

# PERSONAL HISTORY STATEMENT

## INSTRUCTIONS

### TO ALL DEPUTY AND COMMUNITY SERVICE AIDE CANDIDATES

The attached “Personal History Statement” is an important document in the processing of your application to become a deputy. If this form is not completed properly and legibly, your application will not be accepted, and it will be returned to you. It is your responsibility to read each question carefully, and to answer each question completely and truthfully.

You must return the completed “Personal History Statement” and other attached forms to this office in person, or at the location and time designated by your recruiter. . If there is a problem meeting this deadline, contact the Recruiting/Selection Section to make other arrangements.

Candidates who reside out of town or out of state must contact the Recruiting/Selection Section for instructions.

### IMPORTANT NOTE:

**INCOMPLETE INFORMATION IN ANY AREA OF THIS PACKET WILL RESULT IN THE PROCESSING OF YOUR APPLICATION BEING HALTED. YOU WILL NOT CONTINUE IN THE SELECTION PROCESS UNTIL THE MISSING INFORMATION IS PROVIDED.**

## **FOLLOW THESE INSTRUCTIONS**

1. Background History/Records Release – Waiver of Liability - Must Be Signed & Notarized
2. Print legibly. If you need additional space, use a full-size sheet of paper and leave a blank space of at least one inch at the top. Be sure to list the number of the question you are answering on the added sheet.
3. If your name has changed or if you have an alias, be sure to list these and indicate which name was used during what period of time?
4. Each time you give a person's name, give a complete name. Include complete address and zip codes. Also, give a telephone number where the person or business can be reached. Incomplete information will stop your file from being processed further.
5. All phone numbers and zip codes must be current.
6. (Question #12 & #13) List all traffic violations and accidents since you have been driving. Give date of occurrence, location and the name of the police agency that took the report or had knowledge of the incident. Include verbal warnings and accidents where there was no damage/report or police involvement. Example: backing into parked car in parking lot.
7. (Question # 16) Do not include layoffs from employment due to lack of available work. "Terminated or asked to resign" for purposes of this question means fired, or asked to quit instead of being fired.
8. (Question #19) Start with your present employment and work your way back. If there were periods of unemployment, be as specific with dates as possible. Include complete addresses, zip codes and telephone numbers.
9. (Question #57) List business and address of employment, home and work phone number, as well as home addresses of all your personal references. Include complete addresses, zip codes and telephone numbers.

When you return your Personal History Statement, it will be reviewed by one of the recruiters or staff members.

If you have any problems answering the questions on any of these forms or if you do not understand the directions, call or come by the BCSO Recruiting Unit, The North Valley Sheriff's Substation, 6900 4<sup>ND</sup> St NW, Albuquerque, New Mexico 87107, (505) 804-0000 or (505) 804-0004.

**REMINDER: ANSWER EACH AREA OF EVERY QUESTION. IF WE ASK FOR IT, WE NEED IT.**

**COUNTY BERNALILLO  
BERNALILLO COUNTY SHERIFF'S DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**APPLICATION FOR POSITION OF:**

CADET \_\_\_\_\_

LATERAL OFFICER \_\_\_\_\_

COMMUNITY SERVICE AIDE \_\_\_\_\_

RESERVE OFFICER \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

**GENERAL INSTRUCTIONS:**

This "Personal History Statement" is an important document in the selection process. If this form is not completed properly and legibly your application cannot be processed. Use only black ink.

Hand print and or type an answer to every question. If the question does not apply to you indicate so with "N/A." If space available is insufficient, use a separate sheet of paper and number each answer with the correct number of the question. Completeness is important.

Do not misstate or omit material facts. Your statements are subject to verification, and any attempt to deceive or falsify information or to omit pertinent information will be cause for your elimination from the selection process.

1. \_\_\_\_\_  
Legal Name (Last) (First) (Middle)

2. \_\_\_\_\_  
By what other name(s) have you been know (maiden, alias, and nicknames?)

3. \_\_\_\_\_  
Residence Address (Number, Street, Apt.#, City, State, Zip Code)

4. \_\_\_\_\_  
Mailing Address (if different than above)

5. \_\_\_\_\_  
Phone numbers (w/ area code) and **email address**

6. \_\_\_\_\_  
Date of Birth Place of Birth (City, County, State)

7. Are you a U.S. Citizen by birth or a naturalized citizen? \_\_\_\_\_

If naturalized, list city and state where naturalized. \_\_\_\_\_

8. \_\_\_\_\_  
Sex      Age      Height      Weight      Color of Hair      Color of eyes

9. \_\_\_\_\_  
Name of person(s) with whom you live      Relationship

10. In chronological order (Present to Past). List each and every place you have resided.

A. \_\_\_\_\_  
MO/YR to MO/YR      Address (Street, City, State & Zip Code)      Phone #

\_\_\_\_\_  
Name of person lived with, relationship, and his/her current address.

\_\_\_\_\_  
Name of company/person buying/leasing/renting from and their complete address and phone number.

B. \_\_\_\_\_  
MO/YR to MO/YR      Address (Street, City, State & Zip Code)      Phone #

\_\_\_\_\_  
Name of person lived with, relationship, and his/her current address.

\_\_\_\_\_  
Name of company/person buying/leasing/renting from and their complete address and phone number.

C. \_\_\_\_\_  
MO/YR to MO/YR      Address (Street, City, State & Zip Code)      Phone #

\_\_\_\_\_  
Name of person lived with, relationship, and his/her current address.

\_\_\_\_\_  
Name of company/person buying/leasing/renting from and their complete address and phone number.

D. \_\_\_\_\_  
MO/YR to MO/YR      Address (Street, City, State & Zip Code)      Phone #

\_\_\_\_\_  
Name of person lived with, relationship, and his/her current address.

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Name of company/person buying/leasing/renting from and their complete address and phone number.

**ARRESTS SUMMONSES, ETC.  
(ANSWER ALL QUESTIONS)**

11. Were you ever arrested or taken into custody or have you ever been issued a misdemeanor citation?

Yes \_\_\_\_\_ or No \_\_\_\_\_

12. List below ALL arrests and misdemeanor citations, including juvenile arrests.

Date	Violation Actual or Charge (specify)	Location (city, state)	Court Disposition or Sentence	Police Agency

13. List ALL traffic violations, including parking, warning, and dismissed citations.

Date	Violation Actual or Charge (specify)	Location (city, state)	Court Disposition or Sentence	Police Agency

14. List ALL traffic accidents in which you were the DRIVER.

Date	Location (Street, City, State)	Police Agency

15. Were you ever a plaintiff, defendant, petitioner, or respondent in a civil proceeding (Including bankruptcy)? Yes or No \_\_\_\_\_. List ALL civil actions in which you were a party or summoned/subpoenaed.

Date	Action or Proceeding	As Plaintiff, Defendant, Petitioner, Respondent or Witness	Court Disposition

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**SUBVERSIVE AFFILIATIONS**

16. Are you a member, or have you ever been a member of any party or organization, political or otherwise, that now (or in the past) advocates the overthrow of the government of the United States or of the State of New Mexico by force or violence or other unlawful means?

Yes or No \_\_\_\_\_ If yes, attach a separate sheet with an explanation.

**EMPLOYMENT**

17. Were you ever terminated/fired, given the option of resigning in lieu of termination, or quit before being fired? Yes or No \_\_\_\_\_ (Give details below)

Employer	Complete Address	Date	Supervisor	Reason For Discharge
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18. Were you ever subject to disciplinary action in connection with any employment? Yes or No?

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18. Have you ever previously submitted an application to the Bernalillo County Sheriff's Department or any other Law-Enforcement or corrections agency?

Yes or No \_\_\_\_\_ If yes, give details below. Were you ever rejected for employment by a law enforcement agency or corrections agency? Yes or No \_\_\_\_\_ Give details below.

Date Applied	Organization	Complete Address	Phone #	Application Status
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## EMPLOYMENT

19. List below; PRESENT TO PAST, each and every place where you were employed. OMIT NONE including part-time employment. List complete addresses and zip codes. List any periods of unemployment in proper sequence.

**A.**

Month and Year From: To:	Employer Name	Employer Phone
Position Held	Employer's Address (Street, City, State & Zip Code)	Reason for Leaving
Brief Description of Duties		Immediate Supervisor
Unemployed From:	To:	Reason

**B.**

Month and Year From: To:	Employer Name	Employer Phone
Position Held	Employer's Address (Street, City, State & Zip Code)	Reason for Leaving
Brief Description of Duties		Immediate Supervisor
Unemployed From:	To:	Reason

**C.**

Month and Year From: To:	Employer Name	Employer Phone
Position Held	Employer's Address (Street, City, State & Zip Code)	Reason for Leaving

Brief Description of Duties

Immediate Supervisor

**D.**

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Unemployed From: \_\_\_\_\_ To: \_\_\_\_\_ Reason \_\_\_\_\_

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Month and Year \_\_\_\_\_ Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_  
From: To:

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Position Held \_\_\_\_\_ Employer's Address \_\_\_\_\_ Reason for  
(Street, City, State & Zip Code) Leaving \_\_\_\_\_

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Brief Description of Duties \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

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Unemployed From: \_\_\_\_\_ To: \_\_\_\_\_ Reason \_\_\_\_\_

**E.**

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Month and Year \_\_\_\_\_ Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_  
From: To:

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Position Held \_\_\_\_\_ Employer's Address \_\_\_\_\_ Reason for  
(Street, City, State & Zip Code) Leaving \_\_\_\_\_

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Brief Description of Duties \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

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Unemployed From: \_\_\_\_\_ To: \_\_\_\_\_ Reason \_\_\_\_\_

**F.**

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Month and Year \_\_\_\_\_ Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_  
From: To:

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Position Held \_\_\_\_\_ Employer's Address \_\_\_\_\_ Reason for  
(Street, City, State & Zip Code) Leaving \_\_\_\_\_

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Brief Description of Duties \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

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Unemployed From: \_\_\_\_\_ To: \_\_\_\_\_ Reason \_\_\_\_\_



**SOCIAL STATUS**

20. Is your present social status single, married, separated, or divorced? \_\_\_\_\_

21. Were you ever legally separated? (list date(s) and spouse(s) \_\_\_\_\_

22. List all marriages below.

Date	City/State	Spouse's Former & Current Name	Current Address	Home Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

23. With whom do you currently live? Name \_\_\_\_\_  
Relationship \_\_\_\_\_

24. Does your spouse or roommate work? \_\_\_\_\_ Can they be contacted at work?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_

25. List below all divorces, annulments and separations.

Type Action	Date	City/State	Petitioner	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

26. List below every child born to you, adopted children, stepchildren, foster children, or other dependents.

Name	Date of Birth	Place of Birth	With whom, and where does child currently reside
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

27. Are you now supporting all children and/or dependents listed above? Yes \_\_\_No\_\_\_

If no, explain

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

28. Have you ever been involved in a paternity suit as a petitioner or defendant? \_\_\_\_\_  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE**

29. Have you ever served in the armed forces of the United States or any other country?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, go to question #36)

30. Which branch(s) of services? \_\_\_\_\_

31. List periods of continuous service under each branch of armed forces.

From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_ Pay Grade \_\_\_\_\_ Serial # \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_ Pay Grade \_\_\_\_\_ Serial # \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_ Pay Grade \_\_\_\_\_ Serial # \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_ Pay Grade \_\_\_\_\_ Serial # \_\_\_\_\_

32. What type of DISCHARGE (honorable, dishonorable, general, medical, etc.)  
\_\_\_\_\_

33. Were you ever Court Marshaled, tried on charges, been the subject of a Summary Court, Captain's Mast, Company Punishment, Article 15, or any other type of military discipline? Yes \_\_\_\_\_ No \_\_\_\_\_  
Number of times \_\_\_\_\_ Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Reason for discharge from the military (for example, end of obligated service).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. Are you currently in the National Guard, or Active Reserve? Yes \_\_\_\_\_ No \_\_\_\_\_

36. Did you register for the military draft when you turned eighteen?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain \_\_\_\_\_

**GENERAL**

37. What college degree or professional license(s) do you possess? \_\_\_\_\_

38. Do you have a high school diploma or a GED? \_\_\_\_\_

39. List below the middle school(s), college(s), trade or business school(s) you have attended. Do not list military school(s)  
Start with middle school first.

Name of School	Location	Attendance Dates	
		From Mo/Yr	To Mo/Yr

40. If you were (or are now) a member of any social, labor, or fraternal organizations, list them below.

Date	Organization	Type of Organization	Address

41. Have you ever had garnishments or assignments made on our wages, or received a letter of indebtedness? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_

42. List ALL financial liabilities (contract, charge accounts, etc.) involving you and if married, your spouse.

To Whom Owed	Phone	Address	Date	Orig Amt	Balance	Monthly Payment

43. Are you the co-signer on any loans? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

44. Have you ever been bonded? \_\_\_\_\_

Reason	Date	By Whom (Name & Complete address)	Phone
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\_\_\_\_\_

\_\_\_\_\_

45. Have you ever been refused a bond? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

46. Do you possess:

A. Regular driver's license? \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_

B. Chauffeur's license? \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_

C. Other \_\_\_\_\_

47. Did you ever have a license issued by another state (s)? \_\_\_\_\_

Which State(s) \_\_\_\_\_ Date(s) \_\_\_\_\_

48. Was your license EVER suspended or revoked? \_\_\_\_\_ Date(s) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Reason \_\_\_\_\_

49. List all vehicles that you currently own.

Year	Make	Body Type	Color	License Number (State, Exp. Yr)
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

50. Are all the above vehicles currently covered by liability insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_. Company \_\_\_\_\_

If no, indicate vehicle(s) and reason why uninsured.

\_\_\_\_\_

\_\_\_\_\_

51. List the name of your father, stepfather, mother, stepmother's (maiden name), and sibling(s) below.

Name	Address	Phone	Relationship	Living/Deceased
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

52. Have you ever been fingerprinted? Yes \_\_\_\_\_ No \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_ Purpose \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_ Purpose \_\_\_\_\_

53. Do you have any knowledge or information, in addition to that specifically asked for in the preceding questions, which is or may be relevant, directly or indirectly, in connection with an investigation of your eligibility or concerning your character, temperance, habits, employment, education, criminal record, etc.?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain

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

54. Do you know of anything that would disqualify you from the selection process or prevent you from the full discharge of your duties as a cadet/CSA?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain

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

55. What prompts you to make an application to the Sheriff's Department?

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

56. Have you any specialized areas of interest in the Sheriff's Department?

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

57. REFERENCES: List the NAMES and COMPLETE ADDRESSES of SIX reliable people, other than relatives, past employers or supervisors, who know you well enough to provide current information about you.

1. \_\_\_\_\_  
Name Home Address Home Phone #

\_\_\_\_\_  
Occupation Employer's Address Work Phone #

2. \_\_\_\_\_  
Name Home Address Home Phone #

\_\_\_\_\_  
Occupation Employer's Address Work Phone #

3. \_\_\_\_\_  
Name Home Address Home Phone #

\_\_\_\_\_  
Occupation Employer's Address Work Phone #

4. \_\_\_\_\_  
Name Home Address Home Phone #

\_\_\_\_\_  
Occupation Employer's Address Work Phone #

5. \_\_\_\_\_  
Name Home Address Home Phone #

\_\_\_\_\_  
Occupation Employer's Address Work Phone #

6. \_\_\_\_\_  
Name Home Address Home Phone #

\_\_\_\_\_  
Occupation Employer's Address Work Phone #

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS PERSONAL HISTORY STATEMENT IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATION, OMISSIONS, OR FALSIFICATIONS MAY BE DEEMED SUFFICIENT CAUSE FOR REJECTION FROM THE SELECTION PROCESS OR TERMINATION OF FUTURE EMPLOYMENT.

IN WITNESS WHEREOF, I HAVE EXECUTED THIS REQUEST

AT \_\_\_\_\_ ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_  
(County, State)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

Subscribed and sworn to and before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for said County and State.

My Commission Expires: \_\_\_\_\_.

**BERNALILLO COUNTY SHERIFF'S DEPARTMENT  
ACKNOWLEDGMENT OF BASIC REQUIREMENTS**

The following are the Basic Requirements for Deputy Sheriff and Community Service Aide applicants:

1. Must be 21 years of age upon certification.
2. Must be 18 years of age for the position of Community Service Aide.
3. No Felony Convictions.
4. Must be a United States Citizen
5. Must have a valid Drivers License.
6. For the position of Deputy Sheriff You
7.
  - A) Must have a high school diplomas or equivalent (GED). For the Lateral you: Must currently be a State Certified Peace Officer in non-probationary status or you must achieve certification via the Certification by waiver course in the State of New Mexico.

I acknowledge that I have read, understand and meet the basic requirements for the position of Deputy Sheriff/Community Service Aide.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



**BERNALILLO COUNTY SHERIFF'S DEPARTMENT  
RECRUITING UNIT  
IDENTIFICATION UNIT CANDIDATE INFORMATION**

Date Fingerprinted \_\_\_\_\_

Position \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First, Middle, and Last Name No initials)

Race \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

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

Height in Inches \_\_\_\_\_ Weight \_\_\_\_\_ Color of Eyes \_\_\_\_\_

Color of Hair \_\_\_\_\_ City & State of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Soc. Sec. # \_\_\_\_/\_\_\_\_/\_\_\_\_

Identifying Characteristics: (Scars, Moles, Tattoos, Birthmarks, Etc.)

Left \_\_\_\_\_ Right \_\_\_\_\_

Left \_\_\_\_\_ Right \_\_\_\_\_

Left \_\_\_\_\_ Right \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

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

Spouse's Name \_\_\_\_\_ Address \_\_\_\_\_

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

Brother and sisters

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_