

Dear Applicant,

The Fremont Police Chief has directed that a background investigation be conducted regarding your application. Please complete the attached Disclosure and Waiver and the Personal History Statement and return it to the Human Resources Department. The packet may be submitted in the following methods:

- Emailed to jobs@fremontne.gov (We do recommend confirming receipt of packets submitted via email, as our network does have size limitations for incoming messages)
- Mailed or dropped off directly to the Human Resources Department at 400 E. Military Avenue.
 - The department is located on the first floor. Business hours are 8:00 AM to 4:30 PM, Monday through Friday.
 - There is also a night drop box available in the drive through. Please place your packet in a sealed envelope and write "Attention Human Resources" on the envelope before placing it in the drop box.

Failure to submit these documents by the deadline will delay your consideration for employment or remove you from consideration for this posting.

In addition to the enclosed packet, please present the following documents to our HR team. You must present **the original documents, we cannot accept copies**. Our HR team will make copies and certify that they saw the original:

- Certified copy of your birth certificate
- Naturalization document (if applicable)
- Certificate of Citizenship (if applicable)
- Birth Abroad to U.S. Citizen (if applicable)
- Adoption papers (if applicable)
- Marriage License(s)
- Divorce Decree(s)
- Legal Name Change Documents
- Driver's License
- Passport
- Social Security Card
- Bankruptcy papers
- Prior Law Enforcement Certificates
- Selective Service Verification (may be obtained at <https://www.sss.gov/verify/>)
- Your High School diploma or GED Certificate (If you do not have your diploma or certificate, we may also accept official transcripts sent directly from the school to our Human Resources department. Transcript must confirm that you obtained your diploma or GED.)
- Your transcripts from colleges or universities (Original or transcripts must be received by us in an officially sealed envelope from the school or directly from the school via email.)
- Your Diplomas or training certificates from any school or other educational Institutions
- Your Military discharge papers (Must include discharge status - Long form)
- Any Civil Court documents relating to you

As you complete this packet, please read the instructions and answer carefully.

If you have any questions or need further information, please contact our Human Resources team at jobs@fremontne.gov or (402) 459-2371.

Sincerely,

Jennifer McDuffee
Director of Human Resources

INSTRUCTIONS TO THE APPLICANT – Read Carefully

These instructions are very important, please read carefully and follow all instructions provided.

The information in this packet will be used in the investigation into your background to assist in determining your suitability for the position of Police Officer.

1. Please fill out the questionnaire completely and accurately.
2. Please print in black or blue ink, or type your responses.
3. You must respond to all questions.
4. If a question does not apply to you, write *N/A* (not applicable) in the space provided for your answer. **Do not leave any section or field blank.**
5. If you need more space to respond to a question, please use the Additional Notes section at the end of this form to provide additional information. If using the Additional Notes section, identify the additional information by the category it is in response to.
6. You must print your name and the date on the bottom of every page of this packet.
7. When listing addresses, include complete street address, apartment numbers, City, State, and Zip Code. Include area codes with all phone numbers.

Keep in mind that:

1. All statements are subject to verification.
2. It is to your advantage to answer openly and honestly. There are very few reasons that result in automatic rejection of your application. Any unfavorable factors in your background will be considered along with the circumstances and facts surrounding the information.
3. **Deliberate inaccuracies, omissions, or falsifications will bar or remove you from employment and will render you ineligible for future employment consideration. This will include disciplinary action and/or termination of employment.**
4. You must account for all time periods in your background.
5. **It is your responsibility to update us in writing of any changes that arise after you submit your PHS.** Failure to do so may make you ineligible for employment. You may notify us of updates via email to jobs@fremontne.gov.
6. All pages must be submitted. We are unable to accept incomplete packets.
7. We do recommend that you keep a copy of this completed packet.

Your signature below indicates that you fully understand the procedures and responsibilities stated above.

Signature _____

Printed Name _____

Last 4 of SSN _____ Date _____

Fremont Police Department Personal History Statement

BACKGROUND CHECK AUTHORIZATIONS

As part of the selection process, we will conduct an in-depth background investigation. This check will include information obtained from a variety of sources including your references, current and former employers, other law enforcement agencies you have applied with, credit reporting agencies, and any individual or organization that may have information about you that may be relevant to your suitability as a Police Officer. To facilitate this investigation, you must sign the following two releases.

The first, the “Release of Information Waiver and Authorization to Obtain Consumer Reports under the Fair Credit Reporting Act”, relates to the consumer reports we will obtain from consumer reporting agencies. This information and your rights related to this credit report falls within the Fair Credit Reporting Act.

The second, the “Authorization for Release of Information”, specifically pertains to information obtained through other methods (including direct contact with references, employers, landlords, other law enforcement agencies, etc.). That information does not fall under the regulations of the Fair Credit Reporting Act.

Both releases must be signed and notarized, as they may be presented separately to a variety of information sources that will be contacted about you.

Background Check Disclosure

In connection with your employment application and for other employment purposes, the City of Fremont may seek background information about you from a consumer reporting agency. This information will be in the form of a consumer report.

These reports may be obtained at any time after the City of Fremont receives authorization from you, including any time during the period of your employment if the City of Fremont hires you. Consumer reports include any written, oral or other communication of information by consumer reporting agencies bearing on your credit standing, character, general reputation, and other personal characteristics that are expected to be used for employment purposes. Consumer reports may include credit reports, criminal reports, and driving records among other resources.

Investigative consumer reports includes similar information as consumer reports which are obtained through personal interviews with those who are acquainted with you or who may have knowledge of any relevant information about you. Credit Bureau Services, ScreeningOne, NCIC, NCJIS or another reporting agency will obtain the reports for the City of Fremont.

You have the right to request information from the City of Fremont about the nature and scope of any consumer report on you that is requested by the City of Fremont. The request must be made in writing and within a reasonable period of time after you have received this disclosure. A copy of a Summary of Your Rights Under the Federal Fair Credit Reporting Act (FCRA) is being provided to you with this disclosure.

**Release of Information Waiver and Authorization to Obtain
Consumer Reports under the Fair Credit Reporting Act**

I acknowledge that I have received and read the Fair Credit Reporting Act background check disclosure above and A Summary of Your Rights Under the Fair Credit Reporting Act (attached at the end of this document), and this authorization. I certify that I understand the documents that I have received.

I hereby authorize the City of Fremont or its authorized agents, for employment purposes to obtain or prepare consumer reports at any time after it receives this authorization, including any time that I might be employed by the City of Fremont.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military and other individuals and entities to provide any and all information that is requested by Credit Bureau Services, ScreeningOne, NCIC, NCJIS, other reporting agencies or the City of Fremont.

I hereby certify that the information provided on this form is true and correct. I understand that any information that I provide in an employment application or that I might otherwise disclose during my employment may be used to obtain consumer reports.

I authorize the Fremont Police Department/City of Fremont and/or their designated representatives to have full access to my personal records. This release shall include any and all records of past and present employment, personal references, financial data, educational and medical information.

I understand that these records are to be used as part of a background investigation for possible employment purposes.

Date _____

Signature _____

Printed Full Name _____

Date of Birth _____

Social Security Number _____

Current Street Address _____

City, State, ZIP code _____

Phone Number(s) _____

**Release of Information Waiver and Authorization to Obtain
Consumer Reports under the Fair Credit Reporting Act
(Continued from prior page)**

Notary

Acknowledgement

State of Nebraska

s.s.

County of _____)

The foregoing instrument was acknowledged before me this

_____ day of _____, 20__

by _____.

(Notary's signature)

Fremont Police Department Personal History Statement

Name: _____
06/2025

Date: _____

PERSONAL HISTORY STATEMENT

Full Legal Name: Last, First, Middle, Suffix		Social Security Number
Other Names You Have Used or Been Known By (Including Maiden Names, Adoptive Names, and Nicknames)		
Date of Birth (Mo/Day/Yr)	Birthplace (County, City, State, Country)	
Home or Cell Telephone	Work Telephone	Hours You Can be Reached at These Phone Numbers
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used another Social Security Number or Date of Birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Home Address (Street Address, Apt. Number, City, State, Zip Code)		
Mailing Address (If Different From Above)		
Driver's License State and Number		
Contact Email	List all Other Email Addresses, Separated by a Comma	

FOR THE PURPOSE OF IDENTIFICATION

Height	Weight	Hair Color	List Any Distinguishing Marks, Scars, or Tattoos
Sex	Eye Color		Photos of Tattoos Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No

Fremont Police Department Personal History Statement

Relatives

If there is not enough space in the section below to add all immediate family members, please utilize the Additional Notes section at the end of this document to include all immediate family members, whether living or deceased. Immediate family includes all parents/guardians (biological, adoptive, foster, step-parents, in-laws, etc.) and all siblings (biological, half-siblings, step-siblings, foster siblings, etc.). You must include all current or former spouses you have ever had, and all domestic partners (girlfriend, boyfriend, fiancée, etc.) for the past 7 years.

Spouse/Domestic Partner

Name: Last, First, Middle	Home Address, City, State, Zip Code
Email Address	Phone Number
Length of Relationship	Check if Deceased <input type="checkbox"/>
Is there, or has there ever been, a Protection order/Restraining Order/Stay Away Order in effect involving you and this individual? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	

Former Spouse/Former Domestic Partner

Name: Last, First, Middle	Home Address, City, State, Zip Code
Email Address	Phone Number
Length of Relationship	Check if Deceased <input type="checkbox"/>
Is there, or has there ever been, a Protection order/Restraining Order/Stay Away Order in effect involving you and this individual? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	

Former Spouse/Former Domestic Partner

Name: Last, First, Middle		Home Address, City, State, Zip Code	
Email Address		Phone Number	
Length of Relationship			Check if Deceased <input type="checkbox"/>
Is there, or has there ever been, a Protection order/Restraining Order/Stay Away Order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Parent/Guardian

Name: Last, First, Middle		Home Address, City, State, Zip Code	
Email Address		Phone Number	
Is there, or has there ever been, a Protection order/Restraining Order/Stay Away Order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			Check if Deceased <input type="checkbox"/>

Parent/Guardian

Name: Last, First, Middle		Home Address, City, State, Zip Code	
Email Address		Phone Number	
Is there, or has there ever been, a Protection order/Restraining Order/Stay Away Order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			Check if Deceased <input type="checkbox"/>

Sibling(s)

Name: Last, First, Middle		Home Address, City, State, Zip Code	
Email Address		Phone Number	
Is there, or has there ever been, a Protection order/Restraining Order/Stay Away Order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			Check if Deceased <input type="checkbox"/>
Name: Last, First, Middle		Home Address, City, State, Zip Code	
Email Address		Phone Number	
Is there, or has there ever been, a Protection order/Restraining Order/Stay Away Order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			Check if Deceased <input type="checkbox"/>
Name: Last, First, Middle		Home Address, City, State, Zip Code	
Email Address		Phone Number	
Is there, or has there ever been, a Protection order/Restraining Order/Stay Away Order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			Check if Deceased <input type="checkbox"/>

References

List only persons you have known for at least six months. Do not list spouse, domestic partner, relatives, former employers, teachers or doctors or anyone that knows you only professionally. List a minimum of six references.

Name: Last, First, Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate	How long have you known this individual?	

Name: Last, First, Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate	How long have you known this individual?	

Name: Last, First, Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate	How long have you known this individual?	

Personal History Statement Police Officer Applicant

Name: Last, First, Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate		How long have you known this individual?

Name: Last, First, Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate		How long have you known this individual?

Name: Last, First, Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate		How long have you known this individual?

Personal History Statement Police Officer Applicant

Name: Last, First, Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate		How long have you known this individual?

Name: Last, First, Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate		How long have you known this individual?

Name: Last, First, Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate		How long have you known this individual?

Educational History

List all schools you have attended beginning with high school. This includes High School, College, and Trade Schools.

Name of School	Address, City, State, Zip Code	Dates Attended	Type of Degree	Suspended or Expelled (Y/N)	GPA

Have you ever been placed on academic or disciplinary probation? (If yes, please provide details)

Yes No

Have you been allowed to resign in lieu of discipline from any school? (If yes, please provide details)

Yes No

Have you been advised by any school to discontinue your studies? (If yes, please provide details)

Yes No

List any activities you have been involved in throughout your educational career:

List any awards or merits you have received during your educational career:

School References

List individuals (Teachers, Counselors, etc.) in schools that you have attended in the last three years.

Name	School	Address, City, State, Zip Code	Telephone Number

Have you participated in an internship program with any police department? (If yes, please provide details)

Yes No

Have you participated in an internship program not related to any police department? (If yes, please provide details)

Yes No

Volunteer Work

List all volunteer work and community service you have participated in. Include only volunteer work within the past five years.

Organization	Details	Contact Person	Contact's Email or Phone Number

Special Skills

List any abilities you feel would advance your performance in the position of Police Officer. Please list any certifications or licenses that you possess.

Residences

List all the addresses where you have lived in the last seven (7) years. Begin with your current address and list backwards. Also list the companies or the individuals from whom you have rented these residences. If you own the property, you may list "Owned" in the "Rental Company or Person's Name" field.

Address, City, State, Zip Code	Date From		Date To		
	Month	Year	Month	Year	
Rental Company or Name of Landlord	Address, City, State, Zip Code, Telephone				
Reason for Moving					
Roommate(s) Name(s) and Nature of Relationship			Email Address and/or Phone Number		
Did Police or Fire ever respond for any reason? If yes, provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No 					

Personal History Statement Police Officer Applicant

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year
Rental Company or Name of Landlord	Address, City, State, Zip Code, Telephone			
Reason for Moving				
Roommate(s) Name(s) and Nature of Relationship			Email Address and/or Phone Number	
Did Police or Fire ever respond for any reason? If yes, provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No				

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year
Rental Company or Name of Landlord	Address, City, State, Zip Code, Telephone			
Reason for Moving				
Roommate(s) Name(s) and Nature of Relationship			Email Address and/or Phone Number	
Did Police or Fire ever respond for any reason? If yes, provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No				

Fremont Police Department Personal History Statement

Name: _____
06/2025

Date: _____

Personal History Statement Police Officer Applicant

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year
Rental Company or Name of Landlord	Address, City, State, Zip Code, Telephone			
Reason for Moving				
Roommate(s) Name(s) and Nature of Relationship			Email Address and/or Phone Number	
Did Police or Fire ever respond for any reason? If yes, provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No				

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year
Rental Company or Name of Landlord	Address, City, State, Zip Code, Telephone			
Reason for Moving				
Roommate(s) Name(s) and Nature of Relationship			Email Address and/or Phone Number	
Did Police or Fire ever respond for any reason? If yes, provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No				

Personal History Statement Police Officer Applicant

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year
Rental Company or Name of Landlord	Address, City, State, Zip Code, Telephone			
Reason for Moving				
Roommate(s) Name(s) and Nature of Relationship			Email Address and/or Phone Number	
Did Police or Fire ever respond for any reason? If yes, provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No				

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year
Rental Company or Name of Landlord	Address, City, State, Zip Code, Telephone			
Reason for Moving				
Roommate(s) Name(s) and Nature of Relationship			Email Address and/or Phone Number	
Did Police or Fire ever respond for any reason? If yes, provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No				

Have you ever been asked to leave a residence? (If yes, please provide details)

Yes No

Have you ever left a residence owing rent, utilities, or other household expenses? (If yes, please provide details)

Yes No

Have you ever had any problems with rental management or staff? (If yes, please provide details)

Yes No

Have any complaints ever been made against you by other tenants or neighbors? (If yes, please provide details)

Yes No

Employment History

List **all employment** you have **ever had beginning with the most recent**. Include military, seasonal, temporary, full time, part time and cash paying employment. Also include all periods of unemployment.

For this section, "Resigned" means a voluntary separation with appropriate notice and "Quit" means a voluntary separation without proper notice.

Business Name	
Type of Employment (Check ALL that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employment	
Address, City, State, Zip Code	Telephone Number
Position Held	Wage/Salary
Supervisor's Name	Phone or Email
Coworker's Name	Phone or Email
Start Date (Month/Year)	End Date (Month/Year)
Reason for Leaving Employment: (Explain)	
Mark "Yes" or "No" for each Option, check "Yes" for all that apply: Resigned (with notice) <input type="checkbox"/> Yes <input type="checkbox"/> No Quit (no notice) <input type="checkbox"/> Yes <input type="checkbox"/> No Laid Off <input type="checkbox"/> Yes <input type="checkbox"/> No Released <input type="checkbox"/> Yes <input type="checkbox"/> No Asked to Leave <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you ever disciplined (verbal, written, reprimand, suspension)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any agreements in place that would prevent this employer from divulging details of your employment? <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Business Name	
Type of Employment (Check ALL that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employment	
Address, City, State, Zip Code	Telephone Number
Position Held	Wage/Salary
Supervisor's Name	Phone or Email
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Business Name	
Type of Employment (Check ALL that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employment	
Address, City, State, Zip Code	Telephone Number
Position Held	Wage/Salary
Supervisor's Name	Phone or Email
Coworker's Name	Phone or Email
Start Date (Month/Year)	End Date (Month/Year)
Reason for Leaving Employment: (Explain)	
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Were you ever disciplined (verbal, written, reprimand, suspension)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any agreements in place that would prevent this employer from divulging details of your employment? <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Business Name	
Type of Employment (Check ALL that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employment	
Address, City, State, Zip Code	Telephone Number
Position Held	Wage/Salary
Supervisor's Name	Phone or Email
Coworker's Name	Phone or Email
Start Date (Month/Year)	End Date (Month/Year)
Reason for Leaving Employment: (Explain)	
Mark "Yes" or "No" for each Option, check "Yes" for all that apply: Resigned (with notice) <input type="checkbox"/> Yes <input type="checkbox"/> No Quit (no notice) <input type="checkbox"/> Yes <input type="checkbox"/> No Laid Off <input type="checkbox"/> Yes <input type="checkbox"/> No Released <input type="checkbox"/> Yes <input type="checkbox"/> No Asked to Leave <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you ever disciplined (verbal, written, reprimand, suspension)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any agreements in place that would prevent this employer from divulging details of your employment? <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Business Name	
Type of Employment (Check ALL that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employment	
Address, City, State, Zip Code	Telephone Number
Position Held	Wage/Salary
Supervisor's Name	Phone or Email
Coworker's Name	Phone or Email
Start Date (Month/Year)	End Date (Month/Year)
Reason for Leaving Employment: (Explain)	
Mark "Yes" or "No" for each Option, check "Yes" for all that apply: Resigned (with notice) <input type="checkbox"/> Yes <input type="checkbox"/> No Quit (no notice) <input type="checkbox"/> Yes <input type="checkbox"/> No Laid Off <input type="checkbox"/> Yes <input type="checkbox"/> No Released <input type="checkbox"/> Yes <input type="checkbox"/> No Asked to Leave <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you ever disciplined (verbal, written, reprimand, suspension)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any agreements in place that would prevent this employer from divulging details of your employment? <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Business Name	
Type of Employment (Check ALL that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employment	
Address, City, State, Zip Code	Telephone Number
Position Held	Wage/Salary
Supervisor's Name	Phone or Email
Coworker's Name	Phone or Email
Start Date (Month/Year)	End Date (Month/Year)
Reason for Leaving Employment: (Explain)	
Mark "Yes" or "No" for each Option, check "Yes" for all that apply: Resigned (with notice) <input type="checkbox"/> Yes <input type="checkbox"/> No Quit (no notice) <input type="checkbox"/> Yes <input type="checkbox"/> No Laid Off <input type="checkbox"/> Yes <input type="checkbox"/> No Released <input type="checkbox"/> Yes <input type="checkbox"/> No Asked to Leave <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you ever disciplined (verbal, written, reprimand, suspension)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any agreements in place that would prevent this employer from divulging details of your employment? <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Business Name	
Type of Employment (Check ALL that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employment	
Address, City, State, Zip Code	Telephone Number
Position Held	Wage/Salary
Supervisor's Name	Phone or Email
Coworker's Name	Phone or Email
Start Date (Month/Year)	End Date (Month/Year)
Reason for Leaving Employment: (Explain)	
Mark "Yes" or "No" for each Option, check "Yes" for all that apply: Resigned (with notice) <input type="checkbox"/> Yes <input type="checkbox"/> No Quit (no notice) <input type="checkbox"/> Yes <input type="checkbox"/> No Laid Off <input type="checkbox"/> Yes <input type="checkbox"/> No Released <input type="checkbox"/> Yes <input type="checkbox"/> No Asked to Leave <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you ever disciplined (verbal, written, reprimand, suspension)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any agreements in place that would prevent this employer from divulging details of your employment? <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Have you ever been terminated, suspended, or permitted to resign in lieu of termination from any job? (If yes, please provide details.) Yes No

Personal History Statement Police Officer Applicant

Have you ever been in a verbal or physical altercation with a supervisor, coworker, subordinate, or customer? (If yes, please provide details.) Yes No

Have you ever been accused of discrimination (such as sexual harassment, racial bias, etc.) by a coworker, superior, subordinate, or customer? (If yes, please provide details.) Yes No

Have you ever been the subject of a written complaint at work?? (If yes, please provide details.) Yes No

Have you ever been counseled at work due to tardiness or absences? (If yes, please provide details.) Yes No

Have you ever received an unsatisfactory performance review or evaluation? (If yes, please provide details.) Yes No

Personal History Statement Police Officer Applicant

Have you ever called in sick when you were neither sick nor caring for a sick family member?
 Yes No

If yes, how many sick days have you used in the past five years which were not due to illness? _____

Have you ever quit without giving notice? (If yes, please provide details.)
 Yes No

Have you ever sold, released, or given away confidential information? (If yes, please provide details.)
 Yes No

In the past five years, have you missed work or been late to work due to drug or alcohol consumption and the after-effects? (If yes, please provide details.)
 Yes No

Has your work performance ever been affected by your use of alcohol or drugs? (If yes, please provide details.)
 Yes No

Have you ever been warned by an employer about your drinking or drug habits and their impact on your performance? (If yes, please provide details.)
 Yes No

Fremont Police Department Personal History Statement

Military History

Use this section to document any time spent in any branch of the military, regardless of time served. You will need to provide your DD214 for each branch you served in.

Branch	Service Number	Date of Service Month/Year to Month/Year
Unit's Name	Address, City, State, Zip Code	Telephone or Email
Immediate Commander	Address, City, State, Zip Code	Telephone or Email
Friend or Associate in the Military	Address, City, State, Zip Code	Telephone or Email
Please list all job titles and ranks		
Type of Discharge (Check All That Apply) <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other Than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Undesirable <input type="checkbox"/> Less than Honorable <input type="checkbox"/> Medical Discharge <input type="checkbox"/> Hardship <input type="checkbox"/> Other <input type="checkbox"/> DRIF (Reduction in Force) <input type="checkbox"/> Honorable – Uncharacterized.	Your Re-Entry Code (refer to your DD214)	
	Your Service Number, if Different than your SSN	

Personal History Statement Police Officer Applicant

Have you ever been the subject of any judicial disciplinary action? (If yes, please provide details.)

Yes No

Have you ever been the subject of any non-judicial disciplinary action? (If yes, please provide details.)

Yes No

Have you ever been court-martialed? (If yes, please provide details.)

Yes No

Have you ever been allowed to resign in lieu of court-martial? (If yes, please provide details.)

Yes No

Have you ever been the subject of any Summary Court, Deck Court, or Captain's Mast? (If yes, please provide details.)

Yes No

Have you ever received an Article 15? (If yes, please provide details.) Yes No

Have you ever been restricted to base/post for any reason? (If yes, please provide details.) Yes No

Have you ever been administratively discharged? (If yes, please provide details.) Yes No

Have you ever been denied a security clearance, or had a clearance revoked/suspended/downgraded? (If yes, please provide details.) Yes No

Have you ever taken military property without permission for personal use, to sell, or give away? (If yes, please provide details.) Yes No

Personal History Statement Police Officer Applicant

During your military service, did you ever engage in any acts of prostitution, legally or illegally (i.e. escort services, massage parlors, etc.)? (If yes, please provide details.) Yes No

Please list all honors, awards, and commendations earned.

Under current law, all male U.S. citizens between the ages of 18 and 25 years old are required to register with the Selective Service within 30 days of their 18th birthday. Have you complied with this law?
 Yes No N/A

Law Enforcement History

List all law enforcement agencies or fire departments with which you have ever applied to or taken an exam.

Name of Agency	Agency, Address, City, State, Zip Code	
Date Applied (MM/YY)	Background Investigator Name, Phone, and Email	
Position Applied for	Check Each Step of the Process that you Completed <input type="checkbox"/> Application <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Written Exam <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Physical Test <input type="checkbox"/> Medical Exam <input type="checkbox"/> Oral Board (Interview) <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Polygraph <input type="checkbox"/> Final Offer <input type="checkbox"/> Background Investigation	Current Status <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown
If Not Hired, Please Provide the Reason(s) Why:		

Name of Agency	Agency, Address, City, State, Zip Code	
Date Applied (MM/YY)	Background Investigator Name, Phone, and Email	
Position Applied for	Check Each Step of the Process that you Completed <input type="checkbox"/> Application <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Written Exam <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Physical Test <input type="checkbox"/> Medical Exam <input type="checkbox"/> Oral Board (Interview) <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Polygraph <input type="checkbox"/> Final Offer <input type="checkbox"/> Background Investigation	Current Status <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown
If Not Hired, Please Provide the Reason(s) Why:		

Name of Agency	Agency, Address, City, State, Zip Code	
Date Applied (MM/YY)	Background Investigator Name, Phone, and Email	
Position Applied for	Check Each Step of the Process that you Completed <input type="checkbox"/> Application <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Written Exam <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Physical Test <input type="checkbox"/> Medical Exam <input type="checkbox"/> Oral Board (Interview) <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Polygraph <input type="checkbox"/> Final Offer <input type="checkbox"/> Background Investigation	Current Status <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown
If Not Hired, Please Provide the Reason(s) Why:		

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Position Applied for	Check Each Step of the Process that you Completed <input type="checkbox"/> Application <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Written Exam <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Physical Test <input type="checkbox"/> Medical Exam <input type="checkbox"/> Oral Board (Interview) <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Polygraph <input type="checkbox"/> Final Offer <input type="checkbox"/> Background Investigation	Current Status <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown
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Position Applied for	Check Each Step of the Process that you Completed <input type="checkbox"/> Application <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Written Exam <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Physical Test <input type="checkbox"/> Medical Exam <input type="checkbox"/> Oral Board (Interview) <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Polygraph <input type="checkbox"/> Final Offer <input type="checkbox"/> Background Investigation	Current Status <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown
If Not Hired, Please Provide the Reason(s) Why:		

Name of Agency	Agency, Address, City, State, Zip Code	
Date Applied (MM/YY)	Background Investigator Name, Phone, and Email	
Position Applied for	Check Each Step of the Process that you Completed <input type="checkbox"/> Application <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Written Exam <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Physical Test <input type="checkbox"/> Medical Exam <input type="checkbox"/> Oral Board (Interview) <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Polygraph <input type="checkbox"/> Final Offer <input type="checkbox"/> Background Investigation	Current Status <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown
If Not Hired, Please Provide the Reason(s) Why:		

Name of Agency	Agency, Address, City, State, Zip Code	
Date Applied (MM/YY)	Background Investigator Name, Phone, and Email	
Position Applied for	Check Each Step of the Process that you Completed <input type="checkbox"/> Application <input type="checkbox"/> Written Exam <input type="checkbox"/> Physical Test <input type="checkbox"/> Oral Board (Interview) <input type="checkbox"/> Polygraph <input type="checkbox"/> Background Investigation	Current Status <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown
If Not Hired, Please Provide the Reason(s) Why:		

Name of Agency	Agency, Address, City, State, Zip Code	
Date Applied (MM/YY)	Background Investigator Name, Phone, and Email	
Position Applied for	Check Each Step of the Process that you Completed <input type="checkbox"/> Application <input type="checkbox"/> Written Exam <input type="checkbox"/> Physical Test <input type="checkbox"/> Oral Board (Interview) <input type="checkbox"/> Polygraph <input type="checkbox"/> Background Investigation	Current Status <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown
If Not Hired, Please Provide the Reason(s) Why:		

Name of Agency	Agency, Address, City, State, Zip Code	
Date Applied (MM/YY)	Background Investigator Name, Phone, and Email	
Position Applied for	Check Each Step of the Process that you Completed <input type="checkbox"/> Application <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Written Exam <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Physical Test <input type="checkbox"/> Medical Exam <input type="checkbox"/> Oral Board (Interview) <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Polygraph <input type="checkbox"/> Final Offer <input type="checkbox"/> Background Investigation	Current Status <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown
If Not Hired, Please Provide the Reason(s) Why:		

Name of Agency	Agency, Address, City, State, Zip Code	
Date Applied (MM/YY)	Background Investigator Name, Phone, and Email	
Position Applied for	Check Each Step of the Process that you Completed <input type="checkbox"/> Application <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Written Exam <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Physical Test <input type="checkbox"/> Medical Exam <input type="checkbox"/> Oral Board (Interview) <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Polygraph <input type="checkbox"/> Final Offer <input type="checkbox"/> Background Investigation	Current Status <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown
If Not Hired, Please Provide the Reason(s) Why:		

Name of Agency	Agency, Address, City, State, Zip Code	
Date Applied (MM/YY)	Background Investigator Name, Phone, and Email	
Position Applied for	Check Each Step of the Process that you Completed <input type="checkbox"/> Application <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Written Exam <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Physical Test <input type="checkbox"/> Medical Exam <input type="checkbox"/> Oral Board (Interview) <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Polygraph <input type="checkbox"/> Final Offer <input type="checkbox"/> Background Investigation	Current Status <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown
If Not Hired, Please Provide the Reason(s) Why:		

Name of Agency	Agency, Address, City, State, Zip Code	
Date Applied (MM/YY)	Background Investigator Name, Phone, and Email	
Position Applied for	Check Each Step of the Process that you Completed <input type="checkbox"/> Application <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Written Exam <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Physical Test <input type="checkbox"/> Medical Exam <input type="checkbox"/> Oral Board (Interview) <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Polygraph <input type="checkbox"/> Final Offer <input type="checkbox"/> Background Investigation	Current Status <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown
If Not Hired, Please Provide the Reason(s) Why:		

Have you ever attended a law enforcement academy and not graduated? (If yes, please provide details.)

Yes No

Have you ever been subject to any disciplinary action, academic probation, civil fine, suspension, or expulsion from any law enforcement academy? (If yes, please provide details.)

Yes No

Are there any agreements in place that prohibit the discovery of your time attending any law enforcement academy? (If yes, please provide details.)

Yes No

Foreign Languages

Do you have any foreign language ability? Yes No

If yes, complete the below and indicate your proficiency as slight, good, or fluent.

Name of Language	Speak	Understand	Read	Write

Have you ever traveled outside the U.S? (If yes, please provide details.) Yes No

During your travel abroad, did you have any contact with a law enforcement entity? (If yes, please provide details.)

Yes No

Motor Vehicle Information

Current Driver's License Information

License Number and State	Expiration Date
Endorsements	Class

Past Driver's License Information – List any other states in which you have been licensed to operate a motor vehicle. If you do not remember your License Number, please write "unknown" and the State.

License Number and State	Expiration Date
Endorsements	Class

License Number and State	Expiration Date
Endorsements	Class

License Number and State	Expiration Date
Endorsements	Class

License Number and State	Expiration Date
Endorsements	Class

Have your driving privileges ever been restricted? (If yes, please provide details.)

Yes No

Has your driver's license ever been suspended or revoked? (If yes, please provide details.)

Yes No

Have you ever been refused a driver's license? (If yes, please provide details.)

Yes No

Have you ever driven a vehicle without auto insurance, as required by law? (If yes, please provide details.)

Yes No

Have you ever been refused automobile liability insurance or a bond, or had them cancelled? (If yes, please provide details.)

Yes No

Have you been involved in any traffic accidents in the last five (5) years? (If yes, please provide details including date, location, and law enforcement agency.)

Yes No

Is your vehicle(s) properly registered and do you have current insurance? (You will need to show proof upon request)

Yes No

Please list your current insurance information on all vehicles registered to you.

Vehicle Make and Model		Vehicle Year	Vehicle License Plate
Insurance Company	Type of Coverage		Policy Number
Policy Expiration Date (MM/DD/YYYY)	Agent Contact Information (Name, Phone Number, Email)		

Vehicle Make and Model		Vehicle Year	Vehicle License Plate
Insurance Company	Type of Coverage		Policy Number
Policy Expiration Date (MM/DD/YYYY)	Agent Contact Information (Name, Phone Number, Email)		

Vehicle Make and Model		Vehicle Year	Vehicle License Plate
Insurance Company	Type of Coverage		Policy Number
Policy Expiration Date (MM/DD/YYYY)	Agent Contact Information (Name, Phone Number, Email)		

Vehicle Make and Model		Vehicle Year	Vehicle License Plate
Insurance Company	Type of Coverage		Policy Number
Policy Expiration Date (MM/DD/YYYY)	Agent Contact Information (Name, Phone Number, Email)		

Civil Lawsuits

List any suits in which you were a plaintiff or defendant. This includes but is not limited to auto accidents, order for protection/harassment, child custody, paternity, support, divorce, small claims, credit or bank litigation, student loans, etc.

Incident	Month	Year	City	County	State

Have you ever been subject to any civil action or proceeding in the state of Nebraska or elsewhere? (If yes, please provide details.) Yes No

Have you ever been named in a notice or claim that you may be a defendant in a civil action or proceeding? (If yes, please provide details.) Yes No

Have you ever had a civil case dismissed for any reason? (If yes, please provide details.) Yes No

Criminal and Traffic History

List **all** traffic tickets, citations, detentions, arrests, and/or convictions that you have **ever** had. This includes juvenile offenses and diversion programs that were or were not successfully completed and dismissed charges. In some cases, this also includes offenses that may have been pardoned. You should include any offenses that fall under the Uniform Code of Military Justice.

Please remember that failure to disclose any information may render you ineligible for employment or result in disciplinary action (up to and including termination). As a Police Officer candidate, you are required to disclose this information.

Offense	Date (MM/YY)	Arresting Agency	City/County & State
Details			
Disposition (Check all that Apply)		Warrant Issued Regarding This Offense:	
<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Offense	Date (MM/YY)	Arresting Agency	City/County & State
Details			
Disposition (Check all that Apply)		Warrant Issued Regarding This Offense:	
<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Offense	Date (MM/YY)	Arresting Agency	City/County & State
Details			
Disposition (Check all that Apply)		Warrant Issued Regarding This Offense:	
<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Offense	Date (MM/YY)	Arresting Agency	City/County & State
Details			
Disposition (Check all that Apply)		Warrant Issued Regarding This Offense:	
<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Offense	Date (MM/YY)	Arresting Agency	City/County & State
Details			
Disposition (Check all that Apply)		Warrant Issued Regarding This Offense:	
<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Offense	Date (MM/YY)	Arresting Agency	City/County & State
Details			
Disposition (Check all that Apply)		Warrant Issued Regarding This Offense:	
<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Offense	Date (MM/YY)	Arresting Agency	City/County & State
Details			
Disposition (Check all that Apply)		Warrant Issued Regarding This Offense:	
<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Offense	Date (MM/YY)	Arresting Agency	City/County & State
Details			
Disposition (Check all that Apply)		Warrant Issued Regarding This Offense:	
<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jail <input type="checkbox"/> Fine <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Since the age of 16, have you stolen money or property from an employer? (If yes, please provide details.)

Yes No

Since the age of 16, have you stolen money or property from anyone? (If yes, please provide details.)

Yes No

Have you ever shoplifted? (If yes, please provide details.)

Yes No

Have you ever skipped out on a restaurant bill? (If yes, please provide details.)

Yes No

Have you ever accepted services and not rendered payment (i.e. taxi fare, home repair service, etc.)? (If yes, please provide details.)

Yes No

Have you ever been fingerprinted for any reason outside of employment? (If yes, please provide details.)

Yes No

Personal History Statement Police Officer Applicant

To your knowledge, have you ever been investigated by any Federal, State, County, or City law enforcement agency? (If yes, please provide details.)

Yes No

To your knowledge, have you ever been listed as a suspect in any investigation? (If yes, please provide details.)

Yes No

Have you ever received an expungement, pardon, or a set-aside for any crime? (If yes, please provide details.)

Yes No

Have you ever been placed on court probation? (If yes, please provide details.)

Yes No

Have you ever been involved in a child abuse/child neglect investigation? (If yes, please provide details.)

Yes No

Have you or your spouse/partner ever been referred to Child Protective Services? (If yes, please provide details.)

Yes No

Has law enforcement ever been called to your home for any reason? (If yes, please provide details.)

Yes No

Personal History Statement Police Officer Applicant

Have you ever been the subject of a protection order/harassment order/restraining order/stay away order? (If yes, please provide details.)

Yes No

In the last five years, have you used any physical force against another person? (If yes, please provide details.)

Yes No

Have you ever engaged in a sexual act for which you have either paid for or traded something of value for? (If yes, please provide details.)

Yes No

Have you ever provided a sex act for payment or trade? (If yes, please provide details.)

Yes No

Have you ever been involved in a sexual encounter in which the other party did not give consent, or was unable to give consent (i.e. intoxicated, asleep, etc.)? (If yes, please provide details.)

Yes No

Have you ever fraudulently received welfare, unemployment compensation, workers compensation or other state/federal assistance? (If yes, please provide details.)

Yes No

Have you ever filed a false insurance or worker's compensation claim? (If yes, please provide details.)

Yes No

Fremont Police Department Personal History Statement

Name: _____
06/2025

Date: _____

Have you ever been refused a permit to carry a concealed weapon? Yes No

Have you ever been refused a license to purchase a firearm? Yes No

At any time in your life, have you EVER committed any of the following acts? (NOTE: you must not withhold any information regarding your involvement in any of the following acts, even if state law relieved you from reporting the detention, arrest, or conviction that arose from it.)

If you answer Yes to any of the items below, you are required to fully explain the circumstances, including dates, names of other individuals involved, and disposition in the Additional Notes section.

Animal Abuse/Neglect	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annoying, Obscene, or Harassing Contacts by Phone or Electronic Communication Device	<input type="checkbox"/> Yes <input type="checkbox"/> No
Battery/Assault	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brandishing a Weapon (Any Type of Weapon)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carrying a Concealed Weapon Without a Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contributing to the Delinquency of a Minor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defrauding an Innkeeper (Not paying for food/room/board at hotel, campground, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driving Under the Influence of Alcohol and/or Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Intoxication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Filing a False Police Report	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hit and Run Collision	<input type="checkbox"/> Yes <input type="checkbox"/> No
Illegal Gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Illegal Hunting and/or Fishing (i.e. without a license, out of season, private or protected property)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impersonating a Police Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indecent Exposure and/or Lewd/Obscene Conduct	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intentionally Writing a Bad Check	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joy Riding (Using a Vehicle Without the Owner's Permission)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peeping (Looking Through Window or Opening with the Intent to Invade Someone's Privacy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Theft (Including Switching Price Tags)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Possession of Alcohol as a Minor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Possession of Falsified/Altered Identification, Including the Use of Another Person's ID	<input type="checkbox"/> Yes <input type="checkbox"/> No

Possession of Stolen Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prostitution or Solicitation of Prostitution, Including but not Limited to Patronizing Illegal Massage Parlors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reckless Driving/Willful Reckless Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resisting Arrest	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obstructing a Police Officer or Government Entity (Including Running from the Police)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trespassing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vandalism (Including Tagging, Egging, Pumpkin Smashing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arson	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assault with a Deadly Weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blackmail or Extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burglary	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Molestation (Including Fondling)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elder Abuse/Neglect (Physical or Financial)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Embezzlement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forcible Rape	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forgery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fraudulent use of a Credit, ATM, Debit or Check Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hate Crime	<input type="checkbox"/> Yes <input type="checkbox"/> No
Illegal Sex Acts (i.e. Bestiality)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Murder, Attempted Murder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lying Under Oath	<input type="checkbox"/> Yes <input type="checkbox"/> No
Possession of an Explosive Device	<input type="checkbox"/> Yes <input type="checkbox"/> No
Robbery (Forcible Theft)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stalking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Theft from a Motor Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Viewing or Possessing Child Pornography	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other Act Amounting to a Misdemeanor or Felony	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered Yes to any of the items above, you are required to fully explain the circumstances, including dates, names of other individuals involved, and disposition in the Additional Notes section.

Fremont Police Department Personal History Statement

Name: _____
06/2025

Date: _____

Have you ever committed an act of domestic violence? (If yes, please provide details.)

Yes No

Have you ever hit or physically overpowered a spouse or romantic partner? (If yes, please provide details.)

Yes No

Have you ever been involved in a domestic disturbance that required third party intervention? (If yes, please provide details.)

Yes No

Have you ever had a protection order sworn out against you by a spouse, former spouse, romantic partner, or former romantic partner? (If yes, please provide details.)

Yes No

Have you ever sworn out a protection order against a spouse, former spouse, romantic partner, or former romantic partner? (If yes, please provide details.)

Yes No

Have you ever been involved in any domestic violence incident where police responded and a written report of the incident was not completed? (If yes, please provide details.)

Yes No

Drugs/Narcotics History

For the purposes of responding to the following questions, illegal drugs include any unauthorized use of prescription medication and over the counter drugs (used against guidelines). It also includes the illegal use of any substance for the purposes of getting high.

Have You Ever Used (Check all that Apply)

- | | |
|---|--|
| <input type="checkbox"/> Acid
<input type="checkbox"/> Adderall (For Non-Medicinal Purposes)
<input type="checkbox"/> Amphetamines/Methamphetamines
(Uppers, Speed, Crank, Etc.)
<input type="checkbox"/> Barbituates/Benzodiazepines (Downers)
<input type="checkbox"/> Cocaine
<input type="checkbox"/> Crack Cocaine
<input type="checkbox"/> Designer Drugs (Synthetic Heroin, Etc.)
<input type="checkbox"/> Dextromethorphan (Cough Syrup, For
Non-Medicinal Purposes)
<input type="checkbox"/> Ecstasy
<input type="checkbox"/> AGHB/GBL/Rohypnol (Date Rape Drug)
<input type="checkbox"/> Glue, Paint, or any Substance Containing Toluene
<input type="checkbox"/> Hallucinogens (Peyote, LSD, Mushrooms)
<input type="checkbox"/> Hashish/Hashish Oil
<input type="checkbox"/> Heroin/Opium
<input type="checkbox"/> Household Products (Bath Salts, Cleaning
Products, Etc.) | <input type="checkbox"/> Inhalants (Aerosol Dusters, Spray Paints, Etc.)
<input type="checkbox"/> Ketamine
<input type="checkbox"/> K2 (Synthetic Marijuana)
<input type="checkbox"/> Marijuana (Include legal use)
<input type="checkbox"/> Mescaline
<input type="checkbox"/> Molly
<input type="checkbox"/> Morphine
<input type="checkbox"/> PCP/Angel Dust
<input type="checkbox"/> Prescription Medications (For Non-Medicinal
Purposes)
<input type="checkbox"/> Quaaludes
<input type="checkbox"/> Steroids/Performance Enhancement Drugs
<input type="checkbox"/> Tetrahydrocannabinol (THC)
<input type="checkbox"/> Whippets (Nitrous Oxide)
<input type="checkbox"/> Other _____ |
|---|--|

If you checked Yes to any of the items listed above, document details on the next page. You must include the name of the drug, all periods of use (dates), frequency of use, and circumstances. You must disclose all information regarding all substances used.

During the last five years, have you associated with family members, friends, acquaintances or roommates who have illegally used drugs or narcotics and/or illegally used prescription medications? (If yes, please provide details.)

Yes No

Have you ever taken a prescription medication that had been prescribed to someone else? (If yes, please provide details.)

Yes No

Have you ever given medication that was prescribed to you to someone else? (If yes, please provide details.)

Yes No

Have you ever laced someone's food or drink with any substance that would render them unable to function normally? (If yes, please provide details.)

Yes No

Alcohol Consumption Habits

How often do you drink alcohol?

On average, how many alcoholic beverages do you consume during one occasion?

When was the last time you were drunk?

When was the last time you were ill after having too much alcohol?

In your lifetime, how many times have you been ill after drinking alcohol?

When was the most recent time?

Did you drink alcohol when you were underage?

Yes No

How many times did you drink alcohol without parent permission before you turned 21?

Have you ever purchased or otherwise supplied alcohol for minors?

Yes No

Financial History

Are you currently in good financial standing?

Yes No

Have you ever declared bankruptcy (Chapter 7, 11, or 13)?

Yes No

Do you plan on filing for bankruptcy in the near future?

Yes No

Have you had any bills turned over to a collection agency? (If yes, please provide details including dates, creditors, and amounts)

Yes No

Have you ever purchased any goods that were later repossessed? Yes No

Have your wages ever been garnished or assigned? Yes No

Have you ever been delinquent on any state or federal taxes? Yes No

Have you ever failed to file your income taxes? Yes No

Have you ever cheated or lied on your income taxes? Yes No

Have you ever avoided paying a lawful debt by moving away? Yes No

Have you ever defaulted on (failed to pay) a loan? Yes No

Have you ever failed to make or been late on a court-appointed payment (i.e. child support, alimony, restitution, etc.)?
 Yes No

Are you currently in violation of any court order, including an order for child support?
 Yes No

Have you ever written a bad check that you did not make good on? Yes No

Do you gamble? (If yes, explain the frequency) Yes No

Do you have any family or financial problems associated with gambling? Yes No

Have you ever borrowed money to pay for a gambling debt? Yes No

Do you currently have any outstanding debts as a result of gambling? Yes No

Fremont Police Department Personal History Statement

Name: _____
06/2025

Date: _____

Have you ever used a Bookie or asked someone to place a bet with a Bookie on your behalf?
 Yes No

Have you ever engaged in online gambling? Yes No

Have you ever spent money for an illegal purpose (i.e. prostitution, purchase of fraudulent documents, etc.)?
 Yes No

Outside of the employment you currently hold, do you have any other sources of income? (If yes, please provide details.) Yes No

Membership

Do you currently have any gang affiliations, ties, or associations? Yes No

Have you ever had any gang affiliations, ties, or associations? Yes No

Are you currently involved in any kind of gang activity? Yes No

Have you ever been involved in any kind of gang activity? Yes No

Are you now, or have you ever been, a member or associate of any criminal enterprise, street gang, or other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, gender identity, sexual orientation, or disability?
 Yes No

Do you have or have you ever had a tattoo signifying membership or affiliation with a criminal enterprise, street gang, or any other group that advocates violence?
 Yes No

Are you now, or have you ever been, a member of any organization which has accepted or shows the policy of advocating or approving acts of force and violence to deny others their rights under the U.S. Constitution?

Yes No

Are you now, or have you ever been, in a group or organization which seeks to alter the form of the United States of America by any unlawful or unconstitutional means?

Yes No

Have you ever participated in any demonstration, strike, picket line or delegation sponsored by a group, movement or organization in protest to a measure?

Yes No

Additional Information

Have you ever been active on any social media, networking, blog, or dating websites or apps? (If yes, please document which sites and your user/profile name.)

Yes No

Do you have any beliefs (moral, religious, etc.) which would prevent you from fully performing the duties of Police Officer, including working weekends, evenings, holidays and overnight shifts?

Yes No

If it became necessary for you to take a human life in the course of your duties as a Police Officer, would you have any beliefs (moral, religious, etc.) that would prevent you from doing so?

Yes No

Is there any other information or circumstances in your background that may affect your ability to be certified as or function as a law enforcement officer?

Yes No

Please write below why you feel a career in law enforcement is the right path for you.



AUTHORIZATION FOR RELEASE OF INFORMATION

Page 1 of 2

This release constitutes my consent and authorization for the City of Fremont and Fremont Police Department to conduct an extensive investigation into all aspects of my background and obtain copies and abstracts of records and to receive statements and information regarding my background.

This authorization is given in connection with a background investigation being conducted relative to my application for or continued employment with, the City of Fremont and/or Fremont Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the City of Fremont and Fremont Police Department, to consider my suitability for employment.

Specifically, I authorize the release of the following data or records to the City of Fremont and Fremont Police Department: Employment; Potential Employment; Educational; Medical; Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Center.

Any authorized representative of the City of Fremont and/or Fremont Police Department shall be provided full access to any and all information regarding me.

I authorize any and all individuals and organizations; including employers, potential employers, and creditors; to release any and all information regarding me to the City of Fremont and/or the Fremont Police Department.

I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless confidentiality of their information can be guaranteed on a permanent basis, which means I may not be permitted to access or review information communicated by those persons or organizations about my suitability for employment.

I further recognize that although some of the information contained in the background investigative report is a matter of public record, or may otherwise be accessible to me, this information may be inextricably interwoven with other confidential data to which I otherwise would not be privy. I have been informed that because this background investigation is required for employment that responses from persons contacted, whether solicited or unsolicited, may be kept confidential. Those persons must be able to communicate freely and openly with a background investigator about my qualifications and suitability for law enforcement employment without fear that their statements might subject them to liability or become known to me.

I understand that any information obtained, which is 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 investigation become the property of the City of Fremont and will not be returned to me.

Therefore, I exonerate, release, and discharge the person contacted by the City of Fremont and Fremont Police Department, from any claim for liability or damages of any kind, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their communications about my suitability for employment, and for any refusal to make

Fremont Police Department Personal History Statement

Name: _____
06/2025

Date: _____

72



AUTHORIZATION FOR RELEASE OF INFORMATION

Page 2 of 2

available to me any and all confidential information contained in this pre-employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person, and from any other compliance with this authorization or attempts to comply with it.

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

I further authorize the City of Fremont and/or the Fremont Police Department to release any and all information regarding me, my application and consideration for employment, and potential employment to any law enforcement agency that would be in contact regarding my consideration for employment as a law enforcement officer.

I have had adequate time to review this form, I understand its meaning and purpose.

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.

Date _____

Signature _____

Printed Full Name _____

Date of Birth _____

Social Security Number _____

Notary Acknowledgement

State of Nebraska

s.s.

County of _____)

The foregoing instrument was acknowledged before me this

_____ day of _____, 20__

by _____.

Fremont Police Department Personal History Statement

Name: _____
06/2025

Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>