

**WOODSTOCK POLICE DEPARTMENT  
PERSONAL HISTORY QUESTIONNAIRE INSTRUCTIONS**

The Woodstock Police Department conduct hiring panels, polygraph examinations and background investigations to determine if applicants meet the requirements for employment as an Officer. The information obtained in the Personal History Questionnaire will be referred to throughout the hiring process.

If the Woodstock Police Department discovers that the personal history questions contain false information, intentional omissions or misrepresentations the applicant will be permanently rejected from the hiring process.

**Instructions for Completing the Personal History Form**

- The form must be signed, notarized and dated. You should retain a copy for your records.
- Type or legibly print your answers in black ink.
- All questions on the form must be answered. If the question does not apply, write N/A.
- If you need additional space, attach extra sheets of paper with your name at the top of each sheet.
- Provide a recent photograph; copies of photos are not acceptable. Digital photos are acceptable along with portrait type photo.
- List **ALL** illegal drug use; include prescription drugs not prescribed to you. Any use of an illicit drug or prescription drug not prescribed to you within twelve (12) months of application will result in a temporary rejection for a minimum one year from the date of the last use.
- List **ALL** jobs even if you do not remember the exact dates.
- The essay on page 12 must be in your own legible handwriting.
- Provide the correct postage when mailing your Personal History Questionnaire to our office or it will not be accepted.
- Be sure to sign and date the Authorization for Release form that accompanies the Questionnaire.
- Applicants will be given the opportunity to explain the circumstances regarding any answers on the Personal History Questionnaire by contacting the Chief of Police at 802-457-1420 or [police@townofwoodstock.org](mailto:police@townofwoodstock.org).
- Return the Personal History Questionnaire to the address below by: \_\_\_\_\_

Woodstock Police Department  
P.O. Box 212  
Woodstock, VT 05091

<b>PERSONAL HISTORY QUESTIONNAIRE</b> <b>WOODSTOCK POLICE</b> <b>DEPARTMENT</b>			
<b>Prior to completing this form read the instructions carefully.</b>			
<b>Name: First</b>		Middle	Last
<b>Current Address: Street</b>			
City/Town		State	Zip Code
Telephone Number (Home)		Telephone Number (Work)	
Cell Phone Number		E-Mail Address	
Nicknames or other names you have used:			
Social Security Number	Date of Birth	Place of Birth	
List of previous addresses where you have lived during the past ten (10) years. Include dates.			
Date	Address		
Have you been a legal resident of Vermont for at least ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied for a position with the Woodstock Police Dpt? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, indicate month, year, and reason you were not hired.			
Please attach photograph here.			

<b>Mother's Name - First</b>		Maiden	Last	
Current Address - Street		City/Town		State
Date of Birth		Telephone # (include area code)		
<b>Father's Name - First</b>		Middle	Last	
Current Address - Street		City/Town		State
Date of Birth		Telephone # (include area code)		
<b>Name and address of any siblings:</b>				
Name		Address		
Name		Address		
Name		Address		
Name		Address		
Name		Address		
Name		Address		
What is your marital status (check at least one)		<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	<input type="checkbox"/> Widow(er)
		<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Civil Union	
		<input type="checkbox"/> Annulled	<input type="checkbox"/> Divorced	
Present Spouse/Civil Union Partner (if applicable)				
First	Middle	Maiden	Last	
Address - Street		City/Town		State
Date of Birth		Date of Marriage/Civil Union		
Former Spouse(s)/Civil Union Partner(s) (For additional former marriages/civil unions use blank paper and insert here.)				
First	Middle	Maiden	Last	
Address - Street		City/Town		State
Telephone				
Date marriage/civil union terminated:		Court:		
Conditions of termination i.e., alimony, child support, etc.				



List all persons dependent upon you for support.			
Name	DOB	Address	Relationship
Have you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been rejected by any of the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever served on active duty with the Armed Forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, complete the following:			
Branch of Service	Service #:	Date of Service From            To	
Highest Rank Held		Rank at Separation	
Type of Separation: (Court Martial, other non-judicial punishment)		Conditions of Separation: Honorable, General, Medical, etc.	
Were you ever charged criminally while in the Armed Service? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, state the facts.			
Did you receive any non-judicial punishment while in the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, state the facts. Attach a copy of your DD Form 214.			
Explain your duty assignments.			
Are you a member of any active or reserve U.S. military units? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, complete the following:			
Branch of Service	Service Number	Present Rank	
Present Unit		Address	



Have you ever sold or furnished any person any form of illegal drugs, including marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, complete the following:			
What types of illegal drugs?		Date last sold or furnished:	
Have you ever used, or possessed for use, any illegal drugs, including marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, complete the following:			
What types of illegal drugs?		Date last used:	
Have you ever taken non-prescribed steroids? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, explain:			
Do you have any employment applications pending with other police agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, what agencies?			
Have you ever applied for employment with a police agency and were rejected or not hired? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, complete the following:			
Name and address of the agency(ies)			
Date and reason for rejection(s):			
Have you ever taken a polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, please provide</b> <b>Agency:</b> <b>Location:</b> <b>Agency Phone #</b> <b>Date Tested:</b> <b>NOTE - It is your responsibility to request that the testing agency provide the Woodstock Police Department with a copy of the polygraph report.</b>			
List all arrests and/or convictions for motor vehicle operation related offenses (including traffic tickets). If you have never been cited, ticketed, or arrested, state NONE.			
Date	Offense	Jurisdiction	Disposition
List all arrests and/or convictions of offenses not covered above. If none - so state.			
Date	Offense	Town/City/State	Disposition
Have you had a relief from abuse order served on you? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Has your right to operate a motor vehicle ever been suspended or revoked?  Yes  No - If yes, complete the following:

Where	Suspension Date	Reason	Reinstatement Date

Are you presently required to furnish proof of financial responsibility?  Yes  No If yes, what state(s)

Reason financial responsibility is required:

List all traffic accidents in which you have been involved as a motor vehicle operator. If none, so state -

Date of Accident	Town/City/State	Investigating Agency

Name of High School you Attended	High School Address
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Have you attended college?  Yes  No - If yes, complete the following:

Name of College	Dates Attended
Field of Study	Degree Obtained

Attach a copy of your transcripts. **Note** - Use this space if you attended more than one high school or university. (If you need additional space - attach additional pages.)

List below **starting with your most recent** employment, all work experiences you have had. Include part time work.

<b>Employer Name</b>		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Employer Name</b>		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Employer Name</b>		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Employer Name</b>		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Employer Name</b>		Address	
Telephone #		Dates of Employment:	



Supervisor's Name	Your Job Title	Salary
Description of Duties:		
Reason for Leaving?		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Employer Name</b>	Address	
Telephone #	Dates of Employment:	
Supervisor's Name	Your Job Title	Salary
Description of Duties:		
Reason for Leaving?		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Employer Name</b>	Address	
Telephone #	Dates of Employment:	
Supervisor's Name	Your Job Title	Salary
Description of Duties:		
Reason for Leaving?		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Employer Name</b>	Address	
Telephone #	Dates of Employment:	
Supervisor's Name	Your Job Title	Salary

Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List below any charge accounts you currently have. If none, so state.			
Company Name	Address	Account #	Amount Owed

List all outstanding debts. If none, so state. (In the Purpose column indicate what the debt is for, i.e., auto loan, home mortgage, school loan debt, etc.)

Creditor Name	Monthly Payment	Current Balance	Purpose

Have you ever filed for bankruptcy?  Yes  No

Do you have any lawsuits pending for or against you at this time?  Yes  No - If yes, explain:

Does any member of your family object to you becoming a police officer?  Yes  No

Do you know of anyone who you feel wishes to harm you?  Yes  No - If yes, explain:

Additional space if needed:

List below the names and addresses of three personal references. Do not include relatives or former employers.

Name	Address Number and Street		
City/Town	State	Zip Code	
Telephone - Home (include area code)		Telephone - Work (include area code)	
Best time to contact:      a.m.      p.m. at <input type="checkbox"/> Home <input type="checkbox"/> Work			



Name		Address Number and Street	
City/Town		State	Zip Code
Telephone - Home (include area code)		Telephone - Work (include area code)	
Best time to contact:      a.m.      p.m. at <input type="checkbox"/> Home <input type="checkbox"/> Work			
Name		Address Number and Street	
City/Town		State	Zip Code
Telephone - Home (include area code)		Telephone - Work (include area code)	
Best time to contact:      a.m.      p.m. at <input type="checkbox"/> Home <input type="checkbox"/> Work			
Additional space if needed.			



In 200 words or less, describe your reasons for wanting to become a Woodstock Police Officer. Do **not** type. This must be in your own legible handwriting.

I hereby certify that this personal history questionnaire and all attachments to it contain no false information and is complete to the best of my knowledge. I am aware that if an investigation discloses intentional omissions, misrepresentation or falsification, my application may be rejected and, if already employed, I may be dismissed from employment with the Woodstock Police Department and I may be disqualified from applying in the future for any position covered by the rules and regulations of the Woodstock Police Department.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, (name) \_\_\_\_\_ (address) \_\_\_\_\_

\_\_\_\_\_(Social Security #) \_\_\_\_\_

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Woodstock Police Department, whether the said records are public or private, including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information that will be utilized for investigation resource material. I further authorize the full and complete disclosure of the records of educational, financial, or credit institutions, commercial and retail mercantile establishments and retail credit agencies, United States Veterans Administration, and all military and pre- employment records, including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me, records of complaints of a civil nature made by or against me, including, but not limited to, the records and recollections of me, including, but not limited to, the records and recollections of attorneys or other counsel representing, or have represented myself or another person in any case in which I presently have, or have had, an interest.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

State of \_\_\_\_\_  
County of \_\_\_\_\_, ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned individual personally appeared, known to me, or satisfactorily proved, to be the person whose name is subscribed hereto and acknowledged that she/he executed the same in the capacity stated herein and for the purpose contained therein. In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public



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