

State of Oregon – Department of Public Safety Standards and Training
DPSST Background Information Form

INSTRUCTIONS:

1. The information you provide on this form is confidential and is to be used by the DPSST to determine your qualifications and suitability.
2. Provide complete and accurate information to avoid concerns about omissions or minimization of information.
3. Failure to provide complete information may delay or prevent the completion of your background investigation.
4. Use separate sheets, if needed, to provide complete information.

CONTACT INFORMATION	
Name (Last, First, Middle)	
Alias/Former	
Address	
City, State, ZIP	
Mailing Address	
Day Phone	
Cell Phone	
Work Phone	
Email	
Work email	
PERSONAL INFORMATION	
Date of Birth	
Social Security Number	
Driver's License #	
Driver's License State	
State/Professional Licenses	
Certificates/Certifications	
HUMAN RESOURCE INFORMATION	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a United States citizen?
	Ethnic Background (This info is used to accurately locate your records in the Law Enforcement Data System – LEDS.)
<input type="checkbox"/> A	Asian or Pacific Islander; origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Island. These areas include China, Japan, Korea, the Philippine Islands and Samoa
<input type="checkbox"/> B	African American (not of Hispanic Origin); origins in any of the black ethnic groups
<input type="checkbox"/> H	Hispanic; origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity
<input type="checkbox"/> I	Native American or Alaskan Native; having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition
<input type="checkbox"/> W	Caucasian (not of Hispanic origin); origins in any of the original peoples of Europe, North America or the Middle East

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EDUCATION HISTORY- Provide certified college transcripts	
High School Name	
GED Location	
Graduation Year	
GPA	
College	
Years Attended	
Graduated	
Type of Degree	
Major	
GPA	
College	
Years Attended	
Graduated	
Type of Degree	
Major	
GPA	
College	
Years Attended	
Graduated	
Type of Degree	
Major	
GPA	
College	
Years Attended	
Graduated	
Type of Degree	
Major	
GPA	
College	
Years Attended	
Graduated	
Type of Degree	
Major	
GPA	

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MILITARY HISTORY - Provide DD-214	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever served in the U.S. Armed Forces?
Branch of Service	
Dates of Service	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Currently on Active Duty?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Currently in the Reserves/National Guard?
Unit Mailing Address	
Unit Phone	
Current Direct Supervisor	
Supervisor's Phone	
Supervisor's Email	
Grade/Rank	
Primary Duties	
DISCIPLINE or SANCTIONS	
<input type="checkbox"/> YES <input type="checkbox"/> NO	While in military service, were you ever arrested?
<input type="checkbox"/> YES <input type="checkbox"/> NO	While in military service, were you ever a defendant in a trial?
<input type="checkbox"/> YES <input type="checkbox"/> NO	While in military service, did you ever receive any disciplinary action?
If YES, attach additional page labeled "Military"	Include dates, locations, type of incidents, charges, dispositions, actions taken and all military services or law enforcement involved.
MILITARY RESIDENCES	
Military Residence	
Dates (From and To)	
Duty Station	
Assignment and Duties	
Residence Address	
Military Residence	
Dates (From and To)	
Duty Station	
Assignment and Duties	
Residence Address	
Military Residence	
Dates (From and To)	
Duty Station	
Assignment and Duties	
Residence Address	
Military Residence	
Dates (From and To)	
Duty Station	
Assignment and Duties	
Residence Address	
If needed, attach additional pages, label "Military Residences"	

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EMPLOYMENT HISTORY 1. Include last 10 years 2. Include ALL law enforcement or public safety, regardless of time 3. Account for all periods of unemployment	
Current Employer	
Type of Employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer
Dates of Employment	
Title (or rank)	
Physical Street Address	
City	
State/ZIP	
Mailing Address	
Current Direct Supervisor	
May we contact him/her?	
Phone	
Email	
Current co-worker	
May we contact him/her?	
Phone	
Email	
Primary Duties	
Did you ever receive any counseling or verbal reprimands? Explain all occurrences.	
Did you ever receive any written discipline? Explain all occurrences.	
Did you ever receive any suspension or leave without pay as a disciplinary sanction? Explain all occurrences.	
Reason for Leaving:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you resign/retire during or after an investigation?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you sign a Settlement or Separation Agreement
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you believe this employer would re-hire you?

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EMPLOYMENT HISTORY – continuation	
Employer	
Type of Employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer
Dates of Employment	
Title (or rank)	
Physical Street Address	
City	
State/ZIP	
Mailing Address	
Direct Supervisor	
May we contact him/her?	
Phone	
Email	
Co-worker	
May we contact him/her?	
Phone	
Email	
Primary Duties	
Did you ever receive any counseling or verbal reprimands? Explain all occurrences.	
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Dates of Employment	
Title (or rank)	
Physical Street Address	
City	
State/ZIP	
Mailing Address	
Direct Supervisor	
May we contact him/her?	
Phone	
Email	
Co-worker	
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State/ZIP	
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Email	
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Dates of Employment	
Title (or rank)	
Physical Street Address	
City	
State/ZIP	
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May we contact him/her?	
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Phone	
Email	
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Dates of Employment	
Title (or rank)	
Physical Street Address	
City	
State/ZIP	
Mailing Address	
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Email	
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Dates of Employment	
Title (or rank)	
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City	
State/ZIP	
Mailing Address	
Direct Supervisor	
May we contact him/her?	
Phone	
Email	
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<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you sign a Settlement or Separation Agreement
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you believe this employer would re-hire you?
If needed, attach additional pages, label "Employment History"	

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	REFERENCES - Provide at least 4 in each category
	PERSONAL REFERENCES 1. They must have known you at least 3 years 2. Are not affiliated with current or prior employment 3. Are not related to you by blood or marriage
Name	
Address	
City, State, ZIP	
Mailing Address	
Employer	
Job Title	
Day Phone	
Cell Phone	
Email	
Name	
Address	
City, State, ZIP	
Mailing Address	
Employer	
Job Title	
Day Phone	
Cell Phone	
Email	
Name	
Address	
City, State, ZIP	
Mailing Address	
Employer	
Job Title	
Day Phone	
Cell Phone	
Email	
Name	
Address	
City, State, ZIP	
Mailing Address	
Employer	
Job Title	
Day Phone	
Cell Phone	
Email	
	If needed, attach additional pages, label "Personal References"

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	PROFESSIONAL REFERENCES
	1. May include those you come into contact as a formal part of your work
	2. Must NOT be already listed as a co-worker
Name	
Address	
City, State, ZIP	
Mailing Address	
Employer	
Job Title	
Day Phone	
Cell Phone	
Email	
Name	
Address	
City, State, ZIP	
Mailing Address	
Employer	
Job Title	
Day Phone	
Cell Phone	
Email	
Name	
Address	
City, State, ZIP	
Mailing Address	
Employer	
Job Title	
Day Phone	
Cell Phone	
Email	
Name	
Address	
City, State, ZIP	
Mailing Address	
Employer	
Job Title	
Day Phone	
Cell Phone	
Email	
	If needed, attach additional pages, label "Professional References"

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	SUPERVISORY REFERENCES
	1. These must include individuals who have had supervision over your work performance.
	2. Must NOT be already listed as a supervisor
Name	
Address	
City, State, ZIP	
Mailing Address	
Employer	
Job Title	
Day Phone	
Cell Phone	
Email	
Name	
Address	
City, State, ZIP	
Mailing Address	
Employer	
Job Title	
Day Phone	
Cell Phone	
Email	
Name	
Address	
City, State, ZIP	
Mailing Address	
Employer	
Job Title	
Day Phone	
Cell Phone	
Email	
Name	
Address	
City, State, ZIP	
Mailing Address	
Employer	
Job Title	
Day Phone	
Cell Phone	
Email	
	If needed, attach additional pages, label "Supervisory References"

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RESIDENTIAL HISTORY	
	List all cities, counties, states and countries in which you have lived in your lifetime.
From Birth	Birth to -
City, County, State	
Dates	From: To:
City, County, State	
Dates	From: To:
City, County, State	
Dates	From: To:
City, County, State	
Dates	From: To:
City, County, State	
Dates	From: To:
City, County, State	
Dates	From: To:
City, County, State	
	Please provide information regarding the adult occupants of each of your residences within the last 10 years.
Dates at Residence	From: To: Current
Address	
City, State, ZIP	
Adult living at this address	
Relationship	
Date of Birth	
Criminal history	
Negative interaction with law enforcement?	
Adult living at this address	
Relationship	
Date of Birth	
Criminal history	
Negative interaction with law enforcement?	

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Dates at Residence	From:	To:
Address		
City, State, ZIP		
Adult living at this address		
Relationship		
Date of Birth		
Criminal history		
Negative interaction with law enforcement?		
Adult living at this address		
Relationship		
Date of Birth		
Criminal history		
Negative interaction with law enforcement?		
Dates at Residence	From:	To:
Address		
City, State, ZIP		
Adult living at this address		
Relationship		
Date of Birth		
Criminal history		
Negative interaction with law enforcement?		
Adult living at this address		
Relationship		
Date of Birth		
Criminal history		
Negative interaction with law enforcement?		
	If needed, attach additional pages, label "Associates History"	

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FAMILY HISTORY	
Current Spouse	
Maiden Name	Telephone:
Date of Birth	Employer:
Date of Marriage	Occupation:
Criminal history	
Negative interaction with law enforcement?	
Former Spouse	
Maiden Name	Telephone:
Date of Birth	
Date of Marriage	
Date of Dissolution	
Criminal history	
Negative interaction with law enforcement?	
Children	
Name	
Relationship	DOB:
<input type="checkbox"/> Child <input type="checkbox"/> Step-child	Gender:
Criminal history	
Negative interaction with law enforcement?	
Name	
Relationship	DOB:
<input type="checkbox"/> Child <input type="checkbox"/> Step-child	Gender:
Criminal history	
Negative interaction with law enforcement?	
Name	
Relationship	DOB:
<input type="checkbox"/> Child <input type="checkbox"/> Step-child	Gender:
Criminal history	
Negative interaction with law enforcement?	
Name	
Relationship	DOB:
<input type="checkbox"/> Child <input type="checkbox"/> Step-child	Gender:
Criminal history	
Negative interaction with law enforcement?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Within the last 10 years, has any member of your family (including in-laws), anyone else with whom you are closely associated, or with whom you have lived, been arrested and/or convicted of a misdemeanor or felony crime?
If needed, attach additional pages, label "Family History"	

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DRIVER'S LICENSE HISTORY			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you currently licensed to operate a motor vehicle?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have additional endorsements:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Commercial Driver's License	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Motorcycle	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been licensed to operate a motor vehicle in any other state? If so, list the state and the calendar years licensed.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has your driver's license ever been cancelled?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has your driver's license ever been suspended?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has your driver's license ever been revoked?	
If you answered "Yes" to any of the three questions above, list the state, the calendar year and fully explain.			
VEHICLE HISTORY			
List all vehicles currently registered to your name or address			
License Plate:	Make:	Model:	Year:
License Plate:	Make:	Model:	Year:
License Plate:	Make:	Model:	Year:
License Plate:	Make:	Model:	Year:
VEHICLE INSURANCE			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have current vehicle insurance	
		Company:	Policy #:
		Agent's Name:	Agent's Phone:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has your vehicle insurance ever been cancelled?	
If so, list the state, the calendar year and fully explain.			
VEHICLE CRASH			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been in a vehicle crash in which you were the driver? (Do not include on-duty vehicle crashes)	
Date:	Location:	Agency:	
Were you at fault?			
Circumstances:			
Date:	Location:	Agency:	
Were you at fault?			
Circumstances:			
If needed, attach additional pages, label "Vehicle Crash History"			

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TRAFFIC HISTORY		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever received a traffic citation (mail or in person)
Date:	Location:	Agency:
	Infraction:	
	Circumstances:	
Date:	Location:	Agency:
	Infraction:	
	Circumstances:	
Date:	Location:	Agency:
	Infraction:	
	Circumstances:	
Date:	Location:	Agency:
	Infraction:	
	Circumstances:	
Date:	Location:	Agency:
	Infraction:	
	Circumstances:	
Date:	Location:	Agency:
	Infraction:	
	Circumstances:	
Date:	Location:	Agency:
	Infraction:	
	Circumstances:	
If needed, attach additional pages, label "Traffic History"		

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POLICE CONTACT HISTORY		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been contacted by law enforcement in which you were a complainant, victim, witness, person of interest, or a suspect? (Law enforcement includes military or civilian police; includes international, federal, state, county, city.)	
Date:	Location:	Agency:
	Circumstances:	
	Disposition or Outcome:	
Date:	Location:	Agency:
	Circumstances	
	Disposition or Outcome	
Date:	Location:	Agency:
	Circumstances:	
	Disposition or Outcome:	
Date:	Location:	Agency:
	Circumstances :	
	Disposition or Outcome:	
	If needed, attach additional pages, label "Police Contact History"	
ARREST HISTORY		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been arrested and/or convicted of any misdemeanor or felony crime? (Includes receiving a criminal citation)	
Date	Location:	Agency:
	Circumstances:	
	Disposition or Outcome:	
Date:	Location:	Agency:
	Circumstances:	
	Disposition or Outcome:	
Date:	Location:	Agency:
	Circumstances:	
	Disposition or Outcome:	
	If needed, attach additional pages, label "Arrest History"	

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Affirmation of Information

1. I affirm that all statements made in this application by me are true and correct to the best of my knowledge.
2. I affirm I have made no willful omissions or minimized any of the facts or circumstances.
3. I understand that withholding pertinent information, or information found to be materially inaccurate will be cause for further consideration of my application, or will constitute grounds for my termination if I am employed by DPSST.
4. I understand this application is only a part of the selection process.
5. I understand that failure on my part to notify DPSST of my change of address may subject to my application being closed.
6. I authorize DPSST to complete a computerized criminal history check using the information I listed above.

Name (Print) _____

Name (Signature) _____

Date _____

Position Applied For _____

All inquiries should be directed to:

State of Oregon
Department of Public Safety Standards and Training
Human Resource Division
4190 Aumsville Hwy SE
Salem, Oregon 97317



The Department of Public Safety Standards and Training is an Equal Opportunity Employer