



Wixom Police & Fire Department Employment Application Personal History Statement

Personal History Statement Instructions

1. Familiarize yourself with this form and carefully read all instructions; you may find it helpful to review this form multiple times.
2. Any handwritten or typewritten PHS that is submitted with an employment application must be legible. Non-legible PHSs will be rejected and, if discovered after the application deadline, will cause your employment application to also be rejected. This means that you will no longer be considered for the employment for which you have applied.
3. Be accurate when you enter the information that is requested. You must answer every single question to the best of your ability. Do not leave any questions unanswered or answer any questions incompletely. If a question does not apply to you, then enter "NA" (Not Applicable). If you cannot remember or obtain the information requested with reasonable diligence, then please indicate so in your response.
4. Any response to any question that is determined by reasonable belief to have a knowingly incomplete answer or to be deceitful by commission or omission shall be cause for an applicant's disqualification from further consideration for employment for which he/she has made an application.
5. You must complete the "Certification Section" on page 12.

The information that you provide in this Personal History Statement (PHS) will be used in the investigation of your background to assist in determining your suitability for the public safety position for which you have applied.

You must fill-out the entire questionnaire completely, accurately and truthfully. Remember and keep in mind that:

- **The entire completion of this form is mandatory.**
- **All answers made by you in your PHS will be verified.**

It is to your advantage to respond fully and factually. Any perceived negative factor in your background will be evaluated in the context of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job for which you are applying.

If you need more space to respond to a question, then the continuation sheet on Page 12 and identify the additional information with the question number. Carefully follow and complete each subsection according to the instructions that are provided.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves at this stage of the hiring process and in response to any question or questions that are attached to this page. Disclosure concerning the medical or disability-related information of any applicant is not required prior to an applicant receiving a conditional offer of employment.

SECTION 1: PERSONAL		
1. YOUR FULL NAME		
LAST	FIRST	MIDDLE
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY		
3. ADDRESS WHERE YOU RESIDE		
NUMBER / STREET		APT / UNIT
CITY	STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE		
5. CONTACT NUMBERS		6. EMAIL ADDRESS:
Cell ()	Home ()	
7. Are you a Legal U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If no, are you a resident alien who is eligible and has applied for U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
8. BIRTHDATE	9. SOCIAL SECURITY NUMBER	10. BIRTH PLACE (CITY / COUNTY/ STATE / COUNTRY)
	- -	

SECTION 2: RELATIVES AND REFERENCES

11. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 12.

<input type="checkbox"/> N/A A. Father					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A B. Mother					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A C. Spouse / Registered Domestic Partner / Living Partner					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> N/A D. Former Spouse(s) / Former Registered Domestic Partner(s)					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

12. REFERENCES

List 3–5 people who know you well, such as social and family friends, co-workers, military acquaintances. **Do not include** relatives, employers/supervisors or housemates/roommates, or other individuals listed elsewhere.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

PERSONAL HISTORY STATEMENT

C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

SECTION 3: EDUCATION

NOTE: You will eventually be required to furnish transcripts or other proof to support all of your educational claims.

13. Check applicable: High School Diploma from an accredited U.S. institution GED

14. List high schools attended:

A) NAME	DATE FROM	DATE TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		
B) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

15. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

16. Have you ever attended a Basic Law Enforcement, Corrections, Telecommunication, or Fire Service Academy? Yes No
If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	

PERSONAL HISTORY STATEMENT

17. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, academy, business or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

18. LIST OF RESIDENCES

- List your past 3 residences. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 12.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			DATE FROM	TO
				Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you live:				

B) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

C) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

19. Have you ever been evicted or asked to leave a residence? Yes No

20. Have you ever left a residence owing rent? Yes No

If you answered yes to **Questions 19 and/or 20**, explain (include when, where and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

21. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer within the last 5 years. (**Begin with your most current.** If more space is needed continue your response on page 12.)
- List your current (or most recent) supervisor for each job.

A) NAME OF EMPLOYER			DATE FROM	DATE TO
ADDRESS (NUMBER / STREET)		SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER ()	EXT
JOB TITLE		SUPERVISOR EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, EXPLAIN:		REASON FOR WANTING TO LEAVE	

B) NAME OF EMPLOYER			DATE FROM	DATE TO
ADDRESS (NUMBER / STREET)		SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER ()	EXT
JOB TITLE		SUPERVISOR EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	

C) NAME OF EMPLOYER			DATE FROM	DATE TO
ADDRESS (NUMBER / STREET)		SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER ()	EXT
JOB TITLE		SUPERVISOR EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	

D) NAME OF EMPLOYER			DATE FROM	DATE TO
ADDRESS (NUMBER / STREET)		SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER ()	EXT
JOB TITLE		SUPERVISOR EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	

E) NAME OF EMPLOYER				FROM	TO
ADDRESS (NUMBER / STREET)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	

- 22. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) Yes No
- 23. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? Yes No
- 24. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes No
- 25. Have you ever quit without giving proper notice? Yes No
- 26. Have you ever resigned in lieu of termination? Yes No
- 27. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? Yes No
- 28. Were you ever the subject of a written complaint at work? Yes No
- 29. Have you ever been counseled at work due to lateness or absences? Yes No
- 30. Did you ever receive an unsatisfactory performance review? Yes No
- 31. Have you ever been named as a defendant in a previously adjudicated work-related civil lawsuit (regardless of outcome)? Yes No
- 32. Is there a work-related civil lawsuit pending in which you have been named as a defendant? Yes No
- 33. Do you have reason to believe a work-related lawsuit may be filed in the future in which you may be named as a defendant? Yes No
- 34. Have you ever sold, released, or given away legally confidential information? Yes No
- 35. 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?
- 36a. Have you ever viewed pornographic material at your workplace? Yes No
- 36b. Have you ever engaged in sexual activity at work in violation of your employer's policy? Yes No

If you answered YES to any of **Questions 22-36b**, explain (include when, where & circumstances; indicate corresponding number):

- 37. Have you **ever** applied to any other law enforcement, fire service, or public safety-type agency (city, county, state or federal)? Yes No
 - If yes, list EVERY agency you have applied to **and have advanced BEYOND an oral board (e.g., initial background investigation, etc.)**, starting with the most recent (give complete and accurate addresses).
 - **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
 - If more space is needed, continue your response on page 12.

SECTION 6: MILITARY EXPERIENCE

38. Are you required to register for the Selective Service? ... Yes No
If yes, have you registered? ... Yes No
If no, explain:

39. IF YOU HAVE SERVED WHAT BRANCH OF SERVICE 40. DATES OF SERVICE
From To

41. TYPE OF DISCHARGE: Entry Level Honorable General OTH (Other than Honorable) Bad Conduct Dishonorable
Re-entry Code (1-4) if applicable - refer to your DD-214:

If currently serving, please provide name and contact information of a supervisor:

42. Are you currently participating in one of the following? Military Reserve National Guard If checked, date obligation ends:

43. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ... Yes No

44. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? ... Yes No

SECTION 7: FINANCIAL

45. INCOME AND EXPENSES
For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income? ... \$ _____ per month

B) Do you have income other than from your salary or wages (including spouse's income)? ... Yes No
If yes, fill in amount: ... \$ _____ per month
Explain:

C) How much do you spend each month? ... \$ _____ per month
Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.

If you have filed for bankruptcy or had a Lien against you during the last 7 years, please explain:

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

Please disclose any of the following which occurred on or after your 15th birthday, even if the records were sealed, expunged, dismissed or pardoned:

- ALL detentions or arrests, whether they resulted in a conviction or not
• ALL convictions
• ALL diversion programs that were not successfully completed

If more space is needed, continue on page 12.

46. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** Yes No

If yes, explain each incident. If more space is needed, continue on Page 12.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

47. Have you ever been placed on court probation as an adult?..... Yes No

48. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?..... Yes No

49. Have you ever been a party in a non-work related civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.) as either a plaintiff or defendant?..... Yes No

50. Have the police ever been called to your home for any reason?..... Yes No

51. Have you or your spouse/partner ever been referred to Child Protective Services or Adult Protective Services?..... Yes No

52. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?..... Yes No

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53. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? Yes No

54. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?..... Yes No

55. Have you ever filed a false insurance or workers' compensation claim?..... Yes No

56a. Other than those listed in Question #49 above, will your name appear in any police record system or police report as a VICTIM, WITNESS or SUSPECT? (Do not include when acting in the capacity of paid employment, such as an EMT or store loss prevention officer). Yes No

56b. Are you currently, or have you ever within the past seven years, received unemployment benefits while also receiving other sources of income? Yes No

57. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? Yes No

58. Has your work performance ever been affected by your use of alcohol or drugs? Yes No

59. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No

If you answered yes to any of **Questions 47–59b**, explain on page 12 (include court case or document, dates, and circumstances; indicate corresponding number):

60. **In the last 3 years** (check all that apply):

- I have **never** used, or experimented with, any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*).
- I have engaged in illegal activity

If checked, give details including drug(s) used, most recent date used, and circumstances

SECTION 9: MOTOR VEHICLE OPERATION

61. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED

62. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

63. Have you ever been refused a driver's license by any state? Yes No

If yes, explain (include when, where, and circumstances):

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64. Has your driver's license ever been suspended or revoked? Yes No

If yes, explain (include when, where, and circumstances):

65. List all traffic citations, excluding parking citations, you have received within the past ten years. List the citation or infraction AS ORIGINALLY ISSUED.

A) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
B) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
C) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	

d) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)
 Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

66. Have you been involved as the driver in a motor vehicle accident/collision within the past ten years?..... Yes No
 If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY		
B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY		
C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY		

SECTION 10: CERTIFICATION

CERTIFICATION

I hereby swear or affirm that there are no willful misrepresentations or omissions in, or falsifications of, the statements and answers in this Personal History Statement. I hereby certify that I have personally completed each page of this form and any supplemental pages(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I am aware that should an investigation disclose such misrepresentations, omissions, or falsifications in any documents I submit, or statements I make as part of the application, testing and/or hiring process, my application will be rejected and I will be disqualified from applying for any future position with the agency or agencies to which I have applied to. If, after my acceptance for employment, subsequent investigation should disclose misrepresentation, omission, or falsification, it will be just cause for my immediate dismissal. I understand that this is a continuing investigation and agree to notify the hiring agency of any information that may reflect any changes or additions in this Personal History Statement.

I HEREBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS:

I understand that as a condition of employment, for positions requiring the operation of City vehicles/equipment, I may be required to take a pre-employment drug test for the illegal use of drugs, which may include collection of urine samples from my person. I agree that the results of this test may be submitted to the City of Wixom, or its authorized representative, and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test, and for communicating the results to the City of Wixom. I understand that if the results of any pre-employment drug test are positive, it will be cause for rejection of my application or, if I am hired, that my employment with the City of Wixom may be immediately terminated.

THE FOLLOWING SIGNATURE SECTION IS TO BE COMPLETED AT A LATER DATE IN THE PRESENCE OF A WITNESS/BACKGROUND INVESTIGATOR:

SIGNATURE IN FULL	DATE
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ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)
- Identify the corresponding question and specific item being referenced.