



Personal History Statement

The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense. The information entered herein is for official use only and will be maintained in confidence.

Legibly print or type all information. Do not leave any blank spaces. There must be an answer provided for each inquiry. Therefore, if not applicable, use "None" or "N/A".

Do not add attachments in lieu of completing our forms. If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

A. GENERAL

1. _____ Mr. Ms. Mrs. _____
Position (Title/Owner/RI/AM etc.) Circle One Last Name First Name Middle Name

2. _____
Address City State Zip Res. Phone

3. _____
Social Security Number Date of Birth Place of Birth

4. _____
Alias(es) Nicknames, or changes in name: Maiden Name (if any)

5. _____
Height Weight Color of Eyes Color of Hair

6. Scars, Physical Defects, Distinguishing marks _____

7. Driver License No. & State of Issue _____ (Attach a legible copy of your license)

8. Do you have a history of mental or nervous disorder? Yes No

9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? Yes No

10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? Yes No

11. Are you now or have you ever been a chronic user to excess of alcoholic beverages? Yes No

12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? Yes No

13. Have you filed bankruptcy within the last 15 years? If yes, attach a complete copy of the bankruptcy discharge. Yes No

If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "I" page 3.

14. Are you presently a member of a Military Reserve or National Guard Organization? Yes No

If "Yes", complete the following. Grade: _____ Unit and Location: _____

B. CRIMINAL RECORD

Have you ever been:

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? Yes No

2. convicted, fined or imprisoned or placed on probation? Yes No

3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? Yes No

4. detained, held or arrested for a traffic violation? Yes No

If the answer is "Yes" to any of the above questions, complete the following:

Date	Offense	Location of Offense	Disposition

(Additional space available in "Remarks" Section "I" page 3)



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C. EMPLOYMENT: (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. You must include complete addresses.)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) Resumes or Personal References – Are Not Accepted As Employment Verification	Position/ Title	Supervisor	Reason for Leaving

- 1. Did any of the above employments require a security clearance? Yes No
 - 2. Have you ever been refused Bond? Yes No
- If the answer is "Yes", to either of the above explain in "Remarks" Section "I" page 3.

D. MEMBERSHIP: (in past and/or present organizations, show all memberships you have had for the past ten (10) years)

Name of Organization	Type	Date From / To

E. EDUCATION: (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree



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F. FAMILY: (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father		
Mother		
Spouse (First and Maiden Name)		
Children/Brothers/Sisters:		

G. RESIDENCES: (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

H. ATTACHMENTS:

- Have you attached a legible copy of your drivers' license? Yes No
 - A letter of explanation and resolution of any past or current derogatory credit or criminal issues? N/A Yes No
- If No, why not? _____

I. REMARKS: (Furnish complete details and attach additional sheets if necessary)



Read, sign and notarize both top and bottom portion of this document

Affidavit

STATE OF _____)
) ss.
COUNTY OF _____)

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

Date Signature

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

My commission expires Notary Public

Affidavit (part 2)

STATE OF _____)
) ss.
COUNTY OF _____)

I (print your name) _____ in connection with
(print company name) _____ and pursuant to the provisions of
the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions, the Attorney General of
Arizona and their agents, to examine or receive a copy of any record maintained by the United States Armed Forces, or
any Governmental Body, or any University, College or Board of Education of any state, or any bank or credit agency,
relating to me, in the same manner and to the same extent as if I personally applied for the same, and I hereby authorize
such records be disclosed or furnished in accordance with any request made by or on behalf of the Superintendent of
Financial Institutions, the Attorney General of Arizona or their agents.

Date Signature

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

My commission expires Notary Public