



# Clackamas County Communications CCOM

## Preliminary Statement of Personal History

The information furnished on this form is confidential and is to be utilized for the purposes of enabling Clackamas County Communications Office to determine the applicant’s qualifications.

You **increase** your chances of gaining employment at CCOM by answering all questions completely, accurately and candidly.

Some life events, such as termination from employment, a criminal record or other unfavorable matters, will not automatically disqualify your application. **However, the omission, falsification or failure to disclose any matter will be a basis to reject your application.**

Furthermore, you are advised to be candid as you respond to this questionnaire and subsequent inquiries by Clackamas County Communications. **Full disclosure and complete truthfulness are required. Full disclosure means all of the information available, including but not limited to, the name and contact information for each person involved (if known). Failure to provide information may be a basis to reject your application.**

If an item does not apply, enter N/A. Keep a copy of this document for your records so you have this information when filling out the complete statement of personal history that will be required later in the hiring process.

POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Print the title of the job you are applying for as listed on the job opening)

NAME: <i>Last</i> <i>First</i> <i>Middle</i>				SOCIAL SECURITY NUMBER	
CELL PHONE NUMBER		OTHER PHONE		DATE OF BIRTH	
EMAIL ADDRESS					
RESIDENCE: <i>Number &amp; Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>					
PREVIOUS ADDRESS (if at above less than 10 years)					
PREVIOUS ADDRESS (if at above two addresses less than 10 years)					
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	DRIVER'S LICENSE NUMBER: <i>State</i>	PLACE OF BIRTH

## 1. PERSONAL

List any other name that you have used or by which you have been known. Include nicknames and maiden name:			
1.		2.	
3.		4.	
IF NATURALIZED:	Date	Place	Court of Naturalization
			US CITIZEN? Yes <input type="checkbox"/> No <input type="checkbox"/>
A. Have you ever been contacted by law enforcement, named as a suspect, charged or arrested for a crime? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Have you ever been placed on court probation? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Have you ever been named as a suspect, arrested, indicted, charged or convicted of a misdemeanor or felony in this state or any other legal jurisdiction? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Have you ever been named in a police report for anything? <i>If yes, list every contact you have ever had with a police officer, campus security or other law enforcement officer on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Have you ever been named in, or been a party to, a restraining order or stalking order? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Have you ever been a defendant, a petitioner or a witness in a lawsuit? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
G. Are there any current or pending civil actions against you? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
H. Do you now, or have you ever, associated with anyone arrested for or convicted of a crime? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
I. Have you ever used an illegal drug (to include marijuana), or unauthorized use of prescription drugs? <i>If yes, explain below (use additional page(s) if necessary).</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
WHAT DRUG		LAST USE	
WHAT DRUG		LAST USE	
WHAT DRUG		LAST USE	

## 2. MOTOR VEHICLE RECORD

A. Do you have a license to operate a motor vehicle in the state in which you reside? <i>If no, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Is your driver's license currently valid? <i>If no, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Has your driver's license ever been suspended or revoked? <i>If yes, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Have you ever been issued a warning, convicted of, or paid fines for, any traffic violations, except parking ordinances? <i>If yes, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Have you ever failed to appear for any court appearance either traffic or criminal related? <i>If yes, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Have you ever been licensed in any other state? List each state, license number, and expiration date, if known. <i>Use supplemental page, if needed.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
G. Have you ever taken part in a diversion program? <i>If yes, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### 3. EMPLOYMENT

<b>A. Have you ever been involved in any incident that resulted in employment discipline of any kind, to include material reflecting caution, consultation, warning, admonishment, reprimand, written or non-written (oral)?</b> <i>If yes, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>B. Have you ever had a probationary period extended for any reason?</b> <i>If yes explain fully on a supplemental page.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>C. Have you ever been fired, resigned under pressure or unfavorable circumstances, or under mutual separation?</b> <i>If yes, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>D. Were you ever involved in a physical or verbal altercation with a supervisor, co-worker, or customer?</b> <i>If yes, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p align="center"><b>LIST BELOW YOUR THREE MOST RECENT EMPLOYERS OR EMPLOYERS FROM THE LAST TEN YEARS, WHICHEVER IS FEWER. BEGIN WITH PRESENT EMPLOYMENT. INCLUDE PART TIME AND VOLUNTEER JOBS.</b></p>			
FROM DATE	1. EMPLOYEER	JOB TITLE DESCRIPTION	
TO DATE	ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip code</i>		
SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S PHONE NUMBER AND / OR EMAIL ADDRESS	
REASON FOR LEAVING / GAP IN EMPLOYMENT			
FROM DATE	2. EMPLOYEER	JOB TITLE DESCRIPTION	
TO DATE	ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip code</i>		
SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S PHONE NUMBER AND / OR EMAIL ADDRESS	
REASON FOR LEAVING / GAP IN EMPLOYMENT			
FROM DATE	3. EMPLOYEER	JOB TITLE DESCRIPTION	
TO DATE	ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip code</i>		
SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S PHONE NUMBER AND / OR EMAIL ADDRESS	
REASON FOR LEAVING / GAP IN EMPLOYMENT			

#### 4. PRIOR LAW ENFORCEMENT APPLICATIONS

<b>A. Has any law enforcement or dispatch agency ever started a background investigation process on you?</b> <i>If yes, list agency, address, date completed and status, if known.</i>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
AGENCY:	Street	City	State	Zip code	Pass <input type="checkbox"/>	Fail <input type="checkbox"/> Unknown <input type="checkbox"/>
AGENCY:	Street	City	State	Zip code	Pass <input type="checkbox"/>	Fail <input type="checkbox"/> Unknown <input type="checkbox"/>
AGENCY:	Street	City	State	Zip code	Pass <input type="checkbox"/>	Fail <input type="checkbox"/> Unknown <input type="checkbox"/>
AGENCY:	Street	City	State	Zip code	Pass <input type="checkbox"/>	Fail <input type="checkbox"/> Unknown <input type="checkbox"/>

I hereby certify that all statements made in this document are true and correct to the best of my knowledge. I am aware that withholding pertinent information or including information found to be grossly inaccurate will be cause for refusing further consideration of my application. I understand this is not to be considered as an indication of probable appointment nor an obligation upon the department to make an appointment, but a part of the selection process only. I acknowledge that I am aware the results of the investigation are confidential. The results of this investigation are for the use of the Clackamas County Communications Office only and will not be disclosed to myself or any other person, except as required by law.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## 5. SUPPLEMENTAL

**LIST THE SECTION NUMBER AND LETTER OF THE QUESTION BEING REFERENCED**

Use this page(s) to fully explain all supplemental information. We require you to respond candidly to include full disclosure of all information. If you need additional pages, you may copy this page for use. Do not use any other form.