

**PRESTON POLICE DEPARTMENT
70 WEST ONEIDA
PRESTON, IDAHO 832**

**AUTHORITY FOR RELEASE OF INFORMATION
PHASE 1**

Last name _____ First name _____ Middle name _____

Place of Birth _____ County or City _____ State _____

Country _____

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Preston Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent of full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit agencies) including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Preston Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Preston Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be,

and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Preston Police Department. I understand that all materials pertaining to this background investigation become the property of the Preston Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A

Signature _____

NOTARY

Street address _____

Subscribed and sworn before me this _____ **day of** _____, _____

City _____ **State** _____

Zip _____

My commission expires _____ **19** _____

Notary: _____

Preston Police Department



Chief of Police

CRIMINAL AND TRAFFIC RECORDS CHECK

APPLICANT FOR: Police Officer

Name: _____ **SSN:** _____

AKA: _____ **DL:** _____

DOB: _____

To Whom It May Concern:

The above listed individual has applied for a position with the Preston Police Department. In order to better evaluate the subject's character, it is requested that a thorough check be made of your files to ascertain any previous contacts.

IMPORTANT: If your files indicate any type of contact, please indicate such pertinent information as:

1. Dates and types of offense or contact;
2. Details of offense or contact;
3. Applicant's attitude toward officer(s); and
4. Final disposition of offense.

Your consideration regarding this important matter will be greatly appreciated. Please be assured of our cooperation in matters of mutual concern.

Sincerely,

Chief of Police

Preston Police Department



Chief of Police

Name: _____ Date: _____

On June 5, 1979 the Idaho Police Officers Standards and Training (P.O.S.T) passed a mandatory physical fitness test making it a requirement for acceptance into the academy. On October 17, 1979 the P.O.S.T Council amended that to include Police Officers hired that are eligible for certification without attending P.O.S.T., to include Vo-Tech graduates, lapsed Idaho Certifications, and out of state certified officers.

Applicants making application must successfully complete the P.O.S.T physical fitness test to be eligible to be employed by the Preston Police Department.

WAIVER

I DESIRE TO TAKE THE PHYSICAL FITNESS TEST BUT HAVE NOT BEEN EXAMINED RECENTLY BY A PHYSICIAN. I FURTHER CERTIFY THAT I AM IN GOOD HEALTH AND PHYSICALLY FIT AND DO HEREBY RELEASE THE CITY OF PRESTON AND THE PRESTON POLICE DEPARTMENT AND ANY OFFICIAL RELATED TO THE ABOVE DEPARTMENTS FROM ANY LIABILITY IN CASE OF ILLNESS OR ACCIDENT RESULTING IN MY PARTICIPATION IN THE PHYSICAL FITNESS TEST.

DATE: _____

SIGNED: _____

WITNESS: _____

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application For Employment

(Please print) _____ Date _____
Name _____ Phone () _____
Address _____
Street City State Zip Code

Position(s) Applied for _____

Referral Source: email address

- Friend or relative Other Job Placement Agency (Specify)
 Newspaper School Placement Office/Guidance Counselor
 Job Service Community Action Group (Specify)
 Other (Specify) _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one: Male Female

Check one: Caucasian Black American Indian
 Hispanic Asian/Oriental Other (specify)

Check if any of the following are applicable:

- Veteran Disabled veteran Vietnam Era Veteran
Handicapped Individual: yes no

PERSONAL HISTORY STATEMENT

PERSONAL

The following information is requested of you for verification and contact purposes:

| | | | |
|--|--------|---|-----------------------------|
| 1. Your Name (please print or type) | | | |
| Last | First | Middle | |
| Other names (including nicknames) you have used or been known by: | | | |
| 2. Please list address at which you can be contacted. | | | |
| Number | Street | City | State |
| | | Zip Code | |
| 3. Please list the local telephone number(s) at which you can be contacted. | | () _____ | () _____ |
| | | Hours you can be contacted: | Hours you can be contacted: |
| 4. Birthdate | | 5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? | |
| Month | Day | Year | YES NO |
| 6. Social Security Number | | In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained. | |
| / / | | | |
| 7. For the purposes of identification, please provide the following: | | | |
| Height | Weight | Hair Color | Eye Color |
| Scars, tatoos, or other distinguishing marks. | | | |

RELATIVES AND REFERENCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of peace officer. Inquiries will be confined to job-relevant matters.

| | | |
|--|--|---|
| 8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A". | | |
| If living, name of your: | Address where person can be contacted (include City, State and Zip Code) | Telephone at which person can be contacted. |
| Father | () Home () Work () Other | () Home () Work () Other |
| Mother | () Home () Work () Other | () Home () Work () Other |
| Father-in-Law | () Home () Work () Other | () Home () Work () Other |
| Mother-in-Law | () Home () Work () Other | () Home () Work () Other |
| Spouse | () Home () Work () Other | () Home () Work () Other |
| Former Spouse(s) | () Home () Work () Other | () Home () Work () Other |
| | () Home () Work () Other | () Home () Work () Other |

RELATIVES AND REFERENCES Continued

| If living, name of your | Address where person can be contacted (include City, State and Zip Code) | Telephone at which person can be contacted. |
|------------------------------------|--|--|
| Brother(s) and Sister(s) | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| Step-mother | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| Step-father | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| Step-brother(s) and Step-sister(s) | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |

Other relatives with whom you have a close personal relationship (including children)

| | Relationship | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
|--|--------------|--|--|
| | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |

9. Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.

| | | |
|--|--|--|
| | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
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| | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |

RELATIVES AND REFERENCES Continued

10. In the space below, please list as references 5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

| Name | Address where person can be contacted(include City, State and Zip Code) | Telephone at which person can be contacted. |
|------|---|---|
| | () Home () Work () Other | () Home () Work () Other |
| | () Home () Work () Other | () Home () Work () Other |
| | () Home () Work () Other | () Home () Work () Other |
| | () Home () Work () Other | () Home () Work () Other |
| | () Home () Work () Other | () Home () Work () Other |

EDUCATION

11. The Commission on Peace Officer Standards and Training requires a peace officer to possess a U.S. high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by putting an "X" in the appropriate spaces.

I possess a high school diploma from a U.S. institution.
 I passed the G.E.D. (General Educational Development) test.
 I passed the Idaho High School Proficiency Examination.
 I possess a two-year college degree.
 I possess four-year college degree.
 I possess a four-year university degree.
 I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:

 When:
 How:

12. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records will be made in conjunction with those contacts.

| Name of School | Location of School (City and State) | Dates Attended | | School References (teachers, counselors, etc.) |
|----------------|--|--------------------|------------------|---|
| | | From Month/Year | To Month/Year | |
| | | | | |
| | | | | |
| | | | | |
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EDUCATION Continued

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and four-year colleges, universities, and business and vocational schools – any formal education beyond the high school level.)

____ Yes ____ No

| |
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| If "yes", please explain (include school, date and circumstances). |
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RESIDENCE

Individuals who have become acquainted with you by reason of your residing in different locations are often helpful in providing useful information for the background investigation.

14. Please list all of your residences during the last 10 years (list no information prior to your 15th birthday). Begin with your most current residence.

| Address of Residence | City, State & Zip Code | Dates | | If rented, give name & address of the person responsible for the collection of rent. |
|----------------------|------------------------|--------------------|------------------|--|
| | | From Month/Year | To Month/Year | |
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EXPERIENCE AND EMPLOYMENT

15. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, volunteer work should be included as employment.) For identification and verification, please indicate the nature of the activity; i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

| | | | |
|--|--|---|--|
| Dates of employment From To Mo. Yr. Mo. Yr. ____ / ____ ____ / ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary | | Name and address of employer Telephone No. Title or duties (for identification purposes) | Name of supervisor Name(s) of co-worker(s) |
| Reason for leaving | | | |
| <input type="checkbox"/> Military Service | | <input type="checkbox"/> Not Employed | From: Mo. / Yr. To: Mo. / Yr. |
| From To Mo. Yr. Mo. Yr. ____ / ____ ____ / ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary | | Telephone No. Title or duties (for identification purposes) | Name of supervisor Name(s) of co-worker(s) |
| Reason for leaving | | | |
| <input type="checkbox"/> Military Service | | <input type="checkbox"/> Not Employed | From: Mo. / Yr. To: Mo. / Yr. |
| From To Mo. Yr. Mo. Yr. ____ / ____ ____ / ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary | | Telephone No. Title or duties (for identification purposes) | Name of supervisor Name(s) of co-worker(s) |
| Reason for leaving | | | |
| <input type="checkbox"/> Military Service | | <input type="checkbox"/> Not Employed | From: Mo. / Yr. To: Mo. / Yr. |
| From To Mo. Yr. Mo. Yr. ____ / ____ ____ / ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary | | Telephone No. Title or duties (for identification purposes) | Name of supervisor Name(s) of co-worker(s) |
| Reason for leaving | | | |
| <input type="checkbox"/> Military Service | | <input type="checkbox"/> Not Employed | From: Mo. / Yr. To: Mo. / Yr. |
| From To Mo. Yr. Mo. Yr. ____ / ____ ____ / ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary | | Telephone No. Title or duties (for identification purposes) | Name of supervisor Name(s) of co-worker(s) |
| Reason for leaving | | | |
| <input type="checkbox"/> Military Service | | <input type="checkbox"/> Not Employed | From: Mo. / Yr. To: Mo. / Yr. |

EXPERIENCE AND EMPLOYMENT Continued

| | | | |
|----------------------------|---------------|---|---|
| Dates of employment | | Name and address of employer | Name of supervisor |
| From Mo. Yr. | To Mo. Yr. | | |
| ____/____ | ____/____ | | Name(s) of co-worker(s) |
| ____ Full-time | | | |
| ____ Part-time | | | Telephone No. |
| ____ Voluntary | | Title or duties (for identification purposes) | |
| Reason for leaving | | | |
| Military Service | | Not Employed | From: Mo. / Yr. To: Mo. / Yr. |
| From Mo. Yr. | To Mo. Yr. | | Name of supervisor |
| ____/____ | ____/____ | | Name(s) of co-worker(s) |
| ____ Full-time | | | Telephone No. |
| ____ Part-time | | | Title or duties (for identification purposes) |
| ____ Voluntary | | | |
| Reason for leaving | | | |
| Military Service | | Not Employed | From: Mo. / Yr. To: Mo. / Yr. |
| From Mo. Yr. | To Mo. Yr. | | Name of supervisor |
| ____/____ | ____/____ | | Name(s) of co-worker(s) |
| ____ Full-time | | | Telephone No. |
| ____ Part-time | | | Title or duties (for identification purposes) |
| ____ Voluntary | | | |
| Reason for leaving | | | |
| Military Service | | Not Employed | From: Mo. / Yr. To: Mo. / Yr. |
| From Mo. Yr. | To Mo. Yr. | | Name of supervisor |
| ____/____ | ____/____ | | Name(s) of co-worker(s) |
| ____ Full-time | | | Telephone No. |
| ____ Part-time | | | Title or duties (for identification purposes) |
| ____ Voluntary | | | |
| Reason for leaving | | | |
| Military Service | | Not Employed | From: Mo. / Yr. To: Mo. / Yr. |

EXPERIENCE AND EMPLOYMENT Continued

16. Would any problem result if your present employer was contacted during the course of the background investigation?
Yes No

If "no" when should such contact be made?

17. If you have had no prior employment, please explain in the space below.

18. Have you had any extended work absences for reasons other than earned vacations? Yes No

If "yes", please explain (include when, name of employer, why).

19. Have you ever been fired or asked to resign from any place of employment? Yes No

If "yes", please give details (include when, where, circumstances).

20. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers? Y N

If "yes", please give details (include when, name of agency, circumstances).

MILITARY SERVICE

21. If you are a male, please provide the following:

| | | |
|--------------------------|----------------------------------|---------------------------------|
| Selective Service Number | Approximate Date of Registration | Address at Time of Registration |
|--------------------------|----------------------------------|---------------------------------|

22. Have you ever served in the armed forces, National Guard or military reserves? Yes No

| | | | |
|-------------------|----------------|----------------------------|-------------------|
| Branch of Service | Service Number | Dates of Service / to / | Type of Discharge |
|-------------------|----------------|----------------------------|-------------------|

23. Are you currently participating in any military reserve or National Guard Program? Yes No

24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military reserve? Yes No

If "yes", please give details (include branch of service, when, where, circumstances).

MILITARY SERVICE Continued

25. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

| Name | Contact Address | Contact Telephone | Years Known | |
|------|-----------------|-------------------|-------------|----|
| | | | From | To |
| | | | | |
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FINANCIAL

26. The management of personal finances is relevant to an individual's qualifications for the position of peace officer. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

| Current Monthly Income | | Current Monthly Expenditures | |
|---|----|--|----|
| Monthly salary..... | \$ | Real Estate (mortgage) Payments..... | \$ |
| Spouse's salary..... | | Rent..... | |
| Other monthly income – describe: | | Other monthly payments – describe: | |
| | | | |
| | | | |
| TOTAL MONTHLY INCOME | \$ | Estimated monthly cost of living (include utilities, food, gasoline, home and car maintenance, entertainment, etc.)and any other obligations..... TOTAL MONTHLY EXPENDITURES | \$ |
| Current Assets | | Current Liabilities | |
| Savings..... | \$ | Real Estate Indebtedness..... | \$ |
| Checking..... | | Long-term Loans..... | |
| Real Estate..... | | Charge Accounts..... | |
| Stocks and Bonds..... | | Other Liabilities – describe: | |
| Life Insurance (cash value of whole life policy)..... | | | |
| Autos..... | | | |
| Other Assets – describe: | | | |
| | | | |
| | | | |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES | \$ |

27. Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.

| Name of Firm | Address | Account Number |
|--------------|---------|----------------|
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28. Have you ever filed for or declared bankruptcy? Yes No

If "yes", please give details (include when, where, why).

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29. Have any of your bills ever been turned over to a collection agency? Yes No

If "yes", please give details (include when, firms involved, circumstances).

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30. Have you ever had purchased goods repossessed? Yes No

If "yes", please give details (include when, firms involved, circumstances).

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FINANCIAL Continued

31. Have your wages ever been garnished? Yes No

If "yes", please give details (include when, where, why).

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32. Have you ever been delinquent on any tax payments (income or other)? Yes No

If "yes", please give details (include when, where, why).

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LEGAL

33. If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information:

| Approx. Date | Police Agency | Circumstances |
|--------------|---------------|---------------|
| | | |
| | | |
| | | |

34. Have you ever been placed on court probation as an adult? Yes No

If "yes", please give details (include when, where, why).

| |
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| |

35. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?
Yes No

If "yes", please give details (include when, where, why).

| |
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LEGAL Continued

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

If "yes", please give details (include date, law enforcement agency, circumstances).

| |
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| |

37. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes No

If "yes", please give details (include when, where, name and location of court circumstances).

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MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

38. Driver's license number (please include state) Expiration date

Name under which license was granted

39. Please list other states where you have been licensed to operate a motor vehicle

| State | State | State | State |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Name under which license was granted | Name under which license was granted | Name under which license was granted | Name under which license was granted |
| | | | |

40. Have you ever been refused a driver's license by any state? Yes No

If "yes", please explain (include when, where, why).

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| |
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| |
| |

41. Idaho law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Therefore, please list the current liability insurance you have with your motor vehicles.

| Company | Address | Policy Number | Date of Expiration |
|---------|---------|---------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

MOTOR VEHICLE OPERATION Continued

42. Please list all traffic citations (exclude parking citations) you have received within the last 5 years.

| Nature of violation | Location | Approximate Date | Indicate whether fined or action taken on driver's license |
|---------------------|----------|------------------|--|
| | | | |
| | | | |
| | | | |

43. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years? Yes No

If "yes", please give details for each accident

| | | |
|--|---------------|---|
| Date | Location | <input type="checkbox"/> injury <input type="checkbox"/> non-injury |
| Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No | Police Agency | |
| Date | Location | <input type="checkbox"/> injury <input type="checkbox"/> non-injury |
| Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No | Police Agency | |
| Date | Location | <input type="checkbox"/> injury <input type="checkbox"/> non-injury |
| Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No | Police Agency | |
| Date | Location | <input type="checkbox"/> injury <input type="checkbox"/> non-injury |
| Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No | Police Agency | |
| Date | Location | <input type="checkbox"/> injury <input type="checkbox"/> non-injury |
| Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No | Police Agency | |

44. If there is anything you wish to discuss about your driving record? Please use the space below.

| |
|--|
| |
| |
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| |

45. Has your license ever been suspended, revoked, or denied? Yes No

If "yes", please give details (include what, when, where, why).

| |
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GENERAL INFORMATION

46. Have you ever been refused insurance for any reason other than failure to pay a premium? Yes No

If "yes", please explain (include company name and address, date, and reason).

| |
|--|
| |
| |
| |
| |
| |

47. Have you ever applied for a permit to carry a concealed weapon? Yes No

| | | |
|------------------------------------|------|--------------------------------|
| Permit granted ____ Yes ____ No | Date | Name of Law Enforcement Agency |
| Purpose | | |

I hereby certify that all statements made in the personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

| | |
|-------------------|----------------|
| Signature in full | Date completed |
|-------------------|----------------|