

**DARIEN POLICE DEPARTMENT**  
**APPLICATION FOR ENTRY-LEVEL POLICE OFFICER**

To be typed, printed or handwritten legibly with ink.

**PERSONAL HISTORY STATEMENT**

The following information is required in order to determine whether you are suitable for a position with the Police Department of the Town of Darien. None of this information is intended nor will it be used to discriminate unfairly against any candidate on the basis of age, race, sex, creed, color or national origin or any other non-merit factor.

**INSTRUCTIONS**

Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space is inadequate, add another page and identify additional information by item number.

**I. PERSONAL**

1. Your Name: \_\_\_\_\_  
(PRINT)                      First                      Middle                      Last

Give any other names you have used \_\_\_\_\_  
or been known by, and attach a state-  
ment giving reasons (if none, so state) \_\_\_\_\_

2. Your Address: \_\_\_\_\_  
(PRINT)   Number                      Street                      City                      State                      Zip Code

Phone Number: \_\_\_\_\_  
(Home)                      (Business)

Cell Phone Number: \_\_\_\_\_      Email Address: \_\_\_\_\_

3. Social Security Number: \_\_\_\_\_      4. Are you a United States citizen? \_\_\_\_Yes \_\_\_\_No

5. With whom are you now living? \_\_\_\_\_

Residence address: \_\_\_\_\_  
Street                      Town/City                      State                      Zip Code

6. Where were you born? \_\_\_\_\_  
City                      State                      County

7. To what professional societies, civic, business, or social clubs do you belong?  
\_\_\_\_\_  
\_\_\_\_\_

8. What are your hobbies and leisure activities? \_\_\_\_\_  
\_\_\_\_\_

9. Do you enjoy reading? \_\_\_\_\_ What have you read in the past six months? \_\_\_\_\_  
\_\_\_\_\_

10. In what respects have you ever had a sense of failure or a feeling of humiliation? \_\_\_\_\_  
\_\_\_\_\_
11. List below at least ten of your personality traits as you see them:  
A. Assets (5): \_\_\_\_\_  
\_\_\_\_\_  
B. Weaknesses (5): \_\_\_\_\_  
\_\_\_\_\_
12. Are you saving money? \_\_\_\_\_ Do you have insurance? \_\_\_\_\_
13. Does your salary represent your only income? Explain. \_\_\_\_\_  
\_\_\_\_\_
14. Do you own real estate? \_\_\_\_\_ Stocks, securities? \_\_\_\_\_ Other \_\_\_\_\_
15. Do you have any outstanding loans? \_\_\_\_\_
16. Are you a home owner or renter? \_\_\_\_\_ Do you own a vehicle? \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_
17. What is your annual cost for car insurance? \_\_\_\_\_
18. Has your net worth increased or decreased during the last four years? \_\_\_\_\_
19. List major credit accounts, including all loans and credit cards \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **II. REFERENCES**

1. Fill in below the names of five persons not related to you and not former employers, who have known you intimately for at least 5 years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities. (Include all information requested).  
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Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business, Occupation, or Profession: \_\_\_\_\_

In what capacity is the above known to you: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business, Occupation, or Profession: \_\_\_\_\_

In what capacity is the above known to you: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business, Occupation, or Profession: \_\_\_\_\_

In what capacity is the above known to you: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business, Occupation, or Profession: \_\_\_\_\_

In what capacity is the above known to you: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business, Occupation, or Profession: \_\_\_\_\_

In what capacity is the above known to you: \_\_\_\_\_

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### III. FAMILY HISTORY

1. Give the names of every member of your immediate family who is still living:  
(Include Father, Mother, Sisters, Brothers)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Telephone</u>	<u>Occupation</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(cont.)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Telephone</u>	<u>Occupation</u>

**IV. RESIDENCES**

1. List addresses for the past ten (10) years starting with present address at top:

<u>From</u> <u>Mo./Yr.</u>	<u>To</u> <u>Mo./Yr.</u>	<u>Address of</u> <u>Residence</u>	<u>City &amp; State</u>	<u>From Whom Rented</u> <u>Include Address/Phone</u>

**V. EMPLOYMENT HISTORY**

1. Have you ever been terminated (fired) from a position? Yes\_\_\_\_\_ No

If yes, explain the circumstances:

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2. Are you working now? Yes\_\_\_\_\_ No\_\_\_\_\_ If no, how are you supporting yourself?

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3. List all jobs you have held since you left high school, BEGINNING WITH THE MOST RECENT. Be sure to state the month and year of each. Leave no unemployment periods out. If you need more space, you may attach additional sheets.

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From:\_\_\_\_\_ to:\_\_\_\_\_ Exact title of position  
           Month & Year           Month & Year

Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Your Duties: \_\_\_\_\_

Name & Title of Your Supervisor: \_\_\_\_\_

Number supervised:\_\_\_\_\_ Salary per Month: \_\_\_\_\_

(cont.)

Reason for leaving: \_\_\_\_\_

~~~~~

From: \_\_\_\_\_ to: \_\_\_\_\_  
Month & Year Month & Year Exact title of position

Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Your Duties: \_\_\_\_\_

Name & Title of Your Supervisor: \_\_\_\_\_

Number supervised: \_\_\_\_\_ Salary per Month: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

~~~~~

From: \_\_\_\_\_ to: \_\_\_\_\_  
Month & Year Month & Year Exact title of position

Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Your Duties: \_\_\_\_\_

Name & Title of Your Supervisor: \_\_\_\_\_

Number supervised: \_\_\_\_\_ Salary per Month: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

~~~~~

From: \_\_\_\_\_ to: \_\_\_\_\_  
Month & Year Month & Year Exact title of position

Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Your Duties: \_\_\_\_\_

Name & Title of Your Supervisor: \_\_\_\_\_

Number supervised: \_\_\_\_\_ Salary per Month: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

~~~~~

From: \_\_\_\_\_ to: \_\_\_\_\_  
Month & Year Month & Year Exact title of position

Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Your Duties: \_\_\_\_\_

Name & Title of Your Supervisor: \_\_\_\_\_

Number supervised: \_\_\_\_\_ Salary per Month: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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4. List on a separate sheet details of other positions held and details of employment history. In what work have you found the most satisfaction and why?

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

5. Have you planned your career? \_\_\_\_\_ How have you planned to attain this goal?

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

6. List in order of preference the five occupations which most interest you.

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

7. Are you currently, or have you ever been, a candidate on any other Police Officer examination?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please complete the following:

AGENCY

POSITION ON LIST/DATE

DISPOSITION

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

8. How did you come to learn of this position (examples: advertisement/college job listing/Internet)?

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

9. Have you previously submitted an application for employment with the Darien Police Department?

\_\_\_\_\_ Yes \_\_\_\_\_ No Approximate date: \_\_\_\_\_

10. In the space provided below, list your reasons for applying for this position:

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

**VI. MILITARY SERVICE**

Enlistment Date:\_\_\_\_\_ Separation Date:\_\_\_\_\_

Branch of Service:\_\_\_\_\_ Service I.D. Number:\_\_\_\_\_

Reason for Separation:\_\_\_\_\_

Rank on Enlistment:\_\_\_\_\_ Rank on Separation:\_\_\_\_\_

Are you now or were you ever an active or inactive member of any branch of the United States Reserve Forces?  
 \_\_\_\_\_Yes \_\_\_\_\_No

State which: Active or Inactive\_\_\_\_\_

Branch:\_\_\_\_\_ Unit:\_\_\_\_\_ Rank:\_\_\_\_\_

Address:\_\_\_\_\_ From:\_\_\_\_\_ To:\_\_\_\_\_

Are you now or were you ever a member of the National Guard? \_\_\_\_\_Yes \_\_\_\_\_No

State:\_\_\_\_\_ Regiment:\_\_\_\_\_ Unit:\_\_\_\_\_ Rank:\_\_\_\_\_

From:\_\_\_\_\_ To:\_\_\_\_\_ Type of Discharge:\_\_\_\_\_

**VII. EDUCATION**

- | 1. | Schools and Colleges Attended | Dates | Grade or Degree |
|----|-------------------------------|-------|-----------------|
|    | _____                         |       |                 |
|    | _____                         |       |                 |
|    | _____                         |       |                 |
|    | _____                         |       |                 |
|    | _____                         |       |                 |
2. At what age did you leave school?\_\_\_\_\_
3. List any special schooling/training.\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
4. What further study do you plan?\_\_\_\_\_
5. What academic pursuits gave you most satisfaction, and in what subjects did you major?\_\_\_\_\_
6. What language other than English do you read, write, speak?\_\_\_\_\_
7. Do you have typing/keyboarding/computer skills?\_\_\_\_\_
8. What magazines or periodicals do you read or subscribe to?\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Have you ever been prevented from taking courses through lack of time or money?\_\_\_\_\_
- How, and what specific courses?\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**VIII. PHYSICAL CONDITION**

1. When did you last have a physical examination? \_\_\_\_\_
2. Do you know how to swim? \_\_\_\_\_
3. Name and address of your regular physician: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you currently smoke cigarettes? \_\_\_\_ Yes \_\_\_\_ No  
If yes, to what degree? \_\_\_\_\_
6. Do you currently drink alcoholic beverages? \_\_\_\_ Yes \_\_\_\_ No  
If yes, to what degree? \_\_\_\_\_
7. Are you currently using marijuana? \_\_\_\_ Yes \_\_\_\_ No  
If yes, explain: \_\_\_\_\_
8. Are you currently using any other illegal drugs? \_\_\_\_ Yes \_\_\_\_ No  
If yes, explain: \_\_\_\_\_
9. Do you have tattoos that would be visible when wearing a standard police uniform? \_\_\_\_\_

**IX. ARREST HISTORY**

1. Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No  
If yes, list the following information:  

Crime Charged _____	Police Agency _____
Date of Arrest _____	Disposition of Case _____
~~~~~	
Crime Charged _____	Police Agency _____
Date of Arrest _____	Disposition of Case _____
~~~~~	
Crime Charged _____	Police Agency _____
Date of Arrest _____	Disposition of Case _____
~~~~~	
2. Have you ever been in jail? \_\_\_\_ Yes \_\_\_\_ No  
If yes, explain the circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



3. Have you ever been fingerprinted? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, explain the circumstances: \_\_\_\_\_

## X. DRIVING HISTORY

1. List your State Operator's License Number \_\_\_\_\_  
(State) (Number)

2. Have you ever been involved in a motor vehicle accident?       Yes       No

If yes, explain the details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were alcohol/drugs involved? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, explain the details: \_\_\_\_\_

3. In what states have you held an operator's license:\_\_\_\_\_

4. Has your operating privilege ever been suspended or revoked?       Yes       No

If yes, explain the details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. List all traffic citations you have received (except for parking tickets):

	<u>Location (City/State)</u>	<u>Approx. Date</u>	<u>Nature of Violation</u>	<u>Penalty or Disposition</u>
1.				
2.				
3.				
4.				
5.				
6.				

**XI. SUMMARY OF EXPERIENCE (This section is extremely important)**

1. Please elaborate, on separate sheets, all information which in your opinion will add weight to our knowledge of your background.
2. Summarize your overall experience under the general headings of:  

A. DutiesB. ResponsibilitiesC. AuthorityD. Achievements

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I hereby certify that all statements made in this questionnaire are true and complete and understand that any misstatements of material facts will subject me to disqualification or dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date