

DAVIDSON COUNTY SHERIFF'S OFFICE  
HUMAN RESOURCES DIVISION  
PERSONAL HISTORY STATEMENT

General Instructions: Type or print (in blue or black ink) the answer to every question. If a question does not apply to you, indicate so with N/A. If the space available is insufficient, you may submit your response on a separate page, with your name at the top of each additional sheet. Precede each answer with the number of the referenced question(s). Where requested, ensure that addresses are complete, with correct zip codes. Include area code with all phone numbers

Do not misstate or omit any information requested. Failure to follow all of the instruction, or misrepresentation or omission of facts may subject you to disqualification from consideration, or termination from the DCSO if such misrepresentation or omission is discovered after employment.

1. \_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Date of Birth

2. \_\_\_\_\_  
List any other names used (i.e., nicknames, or birth or maiden names)

3. \_\_\_\_\_  
Driver's License Number      State of Issue                      Expiration Date

4. List any other state(s) where you held a driver's license, your license number and the name on that license:

5. Have you ever served in the US Armed Forces? Yes  No

Branch of Service: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

Dates of Service (From): \_\_\_\_\_ To: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

6. List your immediate family members (parents, brother(s), sister(s), spouse and children:

\_\_\_\_\_  
Name                      Relationship                      Address                      Phone

\_\_\_\_\_  
Name                      Relationship                      Address                      Phone

\_\_\_\_\_  
Name                      Relationship                      Address                      Phone

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Name	Relationship	Address	Phone
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Name	Relationship	Address	Phone
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Name	Relationship	Address	Phone
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Name	Relationship	Address	Phone
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7. Information concerning arrest without conviction will not be held against you. A conviction record will not always be considered grounds for disqualification, but such conviction will be weighed relative to the position sought.

- A. Have you ever been **ARRESTED** for a criminal offense (felony, misdemeanor or misdemeanor citation)?      YES            NO
- B. Have you ever been **CONVICTED** of a criminal offense (felony, misdemeanor or misdemeanor citation)?      YES            NO
- C. Have you ever been fingerprinted for any reason (other than for arrests or convictions noted above)?      YES            NO

If you answered YES to any of the above, provide details on a separate sheet. Include the date of incident, a brief explanation of the incident, and the incident's final disposition.

8. List all previous addresses for the past ten (10) years, including dates of residence. Start with the most recent, and work backwards. Use a separate sheet, if necessary.

Address	City	State	Zip Code
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Address	City	State	Zip Code
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Address	City	State	Zip Code
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Address	City	State	Zip Code
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Address	City	State	Zip Code
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9. List five (5) close associates, who have known you for at least two (2) years. Do not include family members.

Name	Address	City, State Zip Code	Phone Number
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Name	Address	City, State Zip Code	Phone Number
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Name	Address	City, State Zip Code	Phone Number
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Name	Address	City, State Zip Code	Phone Number
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Name	Address	City, State Zip Code	Phone Number
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10. Do you have any relatives and/or close associates who are incarcerated with the Davidson County Sheriff's Office or with Metro Detention Center?    YES     NO

If Yes, list the person's name and your association with each person:

Name	Relationship	Housing Location
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Name	Relationship	Housing Location
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11. List all relatives or friends presently or formerly employed by the Davidson County Sheriff's Office.

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I certify that I have answered all questions truthfully, without omission or misrepresentation. I understand that any misstatement or omission of facts may be grounds for disqualification or dismissal from any other Metropolitan Government position.

I hereby give permission to ally any representatives of the Davidson County Sheriff's Office to have access to any employment, educational, credit, or other records, which may be pertinent for employment with the Davidson County Sheriff's Office.

In consideration for employment with the Davidson County Sheriff's Office, I agree to conform to all rules established by the Davidson County Sheriff's Office. As an employee, I acknowledge it is my responsibility to become familiar with all approved policies and procedures. I also acknowledge that any violation of any agency rule, policy or procedure could result in some form of disciplinary action, up to and including termination.

Applicant's Name (Print)

Applicant's Signature

Date

DCSO Use Only

Date of Hire

Classification