

**BRIGHTON POLICE DEPARTMENT  
POLICE OFFICER PERSONAL HISTORY QUESTIONNAIRE (PHQ)**

**INSTRUCTIONS TO THE APPLICANT**

*Please read these instructions carefully **BEFORE** proceeding with the Personal History Questionnaire*

It is essential that the information, which you provide in this Personal History Questionnaire, be complete and accurate. This will assist us in our background investigation into your suitability for the position for which you have applied. It is in your best interest to answer completely and openly and not to misrepresent or omit any material fact. All relevant aspects of your background will be evaluated in terms of the circumstances surrounding the occurrence, and its degree of relevance to the job for which you are applying.

Please observe the following guidelines in completing this form:

1. Print your responses legibly, or type.
2. All statements are subject to verification.
3. All time periods **MUST** be accounted for.
4. Deliberate inaccuracies or incomplete statements will bar you from employment.
5. If a particular question does not apply to you, mark the space N/A (not applicable).
6. In the event that there is not sufficient space on this form for your answers, **continue your answer on an 8 ½" x 11" sheet of white paper, making sure that your name appears at the top of each page used.** Precede each page with the number of the question being answered. More than one answer may appear on each page.
7. This completed form will be used to for an initial evaluation of your suitability and to conduct your background investigation if your proceed to that stage of the selection process. Employers, relatives, neighbors and other associates will be interviewed. The final background investigation report will be used to assist in the final evaluation for the position.
8. Avoid making errors by reading directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence **BEFORE** you begin.
9. You are responsible for obtaining correct addresses and phone numbers. If you are not sure of an address, check it by personal verification.
10. All questionnaires and documents submitted by the applicant to the City of Brighton will become the property of the City of Brighton and **WILL NOT** be returned to the applicant for any reason—even if they are disqualified at any point in the process.

I certify that the information, which I am furnishing within this Personal History Questionnaire, is true to the best of my knowledge and belief. Further, I will furnish accurate and complete information.

**I UNDERSTAND THAT ANY FALSE INFORMATION OR THE OMISSION OF ANY INFORMATION FROM THIS APPLICATION MAY BE CAUSE FOR REJECTION, OR DISMISSAL IF EMPLOYED.**

Applicant's Signature
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Date Signed
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The following information is requested of you for verification and contact purposes

<b>PERSONAL HISTORY STATEMENT</b>			
<b>1. YOUR NAME:</b>			
Last	First	Middle	
Other names (including nicknames) you have used or have been known by:			
<b>2. LIST ADDRESS AT WHICH YOU RESIDE. IF YOU HAVE A SEPARATE MAILING ADDRESS, SO INDICATE:</b>			
Street Number	City	State	Zip Code
<b>3. LIST THE TELEPHONE NUMBER(S) AT WHICH YOU CAN BE CONTACTED:</b>			
Home: (    )	Hours:		
Work: (    )	Hours:		
Mobile: (    )	Hours:		
<b>4. PROVIDE YOUR PRIMARY EMAIL ADDRESS</b> Do you check it daily? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>5. BIRTHDATE :</b>		<b>6. SOCIAL SECURITY NUMBER:</b>	
		<b>7. ANY OTHER SOCIAL SECURITY NUMBER:</b>	
<b>8. DRIVERS LICENSE NUMBER:</b>		<b>STATE ISSUED FROM:</b>	
		<b>Endorsements or Restrictions (if any):</b>	
<b>9. IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE A CITIZEN OF THE UNITED STATES?</b>			
YES <input type="checkbox"/> NO <input type="checkbox"/>			

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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. However, PLACE of residence will not be used as a factor in evaluating you for employment. Include ALL addresses while you were in school or in the military.

**RESIDENCES**

**10. IN CHRONOLOGICAL ORDER, LIST ALL OF YOUR PREVIOUS RESIDENCES WITHIN THE PAST 10 YEARS. BEGIN WITH YOUR CURRENT ADDRESS. INCLUDE ALL ADDRESSES WHILE IN SCHOOL OR MILITARY.**

FROM MO/YR	TO MO/YR	COMPLETE ADDRESS (INCLUDE APT #) CITY, STATE, ZIP	1. If Renting: Name & phone of Landlord 2. Names of persons residing with you. Details will be listed in #13 below. Use additional pages if necessary
			1.
			2.
			1.
			2.
			1.
			2.
			1.
			2.
			1.
			2.

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During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of Police Officer. Please complete the following. If you have resided with any of the following persons since you have left high school, list dates.

<b>11. SUPPLY THE APPROPRIATE INFORMATION IN THE SPACES PROVIDED BELOW. IF A CATEGORY IS NOT APPLICABLE, WRITE IN "N/A". Use additional paper if needed.</b>				
<b>NAME OF YOUR: (STATE IF DECEASED)</b>	<b>ADDRESS INCLUDE CITY, STATE &amp; ZIP</b>		<b>TELEPHONE NUMBER(S)</b>	<b>DATES YOU RESIDED WITH THIS PERSON:</b>
<b>FATHER</b>			HOME:	FROM:
			MOBILE:	TO:
<b>MOTHER</b>			HOME:	FROM:
			MOBILE:	TO:
<b>CURRENT SPOUSE</b>			HOME:	FROM:
			MOBILE:	TO:
<b>FORMER SPOUSE</b>			HOME:	FROM:
			MOBILE:	TO:
Date of Divorce or Death	Place of Divorce or Death		MOBILE:	TO:
<b>STEP-FATHER</b>			HOME:	FROM:
			MOBILE:	TO:
<b>STEP-MOTHER</b>			HOME:	FROM:
			MOBILE:	TO:
<b>CHILD</b>	<b>AGE:</b>		HOME:	FROM:
			MOBILE:	TO:
<b>CHILD</b>	<b>AGE:</b>		HOME:	FROM:
			MOBILE:	TO:
<b>BROTHER/SISTER</b>	<b>AGE:</b>		HOME:	FROM:
			MOBILE:	TO:
<b>BROTHER/SISTER</b>	<b>AGE:</b>		HOME:	FROM:
			MOBILE:	TO:

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**PERSONAL REFERENCES**

12. LIST OTHER RELATIVES WITH WHOM YOU HAVE A CLOSE PERSONAL RELATIONSHIP.  
*USE A SHEET OF BLANK PAPER IF ENOUGH SPACE IS NOT PROVIDED.*

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBERS
			HOME: MOBILE:
			HOME: MOBILE:
			HOME: MOBILE:
			HOME: MOBILE:

13. LIST BELOW ANY OTHER INDIVIDUALS WITH WHOM YOU HAVE RESIDED DURING THE YEARS SINCE YOU GRADUATED FROM HIGH SCHOOL.  
EXCLUDE FAMILY MEMBERS LISTED IN QUESTIONS #11 & #12.

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBERS

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**REFERENCES**

14. In the space provided below, please list as REFERENCES three (3) individuals who have knowledge of you and your qualifications. **EXCLUDE RELATIVES AND FORMER EMPLOYERS.** See also #15, which requires 3 different references with whom you are socially acquainted.

Name:	
Home Address, City, State, Zip:	
Home Phone: (      )	
Business Address:	
Business Phone: (      )	Mobile Phone: (      )

Name:	
Home Address, City, State, Zip:	
Home Phone: (      )	
Business Address:	
Business Phone: (      )	Mobile Phone: (      )

Name:	
Home Address, City, State, Zip:	
Home Phone: (      )	
Business Address:	
Business Phone: (      )	Mobile Phone: (      )

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**REFERENCES**

15. In the space provided, list 3 individuals with whom you are SOCIALLY ACQUAINTED.  
These are persons who you have seen frequently within the past 5 years.  
**EXCLUDE RELATIVES AND FORMER EMPLOYERS. DO NOT USE NAMES LISTED IN #14.**

Name:	
Home Address, City, State, Zip:	
Home Phone: (      )	
Business Address:	
Business Phone: (      )	Mobile Phone: (      )

Name:	
Home Address, City, State, Zip:	
Home Phone: (      )	
Business Address:	
Business Phone: (      )	Mobile Phone: (      )

Name:	
Home Address, City, State, Zip:	
Home Phone: (      )	
Business Address:	
Business Phone: (      )	Mobile Phone: (      )

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The Brighton Police Department requires a Police Officer to possess a high school diploma or equivalent. Also required is a minimum of two (2) years of college from an accredited and recognized college or university. Please complete the following:

**EDUCATION**

16. I have: (check all that apply)

- A high school diploma
- GED Equivalent
- An associate degree
- Bachelor's degree
- A Masters degree or graduate work.
- If no degree, how many credit hours? \_\_\_\_\_

**17. LIST BELOW ALL THE SCHOOLS THAT YOU HAVE ATTENDED, BEGINNING WITH HIGH SCHOOL (including vocational/trade schools, on-line schools, colleges, etc.) :**

FROM MO/YR	TO MO/YR	NAME OF SCHOOL	LOCATION OF SCHOOL (CITY & STATE)	COURSE WORK OR MAJOR	DIPLOMA/DEGREE OR ACCUMULATED CREDIT HOURS



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**EDUCATION (continued)**

18. Have you ever been on probation, suspended, or expelled from any educational institution?

Yes  No

If "YES" explain circumstances in detail below, include the school and date of occurrence.

Describe any investigation by a school judiciary board or Dean of Students.

19. Have you ever applied to or attended a police academy?

Yes  No  If "YES" where and when did you receive this training?

Did you complete the training? Yes  No  If yes, date completed:

20. Have you received any Reserve Officer Training? Yes  No

If Yes, where and when did you receive your training?

21. What other specialized training have you had?

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**LAW ENFORCEMENT EXPERIENCE**

22. Have you ever been employed as a Reserve Officer, Police Officer, Deputy Sheriff or as any other Law Enforcement position? YES  NO  If yes, where and when?

23. Are you currently a certified Police Officer within the State of Michigan?  
YES  NO  If yes, where?

24. Have you ever made application with this or any other police organization?  
YES  NO  If yes, please complete the following: (use additional paper if necessary)

MONTH/YR APPLIED	DEPARTMENT NAME	STAGE COMPLETED (CHECK ALL THAT APPLY)		CURRENT STATUS (CHECK ONE)	
		WRITTEN	ORAL	APPLICATION PENDING	REJECTED / NOT SELECTED
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. If you have ever been rejected, or not selected, for a position by a law enforcement agency, provide details (use additional paper if necessary):

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**26. EMPLOYMENT HISTORY** - On the following pages, beginning with your MOST CURRENT employment, please list all jobs (including part-time, temporary, internships and voluntary positions) that you have held in the **PAST 15 YEARS**. 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. Please give complete addresses and supervisor's names, as the background investigator will contact them. Do not omit any jobs, and be aware that a background check with Social Security will confirm all jobs ever held. Specific details of military service will be provided in a later section.

**THE FALSIFICATION OF WORK HISTORY IS THE MOST COMMON REASON FOR DISQUALIFYING AN APPLICANT FROM FURTHER CONSIDERATION FOR EMPLOYMENT. BE SURE TO ANSWER EACH QUESTION ACCURATELY AND FULLY.**

<b>EMPLOYMENT HISTORY</b>			
Dates of Employment			
From Month/Year	To Month/Year	Job Title/Duties	Name of Supervisor
Start salary	End Salary	Telephone:	Name of co-worker
<input type="checkbox"/> Full-Time	Name & Address of Employer		
<input type="checkbox"/> Part-Time			
<input type="checkbox"/> Voluntary			
Reason for Leaving:			
<i>If applicable:</i>	Military Service	Or, if not employed,	From: MO/YR To: MO/YR
Dates of Employment			
From Month/Year	To Month/Year	Job Title/Duties	Name of Supervisor
Start salary	End Salary	Telephone:	Name of co-worker
<input type="checkbox"/> Full-Time	Name & Address of Employer		
<input type="checkbox"/> Part-Time			
<input type="checkbox"/> Voluntary			
Reason for Leaving:			
<i>If applicable:</i>	Military Service	Or, if not employed,	From: MO/YR To: MO/YR

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Dates of Employment			
From Month/Year	To Month/Year	Job Title/Duties	Name of Supervisor
Start salary	End Salary	Telephone:	Name of co-worker
<input type="checkbox"/> Full-Time	Name & Address of Employer		
<input type="checkbox"/> Part-Time			
<input type="checkbox"/> Voluntary			
Reason for Leaving:			
<input type="checkbox"/>	<i>If applicable:</i>	Military Service	Or, if not employed, From: MO/YR To: MO/YR
Dates of Employment			
From Month/Year	To Month/Year	Job Title/Duties	Name of Supervisor
Start salary	End Salary	Telephone:	Name of co-worker
<input type="checkbox"/> Full-Time	Name & Address of Employer		
<input type="checkbox"/> Part-Time			
<input type="checkbox"/> Voluntary			
Reason for Leaving:			
<input type="checkbox"/>	<i>If applicable:</i>	Military Service	Or, if not employed, From: MO/YR To: MO/YR
Dates of Employment			
From Month/Year	To Month/Year	Job Title/Duties	Name of Supervisor
Start salary	End Salary	Telephone:	Name of co-worker
<input type="checkbox"/> Full-Time	Name & Address of Employer		
<input type="checkbox"/> Part-Time			
<input type="checkbox"/> Voluntary			
Reason for Leaving:			
<input type="checkbox"/>	<i>If applicable:</i>	Military Service	Or, if not employed, From: MO/YR To: MO/YR

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Dates of Employment			
From Month/Year	To Month/Year	Job Title/Duties	Name of Supervisor
Start salary	End Salary	Telephone:	Name of co-worker
<input type="checkbox"/> Full-Time	Name & Address of Employer		
<input type="checkbox"/> Part-Time			
<input type="checkbox"/> Voluntary			
Reason for Leaving:			
<input type="checkbox"/>	<i>If applicable:</i>	Military Service	Or, if not employed, From: MO/YR To: MO/YR
Dates of Employment			
From Month/Year	To Month/Year	Job Title/Duties	Name of Supervisor
Start salary	End Salary	Telephone:	Name of co-worker
<input type="checkbox"/> Full-Time	Name & Address of Employer		
<input type="checkbox"/> Part-Time			
<input type="checkbox"/> Voluntary			
Reason for Leaving:			
<input type="checkbox"/>	<i>If applicable:</i>	Military Service	Or, if not employed, From: MO/YR To: MO/YR
Dates of Employment			
From Month/Year	To Month/Year	Job Title/Duties	Name of Supervisor
Start salary	End Salary	Telephone:	Name of co-worker
<input type="checkbox"/> Full-Time	Name & Address of Employer		
<input type="checkbox"/> Part-Time			
<input type="checkbox"/> Voluntary			
Reason for Leaving:			
<input type="checkbox"/>	<i>If applicable:</i>	Military Service	Or, if not employed, From: MO/YR To: MO/YR

**BRIGHTON POLICE DEPARTMENT  
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**EMPLOYMENT HISTORY (Continued)**

27. If you have had no prior employment, explain why:

28. If you are currently employed, may we contact your present employer at any time during this investigation? YES  NO

If you answered NO to the above question, when would you prefer we contact your employer to verify your employment?

- PRIOR TO ORAL BOARD \*       AFTER JOB OFFER \*  
 AFTER ORAL BOARD \*       OTHER \*

\* *WE WILL COMPLY TO THE EXTENT THAT IT DOES NOT JEOPARDIZE A THOROUGH INVESTIGATION.*

29. Were you dismissed or forced to resign from any jobs in the last fifteen years?

Yes  No  If yes, from which employer(s)?

PROVIDE DETAILS (use additional sheets if necessary):

30. In the past fifteen years of employment, did you receive any reprimands or disciplinary actions from any of your employers? Yes  No

If yes how many? \_\_\_\_\_

PROVIDE DETAILS, including dates and employers (use additional sheets if necessary):

31. In the last 12 months of employment, how many times did you come to work late without authorization? \_\_\_\_\_ Describe:

32. In the last 12 months of employment, how many days of work did you miss, other than approved time-off or as a result of a disabling condition? \_\_\_\_\_ Describe:

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**EMPLOYMENT HISTORY (Continued)**

**33. ACTIVE DUTY MILITARY RECORD – RESERVE AND/OR NATIONAL GUARD RECORD – List ALL active military duty and/or present or past service in any Reserve or National Guard unit.**

Branch of Service	Unit AND Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-Enlistment Code	If Active or Current Reserve, list your Commanding Officer's Name	
Branch of Service	Unit AND Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-Enlistment Code	If Active or Current Reserve, list your Commanding Officer's Name	
Branch of Service	Unit AND Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-Enlistment Code	If Active or Current Reserve, list your Commanding Officer's Name	

**34. MILITARY DISCIPLINE RECORD – INCLUDING RESERVE AND/OR NATIONAL GUARD – List ALL disciplinary actions against you, including formal charges as well as company punishments, including Article 15 and Captain's Mast, whether found guilty or not. Include reductions in pay grade and judicial or non-judicial disciplinary action.**

Charge Against You	Type of Court Martial or Other Disciplinary Proceedings	Disposition

**35. STARTING WITH MOST RECENT, LIST ALL DUTY STATIONS – Include basic training, tours overseas, etc. while in the military**

Month and Year	Location	Duties/Purpose (approximate length of tour)

**36. WERE YOU GIVEN A SECURITY CLEARANCE? YES  NO**

If "YES", type of security clearance:

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**FINANCIAL OBLIGATIONS**

37. Give names and addresses of the individuals, companies, or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts (include ALL credit cards), loans, child support payments, and any other debts and payments. Include account number where applicable.

NAME OF CREDITOR	REASON FOR DEBT OR ITEM PURCHASED	ACCOUNT NUMBER	TOTAL MONTHLY PAYMENT	ACCOUNT BALANCE
			Monthly Total	Balance Total



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**FINANCIAL (continued)**

38. Do you now or have you ever had a garnishment, wage assignment, or judgment against you?  
YES  NO  If yes, complete the following:

TYPE:

WITH WHOM:

DATE(S):

EXPLAIN :

39. Have you ever filed for or declared bankruptcy? YES  NO   
Have any of your bills ever been turned over to a collection agency? YES  NO   
Have you ever had purchased goods repossessed? YES  NO

If you answered "YES" to any of these questions, provide details:

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**FINANCIAL HISTORY**

40. Have you defaulted on a loan in the past 7 years? YES  NO

If yes, explain:

41. Have you been refused credit in the past 7 years? YES  NO

42. If you are legally obligated to make alimony or child support payments pursuant to court order, have you ever been delinquent in your payments?  
YES  NO  DOESN'T APPLY  If yes, explain; including court order, file or docket number:

**43. Current Financial Information**

Monthly Income

Monthly Expenditures

Monthly Salary	\$	Real Estate (mortgage) payments	\$
Spouse's Monthly Salary	\$	Rent	\$
Other Monthly Income	\$	Other monthly payments	\$
	\$	Estimated other monthly expenditures	\$
Total Monthly Income	\$	Total monthly expenditures	\$

Current Assets

Current Liabilities

Savings	\$	Real Estate indebtedness	\$
Checking	\$	Loans	\$
Real Estate	\$	Charge Account Balances	\$
Autos	\$	Other Liabilities (describe)	\$
Other Assets (describe)	\$		\$
	\$		\$
	\$		\$
Total Assets	\$	Total Liabilities	\$

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<b>LEGAL</b>	<b><i>FAILURE TO ACCURATELY REPORT THIS INFORMATION MAY DISQUALIFY YOU</i></b>
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44. Have you ever been arrested, accused of breaking a law, issued an ordinance ticket, taken into a police station for investigation, or fingerprinted because of suspicion in any place, at any time in your life, either as an adult or juvenile? (EXCLUDE TRAFFIC OR PARKING CITATIONS). This includes expungements, investigations by a government entity (i.e., Atty. General, Inspector General, Military Investigations), diversion programs, HYTA, pardons, dismissals, sealed files, deferments, and any and all other sentence agreements.

YES  NO  If yes, complete the following:

WHEN	WHERE	NATURE OF OFFENSE	SENTENCE OR OTHER DISPOSITION

45. **CRIMINAL COURT ACTION** - List all incidents in which you are/were a complainant or witness in a criminal case (except as listed in #44 above). Include all City, State, Federal and Grand Jury cases. Do not include cases related to law enforcement or security employment.

WHEN	WHERE	COURT OR INVESTIGATIVE BODY	DEFENDANT	PURPOSE OF THE HEARING



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**MOTOR VEHICLE OPERATION**

48. Have you ever applied for or obtained a driver's license from another state?  
 YES  NO  If yes, complete below

STATE	NAME LICENSE GRANTED UNDER

49. Have you ever been refused a driver's license by any state? YES  NO   
 If yes, please explain (include when, where, and why):

50. List all summonses, citations, or tickets received within the last **10 years** by you for any violation that you received while in a motor vehicle, whether you were the driver or passenger (excluding parking). Include reduced, dismissed, held in abeyance and taken under advisement. Use additional pages if necessary.

NATURE OF VIOLATION	LOCATION (CITY)	APPROXIMATE DATE	OUTCOME (FINED, SUSPENSION, ECT.)

51. Have you been involved as a driver in a motor vehicle accident within the last 7 years?  
 YES  NO  If yes, please give details for each accident:

DATE	LOCATION	ANY INJURY (YES/NO)		Police Report Taken? (yes/no)		POLICE AGENCY TAKING REPORT	TICKET RECEIVED? IF "YES" DESCRIBE	
		yes	no	yes	no		yes	no
		yes		yes			yes	
		no		no			no	
		yes		yes			yes	
		no		no			no	
		yes		yes			yes	
		no		no			no	

52. Has your license ever been suspended, revoked, restricted, or placed on negligent probation?  
 YES  NO  If yes, give details (include what, when, where and why):

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**MOTOR VEHICLE OPERATION (continued)**

53. **OWI, OUIL, OUID, UBAL, IMPAIRED** - Have you ever been cited, arrested, or convicted of driving under the influence of alcohol or drugs (including watercraft or ORV)? YES  NO

If yes, give date(s) and complete explanation for each:

54. Do you presently have any unpaid outstanding tickets for parking or any other violation in the use of a motor vehicle? YES  NO  If yes, provide details:

55. If there is anything you wish to discuss about your driving record, please use the space below:  
Use additional paper if necessary

56. Have you ever had your motor vehicle registration revoked or suspended?  
YES  NO  If yes, give details:

57. Have you ever had a motor vehicle owned or operated by you forfeited by a law enforcement agency? YES  NO  If yes, give details:

58. Provide a list of all motor vehicles owned or driven by you in the past 3 years:

LICENSE PLATE #	VEHICLE MAKE	VEHICLE YEAR	DATES TO / FROM	REGISTERED OWNER	VEHICLE IDENTIFICATION NUMBER (VIN)

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**WEAPONS**

59. Have you ever applied for a permit to carry a concealed weapon? YES  NO   
 If "YES", please provide the following information:

Where was the application filed?

Was the permit  Issued? If so, provide permit number:

Was the permit  Denied? If so, state reason(s):

60. List all handguns presently owned by you:

MAKE	MODEL	SERIAL #	CALIBER	WHERE REGISTERED

**GENERAL INFORMATION**

61. List any professional license you hold or have applied for:

LICENSE SOUGHT FOR SELF?		COMPANY & ADDRESS	LICENSE TYPE	DATE	GRANTED?		AGENCY GRANTING LICENSE
YES	NO				YES	NO	

62. List every application you have made with a governmental or quasi-governmental agency or authority, other than law enforcement agencies already listed in #24

DATE	AGENCY	POSITION APPLIED FOR	Application pending, not selected, rejected, or hired	REASON IF REJECTED OR NOT SELECTED

63. Please provide information about fingerprints previously taken, except for this application and other agencies already listed in this application:

WHEN	WHERE	PURPOSE

**BRIGHTON POLICE DEPARTMENT  
POLICE OFFICER PERSONAL HISTORY QUESTIONNAIRE (PHQ)**

**DRUG & ALCOHOL USE**

64. Have you ever used, attempted to use, thought you were using, smoked, inhaled, ingested or experimented in any fashion with Marijuana? YES  NO

If "YES", provide the following information. Be as specific as possible.

Date first used	Estimated use during last 2 years	Estimated use during your lifetime	Did you ever grow, cultivate, manufacture, distribute, or sell Marijuana? YES <input type="checkbox"/> NO <input type="checkbox"/>
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65. Have you ever used, thought you were using, tasted, sniffed, smoked, ingested, inhaled, injected, swallowed, attempted to use or experimented with any form of illegal drug, narcotic or substance such as, but not limited to, "crack cocaine", speed, PCP, cocaine, meth, heroin, mescaline, LSD, mushrooms, hashish, opiates, barbiturates, amphetamines, hallucinogens, steroids, designer drugs, peyote, morphine or any other illegal substance other than those drugs prescribed to you by your physician?

YES  NO  If "YES", list all drugs and/or narcotics used in section below. Be specific.

Name of substance or drug	Date first used or your age when you first used this substance	Estimated use during the last 2 years
---------------------------	--	---------------------------------------

Did you ever grow, cultivate, manufacture, distribute, sell, package for sale this substance or an imitation of this substance?  
YES  NO

Name of substance or drug	Date first used or your age when you first used this substance	Estimated use during the last 2 years
---------------------------	--	---------------------------------------

Did you ever grow, cultivate, manufacture, distribute, sell, package for sale this substance or an imitation of this substance?  
YES  NO

Name of substance or drug	Date first used or your age when you first used this substance	Estimated use during the last 2 years
---------------------------	--	---------------------------------------

Did you ever grow, cultivate, manufacture, distribute, sell, package for sale this substance or an imitation of this substance?  
YES  NO

66. Have you ever sold or provided drugs or narcotics or what you believed to be drugs or narcotics to anyone?  
YES  NO  If yes, explain: (use additional paper if necessary)

67. How often do you consume alcohol to the point of intoxication?

68. How often do you consume alcohol to the point where driving a vehicle would be unsafe or illegal?

69. Describe in your own words the **frequency** and **extent** of your use of alcohol:



**BRIGHTON POLICE DEPARTMENT  
POLICE OFFICER PERSONAL HISTORY QUESTIONNAIRE (PHQ)**

**GENERAL INFORMATION**

70. Please list membership in organizations past and present. It is not necessary to include organizations of a purely religious or ethnic nature:

NAME & ADDRESS OF ORGANIZATION	TYPE (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)	DATES OF MEMBERSHIP (FROM mm/yy TO mm/yy)

71. If it becomes necessary to take a human life in the course of your duties as a police officer, are you aware of any reason which would prevent you from doing so?

YES  NO  If Yes, Please explain:

72. Do you have any body piercings, tattoos, or body art? YES  NO  If Yes, Please describe:

73. Have you read the job posting for Brighton police officer and are you able and willing to fully perform the duties, including working on weekends, holidays, evenings or night shifts, wearing a uniform and complying with grooming standards? YES  NO  If No, explain:

74. Are you able to work overtime when required, including sometimes on your scheduled days off? (This may include, but not limited to, court appearances, extra shifts, investigations, and a variety of other law enforcement functions) YES  NO  If No, explain:

**BRIGHTON POLICE DEPARTMENT  
POLICE OFFICER PERSONAL HISTORY QUESTIONNAIRE (PHQ)**

**ESSAY**

75. In the area below, and on the next page if needed, in your own words, and in your own handwriting describe:

- What you have done to prepare yourself for this position.
- Why you feel you are qualified for this position.
- Any other information, which you feel, is relevant or important to your candidacy for employment.



**BRIGHTON POLICE DEPARTMENT  
POLICE OFFICER PERSONAL HISTORY QUESTIONNAIRE (PHQ)**

**ADDITIONAL INFORMATION**

76. Do you have knowledge or information, in addition to that specifically called for in the preceding questionnaire which is, or which may be relevant, directly or indirectly in connection with an investigation of your eligibility or fitness for the position applied for? This should include (but not limited to) knowledge or information concerning your character, habits, employment, education, subversive activities, family, associations, criminal record, traffic violations, residence, or otherwise.

YES  NO  If "YES" give details on a separate sheet of paper.

**DECLARATION & ACKNOWLEDGEMENT**

77. I understand that all appointments are probationary for a period of 12 months, during which time the employee must demonstrate his/her eligibility for continued employment by the Brighton Police Department. I understand that during this 12-month probationary period, I will be considered to be an at-will employee, and can be released at any time during this period. I further understand that any appointment or offer of appointment tendered me will be contingent upon the results of a complete character and fitness investigation and hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

I understand that after submitting the information contained herein I have not received any assurance of continuing in this selection process and may be disqualified from further participation based on the information supplied and/or related criminal record and driving record checks.

**I AGREE TO THESE CONDITIONS AND I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS PERSONAL HISTORY STATEMENT ARE TRUE AND COMPLETE. I AM AWARE THAT WITHHOLDING ANY INFORMATION OR MAKING ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE THE BASIS FOR IMMEDIATE DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT OR TERMINATION OF EMPLOYMENT WITH THE BRIGHTON POLICE DEPARTMENT.**

<i>SIGNATURE IN FULL</i>	<i>DATE COMPLETED</i>