

MURRAY CITY POLICE CADET

PERSONAL HISTORY PACKET

INSTRUCTIONS

A thorough background investigation is an essential part of the hiring process for all law enforcement agency positions. Only those candidates whose background indicates a high level of integrity, dependability and effective interpersonal skills will be considered for employment.

In order to facilitate this request, we are requiring that you fill out the necessary background information completely and accurately.

Keep in mind:

Completion of this entire packet is mandatory.

All statements are subject to verification.

Falsifications or omissions of any information may result in your automatic disqualification or later termination.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and its relevance to the job. For example, being terminated from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

The contents of the background investigation will be considered confidential and will be used only for investigating employment suitability with the Murray City Police Department. The contents of this investigation will not be released to anyone else including the applicant.

There is an exception to the confidentiality of your background investigation. Should it be discovered you are currently involved in criminal activity or have committed an undiscovered crime. The law enforcement agency having jurisdiction may be notified.

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PLEASE PRINT IN BLACK OR BLUE INK.

If a question does not apply to you, write N/ A (not applicable) in the space provided for your answer. If you need more space to respond to a question, attach a separate sheet of paper and identify the additional information by question.

In addition to completing the Personal History Packet, each candidate **must** attach a copy of the following documents, where applicable.

1. Birth Certificate
2. Social Security Card
1. Naturalization Card (if applicable)
2. Transcript of High School grades for current year

Upon completion of the Personal History Packet, you and one of your parents or a legal guardian **must** sign the Authorization to release information form, and the Truthful Response Certificate.

Return the completed Personal History Packet to the Murray City Police Department

If you have any questions and need any assistance, please contact the Murray Police Department at (801) 264-2673.

MURRAY CITY POLICE DEPARTMENT
APPLICATION FOR RECORD REVIEW
(Police Cadet Applicants Only)

Name: _____ D.O.B. _____

Previously Used Names or Nicknames: _____

Address: _____

City: _____ State: _____ Zip: _____

Best phone number to contact you: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Social Security Number: _____ Age: _____

Driver's License Number: _____ State: _____

Height: _____ Weight: _____ Eye Color: _____ Sex: M / F

U.S. Citizen? Y () N () Natural Born? Y () No ()

If no, complete: Naturalized: _____ Doc #: _____ Date: _____

I hereby give permission to the Murray City Police Department and it's agent to review my Utah computerized criminal history record.

Applicant Signature

Date

Parent or Guardian Signature

Date

RELATIVES, COHABITANTS, REFERENCES ACQUAINTANCES:

During the background investigation, people who know you may be asked to comment on your suitability regarding the position for which you have applied. Inquiries will be confined to job relevant matters. If a person is deceased, please indicate so in the "Phone" box. If a person you name currently lives with you then print "Household Member" in the address section.

Father (Last, First, Middle) _____ Phone: _____

Home Address: _____ Apt. #: _____

City, State: _____ Zip: _____

Mother (Last, First, Middle) _____ Phone: _____

Home Address: _____ Apt. #: _____

City, State: _____ Zip: _____

Brother/Sister (Last, First, Middle) _____ Phone: _____

Home Address: _____ Apt. #: _____

City, State: _____ Zip: _____

Date of Birth: _____ Age: _____

Brother/Sister (Last, First, Middle) _____ Phone: _____

Home Address: _____ Apt. #: _____

City, State: _____ Zip: _____

Date of Birth: _____ Age: _____

Brother/Sister (Last, First, Middle) _____ Phone: _____

Home Address: _____ Apt. #: _____

City, State: _____ Zip: _____

Date of Birth: _____ Age: _____

Brother/Sister (Last, First, Middle) _____ Phone: _____

Home Address: _____ Apt. #: _____

City, State: _____ Zip: _____

Date of Birth: _____ Age: _____

Brother/Sister (Last, First, Middle) _____ Phone: _____

Home Address: _____ Apt. #: _____

City, State: _____ Zip: _____

Date of Birth: _____ Age: _____

Brother/Sister (Last, First, Middle) _____ Phone: _____

Home Address: _____ Apt. #: _____

City, State: _____ Zip: _____

Date of Birth: _____ Age: _____

Brother/Sister (Last, First, Middle) _____ Phone: _____

Home Address: _____ Apt. #: _____

City, State: _____ Zip: _____

Date of Birth: _____ Age: _____

Brother/Sister (Last, First, Middle) _____ Phone: _____

Home Address: _____ Apt. #: _____

City, State: _____ Zip: _____

Date of Birth: _____ Age: _____

Brother/Sister (Last, First, Middle) _____ Phone: _____

Home Address: _____ Apt. #: _____

City, State: _____ Zip: _____

Date of Birth: _____ Age: _____

Please list additional family members such as step-parents.

Name (Last, First, Middle) _____ Phone: _____

Home Address: _____ Apt. #: _____

City, State: _____ Zip: _____

Date of Birth: _____ Age: _____

Relationship: _____

Name (Last, First, Middle) _____ Phone: _____

Home Address: _____ Apt. #: _____

City, State: _____ Zip: _____

Date of Birth: _____ Age: _____

Relationship: _____

Name (Last, First, Middle) _____ Phone: _____

Home Address: _____ Apt. #: _____

City, State: _____ Zip: _____

Date of Birth: _____ Age: _____

Relationship: _____

Name (Last, First, Middle) _____ Phone: _____

Home Address: _____ Apt. #: _____

City, State: _____ Zip: _____

Date of Birth: _____ Age: _____

Relationship: _____

MURRAY CITY POLICE CADET

PERSONAL HISTORY PACKET

Motor Vehicle Operation

Do you have a driving permit? Yes () No ()

Do you have a driver's license? Yes () No ()

If you have a driver's license, is it current and valid? Yes () No ()

If not, please explain:

Have you ever been denied a driving permit or license by the State of Utah or any other state?
Yes () No ()

If yes, please explain the circumstances.

Has your license or permit ever been suspended or revoked?

Yes () No ()

If yes, please explain when, where, and why.

Please list all traffic citations or written warnings you have received.

Violation	Location/City	Date	Disposition (guilty, acquitted, fine)
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Motor Vehicle Operation (Continued)

Have you ever been involved, as a driver, in a motor vehicle accident? Yes () No ()

If yes please give details for each accident:

Date: _____ Police Agency (if investigated) _____

Location: _____ Were there any injuries? Yes () No ()

Where you at fault? Yes () No () Did you receive a citation? Yes () No ()

Date: _____ Police Agency (if investigated) _____

Location: _____ Were there any injuries? Yes () No ()

Where you at fault? Yes () No () Did you receive a citation? Yes () No ()

Date: _____ Police Agency (if investigated) _____

Location: _____ Were there any injuries? Yes () No ()

Where you at fault? Yes () No () Did you receive a citation? Yes () No ()

Date: _____ Police Agency (if investigated) _____

Location: _____ Were there any injuries? Yes () No ()

Where you at fault? Yes () No () Did you receive a citation? Yes () No ()

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Drug, Tobacco, and Alcohol Use Questions

Have you used, tried or experimented with any illegal drug? Yes () No ()

Have you used, tried or experimented with alcohol or tobacco or vape? Yes () No ()

Have you introduced into your body a substance which you thought was an illegal drug then found it was not? Yes () No ()

Have you sold any illegal drug? Yes () No ()

Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription? Yes () No ()

Have you ever acted as a middleman, go between, or “done a favor for a friend” by becoming involved in any illegal drug, alcohol, tobacco, or vape transaction? Yes () No ()

Have you ever purchased or attempted to purchase alcohol? Yes () No ()

Have you ever temporarily stored or “held” any illegal drug, alcohol, tobacco, or vape for anyone?

Explain any “Yes” answer in detail below, include when, where, and what substance it was and the circumstances.

End of Drug, Tobacco, and Alcohol Questions

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Criminal History Questions

Have you ever been reported to a law enforcement agency as a missing person or as a runaway?
Yes () No ()

Have you ever been detained or investigated by a law enforcement agency?
Yes () No ()

If yes, give details including what agency, case number, dates, location and alleged offense.

Have you ever been convicted of a felony offense? Yes () No ()

Have you ever been convicted of a misdemeanor offense? Yes () No ()

Have you ever been booked into a detention facility or Youth Services? Yes () No ()

If yes, please give any details.

Have you ever been placed on probation? Yes () No ()

Are you now, or have you ever been a member or associated with a group, gang or organization, that advocates, or encourages violence or criminal activities? Yes () No ()

Have you ever been known by any monikers or nicknames while belonging to a group or organization? Yes () No ()

If yes, what moniker or names did you use?

Have you ever been placed in detention and had to stay after school? Yes () No ()

Have you ever been suspended from school? Yes () No ()

If yes to either or both questions, please give any details for the incident(s).

END OF PACKET

Please add any additional comments or information you would like us to be aware of.

MURRAY CITY POLICE DEPARTMENT

TRUTHFUL RESPONSE CERTIFICATE

I hereby certify all statements made in this personal history packet, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening are, **true and complete to the best of my knowledge and belief**. I understand any misstatement of material fact, willful deception, or intentional omission, will be cause for disqualification. I further understand these aforementioned misstatements, deceptions, or omissions are also grounds for termination after employment.

Print Name

Applicant Signature

Date

Parent of Guardian Signature

Date

