



**Barre City Police Department**  
**15 Fourth Street**  
**Barre, Vermont 05641**  
**Administration: 802.476.6613**  
**Facsimile: 802.476.0249**

# Barre City Police Department

Full-time/Sworn: 21  
Full-time/Civilian: 10  
Reserve Staff: 9

Annual Budget: \$2,700,492  
Population: 8,500

The City of Barre, located in Washington County, is the fifth largest city in Vermont. Barre is made up entirely of urban area and consists of approximately four (4) square miles. Barre is often twinned with the nearby Vermont state capital of Montpelier in local media and businesses. It is the main city in the Barre-Montpelier micropolitan area, which has nearly 60,000 residents and is Vermont's third largest metropolitan area.

Barre is the self-proclaimed "Granite Center of the World" due to its predominant granite industry. Approximately one-third of the nation's monuments are produced in the Barre granite district.

The Barre City Police Department provides a wide range of services to the community and consists of a uniform patrol division, criminal investigative division, communications division, and parking enforcement division. The communications division provides dispatch services to police and fire/ambulance services in Barre as well as for fire services in two surrounding communities. The department handles nearly 12,000 incidents each year and is a strong advocate of community policing.

## INSTRUCTION - PERSONAL HISTORY STATEMENT

**Note:** READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects as it will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement must be printed in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories or the internet.
5. If there is insufficient space on this form for you to include all the required information, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

**I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Barre City Police Department, whether the said records are of a public, private or confidential nature.**

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U. S. Veteran's Administration employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Barre City Police Department. I also certify that any person/s, agencies, or business who may furnish such information.

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

Signature: \_\_\_\_\_

Subscribed and sworn to before  
me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT**

**APPLICANT IDENTIFICATION**

Position: Police Officer/Civilian

Information provided in this section is used for identification purposes only.

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ US CITIZEN? Yes \_\_\_\_\_ No \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ OTHER TELEPHONE: \_\_\_\_\_

HEIGHT \_\_\_\_' \_\_\_\_" WEIGHT \_\_\_\_\_ COLOR EYES \_\_\_\_\_ COLOR HAIR \_\_\_\_\_

SCARS, MARKS OR OTHER DISTINGUISHING MARKS \_\_\_\_\_

NICKNAME, MAIDEN NAME, OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:

\_\_\_\_\_

**RESIDENCE:** List all addresses where you have lived during the past 10 years beginning with your current address. List dates by month and year.

From	To	Street / City / State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**WORK HISTORY:** Beginning with your present or most recent job, list all employment held for the past 10 years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

**EMPLOYER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAMES OF CO-WORKERS: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Are you fearful that this job would be in jeopardy if inquires is made? Yes \_\_\_ No \_\_\_

Work history continued:

**EMPLOYER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAMES OF CO-WORKERS: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Are you fearful that this job would be in jeopardy if inquires is made? Yes \_\_\_ No \_\_\_

**EMPLOYER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAMES OF CO-WORKERS: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Are you fearful that this job would be in jeopardy if inquires is made? Yes \_\_\_ No \_\_\_

**EMPLOYER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAMES OF CO-WORKERS: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Are you fearful that this job would be in jeopardy if inquires is made? Yes \_\_\_ No \_\_\_

**MILITARY RECORD:** HAVE YOU SERVED IN THE US ARMED SERVICES? Yes \_\_\_ No \_\_\_

DATE OF SERVICE: From: \_\_\_\_\_ To: \_\_\_\_\_

BRANCH: \_\_\_\_\_ UNIT: \_\_\_\_\_

MILITARY SERVICE #: \_\_\_\_\_ HIGHEST RANK ACHIEVED: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

Military Record continued:

WERE YOU EVER DISCIPLINED IN THE MILITARY SERVICE? INCLUDE COURT-MARTIAL, CAPTAIN'S MASTS, COMPANY PUNISHMENT, etc. Yes: \_\_\_ No: \_\_\_ If yes: ...

CHARGE #1: \_\_\_\_\_ AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_ AGE AT TIME: \_\_\_\_\_ DISPOSITION: \_\_\_\_\_

CHARGE #2: \_\_\_\_\_ AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_ AGE AT TIME: \_\_\_\_\_ DISPOSITION: \_\_\_\_\_

IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS:

***EDUCATIONAL HISTORY:***

**HIGH SCHOOL/NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF ATTENDANCE: From: \_\_\_\_\_ To: \_\_\_\_\_

DID YOU GRADUATE? Yes \_\_\_\_\_ No \_\_\_\_\_ (ATTACH COPY OF YOUR DIPLOMA)

**COLLEGE/UNIVERSITY:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF ATTENDANCE: From: \_\_\_\_\_ To: \_\_\_\_\_

UNITS COMPLETED: \_\_\_\_\_ MAJOR/MINOR: \_\_\_\_\_

DID YOU GRADUATE? Yes \_\_\_\_\_ No \_\_\_\_\_ (ATTACH COPY OF YOUR DIPLOMA)

COLLEGE/UNIVERSITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF ATTENDANCE: From: \_\_\_\_\_ To: \_\_\_\_\_

UNITS COMPLETED: \_\_\_\_\_ MAJOR/MINOR: \_\_\_\_\_

DID YOU GRADUATE? Yes \_\_\_\_\_ No \_\_\_\_\_ (ATTACH COPY OF YOUR DIPLOMA)

**OTHER SCHOOLS, TRADE, VOCATIONAL, BUSINESS, ETC.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF ATTENDANCE: From: \_\_\_\_\_ To: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_

DIPLOMA/CERTIFICATE RECEIVED? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**SPECIAL QUALIFICATIONS AND SKILLS:**

LIST ANY SPECIAL LICENSES YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC.)

LICENSING AUTHORITY: \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**LIST ANY FOREIGN LANGUAGE THAT YOU ARE FLUENT AND INDICATE YOUR DEGREE OF FLUENCY**

(Reading, Writing, and Speaking): \_\_\_\_\_

**LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS THAT YOU POSSESS:** \_\_\_\_\_

**CONVICTIONS, ARRESTS, DETENTIONS, AND LITIGATION:** Have you ever been detained, summonsed, arrested by police in any court for which the police or court action taken has not been expunged?

Yes: \_\_\_\_ No: \_\_\_\_

If Yes, complete the following:

POLICE AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CRIME CHARGED: \_\_\_\_\_ DATE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

POLICE AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CRIME CHARGED: \_\_\_\_\_ DATE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

HAVE YOU EVER BEEN OR ARE YOU NOW A PARTY IN ANY CIVIL LITIGATION? Yes: \_\_\_\_ No: \_\_\_\_

If yes, give details: \_\_\_\_\_

**MOTOR VEHICLE/TRAFFIC RECORD:** Has your right to operate a vehicle ever been suspended or revoked? Yes: \_\_\_\_ No: \_\_\_\_

If yes, give details: \_\_\_\_\_

LIST ALL DRIVING CITATION/S THAT YOU HAVE EVER RECEIVED. IF NONE, SO STATE.

Month/Year	Offense/Violation	City/State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**DESCRIBE IN A BRIEF NARRATIVE ANY CRASH (TRAFFIC ACCIDENT) IN WHICH YOU WERE INVOLVED IN AS THE OPERATOR OF A VEHICLE.** List approximate dates and locations: \_\_\_\_\_

\_\_\_\_\_

NAME OF AUTOMOBILE INSURANCE COMPANY: \_\_\_\_\_

LOCAL AGENCY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**MARITAL AND FAMILY HISTORY:**

Are you?    Single ( )    Married ( )    Divorced ( )    Separated ( )    Widowed ( )

If married:

SPOUSE'S NAME (include Maiden Name) \_\_\_\_\_

DATE MARRIED: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

EX-SPOUSE'S NAME (include Maiden Name) \_\_\_\_\_

DATE MARRIED: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

STATE WHICH: Separation ( ) Divorced ( ) Annulment ( )

DATE OF ORDER: \_\_\_\_\_ COURT/STATE: \_\_\_\_\_

***LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE*** (natural, stepchildren, adopted and foster)

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SUPPORTED BY: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SUPPORTED BY: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SUPPORTED BY: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SUPPORTED BY: \_\_\_\_\_

***LIST ALL OTHER DEPENDENTS:***

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SUPPORTED BY: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SUPPORTED BY: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SUPPORTED BY: \_\_\_\_\_

**LIST RELATIVES:**

FATHER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Step-FATHER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Step-MOTHER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

BROTHER/SISTER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

BROTHER/SISTER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

BROTHER/SISTER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

BROTHER/SISTER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

BROTHER/SISTER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

BROTHER/SISTER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**REFERENCES OR ACQUAINTENCES:** List five persons who know you well enough to provide current information about you. Do not list relatives or current/past employers:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

