



Oregon State Police

RECRUIT TROOPER SUPPLEMENTAL PERSONAL HISTORY INFORMATION CHECKLIST

The documents provided must be arranged in the order listed below and emailed as one scanned PDF. This scanned document must be submitted via email to the following email address osp.trooper@state.or.us. The subject line of the email should state your full name and personal history information. Failure to comply can result in disqualification. Answer each line. If an item does not apply, check "No" and enter "N/A" in the explanation column.

Documents	Included		If NO, Explain
Supplemental Personal History for the position of Recruit Trooper.	YES	NO	
Copy of College Transcripts	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of High School Transcripts	YES	NO	
Copy of GED Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of College Diploma	YES	NO	
Copy of High School Diploma, if diploma is unavailable obtain a certified notice on letterhead indicating graduation date.	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Birth Certificate or Naturalization Document	YES	NO	
Copy of Military DD214, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	
Copies of last three military evaluations	YES	NO	
Copies of last three Divorce Decrees	<input type="checkbox"/>	<input type="checkbox"/>	
Copies of all Restraining orders	YES	NO	
Copies of all police reports, court records, and a brief explanation for any arrest for any crime. This includes any citations issued in lieu of an arrest for any crime.	<input type="checkbox"/>	<input type="checkbox"/>	

Please do not submit the following documentation. Hold these documents and present it to your background investigator at the time of your interview: Resumes, letters of recommendation, letters or certificates of commendation, training certificates, civic awards, and any other materials you wish to have placed in your file.

Full Name: _____
Last
First
Middle

Oregon State Police
Training, Policy and Sworn Recruiting Section
4190 Aumsville Hwy. SE
Salem, OR 97317
503-378-4175
osp.trooper@state.or.us



Oregon State Police

Recruit Background History Package

For the Position of **RECRUIT TROOPER**

Applicant Information

Full Name: _____
Last First Middle

Failure to complete this form or any other information may delay the processing of your background form:

- **ALL QUESTIONS MUST BE ANSWERED**

The information furnished on this form is confidential and is to be utilized for the purpose of enabling the Department of State Police to determine the applicant's qualifications. This completed document must be emailed to osp.trooper@state.or.us within 2 weeks from the date received.

SECTION 1: PERSONAL DATA

Date: _____ Date of Birth: _____

Full Name: _____
Last First Middle

Present Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Permanent Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Work Phone: _____

Message Phone: _____ Cell Phone: _____

Email Address: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Distinguishing marks or features (i.e. scars, marks, tattoos, etc.):

Driver's License
No.: _____ State: _____

List any other states where you have been licensed to operate a motor vehicle and dates:

SECTION 2: REFERENCES

For four (4) references and an alternate reference that are not related to you by blood or marriage, provide the following information. **List residents of Oregon if at all possible.**

Full Name: _____ Email address: _____

Mailing Address: _____ Home Phone: _____

Employer: _____

Employer Street
Address: _____

Employer Mailing
Address: _____

Work Phone: _____

Full Name: _____ Email address: _____

Mailing Address: _____ Home Phone: _____

Employer: _____

Employer Street
Address: _____

Employer Mailing
Address: _____

Work Phone: _____

Full Name: _____ Email address: _____

Mailing Address: _____ Home Phone: _____

Employer: _____
Employer Street Address: _____
Employer Mailing Address: _____
Work Phone: _____

Full Name: _____ Email address: _____
Mailing Address: _____ Home Phone: _____

Employer: _____
Employer Street Address: _____
Employer Mailing Address: _____
Work Phone: _____

List at least an additional one (1) person not related by blood or marriage. Do not list employers or supervisors. List residents of Oregon if possible. List individuals who have known you for at least three (3) years.

Full Name: _____ Email address: _____
Street Address: _____ Years Know: _____
Mailing Address: _____ Phone Number: _____
Employer: _____
Employer Street Address: _____
Employer Mailing Address: _____
Work Phone: _____

SECTION 3: TRAFFIC/ARREST/VIOLATION RECORDS

Is there any traffic, criminal and/or other types of charges pending against you at this time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been arrested, charged or cited for any violation of law? This includes cases that were dismissed, charges dropped, or found not guilty.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Have you ever had a Fish and Wildlife violation? YES NO State: _____

If **YES** to any of the above, provide a complete explanation.

List **ALL INCIDENTS** in which you were **CONTACTED** by a police officer **FOR ANY REASON**. This includes traffic crashes. Attach an additional page if needed. List all such matters, even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment or fine including **ALL CITATIONS**.

Date: _____	Place: _____	Police Agency: _____	Describe Incident: _____	Final Disposition: _____
Date: _____	Place: _____	Police Agency: _____	Describe Incident: _____	Final Disposition: _____
Date: _____	Place: _____	Police Agency: _____	Describe Incident: _____	Final Disposition: _____
Date: _____	Place: _____	Police Agency: _____	Describe Incident: _____	Final Disposition: _____

Additional Information: _____

Has any member of your family, including in-laws, spouse/significant other/domestic partner or anyone else with whom you are closely associated, or with whom you have lived, been arrested for anything other than traffic violations? YES NO

Date: _____	Name and Relationship: _____	Date of Birth: _____	Place: _____
Charge: _____	Final Disposition: _____		

Date: _____	Name and Relationship: _____	Date of Birth: _____	Place: _____
Charge: _____	Final Disposition: _____		

Date: _____	Name and Relationship: _____	Date of Birth: _____	Place: _____
Charge: _____	Final Disposition: _____		

Date: _____	Name and Relationship: _____	Date of Birth: _____	Place: _____
Charge: _____	Final Disposition: _____		

Additional Information: _____

SECTION 4: PERSONAL HISTORY

Domestic Partnership: *(Domestic Partnership means a domestic relationship {either same sex or opposite sex} analogous to a marriage.*

Current Domestic Partners Full Name: _____

Street Address: _____ Date of Birth: _____

Driver's License No. & State _____ Phone Number: _____

Employer: _____

Employer Address: _____

Occupation: _____ Salary: \$ _____

Work Phone: _____

Ex-Domestic Partner's Full Name: _____

Street Address: _____

Phone: _____ Date of Birth: _____

Ex-Domestic Partner's Full Name: _____

Street Address: _____

Phone: _____ Date of Birth: _____

Additional Information:

List all children- natural, adopted, step and/or foster children and identify relationship.

Full Name: _____

Street Address: _____

Relationship: _____ Date of Birth: _____ Phone: _____

Full Name: _____

Street Address: _____

Relationship: _____ Date of Birth: _____ Phone: _____

Full Name: _____

Street Address: _____

Relationship: _____ Date of Birth: _____ Phone: _____

Full Name: _____

Street Address: _____

Relationship: _____ Date of Birth: _____ Phone: _____

Additional Information:

Are you required to pay child support? YES NO Monthly amount: \$ _____

List all family members to include father, mother, brother(s), and sisters(s).

Father:

Full Name: _____

Street Address: _____

Email Address: _____ Date of Birth: _____ Phone: _____

Employer and Occupation: _____

Business Address: _____ Phone: _____

Mother:

Full Name: _____

Street Address: _____

Email Address: _____ Date of Birth: _____ Phone: _____

Employer and Occupation: _____

Business Address: _____ Phone: _____

Sister/Brother:

Full Name: _____

Street Address: _____

Email Address: _____ Date of Birth: _____ Phone: _____

Employer and Occupation: _____

Business Address: _____ Phone: _____

Sister/Brother:

Full Name: _____

Street Address: _____

Email Address: _____ Date of Birth: _____ Phone: _____

Employer and Occupation: _____

Business Address: _____ Phone: _____

Sister/Brother:

Full Name: _____

Street Address: _____

Email Address: _____ Date of Birth: _____ Phone: _____

Employer and Occupation: _____

Business Address: _____ Phone: _____

Additional Information:

List all step father(s), step mother(s), step sister(s), and/or step brother(s) and any in-laws.

Full Name: _____ Relationship: _____

Street Address: _____

Email Address: _____ Date of Birth: _____ Phone: _____

Employer and
Occupation:

Business Address:

Phone:

Full Name:

Relationship:

Street Address:

Email Address:

Date of Birth:

Phone:

Employer and
Occupation:

Business Address:

Phone:

Full Name:

Relationship:

Street Address:

Email Address:

Date of Birth:

Phone:

Employer and
Occupation:

Business Address:

Phone:

Full Name:

Relationship:

Street Address:

Email Address:

Date of Birth:

Phone:

Employer and
Occupation:

Business Address:

Phone:

Full Name:

Relationship:

Street Address:

Email Address:

Date of Birth:

Phone:

Employer and
Occupation:

Business Address: _____ Phone: _____

Additional Information:

SECTION 5: RESIDENCES

List all residences since the age of 17 (start with most current).

Current Residence:

From: _____ To: _____ Provide Full Address: _____

With whom did you live? _____ Relationship: _____

Person's Current Address: _____ Current Phone No.: _____

To whom was payment made? _____

Full current address: _____ Current Phone No.: _____

From: _____ To: _____ Provide Full Address: _____

With whom did you live? _____ Relationship: _____

Person's Current Address: _____ Current Phone No.: _____

To whom was payment made? _____

Full current address: _____ Current Phone No.: _____

From: _____ To: _____ Provide Full Address: _____

With whom did you live? _____ Relationship: _____

Person's Current Address: _____ Current Phone No.: _____

To whom was payment made? _____

Full current address: _____ Current Phone No.: _____

From: _____ To: _____ Provide Full Address: _____

With whom did you live? _____ Relationship: _____
Person's Current Address: _____ Current Phone No.: _____
To whom was payment made? _____
Full current address: _____ Current Phone No.: _____

From: _____ To: _____ Provide Full Address: _____
With whom did you live? _____ Relationship: _____
Person's Current Address: _____ Current Phone No.: _____
To whom was payment made? _____
Full current address: _____ Current Phone No.: _____

From: _____ To: _____ Provide Full Address: _____
With whom did you live? _____ Relationship: _____
Person's Current Address: _____ Current Phone No.: _____
To whom was payment made? _____
Full current address: _____ Current Phone No.: _____

From: _____ To: _____ Provide Full Address: _____
With whom did you live? _____ Relationship: _____
Person's Current Address: _____ Current Phone No.: _____
To whom was payment made? _____
Full current address: _____ Current Phone No.: _____

Additional Information:

SECTION 6: EDUCATION

Attach **ALL** official high school and college transcripts, GED certificate and copies of diplomas.

High School: _____ Address: _____

Counselor Name: _____ Phone No.: _____

From: _____ To: _____ Credits: _____ GPA: _____

Year Graduated: _____ Major: _____

Year you expected to graduate: _____ Degree(s): _____

School: _____ Address: _____

Counselor Name: _____ Phone No.: _____

From: _____ To: _____ Credits: _____ GPA: _____

Year Graduated: _____ Major: _____

Year you expected to graduate: _____ Degree(s): _____

School: _____ Address: _____

Counselor Name: _____ Phone No.: _____

From: _____ To: _____ Credits: _____ GPA: _____

Year Graduated: _____ Major: _____

Year you expected to graduate: _____ Degree(s): _____

School: _____ Address: _____

Counselor Name: _____ Phone No.: _____

From: _____ To: _____ Credits: _____ GPA: _____

Year Graduated: _____ Major: _____

Year you expected to graduate: _____ Degree(s): _____

Additional Information:

SECTION 8: EMPLOYEMENT

List every period of employment and employer since age 17 or the last ten (10) years, whichever is longer. Account for all times including periods of unemployment. *(Start with most current employment)*

From: _____ To: _____ Name of Employer/Organization: _____

Street Address: _____

Mailing Address: _____ Phone No.: _____

Job Title and Duties: _____ Monthly Salary: \$ _____

Name of Supervisor: _____

Name of Co-worker: _____ Name of Co-Worker: _____

Name of Co-worker: _____ Name of Co-Worker: _____

Was any disciplinary action taken against you? YES NO

If **YES**, attach a page labeled "Section 10: Employment" and explain fully.

Reason for leaving: _____

From: _____ To: _____ Name of Employer/Organization: _____

Street Address: _____

Mailing Address: _____ Phone No.: _____

Job Title and Duties: _____ Monthly Salary: \$ _____

Name of Supervisor: _____

Name of Co-worker: _____ Name of Co-Worker: _____

Name of Co-worker: _____ Name of Co-Worker: _____

Was any disciplinary action taken against you? YES NO

If **YES**, attach a page labeled "Section 10: Employment" and explain fully.

Reason for leaving: _____

From: _____ To: _____ Name of Employer/Organization: _____

Street Address: _____

Mailing Address: _____ Phone No.: _____

Job Title and Duties: _____ Monthly Salary: \$ _____

Name of Supervisor: _____

Name of Co-worker: _____ Name of Co-Worker: _____

Name of Co-worker: _____ Name of Co-Worker: _____

Was any disciplinary action taken against you? YES NO

If **YES**, attach a page labeled "Section 10: Employment" and explain fully.

Reason for leaving: _____

From: _____ To: _____ Name of Employer/Organization: _____

Street Address: _____

Mailing Address: _____ Phone No.: _____

Job Title and Duties: _____ Monthly Salary: \$ _____

Name of Supervisor: _____

Name of Co-worker: _____ Name of Co-Worker: _____

Name of Co-worker: _____ Name of Co-Worker: _____

Was any disciplinary action taken against you? YES NO

If **YES**, attach a page labeled "Section 10: Employment" and explain fully.

Reason for leaving: _____

From: _____ To: _____ Name of Employer/Organization: _____

Street Address: _____

Mailing Address: _____ Phone No.: _____

Job Title and Duties: _____ Monthly Salary: \$ _____

Name of Supervisor: _____

Name of Co-worker: _____ Name of Co-Worker: _____

Name of Co-worker: _____ Name of Co-Worker: _____

Was any disciplinary action taken against you? YES NO

If **YES**, attach a page labeled "Section 10: Employment" and explain fully.

Reason for leaving: _____

From: _____ To: _____ Name of Employer/Organization: _____

Street Address: _____

Mailing Address: _____ Phone No.: _____

Job Title and Duties: _____ Monthly Salary: \$ _____

Name of Supervisor: _____

Name of Co-worker: _____ Name of Co-Worker: _____

Name of Co-worker: _____ Name of Co-Worker: _____

Was any disciplinary action taken against you? YES NO

If **YES**, attach a page labeled "Section 10: Employment" and explain fully.

Reason for leaving: _____

From: _____ To: _____ Name of Employer/Organization: _____

Street Address: _____

Mailing Address: _____ Phone No.: _____

Job Title and Duties: _____ Monthly Salary: \$ _____

Name of Supervisor: _____

Name of Co-worker: _____ Name of Co-Worker: _____

Name of Co-worker: _____ Name of Co-Worker: _____

Was any disciplinary action taken against you? YES NO

If **YES**, attach a page labeled "Section 10: Employment" and explain fully.

Reason for leaving: _____

Additional Information:

SECTION 9: MILITARY SERVICE

Selective Service Number (if after January 15, 1960): _____

*Note: The Military Release form (attached) **MUST** be completed if you have served for any length of time for in any capacity.*

SECTION 10: FINANCIAL

The management of personal finances is relevant to an individual's qualifications for the position of peace officer. The amount of indebtedness in itself will not be used in evaluation qualifications, but rather the behavior exhibited in meeting financial obligations. Be complete and accurate in entering the following information.

A. Current Monthly Income

Current Monthly Salary: \$ _____

Spouse's or Partner's Monthly Salary: \$ _____

Sources of all other monthly income- fully describe source, including address, city, state, zip code, and telephone number.

\$ _____

\$ _____

\$ _____

\$ _____

Total Monthly Income: \$ _____

Additional Information:

B. Current Assets- List all savings account(s), checking account(s), and investments. Include names, addresses and phone numbers of institutions.

Type of Account: _____ \$ _____

Institution: _____

Additional Information:

C. LIST YOUR EQUITY IN OTHER ASSETS. Include automobiles, recreational vehicles, real estate, etc. *Equity is found by subtracting the amount owed from the market value, and is not the current value of the item or property.*

\$ _____

\$ _____

\$ _____

\$ _____

Additional Information:

D. TOTAL ASSETS. Combine total monthly income, total of current assets, and total equity to find your total assets.

TOTAL ASSETS: _____ \$ _____

SECTION 11: CREDIT HISTORY

List all open accounts including mortgages, rent, car payments, educational loans, and miscellaneous payments. If you do not have five open accounts, include closed accounts so that you will have at least five accounts listed. Include credit cards.

Column 1 Monthly Payment	Column 2 Current Balance	Original Amount	Account Information			
\$	\$	\$	Creditor's Name and Address		Phone Number	
			Account No.	Date Incurred	Reason for Debt	Any Late Payments?

\$	\$	\$	Creditor's Name and Address	Phone Number
			Account No.	Date Incurred Reason for Debt Any Late Payments?
\$	\$	\$	Creditor's Name and Address	Phone Number
			Account No.	Date Incurred Reason for Debt Any Late Payments?
\$	\$	\$	Creditor's Name and Address	Phone Number
			Account No.	Date Incurred Reason for Debt Any Late Payments?
\$	\$	\$	Creditor's Name and Address	Phone Number
			Account No.	Date Incurred Reason for Debt Any Late Payments?
\$	\$	\$	Creditor's Name and Address	Phone Number
			Account No.	Date Incurred Reason for Debt Any Late Payments?
\$	\$	\$	Creditor's Name and Address	Phone Number
			Account No.	Date Incurred Reason for Debt Any Late Payments?
\$	\$	\$	Creditor's Name and Address	Phone Number
			Account No.	Date Incurred Reason for Debt Any Late Payments?
\$	\$	\$	Total of Column 1: Monthly Payments	
\$	\$	\$	Total of Column 2: Total Debts	

Additional Information:

SECTION 12: PERSONAL QUESTIONNAIRE:

If the answer to any of these questions is **YES**, you are to provide a full explanation in writing of each incident including dates, circumstances, and frequency.

1 YES NO Have you ever had any debt turned over to a collection agency? Provide dates, amounts, name of creditor, name of collection agency and current status.

Additional Information:

2 YES NO Have you ever filed for bankruptcy or have you ever been declared bankrupt? Provide date, location of court, and amount of indebtedness. Provide an explanation of any extenuating circumstances that resulted in the action.

Additional Information:

3 YES NO Have you ever been refused credit? Provide dates and names of businesses.

Additional Information:

4 YES NO Have you ever had a judgment rendered against you?

Additional Information:

5 YES NO Have you ever had your wages garnished? Provide date(s), name of creditor(s) and amounts of indebtedness. Also, provide a full explanation for the situation. Previous or current wage garnishments will not disqualify you from consideration.

Additional Information:

6 YES NO Have you ever been a defendant in a civil action for collection of a debt? Provide date(s), name of creditor(s), and amount(s) of default.

Additional Information:

7 YES NO Have you ever had a purchased home or other property repossessed/seized? Provide date(s), name of creditor(s) and amount(s) of default.

Additional Information:

8 YES NO Have you ever sued anyone or been sued by anyone? In making a hiring decision the Oregon State Police will not consider your participation in protected activities, e.g., lawsuits against your employer(s).

Additional Information:

9 YES NO Have you ever been denied an automobile insurance policy? Provide the name(s) of the company(ies) and date(s) you were denied coverage.

Additional Information:

Subsection2- Other Personal History

10 YES NO Have you ever been the subject of any criminal or civil rights investigation? Provide the date(s) and describe the circumstances of each incident.

Additional Information:

11 YES NO Have you ever been required to appear before a court or judge? Provide date(s), court(s), and disposition of the matter.

Additional Information:

12 YES NO Have you ever been reported as a Runaway or Missing Person to any law enforcement agency? Provide date(s), agency name, and circumstances of the incident.

Additional Information:

13 YES NO What licenses or permits have been issued to you? (exclude driver's license.)

Additional Information:

14 YES NO Have you ever been refused a license or permit?

Additional Information:

15 YES NO Have you ever applied for a permit to carry a concealed weapon?

Name of Agency: _____
Reason for permit _____
Was permit granted? _____
Is permit currently valid? _____

Additional Information:

16 YES NO Have you ever been denied a permit to carry a concealed weapon?

Additional Information:

17 YES NO Have you ever been bonded? What was the reason?

Additional Information:

18 YES NO Have you ever been refused bond by a bonding company? Why where you seeking a bond and why were you refused?

Additional Information:

19 YES NO Have you ever been accused of cheating, plagiarism, or any other intellectual dishonesty from any academy, training facility, or educational facility.

Additional Information:

20 YES NO Looked at pornography on the internet?

Additional Information:

21 YES NO Used or had any proxy software to conceal online activity?

Additional Information:

22 YES NO Accessed or possessed child pornography?

Additional Information:

23 YES NO Paid for any type of sex act?

Additional Information:

24 YES NO Viewed or emailed pornographic material from your work computer?

Additional Information:

25 YES NO Is there any other information that your background investigator needs to know?

Additional Information:

26 YES NO Have you ever applied for employment with any other criminal justice system agency? If the answer is "YES", attach a page and list the following information:

- Provide names of all agencies, date(s) of application(s), and your current application status with each agency.
- If you are no longer being considered by any of the agencies listed, provide the reason why.
- If you are no longer being considered by any of these agencies, what reason would the agency provide us as to the reason why you are no longer being considered?

Additional Information:

SECTION 13: CAREER GOALS

Provide complete answers to the following questions.

1 When did your interest in public service, and specifically law enforcement, begin?

2 When did you begin to prepare yourself for a career in law enforcement? What steps have you taken?

3 What personal attributes do you possess that would establish your fitness for service as a police officer with the Department of State Police?

4 What would you identify as your two greatest strengths? Why?

5 What would you identify as your two greatest weaknesses? Why?

6 What are your reasons for wanting to be a police officer?

7 What are your reasons for applying for a law enforcement position with the Oregon State Police?

SECTION 14: SKILLS AND INTERESTS

Provide complete answers to the following questions.

1 What skills, knowledge, abilities, training and experience do you have that would establish your fitness for service as a police officer with the Department of State Police?

2 List special skills. Be specific as to your level of expertise. (Examples are languages, pilot's license, martial arts, diving, computers, etc.).

3 List your hobbies, interests and recreational activities.

SECTION 15: DRUG AND ALCOHOL USE

1. Drugs (Including any illegal Prescription Medications)

Dates	Type	Occupation at time of use	Age when used
_____ To: _____			

2. Alcohol

YES NO

Additional Information:

Oregon State Police

**Training, Policy and Sworn Recruiting Section
4190 Aumsville Hwy.
Salem, OR 97317**

503-378-4474

osp.trooper@state.or.us

