

# Background Investigations Group, LLC

## PERSONAL HISTORY STATEMENT

for  
Empco, Inc.'s Law Enforcement Hiring Consortium

APPLICANT CONTROL NUMBER  
(Internal Use Only)

DATE SUBMITTED  
(Internal Use Only)

This **Personal History Statement** is a confidential **Consumer Credit Report** consisting of information provided by the applicant for the express and sole purpose of seeking employment. Any unauthorized use, reproduction or distribution of information contained herein, including by oral communications, is strictly prohibited by "**The Fair Credit Reporting Act**", 15 U.S.C. 1681 et. seq. Any person or organization using this information without the applicants' written authorization may be in violation of Federal Law and potentially subjected to all legal sanctions, including civil damages and criminal penalties.

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**Personal History Statement**  
**Michigan Sworn Law Enforcement Officers**

Background Investigations Group, LLC  
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Background Investigations Group, LLC  
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## General Instructions



# DO NOT REMOVE ANY PAGES FROM THIS BOOKLET

Unauthorized removal of any page will invalidate the entire booklet and cause a delay in your pre-employment background investigation, which in turn can affect your employment opportunities.

All documents in this packet are considered a part of the Personal History Statement, including Instructions and Waivers.

**Using a black ink pen, affix your signature on five (5) different sheets within this booklet. Two (2) of the sheets require notarization. Read all documents in full before signing. The 5 pages that require your signature and date are:**

**"Statement Regarding Honesty", page 2**, appears immediately following these initial instructions. Please read, sign, and date this document.

**"Instructions for Completing the PHS", page 3**. DO NOT proceed with the PHS until you have read the instruction sheet in its entirety. It must be signed and dated by you.

**"Autobiography", Page 36** of the Personal History Statement. This is the second of two pages that provide space for you to write an autobiography. After writing the autobiography, **affix your signature and the date on the lines provided**. Locate pages 35 and 36 of the PHS, examine what is expected of you for the Autobiography. Sign and date Page 38 after you have completed writing your autobiography.

**"Release for Pre-Employment Evaluation Report (PEER)", Page 38** of the Personal History Statement. **This document must be signed in the presence of a Notary Public**. Failing to sign the PEER in the presence of a notary will delay your pre-employment background investigation. Locate Page 28, read its text, but DO NOT SIGN IT UNTIL YOU ARE READY TO DO SO IN THE PRESENCE OF A NOTARY

**"Release Authorization", Page 39**. **This release must be signed in the presence of a Notary Public**. You must also PRINT YOUR NAME on the blank line at the beginning of the document text. DO NOT SIGN THIS FORM UNTIL YOU ARE IN THE PRESENCE OF A NOTARY.

## Statement Regarding Honesty

### WARNING

Be advised that a candidate may be disqualified from employment consideration **and may be terminated after being employed** if he/she:

- Records on the **PHS**, a false statement of a material fact(s).
- Practices or attempts to practice any deception or fraud in the application.
- Attempts to influence (or have someone else influence) any reference in any manner.

The **Personal History Statement (PHS)**, that you are about to complete represents the single most important document you will submit as you begin to pursue a career as a sworn law enforcement officer.

Being a police officer is one of society's most important professions. Its most successful practitioners are people of "good moral character" who are intelligent, highly motivated, compassionate, and morally sound people. By pursuing this career through your educational experience, you are not only declaring yourself as an individual who possesses these traits, but you are also expressing a desire to exercise these traits for the good of others.

**The most distinguishing feature of a person of "good moral character" is to be honest and forthright in their behaviors.**

As you complete the **PHS**, it is **absolutely critical** that you respond with total truthfulness. Failing to do so will be easily determined by our Background Investigators – a group of retired Detectives who average over 30-years of professional investigative experience.

Dishonesty itself is detected in a variety of ways. While it is very easy to understand *honesty*, some people tend to mask honesty in ways that *seem* to justify a statement. For that reason, it is important for you – the candidate – to understand how a trained, skilled, and experienced investigator identifies elements of dishonesty.

#### Forms of Dishonesty:

**Exaggeration-** Any attempt to magnify or overstate an accomplishment or an event beyond the facts.

**Fabrication-** Presenting non-existent facts or other information as being truthful.

**Minimization-** Any attempt to understate or reduce a perceived negative fact, event, or characteristic.

**Omission-** The deliberate attempt to leave out essential information believed to be detrimental to the candidate's interests.

**Deceptive Denial-** An attempt to refute a known fact as being in error or as having not occurred.

By affixing your signature below, you are acknowledging that you have read this "Statement Regarding Dishonesty", and that you understand and accept that any form of dishonesty expressed either in written or spoken form by you made during the pre-employment process, will result in a discontinuance of your candidacy for the applied-for position.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

## **Personal History Statement**

### **Instructions**

Read every question carefully and answer each question accurately. A candidate may be disqualified from further processing and may be terminated from employment if he/she:

- Makes a False Statement of a Material Fact
- Practices or Attempts to Practice any Deception or Fraud in the Application
- Practices or Attempts to Practice any Deception or Fraud in any Examinations
- Practices or Attempts to Practice any Deception or Fraud in his / her Appointment

### **READ ALL PARAGRAPHS CAREFULLY BEFORE SIGNING THIS STATEMENT**

The **Personal History Statement** you are about to complete is lengthy, personal, and comprehensive. It is a critical stage in the selection process to help achieve the goal of recruiting well-qualified and capable personnel. The form will also serve as a source of data for screeners conducting the background investigation. Items on this **Personal History Statement** relate to many subjects, including but not limited to your education, previous employment, references, military service, credit references, outstanding loans, traffic citations, prescription and illegal substance use, arrests and convictions and your family life, including marriage and divorce.

Many questions require a "YES" or "NO" response. Those questions have a Check Box (  ) adjacent to both the "YES" and "NO". You are to place an "X" in the box that represents your response for the corresponding question.

If a question does not apply to you or your circumstances, indicate this by placing the letters "DNA" next to the answer.

**YOU ARE INSTRUCTED TO GIVE A RESPONSE TO EACH QUESTION. FAILURE TO COMPLY MAY RESULT IN THE SUSPENSION OR TERMINATION OF YOUR PRE-EMPLOYMENT BACKGROUND INVESTIGATION.**

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My signature serves as my certification that all of the statements I will make in the **Personal History Statement** will be true and complete, to the best of my knowledge and belief.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

**Section 1. Personal**

<b>1. Your Name:</b>						
Last:	First:	Middle:	Suffix:			
<b>2. All Other Names That You Have Been or Are Currently Known By (Maiden Names, Screen Names, etc.)</b>						
Former Last Name:	First Name:	Middle Name:	Suffix:			
Former Last Name:	First Name:	Middle Name:	Suffix:			
Screen Name:	Screen Name:	Screen Name:				
<b>3. Current Home Address (Where you Physically Reside)</b>						
Number	Street	Unit #	City	State	Zip Code	
<b>4. Mailing Address (If different from Home Address)</b>						
Number	Street	Unit #	City	State	Zip Code	
P.O. Box #			City	State	Zip Code	
<b>5. Contact Phone Numbers</b>						
Home Phone:	Work Phone:	Cell Phone:	Fax Number:	Pager Number:		
<b>6. Email Addresses (Home, Work, Other Organizations)</b>						
Email 1.	Email 2.	Email 3.				
<b>7. Citizenship Requirement</b>			<b>8. Social Security Number</b>	<b>9. Your Date of Birth</b>		
<i>To Be A Police Officer In Michigan, You MUST be a United States Citizen.</i> Do You Meet the Citizenship Requirement At This Time? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>10. Your Physical Description</b>						
Height: feet    Inches	Weight: lbs.	Natural Hair Color:	Eye Color:	Race:	Sex:	Scars, Marks, Tattoos:

**Section 2. Relatives and References**

<b>11. Family Members. If deceased, check "Deceased" box. Skip if you have no such relative. Supply the appropriate information.</b>			
<b>Father</b> <input type="checkbox"/> Deceased			
Name:	His Street Address:	His Employer:	His Home Phone:
Email Address 1:	City:	Employer's Street Address:	His Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	His Work Phone:
<b>Mother</b> <input type="checkbox"/> Deceased			
Name:	Her Street Address:	Her Employer:	Her Home Phone:
Email Address 1:	City:	Employer's Street Address:	Her Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Her Work Phone:
<b>Father-In-Law</b> <input type="checkbox"/> Deceased			
Name:	His Street Address:	His Employer:	His Home Phone:
Email Address 1:	City:	Employer's Street Address:	His Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	His Work Phone:

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<b>Mother-In-Law</b> <input type="checkbox"/> Deceased			
Name:	Her Street Address:	Her Employer:	Her Home Phone:
Email Address 1:	City:	Employer's Street Address:	Her Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Her Work Phone:
<b>Spouse</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Former Spouse</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Brothers and Sisters (List in Order from Oldest to Youngest)</b>			
<b>Sibling A.</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Sibling B.</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Sibling C.</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Sibling D.</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Sibling E.</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:

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<b>Step-Father</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Step-Mother</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Step-Brothers and Step-Sisters (List In Order from Oldest to Youngest)</b>			
<b>Step-Sibling A.</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Step-Sibling B.</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Step-Sibling C.</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Step-Sibling D.</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Step-Sibling E.</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Step-Sibling F.</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:

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<b>Children Born To You or Living With You (List In Order from Oldest to Youngest)</b>			
<b>Child A.</b> Age: <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State: Zip Code:	City:	Work Phone:
<b>Child B.</b> Age: <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State: Zip Code:	City:	Work Phone:
<b>Child C.</b> Age: <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State: Zip Code:	City:	Work Phone:
<b>Child D.</b> Age: <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State: Zip Code:	City:	Work Phone:
<b>Child E.</b> Age: <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State: Zip Code:	City:	Work Phone:
<b>Child F.</b> Age: <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State: Zip Code:	City:	Work Phone:
<b>Child G.</b> Age: <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State: Zip Code:	City:	Work Phone:
<b>Child H.</b> Age: <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State: Zip Code:	City:	Work Phone:

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12. List those individuals, including family members and others not already listed, with whom you have resided during the past ten (10) years. <b>Do Not Include Those All Ready Listed In Item 11.</b>			
<b>Person A.</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Person B.</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Person C.</b> <input type="checkbox"/> Deceased			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
13. List five (5) References Who Have Knowledge of You and Your Qualifications <b>Do NOT include those already listed in Items 11 and 12.</b>			
<b>Reference A.</b>			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Reference B.</b>			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Reference C.</b>			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Reference D.</b>			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:
<b>Reference E.</b>			
Name:	Street Address:	Employer:	Home Phone:
Email Address 1:	City:	Employer's Street Address:	Cell Phone:
Email Address 2:	State:                      Zip Code:	City:	Work Phone:

**Section 3. Education**

NOTE: In order to serve as a Law Enforcement Officer in Michigan, you must have at a minimum a high school diploma or equivalent.

**14. Check the Appropriate Box(es) (Multiple Choices May Apply to You)**

<input type="checkbox"/> I possess a high school diploma from an accredited U.S. Institution  <input type="checkbox"/> I have passed the G.E.D. equivalency test.  <input type="checkbox"/> I possess a 2-year degree from an accredited college or university  <input type="checkbox"/> I possess a 4-year degree from an accredited college or university  <input type="checkbox"/> I currently do not have a high school diploma or its equivalent, but I plan to satisfy this requirement in the future as follows:	I currently do not have a high school diploma or its equivalent, but I plan to satisfy this requirement in the future as follows:  When:  Where:  How:
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

During the background investigation, persons who have known you in a learning environment may be contacted, and a review of your school records will be made.

**15. Other than police academies, list all high schools, colleges, universities, and trade schools attended.**

A) Name of School or Institution:	Street Address:	Attended From	Attended Until	Degree/Certificate Earned
	City/ State/Zip:			<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree
Reference (Teacher/Counselor/etc.)		Reference (Teacher/Counselor/etc.)		Reference (Teacher/Counselor/etc.)
B) Name of School or Institution:	Street Address:	Attended From	Attended Until	Degree/Certificate Earned
	City/State/Zip:			<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree
Reference (Teacher/Counselor/etc.)		Reference (Teacher/Counselor/etc.)		Reference (Teacher/Counselor/etc.)
C) Name of School or Institution:	Street Address:	Attended From	Attended Until	Degree/Certificate Earned
	City/State/Zip:			<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree
Reference (Teacher/Counselor/etc.)		Reference (Teacher/Counselor/etc.)		Reference (Teacher/Counselor/etc.)
D) Name of School or Institution:	Street Address:	Attended From	Attended Until	Degree/Certificate Earned
	City/ State/Zip:			<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree
Reference (Teacher/Counselor/etc.)		Reference (Teacher/Counselor/etc.)		Reference (Teacher/Counselor/etc.)
E) Name of School or Institution:	Street Address:	Attended From	Attended Until	Degree/Certificate Earned
	City/State/Zip:			<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree
Reference (Teacher/Counselor/etc.)		Reference (Teacher/Counselor/etc.)		Reference (Teacher/Counselor/etc.)

16. Have you ever been suspended or expelled from any high school or post-secondary school or educational institution? "Post Secondary Schools" include 2-year and 4-year colleges/universities, business, vocational schools, police academies – any formal education beyond the high school level, including police basic academies from which you may have been dismissed.	<input type="checkbox"/> YES  <input type="checkbox"/> NO
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------

If you responded "YES" to item 16, please provide the following information:

Date:  Name of School:	Explain the Circumstances:
------------------------------	----------------------------

**Section 4. Law Enforcement Training and Experience**

Section 4 constitutes your declaration of law enforcement training and experience. As part of your pre-employment background investigation we are required to verify your law enforcement training and experience.

If you have any questions regarding your certification status, you are instructed to contact the Michigan Commission on Law Enforcement Standards (MCOLES) at the following:

**MCOLES**  
**7426 N. Canal Road**  
**Lansing, Michigan 48913**  
**(517) 322-6525**  
**www.mcoles.org**

<b>17. MCOLES Pre-Enrollment Testing Factors</b>		
What is the status of your MCOLES Pre-Enrollment Testing?  <input type="checkbox"/> I have taken the MCOLES Pre-Enrollment Tests  <input type="checkbox"/> I have NOT taken the MCOLES Pre-Enrollment Tests	If you have NOT taken the MCOLES Pre-Enrollment Tests, please provide the following information:  <b>Reading and Writing Test</b> Scheduled Test Date: Scheduled Test Location:  <b>Physical Fitness Test:</b> Scheduled Test Date: Scheduled Test Location:	
<b>17a. If you have taken the MCOLES Pre-Enrollment Tests, of A-D below, which best describes the results? Multiple selections may apply.</b>		
A. <input type="checkbox"/> I PASSED the Reading / Writing Skills Test Your Test Score: Test Date: Test Location:  B. <input type="checkbox"/> I PASSED the Physical Fitness Portion of the Test Test Date: Test Location:	C. <input type="checkbox"/> I FAILED the Reading / Writing Skills Test Your Test Score: Re-Test Date: Re-Test Location:  D. <input type="checkbox"/> I FAILED the Physical Fitness Portion of the Test Re-Test Date: Re-Test Location:	
<b>18. Police Academy Attendance / Graduation</b>		
Have you <u>attended</u> a police academy or program in any state or through the federal government?  <input type="checkbox"/> YES  <input type="checkbox"/> NO (Skip remaining questions in section 4b)	Did you Pass and Graduate from the police academy or program that you attended?  <input type="checkbox"/> YES  <input type="checkbox"/> NO If "NO", please explain circumstances:	
What Police Academy did you attend?  Name: Address: City/State/Zip: Director: Beginning Date: Ending Date:	List All Awards / Honors You Received in the Police Academy:  A) B) C) D)	Was any disciplinary action taken against you while attending the police academy?  <input type="checkbox"/> YES  <input type="checkbox"/> NO If "YES", please provide details:

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19. MCOLES Law Enforcement Certification Exam (This is NOT the same as the Pre-Enrollment Test Results)	20. MCOLES Certification Status
Of A-C below, which best describes your status in taking the MCOLES Reading and Writing Skills Tests?	Of A-C below, which most accurately describes your MCOLES Law Enforcement Officer Certification Status?
<p>A. <input type="checkbox"/> I have taken and PASSED the MCOLES Reading and Writing Skills Tests. Your Test Score: Test Date: Test Location:</p> <p>B. <input type="checkbox"/> I have taken and FAILED the MCOLES Reading and Writing Skills Tests. Your Test Score: Re-Test Date: Re-Test Location:</p> <p>C. <input type="checkbox"/> I have NOT YET TAKEN the MCOLES Reading and Writing Skills Tests Scheduled Test Date: Scheduled Test Location:</p>	<p>A. <input type="checkbox"/> I am currently a Non-Certified Applicant. <b>Proceed to 20a.</b></p> <p>B. <input type="checkbox"/> I am a successful graduate of a MCOLES approved police academy or program, <u>but I am not yet a sworn law enforcement officer.</u> <b>Proceed to 20b.</b></p> <p>C. <input type="checkbox"/> I am presently a MCOLES Certified Police Officer in the State of Michigan  Name of L.E. Agency: Date Employed: Separation Date: Your MCOLES Number: <b>Proceed to 21</b></p> <p>D. <input type="checkbox"/> I am presently a Police Officer in a state OTHER THAN THE STATE OF MICHIGAN.  State: Name of L.E. Agency: Date Employed: Certification Number: <b>Proceed to 20c.</b></p>
20a. If your response to 20 was "A", please complete the information immediately below:	20b. If your response to 20 was "B", please complete the information immediately below:
<p>A. <input type="checkbox"/> I have not yet enrolled in a MCOLES approved academy or program</p> <p>B. <input type="checkbox"/> I have enrolled in a MCOLES approved academy, but have not yet begun classes Name of Academy: Classes begin on: Graduation Date:</p> <p>C. <input type="checkbox"/> I am currently attending a MCOLES approved academy or program Name of Academy: Classes begin on: Graduation Date: MCOLES Post Test Date:</p>	<p>Name of Academy:  Graduation Date:</p> <p><b><i>You must submit a copy of your MCOLES "Letter of Progress Towards Certification As A Law Enforcement Officer" with your Personal History Statement if you attended a MCOLES academy or program. Please request the letter from MCOLES and direct them to forward it to the Background Investigation Group.</i></b></p>
20c. MCOLE Waiver Examination (Out of State Candidates)	20c., con't. Comments.
<p>If your response to 20 was "D", please complete the information immediately below:</p> <p><input type="checkbox"/> I have Taken and Passed the MCOLES Waiver Exam to be certified in the State of Michigan Test Date: Test Location:</p> <p><input type="checkbox"/> I have NOT YET TAKEN the MCOLES Waiver Exam, AND: <input type="checkbox"/> I am scheduled to take the exam on: <input type="checkbox"/> I am currently NOT scheduled to take the Waiver Exam.</p>	<p>If you have not yet taken the MCOLES Waiver Examination AND you are currently NOT scheduled to take the Waiver Exam, please provide any additional comments regarding your plans in taking the Waiver Exam:</p>

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<b>21. Law Enforcement Employment History. (Full and Part-Time)</b>			
Beginning with the most recent, and continuing in chronological order, please identify below <b>ALL</b> law enforcement agencies that have employed you on either a full-time or part-time basis: (INTERNSHIPS are addressed in Item 23 on the next page).			
<b>Agency #1:</b>			
Street Number:		Street:	
City:		State:	Zip Code: Phone #:
Immediate Supervisor:			
Beginning Date:		Reason for Leaving Employment:	
Separation Date:			
<b>Agency #2:</b>			
Street Number:		Street:	
City:		State:	Zip Code: Phone #:
Immediate Supervisor:			
Beginning Date:		Reason for Leaving Employment:	
Separation Date:			
<b>Agency #3:</b>			
Street Number:		Street:	
City:		State:	Zip Code: Phone #:
Immediate Supervisor:			
Beginning Date:		Reason for Leaving Employment:	
Separation Date:			
<b>Agency #4:</b>			
Street Number:		Street:	
City:		State:	Zip Code: Phone #:
Immediate Supervisor:			
Beginning Date:		Reason for Leaving Employment:	
Separation Date:			

Check this box if there are additional former Law Enforcement Employers in your employment history. Use a separate sheet of paper to record the same information about each former Law Enforcement Employer and mail the completed sheet to the Background Investigations Group. Be sure to include your name and Social Security Number on this sheet for identification purposes.

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**22. Law Enforcement Specialty Training**

Please provide any Law Enforcement "Specialty Positions / Skills" for which you have received additional training and / or experience, or "Special Assignments" that you have experienced during your Law Enforcement career. This could include K9, Vice, Narcotics Enforcement, Evidence Technician, C.A.D., etc.

- |    |     |
|----|-----|
| 1. | 6.  |
| 2. | 7.  |
| 3. | 8.  |
| 4. | 9.  |
| 5. | 10. |

**23. Law Enforcement Internship History (Paid and Unpaid)**

If you have participated in an internship program with a law enforcement agency in any state or with the federal government, please provide the following information.

**Agency #1:**

Street Number:	Street:		
City:	State:	Zip Code:	Phone #:

Immediate Supervisor:

Beginning Date:	Describe your duties or responsibilities:
Separation Date:	

**Agency #2:**

Street Number:	Street:		
City:	State:	Zip Code:	Phone #:

Immediate Supervisor:

Beginning Date:	Describe your duties or responsibilities:
Separation Date:	

**Agency #3:**

Street Number:	Street:		
City:	State:	Zip Code:	Phone #:

Immediate Supervisor:

Beginning Date:	Describe your duties or responsibilities:
Separation Date:	

**Section 5. Residence**

Note: Individuals who became acquainted with you while you resided in different locations may provide helpful information for the background investigation. Please record the requested information identifying where you have lived in the past.

24. List all your residences during the past 10 years. DO NOT include information prior to your 15<sup>th</sup> birthday. Begin with the most current residence and continue chronologically.

Dates	Your Residence Address	Owner, Rent Collector, Mortgage Company
A) From:  Until:	Address:  City/State/Zip :  Roommate:	Name:  Address:  City/State/Zip :
B) From:  Until:	Address:  City/State/Zip :  Roommate:	Name:  Address:  City/State/Zip :
C) From:  Until:	Address:  City/State/Zip :  Roommate:	Name:  Address:  City/State/Zip :
D) From:  Until:	Address:  City/State/Zip :  Roommate:	Name:  Address:  City/State/Zip :
E) From:  Until:	Address:  City/State/Zip :  Roommate:	Name:  Address:  City/State/Zip :
F) From:  Until:	Address:  City/State/Zip :  Roommate:	Name:  Address:  City/State/Zip :
G) From:  Until:	Address:  City/State/Zip :  Roommate:	Name:  Address:  City/State/Zip :
H) From:  Until:	Address:  City/State/Zip :  Roommate:	Name:  Address:  City/State/Zip :
I) From:  Until:	Address:  City/State/Zip :  Roommate:	Name:  Address:  City/State/Zip :

**Section 6. Experience and Employment**

25. Beginning with your most recent or current of employment list all jobs you have had, including full-time, part-time, temporary and volunteer positions. If you had military experience, which includes reserve duty, enter your military base, assignments or unit of assignment. List ALL periods of non-employment in excess of 30 continuous days. Include all employers from the last 10-years, or from the first date of hire in a LE agency.

<p><b>A)</b> Beginning:</p> <p>Ending:   CURRENT</p> <p><b>Employment Status:</b>  <input type="checkbox"/> Full Time  <input type="checkbox"/> Part Time  <input type="checkbox"/> Temporary  <input type="checkbox"/> Volunteer  <input type="checkbox"/> Unemployed  <input type="checkbox"/> Other</p>	<p><b>Company Information:</b> Name of Company/Unit:</p> <p>Street Address/Base:</p> <p>City:</p> <p>State/Zip:</p> <p>Phone Number:</p> <p>Fax Number</p> <p>Your Duties or Assignments:</p> <p>If Employment Status is "Other", please explain:</p>	<p><b>Co-Worker Information:</b> Supervisor:</p> <p>Co-Workers: 1. 2. 3.</p> <p>Reason for Leaving:</p>
<p><b>B)</b> Beginning:</p> <p>Ending:</p> <p><b>Employment Status:</b>  <input type="checkbox"/> Full Time  <input type="checkbox"/> Part Time  <input type="checkbox"/> Temporary  <input type="checkbox"/> Volunteer  <input type="checkbox"/> Unemployed  <input type="checkbox"/> Other</p>	<p><b>Company Information:</b> Name of Company/Unit:</p> <p>Street Address/Base:</p> <p>City:</p> <p>State/Zip:</p> <p>Phone Number:</p> <p>Fax Number</p> <p>Your Duties or Assignments:</p> <p>If Employment Status is "Other", please explain:</p>	<p><b>Co-Worker Information:</b> Supervisor:</p> <p>Co-Workers: 1. 2. 3.</p> <p>Reason for Leaving:</p>
<p><b>C)</b> Beginning:</p> <p>Ending:</p> <p><b>Employment Status:</b>  <input type="checkbox"/> Full Time  <input type="checkbox"/> Part Time  <input type="checkbox"/> Temporary  <input type="checkbox"/> Volunteer  <input type="checkbox"/> Unemployed  <input type="checkbox"/> Other</p>	<p><b>Company Information:</b> Name of Company/Unit:</p> <p>Street Address/Base:</p> <p>City:</p> <p>State/Zip:</p> <p>Phone Number:</p> <p>Fax Number</p> <p>Your Duties or Assignments:</p> <p>If Employment Status is "Other", please explain:</p>	<p><b>Co-Worker Information:</b> Supervisor:</p> <p>Co-Workers: 1. 2. 3.</p> <p>Reason for Leaving:</p>

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<p><b>D)</b> Beginning:</p> <p>Ending:</p> <p><b>Employment Status:</b></p> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Temporary</p> <p><input type="checkbox"/> Volunteer</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Other</p>	<p><b>Company Information:</b> Name of Company/Unit:</p> <p>Street Address/Base:</p> <p>City:</p> <p>State/Zip:</p> <p>Phone Number:</p> <p>Fax Number</p> <p>Your Duties or Assignments:</p> <p>If Employment Status is "Other", please explain:</p>	<p><b>Co-Worker Information:</b> Supervisor:</p> <p>Co-Workers:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>Reason for Leaving:</p>
<p><b>E)</b> Beginning:</p> <p>Ending:</p> <p><b>Employment Status:</b></p> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Temporary</p> <p><input type="checkbox"/> Volunteer</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Other</p>	<p><b>Company Information:</b> Name of Company/Unit:</p> <p>Street Address/Base:</p> <p>City:</p> <p>State/Zip:</p> <p>Phone Number:</p> <p>Fax Number</p> <p>Your Duties or Assignments:</p> <p>If Employment Status is "Other", please explain:</p>	<p><b>Co-Worker Information:</b> Supervisor:</p> <p>Co-Workers:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>Reason for Leaving:</p>
<p><b>F)</b> Beginning:</p> <p>Ending:</p> <p><b>Employment Status:</b></p> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Temporary</p> <p><input type="checkbox"/> Volunteer</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Other</p>	<p><b>Company Information:</b> Name of Company/Unit:</p> <p>Street Address/Base:</p> <p>City:</p> <p>State/Zip:</p> <p>Phone Number:</p> <p>Fax Number</p> <p>Your Duties or Assignments:</p> <p>If Employment Status is "Other", please explain:</p>	<p><b>Co-Worker Information:</b> Supervisor:</p> <p>Co-Workers:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>Reason for Leaving:</p>

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26. Would any problem result if your present employer is contacted during the course of the Pre-Employment Background Investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
27. Have you ever been disciplined at work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
28. Have you ever been fired, released from probation, or asked to resign from any place of employment? (If you responded "YES" to item 27-28, please provide details of each separate event below)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Employer	Approx. Date	Circumstances
A.		
B.		
C.		

29. Have you ever applied to be a law enforcement officer before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you responded "YES" to item 29, please provide details below:

Agency	Application Date	Still Pending?	If Unsuccessful, Explain
A		YES <input type="checkbox"/> NO <input type="checkbox"/>	
B		YES <input type="checkbox"/> NO <input type="checkbox"/>	
C		YES <input type="checkbox"/> NO <input type="checkbox"/>	
D		YES <input type="checkbox"/> NO <input type="checkbox"/>	
E		YES <input type="checkbox"/> NO <input type="checkbox"/>	
F		YES <input type="checkbox"/> NO <input type="checkbox"/>	
G		YES <input type="checkbox"/> NO <input type="checkbox"/>	

**Section 7. Military Experience**

30. If you are a male and born BEFORE March 29, 1957 OR AFTER December 31, 1959, and are a citizen of the United States OR you were a resident of the United States on your 18<sup>th</sup> birthday, please provide the below information

Your Selective Service Number	Approximate Date of Registration	Home Address at Time of Registration  Nbr/Street: City: State/Zip:
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31. Have you ever served in any of the following U.S. Armed Services? If you "check" any of the boxes below, please enter information for each period of enlistment.  
 Armed Forces       National Guard       Military Reserves

Branch of Service	Enlistment Date	Separation Date	Type of Discharge

32. If you are currently participating in one of the following, please check the appropriate box:  Military Reserves     National Guard

33. Have you ever been the subject of any Judicial or Non-Judicial Disciplinary Action? (If you respond "YES", please provide details below for each incident)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Approximate Date	Branch of Service	Circumstances

34. Have you ever served in a military organization of any government OTHER THAN The United States of America? (If you respond "YES", please provide details below for each period of enlistment)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Branch of Service	Country	Enlistment Date	Separation Date	Type of Discharge

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35. Past Commanding Officers or military acquaintances are potential sources of relevant information pertaining to your background investigation. Please list those military personnel with whom you served who know you well enough to provide accurate information about you.

Person	Address	Years Known		Contact Number
		From	To	
A. Name  Rank	Number Street  City  State Zip			Home  Cell
B. Name  Rank	Number Street  City  State Zip			Home  Cell
C. Name  Rank	Number Street  City  State Zip			Home  Cell
D. Name  Rank	Number Street  City  State Zip			Home  Cell
E. Name  Rank	Number Street  City  State Zip			Home  Cell
F. Name  Rank	Number Street  City  State Zip			Home  Cell

<b>36. List any awards or decorations you received while in the United States Military. Use spaces A-J below.</b>	
A. B. C. D. E.	F. G. H. I. J.

<b>37. List your military specialties, duties and activities. Use spaces A-J below.</b>	
A. B. C. D. E.	F. G. H. I. J.

<b>38. List all foreign countries visited or served in while in the military. Use spaces A-J below.</b>	
A. B. C. D. E.	F. G. H. I. J.

**APPLICANTS THAT HAVE BEEN DISCHARGED FROM SERVICE ARE REMINDED TO SUBMIT A COPY OF THEIR LATEST DD214 LONG FORM (THE LONG FORM INCLUDES BOXES 23 THROUGH 30 WHICH GIVES SPECIFIC MILITARY SEPARATION INFORMATION). TO ARRANGE FOR A COPY OF YOUR DD214 OR MULTIPLE DD214's, COMPLY WITH THE INSTRUCTION SHEET AT THE END OF THIS BOOKLET. YOU MUST REQUEST ONE DD214 FOR EACH PERIOD OF ENLISTMENT. IF YOU HAVE NEVER BEEN ENLISTED IN THE UNITED STATES ARMED FORCES, THE UNITED STATES MILITARY RESERVE, OR THE NATIONAL GUARD, SKIP ITEM 39.**

39. If you have served in the United States Armed Forces, the Reserves or the National Guard, you must complete an SF-180 and request your military records FOR EACH PERIOD OF ENLISTMENT. The Instructions for SF-180, the actual SF-180 form, and the Location of Military Records can be downloaded from [www.empco.net](http://www.empco.net). Please follow the below instructions:

- A. Complete all appropriate sections.
- B. Sign your name and print the date and your current telephone number after #3 in Section III (Lower Left Corner of Form)
- C. Immediately mail the completed SF-180 to the appropriate military records custodian(s).

**Section 8. Financials**

NOTE: Managing personal finances is relevant to an individual's qualifications for the position of Law Enforcement Officer. The amount of indebtedness in itself will not be used in assessing your background, however the behavior in meeting your obligations will be examined.

40. Calculations of Monthly Income, Monthly Expenses, Current Assets, and Current Liabilities.			
Current Monthly Income	\$	Current Monthly Expenses	\$
Your Monthly Salary (From Your Full-Time Employment)		Monthly Mortgage or Rent Payment	
Other Monthly Income Identify Income Sources Individually:		Other Monthly Expenses Identify Expenses Individually:	
<b>TOTAL MONTHLY INCOME &gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;</b>		<b>TOTAL MONTHLY EXPENSES &gt;&gt;&gt;&gt;&gt;</b>	

Current Assets	\$	Current Liabilities	\$
Savings Account(s)		Real Estate Indebtedness	
Checking Account(s)		Long Term Loans	
Real Estate		Charge Accounts (Total of ALL)	
Stock and Bonds		Other Liabilities (Describe Individually):	
Automobile(s)			
Other Assets (Describe Individually):			
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	

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41. Have you ever filed or declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you answered "YES" to Item 41, please provide the below information:	
When?	What were the circumstances?
Where?	
Under What Chapter?	
42. Have any of your bills ever been turned over to a collection agency? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you answered "YES" to Item 42, please provide the below information:	
When?	What were the circumstances?
To Whom was the money owed?	
43. Have you ever had purchased goods repossessed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you answered "YES" to Item 43, please provide the below information:	
When?	What were the circumstances?
Who repossessed the goods?	
44. Have your wages ever been garnisheed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you answered "YES" to Item 44, please provide the below information:	
When?	What were the circumstances?
Where?	
By Whom?	
45. Have you ever been delinquent in income or other tax payments? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you answered "YES" to Item 45, please provide the below information:	
When?	What were the circumstances?
Delinquent to whom?	

**Section 9. Legal**

NOTE: Rule R28.4102 of the Michigan Commission on Law Enforcement Standards requires that a comprehensive background investigation to determine a law enforcement applicant's "moral character" be done. Compliance with this rule requires us to examine your potential involvement in criminal acts, including those that were investigated by a law enforcement agency, AND those that were not detected.

46. Have you ever been arrested or convicted of any misdemeanor or felony offense in any state or other country?  YES  NO

If you answered "YES" to Item 46, list all offenses, including those punishable under "The Uniform Code of Military Justice". Please complete all requested information for each arrest or conviction in the areas below identified as A, B, C, and / or D.

**ARRESTS AND CONVICTIONS**

A. Date:	Offense:	Police Agency:	Status: (Guilty, Not Guilty, etc.)
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Item 46 A	Explain Circumstances that lead to the Offense or Alleged Offense:
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B. Date:	Offense:	Police Agency:	Status: (Guilty, Not Guilty, etc.)
----------	----------	----------------	---------------------------------------

Item 46 B	Explain Circumstances that lead to the Offense or Alleged Offense:
-----------	--------------------------------------------------------------------

C. Date:	Offense:	Police Agency:	Status: (Guilty, Not Guilty, etc.)
----------	----------	----------------	---------------------------------------

Item 46 C	Explain Circumstances that lead to the Offense or Alleged Offense:
-----------	--------------------------------------------------------------------

D. Date:	Offense:	Police Agency:	Status: (Guilty, Not Guilty, etc.)
----------	----------	----------------	---------------------------------------

Item 46 D	Explain Circumstances that lead to the Offense or Alleged Offense:
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47. Have you ever been restricted by a court as an adult? (e.g. placed on probation, required to wear a "tether", conditional bond orders or other judicial restrictions)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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48. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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49. Have you ever been reported to law enforcement as a missing person or runaway?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If you answered "YES" to any of Items 47-49, use the area below to explain the circumstances, including all dates, where, and why. Indicate the corresponding Item Number (47, 48, or 49) in your explanation:

47-49	Circumstances:
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NOTE: "Undetected Criminal Behavior" is behavior that violates a criminal law, but for which the actor was never identified or prosecuted for his / her behavior. This could include undetected acts perpetrated against a person, against another person's property, against the property of a business, employer, educational institution, or driving offenses of a serious nature (excluding common driving offenses such as violating a red light, speeding, illegal moving violations, parking violations, etc.). As a part of the pre-employment process, references you provide as well as references that are identified during the course of the background check will be asked many of these questions about you. It is critical you respond honestly.

50. At any time in the past 7 years, or at any time after being hired as a police officer in any state, have you ever committed any of the following behaviors?

A. Made an annoying or threatening telephone call?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Use force or violence to harm another person (either with or without a weapon)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Brandished any type of weapon to intimidate another person? (Exception: Legal Self Defense)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. Carried a concealed weapon without a permit where a permit was required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E. Contributed to the delinquency of a minor (while you were an adult)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
F. Vacated a hotel, restaurant, or gasoline station without paying for goods or services for which you owed money?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
G. Drove after having consumed alcohol or after having taken any type of drug?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
H. Been the responsible driver in a "hit and run" traffic crash?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I. Either hunted or fished without having the proper license to do so?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
J. Illegal gambling?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
K. Impersonated a police officer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
L. Committed an act of indecent exposure (including "flashing" and "mooning")?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
M. Committed an act of "Joyriding" (using a car or other vehicle without the owner's permission)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
N. Committed an act of "shoplifting" (Now referred to as "Retail Fraud")?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
O. Consumed, or possessed an open container of alcohol while a passenger in a motor vehicle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
P. Possession of a falsified or altered ID, including the use of another person's ID (for any reason)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q. Knowingly possessed stolen property (including a motor vehicle or item of merchandise)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
R. An act of prostitution?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
S. Solicited a prostitute?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
T. Flee from the police (either in a vehicle or on foot)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
U. Resisted an arrest (refusing to cooperate with a police order after being told you were under arrest)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
V. Trespassed on the property of another knowing they did not want you on their property? (this could be a business / store where you have been told to leave)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
W. An act of vandalism?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
X. Intentionally writing a "bad check" (knowing that the account had insufficient funds to cover the debt)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Y. Filed a false police report?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Z. As a driver, provided a police officer with a false name to avoid identifying yourself?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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AA. Any other act amounting to a misdemeanor committed in the past 7-years?  YES  NO

If you answered "YES" to any of the items (A – AA) in Item 50, use the area below to explain the circumstances, including all date(s), names of other persons involved, your role in the event(s), and how the matter(s) was / were resolved. Indicate the corresponding item letter (50B, 50C, etc.) for each explanation.

50A through 50AA

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51. At any time in the past have you ever committed OR ATTEMPTED TO COMMIT any of the following behaviors?		
A. Arson (Intentionally destroying property by setting a fire knowing it was illegal to do so)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Assault with a deadly weapon?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Theft of a vehicle and / or vehicle parts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. Burglary (entering a structure with the intent to commit a theft or other crime)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E. Child molestation (performing unlawful sexual acts with a child)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
F. Producing and / or possessing pornography depicting a child?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
G. Child abuse or neglect?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
H. Embezzlement (theft of money or valuables entrusted to you by your employer)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I. Drunk driving resulting in the injury or death of another person?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
J. Forcible rape or other act of unlawful sexual intercourse?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
K. Forgery (falsifying a document such as a check, a license, currency)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
L. Leaving the scene of a traffic crash involving injuries?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
M. Committing a crime against another person because of their race, color, creed, national origin, sex, or religion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
N. Making a false insurance claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
O. Murder, or attempted murder?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
P. Perjury (untruthful testimony made before a judge after taking an oath to tell the truth)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q. Illegal possession of an explosive device?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
R. Armed Robbery (theft from a person by using a weapon)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
S. Unarmed Robbery (theft from a person without using a weapon)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
T. Stalking (following a person, contacting them by phone, email, or mail, or going to their home, workplace, or any public place where they are present, knowing that they do not want you to follow them or be near them? EXCEPTION: Executing a Legal Process.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
U. Blackmail or extortion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
V. Any other felony act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered "YES" to any of the items (A – V) in Item 51, use the area below to explain the circumstances, including all date(s), names of other persons involved, your role in the event(s), and how the matter(s) was / were resolved. Indicate the corresponding item letter (51B, 51C, etc.) for each explanation.

51A through 51V

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52 Are you now suing, or have you ever been sued, or brought suit against anyone in civil court (small claims actions, dissolutions, child custody, child support, paternity, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you answered "YES" to Item 52, please provide the below information for each separate suit:	
A. When?	Circumstances:
Case or Docket #:	
Court of Jurisdiction:	
Where?:	
B. When?	Circumstances:
Case or Docket #:	
Court of Jurisdiction:	
Where?:	
C. When?	Circumstances:
Case or Docket #:	
Court of Jurisdiction:	
Where?:	
D. When?	Circumstances:
Case or Docket #:	
Court of Jurisdiction:	
Where?:	

**Section 10. Motor Vehicle Operations**

NOTE: Operating a motor vehicle is an integral part of the law enforcement officer's position. An investigation of your driving history will be made through a records check. To expedite the process, please supply the following information:

53. Your Current Drivers License Number:	Issuing State:	Expiration Date:	Full Name Under Which License Was Issued:  (Last, First, Middle and Suffix (Jr., etc.))
------------------------------------------	----------------	------------------	-----------------------------------------------------------------------------------------------

54. List all OTHER States where you have been licensed to operate a motor vehicle:			
License Number	State	Type of License (Operator, Chauffeur, etc.)	Full Name Under Which the License Was Issued (Last, First, Middle, Suffix (Jr., etc.))
A.			
B.			
C.			
D.			

55. Other than for medical reasons, have you ever been refused a drivers license by any state or U.S. Territory?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------------------------------------------------------------------------------------------	------------------------------	-----------------------------

If you answered "YES" to Item 55, please provide the below information:	
When?	Circumstances regarding the drivers license refusal:
Where?	
Why?	

56. Michigan Law requires that the operators and owners of motor vehicles be covered by automobile liability insurance. Please provide the following information regarding insurance coverage on your vehicle(s):				
A. Vehicle Year	Vehicle Make / Model	License Plate #	Policy Number	Policy Expiration Date
Insurance Company:		Agent's Name:		Phone:
B. Vehicle Year	Vehicle Make / Model	License Plate #	Policy Number	Policy Expiration Date
Insurance Company:		Agent's Name:		Phone:
C. Vehicle Year	Vehicle Make / Model	License Plate #	Policy Number	Policy Expiration Date
Insurance Company:		Agent's Name:		Phone:
D. Vehicle Year	Vehicle Make / Model	License Plate #	Policy Number	Policy Expiration Date
Insurance Company:		Agent's Name:		Phone:

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57. List all traffic citations, excluding parking citations, you have received within the past 7-years.			
A. Nature of Violation	Approximate Date of Conviction	City or Township Where Occurred	State
Court Action Taken on License: <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Points Assessed <input type="checkbox"/> Other (Suspended, Restricted, etc.)			
B. Nature of Violation	Approximate Date of Conviction	City or Township Where Occurred	State
Court Action Taken on License: <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Points Assessed <input type="checkbox"/> Other (Suspended, Restricted, etc.)			
C. Nature of Violation	Approximate Date of Conviction	City or Township Where Occurred	State
Court Action Taken on License: <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Points Assessed <input type="checkbox"/> Other (Suspended, Restricted, etc.)			
D. Nature of Violation	Approximate Date of Conviction	City or Township Where Occurred	State
Court Action Taken on License: <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Points Assessed <input type="checkbox"/> Other (Suspended, Restricted, etc.)			
E. Nature of Violation	Approximate Date of Conviction	City or Township Where Occurred	State
Court Action Taken on License: <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Points Assessed <input type="checkbox"/> Other (Suspended, Restricted, etc.)			
F. Nature of Violation	Approximate Date of Conviction	City or Township Where Occurred	State
Court Action Taken on License: <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Points Assessed <input type="checkbox"/> Other (Suspended, Restricted, etc.)			
G. Nature of Violation	Approximate Date of Conviction	City or Township Where Occurred	State
Court Action Taken on License: <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Points Assessed <input type="checkbox"/> Other (Suspended, Restricted, etc.)			
H. Nature of Violation	Approximate Date of Conviction	City or Township Where Occurred	State
Court Action Taken on License: <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Points Assessed <input type="checkbox"/> Other (Suspended, Restricted, etc.)			
I. Nature of Violation	Approximate Date of Conviction	City or Township Where Occurred	State
Court Action Taken on License: <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Points Assessed <input type="checkbox"/> Other (Suspended, Restricted, etc.)			
J. Nature of Violation	Approximate Date of Conviction	City or Township Where Occurred	State
Court Action Taken on License: <input type="checkbox"/> None <input type="checkbox"/> Fined <input type="checkbox"/> Points Assessed <input type="checkbox"/> Other (Suspended, Restricted, etc.)			

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58. In the past 7-years, have you been a driver involved in a motor vehicle accident? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If you answered "YES" to Item 58, please provide the below information:			
A. Date	Investigating Law Enforcement Agency	Accident Location (Intersection or City)	
Police Report Taken? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Accident Involved Injuries <input type="checkbox"/> Non-Injury Accident	Did you receive a traffic citation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Details of the Accident:			
B. Date	Investigating Law Enforcement Agency	Accident Location (Intersection or City)	
Police Report Taken? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Accident Involved Injuries <input type="checkbox"/> Non-Injury Accident	Did you receive a traffic citation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Details of the Accident:			
C. Date	Investigating Law Enforcement Agency	Accident Location (Intersection or City)	
Police Report Taken? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Accident Involved Injuries <input type="checkbox"/> Non-Injury Accident	Did you receive a traffic citation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Details of the Accident:			
D. Date	Investigating Law Enforcement Agency	Accident Location (Intersection or City)	
Police Report Taken? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Accident Involved Injuries <input type="checkbox"/> Non-Injury Accident	Did you receive a traffic citation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Details of the Accident:			
E. Date	Investigating Law Enforcement Agency	Accident Location (Intersection or City)	
Police Report Taken? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Accident Involved Injuries <input type="checkbox"/> Non-Injury Accident	Did you receive a traffic citation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Details of the Accident:			

**PERSONAL HISTORY STATEMENT**  
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59. EXCLUDING MEDICAL REASONS, has your drivers license ever been suspended, revoked, or placed on a court ordered probation or restriction? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If you answered "YES" to Item 59, please provide details below:			
Reason for Court Action:	Approximate Date	Court Ordering Action (District or Circuit Court)	State
Action Taken By the Court Against Your License: <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Court Ordered Probation <input type="checkbox"/> Restriction			
60. EXCLUDING MEDICAL REASONS, or failure to pay a premium, have you ever been refused automobile liability insurance or had your automobile insurance policy cancelled? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If you answered "YES" to Item 60, please provide details below:			
Date:	Reason		
Insurance Company Canceling Coverage:		Their Address:	
		Number and Street	
		City / State / Zip Code	
61. Have you ever had a warrant issued for your arrest for failing to appear in court as required for a matter originating from a traffic citation? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If you answered "YES" to Item 61, please provide details below:			
Date:	Court: Issuing Arrest Warrant:		
Circumstances that resulted in the Arrest Warrant being issued:			
62. OTHER THAN MEDICAL REASONS, use the space below for additional information you would like to include regarding your driving record:			

**Section 11. Weapons and Permits**

63. Have you ever been denied a permit to carry a concealed weapon in Michigan or any other state territory, or possession of the Unites States, or any other country? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If you answered "YES" to Item 63, please provide details below for each denial:		
A. Location (County, City, Township, etc.):	Date Applied:	Reason Given for Denial:
B. Location (County, City, Township, etc.):	Date Applied:	Reason Given for Denial:
C. Location (County, City, Township, etc.):	Date Applied:	Reason Given for Denial:
D. Location (County, City, Township, etc.):	Date Applied:	Reason Given for Denial:
E. Location (County, City, Township, etc.):	Date Applied:	Reason Given for Denial:
F. Location (County, City, Township, etc.):	Date Applied:	Reason Given for Denial:

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64. Have you ever been issued a permit to carry a concealed weapon in Michigan or any other state territory, or possession of the United States, or any other country? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If you answered "YES" to Item 64, please provide details below for each concealed weapons permit you have been issued:				
A. Location (Typically the County)	Application Date:	Expiration Date:	License Number:	
B. Location (Typically the County)	Application Date:	Expiration Date:	License Number:	
C. Location (Typically the County)	Application Date:	Expiration Date:	License Number:	
D. Location (Typically the County)	Application Date:	Expiration Date:	License Number:	
65. Do you own or have access to any firearms (pistol, rifle, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO				
If you answered "YES" to Item 65, please provide the following information for each firearm:				
A. Make	Model	Type	Caliber	Serial Number
B. Make	Model	Type	Caliber	Serial Number
C. Make	Model	Type	Caliber	Serial Number
D. Make	Model	Type	Caliber	Serial Number
E. Make	Model	Type	Caliber	Serial Number
66. Have you ever been charged with any of the following concealed weapon permit offenses?				
A. MCL 28.425(k) (8). Chemical test results indicated that the individual had an illegal blood alcohol bodily content while carrying a firearm.			<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. MCL 28.425 (k) (7). Refusal to take chemical test, while carrying a firearm.			<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. MCL 28.425 (f). Failure to present concealed license permit, drivers license, or Michigan ID, or to disclose that you are carrying a pistol when asked to do so by a peace officer.			<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered "YES" to any of Item 66 (A-C), please describe the circumstances below:				
67. Has a peace officer ever removed a firearm from your residence or from you person for any reason? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If you answered "YES" to any of Item 67, please describe the circumstances below:				

**Section 12. Written Communications**

<b>68. What special skills, additional language(s), or certifications do you possess that will assist you in a law enforcement position?</b>	
A. B. C. D. E.	F. G. H. I. J.
<b>69. List any honors or awards that you have received that you would like us to know about.</b>	
A. B. C. D. E.	F. G. H. I. J.
<b>70. Describe any hobbies, sports, or vocations you currently engage in and describe their impact on your quality of life.</b>	
<b>71. Explain in your own words why you are pursuing a career in law enforcement.</b>	
<b>72. Describe any significant events that have occurred in your life that a prospective law enforcement employer should be aware of.</b>	

73. Provide an autobiography describing yourself. Use the space in the next two pages. Follow the instructions below.

**Instructions**

1. Block print in your own handwriting, utilizing the lines provided for your text.
2. Use a black ballpoint pen, no pencil.
3. Sign your autobiography by using your normal signature and indicate the date written.

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**PERSONAL HISTORY STATEMENT**  
Empco, Inc.'s Law Enforcement Hiring Consortium

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

## Release Forms

### Instructions

You are required to sign and have notarized the two documents that appear immediately after this page. Both of these documents signify your written permission for the Background Investigations Group to obtain and review reports relating to your credit history. These documents are required under the Fair Credit Reporting Act, FCRA 15 USC § 1681, et. seq.

The first document requiring your notarized signature is the "Authorization for Pre-Employment Evaluation Report", whose instructions appear immediately below. The second is the "Release Authorization" that serves as the "separate document" as required by the Fair Credit Reporting Act.

Complete the "Authorization for Pre-Employment Evaluation Report" below by following these instructions:

1. Read the entire Release carefully. It is on the next page of this booklet.
2. Complete the Release in the presence of a Notary Public.
3. Complete the upper portion of the Release by filling in your name and Social Security Number.
4. Have the Notary Public notarize the release in the bottom/left corner.
5. DO NOT remove the Release from this booklet.

**IF WE DO NOT RECEIVE BOTH OF THESE  
FORMS SIGNED AND NOTARIZED, WE CANNOT  
PROCEED WITH YOUR PRE-EMPLOYMENT  
BACKGROUND INVESTIGATION.**

**Release for Pre-Employment Evaluation Report (Peer)**

YOUR NAME:

\_\_\_\_\_  
Last First Middle Social Security Number

MAIDEN NAME OR OTHER NAME THAT YOU HAVE BEEN KNOWN BY:

\_\_\_\_\_  
Last First Middle

I, \_\_\_\_\_, do hereby authorize The Background Investigations Group, to obtain a Pre-Employment Evaluation Report pertaining to my financial credit history. I understand that this report pertains to my credit experiences and history. I also acknowledge that I was provided written notice in a document separate from this authorization that a Pre-Employment Evaluation Report would be obtained. (See "Release Authorization", page 37 of this Personal History Statement).

A photocopy, fax or electronically transmitted (email) copy of this release form will be valid as an original, even though said photocopy, fax or electronically transmitted copy does not contain an original writing of my signature.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Applicants Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Applicants Telephone Number

**Notarization:**

Subscribed and sworn before me this

\_\_\_\_\_ Day of \_\_\_\_\_,

20 \_\_\_\_\_ .

\_\_\_\_\_  
Notary Signature/Stamp

\_\_\_\_\_  
My Commission Expires

**Release Authorization**

**As Required by:**

**“The Fair Credit Reporting Act” (FCRA) – 15 U.S.C. § 1681 et. seq.**

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 **Background Investigations Group, LLC**, whether the said records are of public, private or confidential nature and that I understand that the **Background Investigations Group, LLC** conducting this review on behalf of \_\_\_\_\_ and that all information obtained as a result of this background investigation will be provided to Law Enforcement Hiring Consortium Departments, to whom I have applied for employment.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdraws and balances of checking and savings accounts, and loans, and also the records of commercial or retail 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, including those that specifically pertain to my credit experiences and history, wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records, records of complaint of a civil nature made by or against me, wherever 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 the **Background Investigations Group, LLC**, representing the Law Enforcement Hiring Consortium Departments, full and free access to the background and history of my personal life, for the specific purpose of pursuing a background assessment which may provide pertinent data for Law Enforcement Hiring Consortium Departments, to whom I have applied for employment to consider in determining my suitability for employment. 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 assessment, developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment. I understand that all materials pertaining to this background assessment become the property of the Law Enforcement Hiring Consortium Departments and will not be returned to me.

Further, in consideration of the **Background Investigations Group, LLC**, working on behalf of the Law Enforcement Hiring Consortium Departments, considering my application for employment, I agree to release, indemnify and hold harmless the **Background Investigations Group, LLC** and the Law Enforcement Hiring Consortium Departments, their employees and agents, and any person to whom this request for information is presented and their agents and employees, from and against all liabilities; losses; claims' reasonable attorney's fees, costs and expenses incurred in any legal action; and / or damages, of any kind or nature arising from the disclosure or use of any information and/or records pertaining to me which is obtained during the application / assessment process, or which arises out of or by reason of complying with any request for information. I further understand that in the event my application is unsuccessful, the sources of confidential information cannot be revealed to me. Further, in consideration thereof, I hereby waive statutory notice and any rights afforded me pursuant to MCL 423.501, the Employee Right to Know Act.

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 NOTARY**

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Applicants Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Applicants Telephone Number

**Notarization:**

Subscribed and sworn before me this

\_\_\_\_\_ Day of \_\_\_\_\_,

20 \_\_\_\_\_ .

\_\_\_\_\_  
Notary Signature/Stamp

\_\_\_\_\_  
My Commission Expires

### **Additional Documents**

The following documents will be needed when a background investigation starts. **Do NOT turn these documents in now. Empco or the department will notify you when they need to be sent in.**

- Financial History Reports
  - Experian: 888-397-3742 or www.experian.com
  - Equifax: 800-685-1111 or www.equifax.com
  - TransUnion: 877-322-8228 or www.truecredit.com
- Official high school transcripts.
- Official college transcripts.
- Military service records.
- Photocopy of the most recent 3-years of your Federal and State income tax statements.
- Photocopy of the most recent 3-years of your W-2 income tax forms.
- Photocopy of your current Drivers License.
- Photocopy of your Social Security Card.
- Photocopy of your Birth Certificate OR a document showing proof of United States Citizenship. (Birth certificates need to be county issued official documents, not ceremonial certificates given by the hospital.)
- A PHOTOGRAPH of your face, the same size and proportion as a Passport photograph. (It is recommended that you have the photograph taken at a site equipped to produce passport photographs).
- Photocopies of all marriage certificates.
- Photocopies of all marriage dissolutions.

This page list is meant to serve as informational only. You do not have to submit these documents until you are requested to do so by a department or Background Investigations Group. At that time you will receive specific instructions for submitting these documents.