
TO: Candidates for the SELECT Exam

FROM: Sarpy County Sheriff's Office, Bellevue Police Department and the Papillion Police Department

SUBJECT: Personal History Packet Instructions

Thank you for taking the SELECT Exam, including the written exams and physical fitness test. Enclosed you will find the Personal History Statement used by our agency in this hiring process. Please carefully read and following these instructions:

- 1) **PLEASE COMPLETE THIS PERSONAL HISTORY STATEMENT ONLY IF THE RESULTS OF THE TEST ARE PUBLISHED, AND YOU HAVE PASSED ALL EXAMS.**

AND,

- 2) **DO NOT RETURN THIS PERSONAL HISTORY STATEMENT TO ANY DEPARTMENT UNTIL YOU ARE ASKED TO DO SO.**

Please do not contact the participating agency/agencies directly. A representative of the interested agency will contact you when a vacancy occurs, and if your test results rank you high enough for the next step of the application process. At that time, you will be asked to return your completed Personal History Packet, along with other application materials.

Several agencies use this packet for their background screening process, therefore we highly recommend you keep the original completed Personal History Packet and submit a copy to any and/or all agencies who contact you. This will preclude the necessity to complete the packet more than one time.

**SARPY COUNTY SHERIFF'S OFFICE
PRE-EMPLOYMENT QUESTIONNAIRE**

Applicants will be disqualified from the pre-employment process if ANY of the following applies:

- A. If applicant has been charged or is under indictment for any of the following:
1. Any Felony.
 2. Any Drug Offense
 3. Misdemeanor Offense of Violence
 4. Negligent Assault
 5. Falsification to Obtain a Concealed Carry License
 6. Possesses a Revoked or Suspended Concealed Carry License
 7. Including Conspiracy, Complicity, or Attempted to Commit Any of the Above Offenses.

- B. If applicant has been convicted or has been adjudicated a delinquent child under the following offenses:

1. Any Felony.
2. Drug Offense
3. Resisting Arrest
4. Assault on a Peace Officer
5. Including Conspiracy, complicity, or Attempt to Commit Any of the Above Offenses

- C. If applicant has been convicted or has been adjudicated a delinquent child under the following offenses within the past 3 years:

A misdemeanor offense of violence:

- | | |
|--|--------------------------|
| 1. Assault | 7. Aggravated Menacing |
| 2. Menacing by Stalking | 8. Menacing |
| 3. Arson | 9. Riot |
| 4. Domestic Violence | 10. Endangering Children |
| 5. Intimidation Victim/Witness | 11. Escape |
| 6. Discharge Firearm at or into a Dwelling or School Safety Zone | |

- D. Ever been convicted or charged with an Offense of Violence or an offense, other than a traffic offense, under an existing or former municipal ordinance or law of this or any other state or the United States, committed purposely or knowingly, and involving physical harm to persons or a risk of serious physical harm to persons. This includes any conspiracy or attempt to commit, or complicity in committing, any offense of violence.

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Pre-Employment Questionnaire

- E. If applicant has been convicted or has been adjudicated a delinquent child under the following offenses within 5 years. Two (2) or more assaults or two (2) or more negligent assaults.
- F. If applicant has been convicted or has been adjudicated a delinquent child under the following offenses within 10 years. Resisting Arrest
- G. If applicant is or has been: Adjudicated mentally incompetent, committed to any mental institution, been found by a court to be a mentally ill person, subject to hospitalization by court order, or an involuntary patient other than for purposes of observation.
- H. If applicant has been convicted of driving under the influence or convicted of an equivalent charge by a state or by the United States in the two years immediately preceding this application.
- I. If applicant is subject to any temporary protection order or civil protection order in Nebraska or any other state.
- J. If applicant has been convicted by any state or by the federal government of a crime punishable by imprisonment in a federal or state penitentiary for a term of one year or more for which the applicant has not received a pardon.

I have read the above disqualifiers and verify that none apply to me.

Signature

Date

I am no longer interested in continuing the hiring process.

Signature

Date

SELECT
SARPY EXCLUSIVE LAW ENFORCEMENT COMBINED TEST

PERSONAL HISTORY STATEMENT

INSTRUCTIONS TO THE APPLICANT

The information in this Personal History Statement will be used in the investigation into your background and will assist in determining your suitability for the position of Law Enforcement Officer. The Personal History Statement must be complete and accurate.

1. **All information and statements are subject to verification.**
2. **Deliberate inaccuracies or omissions may bar or remove you from employment.**
3. **All time periods must be accounted for on the Personal History Statement.**

You should respond openly. Any negative factors in your background shall be evaluated in terms of the circumstances and facts surrounding the occurrence and the degree of relevance on the position of Law Enforcement Officer.

All information on the Personal History Statement should be printed in **black ink** or **typed**. If a question does not apply to you, write N/A (not applicable) in the space provided. If you need additional space to respond to a question, use the Additional Responses page and identify the additional information by category.

You are responsible for obtaining correct addresses and phone numbers. When listing addresses, include all of the following: full-street address, apartment number (if applicable), city, state and zip code. Include the area code with all telephone numbers.

A copy of this Personal History Statement must be returned via personal service or mail to any and all agencies that contact you after successful completion of the SELECT written exam and physical fitness test. The last page must be signed before a notary public. Notary services are available at the all City Clerks Offices and Sarpy County Personnel Department.

Bellevue Police Department
2207 Washington St
Bellevue, NE
Attn: Lt. Mark Elbert
(402)293-3106

Papillion Police Department
1000 East 1st Street
Papillion, NE 68046
Attn: Paula Shrader
(402) 597-2035

Sarpy County Sheriffs Office
1208 Golden Gate Drive
Papillion, NE 68046
Attn: Sergeant Bruce Meyer
(402)593-4413

| |
|-------------------------------------|
| Printed Name (Last, First, Middle): |
| Social Security Number: |
| Date: |

| | | | | | |
|--------------------------|------------------|-------|----------------|-------------|--|
| 5. DATES OF EMPLOYMENT : | | | | JOB TITLE: | |
| FROM: | TO: | | | SUPERVISOR: | |
| NAME OF BUSINESS: | | | | COWORKER: | |
| ADDRESS | CITY | STATE | ZIP CODE | | |
| PHONE: | STARTING SALARY: | | ENDING SALARY: | | |
| DESCRIBE YOUR DUTIES: | | | | | |
| | | | | | |
| REASON FOR LEAVING: | | | | | |
| | | | | | |
| 6. DATES OF EMPLOYMENT : | | | | JOB TITLE: | |
| FROM: | TO: | | | SUPERVISOR: | |
| NAME OF BUSINESS: | | | | COWORKER: | |
| ADDRESS | CITY | STATE | ZIP CODE | | |
| PHONE: | STARTING SALARY: | | ENDING SALARY: | | |
| DESCRIBE YOUR DUTIES: | | | | | |
| | | | | | |
| REASON FOR LEAVING: | | | | | |
| | | | | | |
| 7. DATES OF EMPLOYMENT : | | | | JOB TITLE: | |
| FROM: | TO: | | | SUPERVISOR: | |
| NAME OF BUSINESS: | | | | COWORKER: | |
| ADDRESS | CITY | STATE | ZIP CODE | | |
| PHONE: | STARTING SALARY: | | ENDING SALARY: | | |
| DESCRIBE YOUR DUTIES: | | | | | |
| | | | | | |
| REASON FOR LEAVING: | | | | | |
| | | | | | |
| 8. DATES OF EMPLOYMENT : | | | | JOB TITLE: | |
| FROM: | TO: | | | SUPERVISOR: | |
| NAME OF BUSINESS: | | | | COWORKER: | |
| ADDRESS | CITY | STATE | ZIP CODE | | |
| PHONE: | STARTING SALARY: | | ENDING SALARY: | | |
| DESCRIBE YOUR DUTIES: | | | | | |
| | | | | | |
| REASON FOR LEAVING: | | | | | |

D. HAVE YOU EVER APPLIED FOR ANY POSITION WITH ANY LAW ENFORCEMENT AGENCY.....? YES NO
 IF YES, COMPLETE BELOW. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.

| DATE | POSITION | LAW ENFORCEMENT AGENCY | DISPOSITION |
|------|----------|------------------------|-------------|
| | | | |
| | | | |
| | | | |

E. HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY.....? YES NO
 WERE YOU CERTIFIED.....? YES NO
 IF YES, COMPLETE BELOW.

| NAME OF ACADEMY ATTENDED: | DATES ATTENDED: |
|---------------------------|-----------------|
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| | |

6. LEGAL HISTORY

THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES AS BOTH A JUVENILE AND AN ADULT. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. EXPLAIN ALL "YES" ANSWERS IN DETAIL ON THE ADDITIONAL RESPONSES PAGE.

A. HAVE YOU EVER HAD ANY CONTACT WITH ANY LAW ENFORCEMENT OFFICER IN AN OFFICIAL CAPACITY..? YES NO
 B. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL.....? YES NO
 C. HAVE YOU EVER BEEN ACCUSED OF A CRIME.....? YES NO
 D. HAVE YOU EVER BEEN CHARGED WITH A CRIME.....? YES NO
 E. HAVE YOU EVER BEEN ARRESTED.....? YES NO
 F. HAVE YOU EVER BEEN CONVICTED OF A CRIME.....? YES NO
 G. HAVE YOU EVER BEEN BOOKED INTO JAIL.....? YES NO
 H. HAVE YOU EVER RECEIVED A CRIMINAL CITATION.....? YES NO
 I. HAVE ANY MEMBERS OF YOUR IMMEDIATE FAMILY EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL OR PRISON.....? YES NO
 J. HAS LAW ENFORCEMENT EVER BEEN CALLED TO YOUR HOME FOR ANY REASON.....? YES NO
 K. HAVE YOU EVER BEEN SERVED WITH A PROTECTION/RESTRAINING ORDER.....? YES NO

L. IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, LIST THE INCIDENT BELOW AND MAKE CERTAIN YOU HAVE EXPLAINED IT ON THE ADDITIONAL RESPONSES PAGE. ALL INCIDENTS MUST BE EXPLAINED IN DETAIL.

| SECTION # (A-K) | DATE | REASON/CHARGE | LAW ENFORCEMENT AGENCY/CITY/STATE | DISPOSITION/SENTENCE |
|-----------------|------|---------------|-----------------------------------|----------------------|
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7. DRIVING HISTORY

A. HAVE YOU EVER HAD A DRIVER'S LICENSE OR YOUR DRIVING PRIVILEGES CANCELED, REFUSED, REVOKED, OR SUSPENDED.....? YES NO
 IF YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE INCLUDING REASON FOR THE ACTION AND DATES.

B. LIST ALL VALID DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD:

| ISSUE DATE | TYPE OF LICENSE | EXPIRATION DATE | STATE | LICENSE NUMBER |
|------------|-----------------|-----------------|-------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

C. HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL.....? YES NO
 IF YES, COMPLETE BELOW

| | | |
|---------------------------------|----------------------------------|--------------------------------|
| WHEN DID YOU ATTEND THE SCHOOL? | WHERE DID YOU ATTEND THE SCHOOL? | WHY DID YOU ATTEND THE SCHOOL? |
|---------------------------------|----------------------------------|--------------------------------|

D. LIST EACH AND EVERY TRAFFIC CITATION, SUMMONS AND WRITTEN WARNING YOU HAVE RECEIVED WITHIN THE LAST SEVEN (7) YEARS. LIST THE OFFENSES IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.

| MONTH/YEAR | CHARGE | CITY OR STATE | DISPOSITION/RESULT |
|------------|--------|---------------|--------------------|
| | | | |
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IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

E. HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.....? YES NO
 F. HAVE YOU EVER BEEN INVOLVED WITH CARELESS OR WRECKLESS DRIVING.....? YES NO
 G. HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT THAT WAS YOUR FAULT.....? YES NO

8. GAMBLING

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

A. DO YOU NOW, OR HAVE YOU EVER HAD ANY GAMBLING DEBTS.....? YES NO
 B. HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE.....? YES NO
 C. HAVE YOU EVER WORKED FOR A GAMBLING OPERATION, OR BOOKED ANY BETS.....? YES NO

9. NARCOTICS

A. HAVE YOU EVER TRIED OR USED ANY NARCOTIC OR DRUG WITHOUT A DOCTOR'S PRESCRIPTION.....? YES NO
 IF YES, EXPLAIN ON ADDITIONAL RESPONSES PAGE.

B. IF YOU HAVE TRIED, USED, OR INGESTED ANY OF THE DRUGS LISTED BELOW, CHECK THE "YES" BOX. IF YOU HAVE NOT, CHECK THE "NO" BOX. INCLUDE THE NUMBER OF TIMES USED AND DATES.

| | YES | | NO | | TOTAL # TIMES USED | # TIMES USED SINCE 21 ST BDAY | DATE OF LAST USE | | YES | | NO | | TOTAL # TIMES USED | # TIMES USED SINCE 21 ST BDAY | DATE OF LAST USE |
|----------------------------|-----|-----|-----|-----|--------------------------|--|------------------------|---|-----|-----|-----|-----|--------------------------|--|------------------------|
| | | | | | | | | | | | | | | | |
| MARIJUANA | () | () | () | () | () | () | _____ | COCAINE | () | () | () | () | () | () | _____ |
| INHALANTS | () | () | () | () | () | () | _____ | HEROIN | () | () | () | () | () | () | _____ |
| THAI STICKS | () | () | () | () | () | () | _____ | OPIUM | () | () | () | () | () | () | _____ |
| BARBITURATES | () | () | () | () | () | () | _____ | INJECTABLE STEROIDS | () | () | () | () | () | () | _____ |
| AMPHETAMINES (Speed, etc.) | () | () | () | () | () | () | _____ | ORAL STEROIDS | () | () | () | () | () | () | _____ |
| HASHISH | () | () | () | () | () | () | _____ | HALLUCINOGENIC | () | () | () | () | () | () | _____ |
| METHAMPHETAMINES | () | () | () | () | () | () | _____ | SUBSTANCES (LSD, PCP, Mescaline, Mushrooms, Ecstasy, etc.) | () | () | () | () | () | () | _____ |

C. IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE OR IF YOU HAVE TRIED OR USED ANY OTHER DRUG WITHOUT A DOCTOR'S PRESCRIPTION, EXPLAIN IN DETAIL BELOW. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE. YOU MUST INCLUDE DATES AND NUMBER OF TIMES USED.

D. IF YOU HAVE EVER PURCHASED, SOLD, OR HAD IN YOUR POSSESSION ANY OF THE DRUGS LISTED ABOVE IN SECTION (B), EXPLAIN IN DETAIL BELOW. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.

10. ORGANIZATION MEMBERSHIP

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

| | | |
|--|-----|----|
| A. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF NEBRASKA.....? | YES | NO |
| B. ARE YOU NOW IN A GROUP WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS.....? | YES | NO |
| C. HAVE YOU EVER PARTICIPATED IN ANY DEMONSTRATION, STRIKE, PICKET LINE OR DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATIONS AS A PROTEST MEASURE.....? | YES | NO |

11. MILITARY STATUS

| | | |
|---|-----|----|
| A. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION.....? | YES | NO |
|---|-----|----|

IF YES, LIST EACH SERVICE PERIOD SEPARATELY BELOW.

| MONTH/YEAR ENTERED | BRANCH/ORGANIZATION | DISCHARGE DATE | TYPE OF DISCHARGE | RANK |
|--------------------|---------------------|----------------|-------------------|------|
| | | | | |
| | | | | |
| | | | | |

B. LIST ALL MILITARY SERVICE NUMBERS:

| | |
|------------------------------|--------------------------|
| C. SELECTIVE SERVICE NUMBER: | CURRENT MILITARY STATUS: |
|------------------------------|--------------------------|

| | | |
|--|-----|----|
| D. DID YOU EVER RECEIVE ANY DISCIPLINARY ACTION WHILE SERVING IN THE MILITARY.....? IF YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE. | YES | NO |
|--|-----|----|

| | | |
|---|-----|----|
| E. ARE YOU CURRENTLY IN THE MILITARY.....? IF YES, COMPLETE BELOW. | YES | NO |
|---|-----|----|

| | | | |
|-------------------------|----------------------|----------------------------|--------|
| F. CURRENT UNIT'S NAME: | IMMEDIATE COMMANDER: | ADDRESS, CITY, STATE, ZIP: | PHONE: |
|-------------------------|----------------------|----------------------------|--------|

12. FINANCIAL HISTORY

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

| | | |
|--|-----|----|
| A. HAVE YOU EVER DECLARED BANKRUPTCY.....? | YES | NO |
| B. HAVE ANY OF YOUR BILLS BEEN TURNED OVER TO A COLLECTION AGENCY.....? | YES | NO |
| C. HAVE YOU EVER PURCHASED GOODS THAT WERE LATER REPOSSESSED.....? | YES | NO |
| D. HAVE YOUR WAGES EVER BEEN GARNISHED.....? | YES | NO |
| E. HAVE YOU EVER BEEN DELINQUENT ON ANY INCOME OR STATE TAXES.....? | YES | NO |
| F. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION.....? | YES | NO |

IF YES, WHAT IS THE SOURCE OF THE INCOME: _____

WHAT IS THE AMOUNT OF THE INCOME: \$ _____ PER _____

G. LIST EACH MONTHLY FINANCIAL OBLIGATION INCLUDING: RENT, MORTGAGES, VEHICLE PAYMENTS, LOANS, CHARGE ACCOUNTS, INSURANCE, CREDIT CARDS, CHILD SUPPORT PAYMENTS, AND ANY OTHER DEBTS OR MONTHLY PAYMENTS. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.

| NAME OF MONTHLY PAYMENT/INSTITUTION (E.G. CHASE BANK, STATE FARM, JOAN SMITH) | REASON FOR PAYMENT/ITEM PURCHASED (E.G. MORTGAGE, INSURANCE, CHILD SUPPORT) | AMOUNT OF PAYMENT |
|--|--|-------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

