()			

32.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

PERSONAL HISTORY STATEMENT –

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

32.5	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT	
				()		
	CITY	STATE	ZIP	EMAIL		
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
DUTIES / ASSIGNMENTS			REASON FOR LEAVING			
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL		
		()				
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL		
1)		()				
2)		()				

32.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

32.7	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT	
				()		
	CITY	STATE	ZIP	EMAIL		
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
DUTIES / ASSIGNMENTS			REASON FOR LEAVING			
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL		
		()				
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL		
1)		()				
2)		()				

32.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

32.9	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT	
				()		
	CITY	STATE	ZIP	EMAIL		
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
DUTIES / ASSIGNMENTS			REASON FOR LEAVING			
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL		
		()				
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL		
1)		()				
2)		()				

PERSONAL HISTORY STATEMENT –

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

32.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

32.11	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT	
				()		
	CITY	STATE	ZIP	EMAIL		
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
DUTIES / ASSIGNMENTS				REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL		
		()				
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL		
1)		()				
2)		()				

32.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

32.13	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT	
				()		
	CITY	STATE	ZIP	EMAIL		
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
DUTIES / ASSIGNMENTS				REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL		
		()				
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL		
1)		()				
2)		()				

32.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

Supplemental employment information included on page 19 ☐

33.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36.	Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL HISTORY STATEMENT –

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

39. Were you ever the subject of a written complaint at work that resulted in disciplinary action against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
43. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days		
44. While working (i.e. on duty), have you ever been the subject of an internal investigation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45. While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization or consent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "YES" to any of Questions 33- 45 (include when, where, and circumstances - reference corresponding numbers). _____ _____ _____ _____ _____ _____ _____		

Supplemental employment information included on page 19 ☐

46. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, how often? _____		
47. Has your work performance ever been affected by your use of alcohol and/or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, when? _____ Name of employer: _____		
48. Have you ever worked while under the influence of drugs and/or alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, when? _____ Name of employer: _____		

Have you ever been denied a job after a background investigation was conducted as part of the pre-employment onboarding ?

PERSONAL HISTORY STATEMENT –

SECTION 6: MILITARY EXPERIENCE

50. Are you required to register for the Selective Service?.....☐ Yes ☐ No
IF YES, have you registered?.....☐ Yes ☐ No
IF NO, explain: _____

51. Have you ever served in the military?.....☐ Yes ☐ No

52. If you answered "YES" to Question 51, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		
Re-entry Code (1–4) if applicable – refer to your DD-214: _____		

53. Are you currently participating in one of the following?
☐ Military Reserve ☐ National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____

54. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?☐ Yes ☐ No

55. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?☐ Yes ☐ No

56. Have you ever taken military property without permission for personal use, to sell, or to give away?☐ Yes ☐ No

If you answered "YES" to any of **Questions 54-56**, explain (include dates and circumstances).

PERSONAL HISTORY STATEMENT –

SECTION 7: FINANCIAL

57. INCOME AND EXPENSES

- For each of the following questions (57A and B), fill in the amounts to the nearest dollar.
- For **Question 57A**: Provide your total monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For **Question 57B**: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas, and car maintenance, entertainment, etc., as well as any other obligations you may have.

A) What is your total monthly disposable income?	\$ _____ per month
B) How much do you spend each month?	\$ _____ per month

58. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
59. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61. Have your wages ever been garnished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63. Have you ever failed to file income tax or cheated/lie on an income tax form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Have you ever filed OR received unemployment benefits?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65. Do you have any additional sources of income (e.g., social media, photos, videos, live cams,Etsy, Ebay, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Have you ever defaulted (failed to pay) a loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67. Have you ever borrowed money to pay for a gambling debt?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, do you currently have any outstanding debts as a result of gambling?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70. Have you written three or more bad checks in a one-year period?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to any of **Questions 58 - 70**, explain (include when, where, and why - reference corresponding numbers).

PERSONAL HISTORY STATEMENT –

SECTION 8: LEGAL

Indicating you have an arrest or conviction record does not automatically disqualify you from consideration for a job. Wisconsin's Fair Employment Law, s. 111.31-111.395, Wis. Stats., prohibits discrimination based on an arrest or conviction record. It is not discrimination, however, to decline to hire a person based on the person's arrest record, a pending charge, or conviction record if deemed substantially related to the circumstances of the particular job. Information gathered in the Criminal Background Investigation will enable us to determine if the arrest or conviction record is substantially related to the job.

71.	Have you ever been questioned and/or detained by any law enforcement agency during an investigation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
72.	Have you EVER been arrested or convicted of any crime (including offenses in the Uniform Code of Military Justice), as an adult or juvenile (excluding traffic citations)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, explain each incident:		
72.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
	LAW ENFORCEMENT INCIDENT / CASE NUMBER (IF KNOWN)	NAME OF THE COURT	
	DISPOSITION OR PENALTY		
Do you have a copy of your citation/summons/paperwork/documentation from this arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No			
72.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
	LAW ENFORCEMENT INCIDENT / CASE NUMBER	NAME OF THE COURT	
	DISPOSITION OR PENALTY		
Do you have a copy of your citation/summons/paperwork/documentation from this arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Supplemental disclosure information included on page 19 ☐

73.	Have you ever had a warrant issued for your arrest?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
74.	To your knowledge, have any of your immediate family members, friends, or associates ever been arrested and/or have they ever been involved in any illegal activity?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.	Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
76.	Have you ever been placed on court probation or parole?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
77.	Have you or your spouse ever been referred to Child Protective Services?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
78.	Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
79.	Have you ever been issued a search warrant to have your residence, vehicle, or property searched?	<input type="checkbox"/> Yes <input type="checkbox"/> No
80.	Have you ever been the subject of an emergency protective order/restraining order?..... If YES: Provide a copy of the restraining order.	<input type="checkbox"/> Yes <input type="checkbox"/> No
81.	Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payments to the other party?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
82.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or state or federal assistance?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
83.	Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "YES" to any of **Questions 73-83**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). If more space is needed, continue your response on page 19.

PERSONAL HISTORY STATEMENT –

SECTION 8: LEGAL *continued*

85.21	Identity theft.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
85.22	Any financial crime.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
85.23	Violation of a restraining order and/or emergency protection order.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
85.24	Any other act(s) amounting to a felony.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered "YES" to **ANY** of the item(s) in **Question 85**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 85.3) for each explanation.*
- *If more space is needed, continue your response on page 19.*

- For the purpose of responding to the questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs. *It also includes the illegal use of any other substances for the purpose of getting "high."*
- Your response should include - but not limited to - your use of any of the following:

➤ Amphetamines / Methamphetamines (<i>Uppers, Speed, Crank, etc</i>)	➤ Marijuana (with or without a prescription)
➤ Barbiturates (<i>Downers</i>)	➤ Mescaline
➤ Cocaine / Crack Cocaine	➤ Morphine
➤ Designer Drugs (<i>Ecstasy, Synthetic Heroin, etc.</i>)	➤ PCP / Angel Dust
➤ GHB (<i>Date Rape Drug</i>)	➤ Quaaludes
➤ Hallucinogens (<i>Peyote, LSD, Mushrooms</i>)	➤ Steroids
➤ Hashish / Hashish Oil	➤ Tetrahydrocannabinol (THC)
➤ Heroin / Opium	➤ Glue, paint, any substance containing toluene

86. **Within the past six months**, have you used any drug(s) as indicated above?

IF YES, give details including drug(s) used, most recent dates used and circumstances:

87. **Prior to the past six months:**

- ☐ I have never used any drugs recreationally
- ☐ I have tried or used one or more drugs, but only under limited circumstances. (for example, experimentation, at parties, concerts, special events, etc.)

*If checked, give details including **drug(s) used**, **most recent date used**, and **circumstances**:*

88. Have you ever used a prescription drug that was not prescribed to you?..... ☐ Yes ☐ No

89. Have you ever used a prescription other than for its intended purpose (to get high)?..... ☐ Yes ☐ No

90. Have you ever furnished a prescription which was prescribed to you, to another person?..... ☐ Yes ☐ No

PERSONAL HISTORY STATEMENT –

SECTION 8: LEGAL *continued*

91. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription? ☐ Yes ☐ No **If YES, indicate which activities (mark all that apply):**

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s), and circumstances.**

92. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? ☐ Yes ☐ No

IF YES, explain:

Supplemental drug information included on Page 19 ☐

SECTION 9: MOTOR VEHICLE INFORMATION

93. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

94. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

95. Have you ever been refused a driver's license by any state? ☐ Yes ☐ No

IF YES, explain (include when, where, and circumstances):

96. Has your driver's license ever been cancelled, suspended or revoked? ☐ Yes ☐ No

IF YES, explain (include when, where, and circumstances):

100.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY		STATE
	/				
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	

101. Have you ever driven a vehicle without auto insurance, as required by law?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, GIVE REASON			FROM (MM/YYYY) /	TO (MM/YYYY) /
102. Have you ever been refused automobile liability insurance or a bond, or had them cancelled?				
IF YES, GIVE REASON			DATE (MM/YYYY) /	
INSURANCE COMPANY				

Supplemental motor vehicle information included on page 19 ☐

103.	Have you ever been refused a permit to carry a concealed weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
104.	Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
105.	Other than in self-defense have you ever used force or violence against another person with whom you have had a dating, romantic, or intimate relationship with, or who resided in the same household as you?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
106.	Have you ever had to register as a sex offender?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
107.	Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
108.	Do you know, or have you or your family member ever knowingly associated with any member of a street gang?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
109.	Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
110.	Have you ever been involved in an officer involved shooting (OIS)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "YES" to any of Questions 103-109 , give details including dates and circumstances. If more space is needed, continue on page 19 - reference corresponding numbers. _____ _____ _____ _____ _____			

I hereby certify that I have personally completed each page of this form (to be physically signed, initialed and affirmed at the onset of the integrity interview) and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: ►

Date:

Use the following page to continue your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding question/item numbers.

SUPPLEMENTAL INFORMATION

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.*
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.

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