State of California – Department of Justice PERSONAL HISTORY STATEMENT – Non-Sworn POST 2-255 (Rev 02/2013)

Commission on Peace Officer Standards and Training (POST) 1601 Alhambra Boulevard Sacramento, CA 95816-7083

Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Police Department Employee/Non-Sworn**, in accordance with POST Commission Regulation 1959.

- It is your responsibility to complete this form and provide all required information.
- When filling out this form, neatly print, by hand, in blue or black ink. A typed PHS will not be accepted.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form (page 25) and identify the additional information by the question number.
- Print out form single-sided. The PHS form prints out in color; you may print in black or grey scale.

Disqualification

There are very few *automatic* bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the California Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions.		
Signature:	Date:	

	1: PERSONAL									
1. YOUR FUL	L NAME									
LAST			1	FIRST			MIDD	DLE		
2. OTHER NA	MES YOU HAVE USE	D OR BEEN KNOW	N BY (INCLUDE MAIDE	EN NAME AND	NICKNAMES)					
										□ N/A
3. ADDRESS	WHERE YOU LIVE									
NUMBER /	STREET						APT /	UNIT		
CITY							STAT	E ZIP		
4. MAILING A	DDRESS, IF DIFFERE	ENT FROM ABOVE (I	FOR EXAMPLE, PO BO	OX)						
5. CONTACT	NUMBERS									
HOME ()	WORK	()	EX	т	OTHER ()	CELL	FAX	
6. CONTACT	EMAIL		,	7. LIST A	LL OTHER EMAIL	` .	PARATED BY COMMAS			
	THORIZATION FOR E		omployment in the	o Unitod St	tatos?				□vos	□No
			employment in th	e Officed S	iales!				🗀 168	
IF NO, ex	xplain fully:	_								
9. BIRTH PLA	CE (CITY / COUNTY)	/ STATE / COUNTRY	()							
10. BIRTHDATI	E (MM/DD/YYYY)	11. SOCIAL SECU	JRITY NUMBER	12. DRIVER'S	SLICENSE					
		_	_	NUMBER:	:		STATE:	EXPIRES		
13. PHYSICAL	DESCRIPTION	•								
HEIGHT:		WE	IGHT:		HAIR CO	LOR:	E	EYE COLOR:		
o = o = i o vi	0 DELATIVE	AND DESERVE								
	2: RELATIVES	AND REFERE	INCES							
14. IMMEDIA			di a anno anno balance	N.4-		· · · · · · · · · · · · · · · · · · ·				
			the spaces below		rk "Deceased,"					
	k "N/A" if a categ			• If n	nore space is n	eeded, continu	ie on page 25 – re			
	se / Registered [Domestic Partn							eceased	□ N/A
NAME			HOME ADDRESS (N	JMBER/SIR	EET/APT)	CITY		;	STATE ZII	P
	HOME PHONE		WORK ADDRESS (N	JMBER / STR	EET / SUITE)	CITY			STATE ZII	P
	()									
	WORK PHONE		CELL PHONE		EMAIL					
	()		()							
	DATE OF MARRIAGE	E/REGISTRATION			le there or he	e there ever h	een, a restraining	or etay-away		
	/	(MM/YYYY)					and this individua			es 🗌 No
445 E	- C		D			<u> </u>				
14.B Forme	er Spouse / Forr	ner Registered	Domestic Partn		FFT / APT)	CITY		_	eceased	□ N/A
			SINE ADDICEOU (NO	J.IIDEIR / OTR		0111			2.7(12 211	
	HOME PHONE		WORK ADDRESS (N	IMREP / STD	FET / SHITE\	CITY			STATE ZII	Đ .
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	WORK PHONE		CELL PHONE		IEMAII					
	WORK PHONE		CELL PHONE		EMAIL					
	()	E/DEGISTPATION	()	ON	EMAIL					
	WORK PHONE () DATE OF MARRIAGE	E/REGISTRATION (MM/YYYY)	CELL PHONE () DATE OF DISSOLUTE	ON		as there ever b	een, a restraining	or stay-away	,	

SECT	ION 2:	RELATIVES	AND REF	ERE	NCES (continued						
14.C P	arents /	Guardians										
•	List A	LL parents/g	uardians, liv	ing o	r deceas	sed, includ	ing biolog	ical, adoptive,	foster, ste	p-parents, in-laws, etc.		
•	If mor	e space is ne	eeded, conti	nue o	n page i	25 – refere	ence corre	esponding num	nbers.			
14.C.1	Parent	/ Guardian:	Mother		Father	☐ Step-n	nother [Step-father	☐ In-law	☐ Other:		Deceased
NAME						DDRESS (NU				CITY	STATE	ZIP
		HOME PHONE			MAILING	ADDRESS (IF DIFFEREN	NT)		CITY	STATE	ZIP
		WORK PHONE			CELL PH	IONE		EMAIL				
		()			()						
14.C.2	Parent	/ Guardian:	☐ Mother	П	<u>L</u> Father	☐ Step-n	nother [Step-father	☐ In-law	Other:		Deceased
NAME	T GI OIII	, Guaranan		Ш.		DDRESS (NU				CITY	STATE	_
		HOME PHONE			MAILING	ADDRESS (IF DIFFEREN	NT)		CITY	STATE	ZIP
		()			OFIL DI	IONE		LEMM				
		WORK PHONE			CELL PH)		EMAIL				
44.00	D	(0)	□ Madhan			/ 		7.04 6-41	□ In In.	C Oth		
14.C.3 NAME	Parent	/ Guardian:	☐ Mother	Ш'	Father HOME A	☐ Step-n	_	Step-father REET / APT)	☐ In-law	Other:	STATE	☐ Deceased ZIP
		HOME PHONE			MAILING	ADDRESS (F DIFFEREN	NT)		CITY	STATE	ZIP
		()										
		WORK PHONE			CELL PH	HONE		EMAIL				
		()	_			<i>'</i>		_				_
14.C.4 NAME	Parent	/ Guardian:			Father	☐ Step-n		Step-father	☐ In-law	Other:	STATE	☐ Deceased
								,,		•		
		HOME PHONE			MAILING	ADDRESS (IF DIFFEREN	NT)		CITY	STATE	ZIP
		()										
		WORK PHONE			CELL PH	HONE		EMAIL				
		()			()						
14.D B	rothers	/ Sisters										□ N/A
•	List A	LL LIVING s	iblings, inclu	uding	half-sibli	ings, step-	siblings, f	oster-siblings,	etc.			
•	If mor	e space is ne	eeded, conti	inue o	n page :	25 – refere	ence corre	esponding num	nbers.			
14.D.1	Sibling	g: 🔲 Broth	er Siste] Half-br		Half-siste					
NAME				AGE	HOME A	DDRESS (NU	IMBER / STF	REET / APT)		CITY	STATE	ZIP
		HOME PHONE			MAILING	ADDRESS (E DIEEEDEN	NT)		CITY	STATE	ZID
		()			IVIAILING	ADDRESS (IF DIFFEREI	NI)		CITT	SIAIE	ZIF
		WORK PHONE			CELL PH	HONE		EMAIL				
		()			()						
14.D.2	Sibling	g: 🔲 Broth	er Siste	er [Half-br	other	Half-siste	r Other:				
NAME	`					DDRESS (NU	IMBER / STF			CITY	STATE	ZIP
		HOME PHONE			MAILING ADDRESS (IF DIFFERENT)			CITY	STATE	ZIP		
WORK PHONE			CELL PH	HONE		EMAIL						
	()				()		EIVO (IE				

SECTI	SECTION 2: RELATIVES AND REFERENCES continued									
14.D.3	Sibling	: Brother	Sister	☐ Half-brother ☐ Half-sister	r Dther:					
NAME			AGE	HOME ADDRESS (NUMBER / STR		CITY	STATE ZIP			
		HOME PHONE		MAILING ADDRESS (IF DIFFEREN	NT)	CITY	STATE ZIP			
		()								
		WORK PHONE		CELL PHONE	EMAIL		•			
		()		()						
14.D.4	Sibling	: Brother	Sister	Half-brother Half-sister	r Other:					
NAME			AGE	HOME ADDRESS (NUMBER / STR	REET / APT)	CITY	STATE ZIP			
		HOME PHONE		MAILING ADDRESS (IF DIFFEREN	NT)	CITY	STATE ZIP			
		()								
		WORK PHONE		CELL PHONE	EMAIL		<u>'</u>			
		()		()						
								_		
14.E C	hildren						□ N/A			
	l ist Al	LL LIVING chile	dren, including	natural, adopted, step, and/	or foster care.					
					o. 100101 00101					
	metade any enter entered many ear									
•	 Provide the name and contact information of the custodial parent/guardian, if other than you. If more space is needed, continue on page 25 – reference corresponding numbers. 									
•	It more	e space is need	dea, continue (on page 25 – reference corre	esponding numbers.					
14.E.1	Child:	☐ Son ☐	Daughter [Other:						
NAME			AGE	CUSTODIAL PARENT/GUARDIAI	N (IF OTHER THAN YOU)					
				ADDRESS (NUMBER / STREET /	(APT)	CITY	STATE ZIP			
				CONTACT NUMBER	EMAIL					
				()						
14.E.2	Child:	☐ Son ☐	Daughter [Other:	•					
NAME			AGE	CUSTODIAL PARENT/GUARDIAI	N (IF OTHER THAN YOU)					
				ADDRESS (NUMBER / STREET /	(APT)	CITY	STATE ZIP			
				CONTACT NUMBER	EMAIL					
				()						
14.E.3	Child:	☐ Son ☐	Daughter [Other:	- -					
NAME			AGE	CUSTODIAL PARENT/GUARDIAI	N (IF OTHER THAN YOU)					
				ADDRESS (NUMBER / STREET /	(APT)	CITY	STATE ZIP			
				CONTACT NUMBER	EMAIL					
				()						
14.E.4	Child:	☐ Son ☐	Daughter [Other:						
NAME			AGE		N (IF OTHER THAN YOU)					
			I	ADDRESS (NUMBER / STREET /	APT)	CITY	STATE ZIP			
				CONTACT NUMBER	EMAIL	•				
				()						

SEC	SECTION 2: RELATIVES AND REFERENCES continued										
15. LI	ST OF REFE	RENCES									
•	List 5 –7 co-work		as close personal relationships	, social and fami	ily friends, teachers, military colleagu	ies, and	d/or				
•	Do NOT	include relatives, employers, hou	usemates, or any individuals liste	ed elsewhere.							
•	If more	space is needed, continue on pag	ge 25 – reference corresponding	numbers.							
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP				
15.1											
		HOME PHONE	WORK ADDRESS (NUMBER / STREET)	/ SUITE)	CITY	STATE	ZIP				
		()									
		WORK PHONE	CELL PHONE	EMAIL							
		()	()								
		How do you know this person?			How long have you known this person?						
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP				
15.2											
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP				
		WORK PHONE	CELL PHONE	EMAIL							
		()	()								
		How do you know this person?			How long have you known this person?						
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP				
15.3											
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP				
		()									
		WORK PHONE	CELL PHONE	EMAIL							
		()	()								
		How do you know this person?			How long have you known this person?						
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP				
15.4		-		,	-						
		HOME PHONE	WORK ADDRESS (NUMBER / STREET)	/ SUITE)	CITY	STATE	ZIP				
		()									
		WORK PHONE	CELL PHONE	EMAIL							
		()	()								
		How do you know this person?			How long have you known this person?						
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP				
15.5			,								
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP				
		()									
		WORK PHONE	CELL PHONE	EMAIL		I					
		()	()								
How do you know this person? How long have you known this person?											

SEC	SECTION 2: RELATIVES AND REFERENCES continued											
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / S	STREET /	APT)		CITY			STATE	ZIP	
15.6												
		HOME PHONE	WORK ADDRESS (NUMBER / S	STREET /	SUITE)		CITY			STATE	ZIP	
		()										
		WORK PHONE	CELL PHONE		EMAIL							
		()	()									
		How do you know this person?					How long ha	ve you kr	nown this person?			
15.7	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / S	STREET /	APT)		CITY			STATE	ZIP	
	HOME PHONE WORK ADDRESS (NUMBER / STREET / SUITE) CITY					STATE	ZIP					
		()	(,							
		WORK PHONE	CELL PHONE		EMAIL							
		()	()									
		How do you know this person?					How long ha	ve you kr	nown this person?			
SEC	SECTION 3: EDUCATION											
•												
16. [Do you hav	ve a high school diploma, GED, o	r California High School F	Proficier	ncy Certif	icate?.				. 🗌 Ye	s [No
17. L	IST HIGH S	CHOOL(S) ATTENDED										
	NAME OF H	IIGH SCHOOL				F	ROM (MM/YYY	Y) To	(YYYYMM) C	DID YO	U GRAI	DUATE?
17.1							/		/		res	No
					CITY	•		•		•		STATE
47.0	NAME OF H	IIGH SCHOOL			-	F	ROM (MM/YYY	Y) T(O (MM/YYYY)			DUATE?
17.2							/		/	□ ,	res	No
					CITY							STATE
18. LI	ST ALL COL	LEGES AND UNIVERSITIES ATTENDE	D									
		OLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTA	AL UNITS COMPLETE	D		
18.1					/		/		QTR SYS	STEM [SEM	SYSTEM
		ADDRESS (NUMBER / STREET)							TYPE OF DEGREE	EARNED	1	
		OITY				LOTATE	ZID		MAJOR / AREA OF	OTUDY		
		CITY				STATE	ZIP		MAJOR / AREA OF	STUDY		
	NAME OF C	OLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO	MM/YYYY)	TOTA	L AL UNITS COMPLETE	ED .		
18.2						/			QTR SYS	_	SEM	SYSTEM
ADDRESS (NUMBER / STREET)					•			TYPE OF DEGREE	EARNED	ı		
		CITY				STATE	ZIP		MAJOR / AREA OF	STUDY		

SEC	ECTION 3: EDUCATION continued										
	NAME OF C	COLLEGE/UNIVERSITY	FROM (M	M/YYYY)	TO (MN	//YYYY)	TOTAL	UNITS COMPLETED			
18.3			,	1		/	-	QTR SYSTEM SEM SYSTEM			
	l	ADDRESS (NUMBER / STREET)					Т	YPE OF DEGREE EARNED			
		CITY		5	STATE	ZIP	M	MAJOR / AREA OF STUDY			
18.4	NAME OF C	COLLEGE/UNIVERSITY	FROM (M		TO (MN	//YYYY)	TOTAL	UNITS COMPLETED			
10.4			1			/		QTR SYSTEM SEM SYSTEM			
		ADDRESS (NUMBER / STREET)					Т	YPE OF DEGREE EARNED			
		CITY			STATE	ZIP					
		MAJOR / AREA OF STUDY									
19 . L											
19.1	NAME OF T	RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FROM (MM	1/YYYY)	TO (MM/YY)	(Y)	DID YOU COMPLETE THE COURSE?			
19.1						☐ Yes ☐ No					
		CITY		STAT	E TYF	PE OF SCHOOL	OR TRAIN	NING			
19.2	NAME OF T	RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FROM (MM	1/YYYY)	TO (MM/YY)	(Y)	DID YOU COMPLETE THE COURSE?			
13.2				/		/		☐ Yes ☐ No			
		CITY		STAT	E TYF	PE OF SCHOOL	OR TRAIN	NING			
	r			<u> </u>							
19.3	NAME OF T	RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FROM (MM	I/YYYY)	TO (MM/YY)	(Y)	DID YOU COMPLETE THE COURSE?			
		CITY		STAT	r I TVF	PE OF SCHOOL	OD TDAIN	☐ Yes ☐ No			
		CHY		SIAI	E 11F	E OF SCHOOL	OR TRAIL	VING			
20.	Have you	ever taken a PC832 (Arrest and/or Firearms) Course	?					Yes No			
		rovide the following information:									
		A. COURSE PRESENTER NAME				LOCATION	(CITY / ST	TATE)			
		B. COURSE COMPLETION						COMPLETION DATE (MM/YYYY)			
		Did you successfully complete the course?				Yes	s 🗌	No /			
21.	Have you	ever attended a POST Basic Course/Academy: Reg	ular, Specializ	ed Investi	gators',	Reserve, or	Dispato	cher? Yes No			
		rovide the following information:									
21.1	NAME OF A	CADEMY		FROM (MM		TO (MM/	YYYY)	DID YOU PASS/GRADUATE?			
21				,			/	Yes No			
	LOCATION	(CITY, STATE)	AME OF TRAINING	OFFICER /	ACADEM	Y COORDINATO	DR .	CONTACT NUMBER			
	NAME OF	OADENNY.			100000	== 0.00	2000				
21.2	NAME OF A	CADEMY		FROM (MM	,	TO (MM/	YYYY)	DID YOU PASS/GRADUATE?			
	LOCATION	(CITY STATE)	AME OF TRAINING	OFFICER /		V COORDINATO	/ \D	Yes No			
	LUCATION	(CITY, STATE)	AIVIE OF TRAINING	OFFICER /	ACADEM	1 COORDINATO	JK	CONTACT NUMBER			
								()			

SEC	TION 3: EDUCATION continued										
22.	Have you ever been subject to any disciplinary action, including from any high school, college/university, business, trade school,						Yes No				
	IF YES, describe in detail below. Starting with high school, list ar POST basic course. Include when the disciplinary action(s) occu										
SEC	TION 4: RESIDENCE HISTORY										
23.	LIST OF RESIDENCES										
,	List all residences during the last 10 years or since age 15										
,	Provide complete addresses (include markers such as Stree	t, Drive	, Road, East, We	st, etc., and unit	apt nun	nber). Do NOT	use PO Boxes.				
,	If the residence is a military base, identify name of base in ad unless you shared individual quarters.	ldress, ı	nearest city, state	e, and zip code. [Do NOT	list military bar	rracks mates				
,	If more space is needed, continue your response on page 25	i.									
	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (MM/YYYY)				
23.1						/	Present				
	CITY		ZIP		PERTY MA	NAGER, RENT CC	DLLECTOR, OR OWNER				
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX) CONTACT NUMBER										
	CITY	STATE	ZID	EMAIL		()					
	CHY	STATE	ZIP	EWAIL							
	Name(s) of those with whom you live:										
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	IM/YYYY)	TO (MM/YYYY)				
23.2						/	/				
	CITY	STATE	ZIP	IF RENTING: PRO	PERTY MA	ANAGER, RENT CO	OLLECTOR, OR OWNER				
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	ER (NUME	SER / STREET / APT /	PO BOX)		CONTACT NUMB	ER				
	CITY	STATE	7ID	EMAIL		()					
		OTATE		EW VIE							
	Name(s) of those with whom you lived:										
	Reason for moving:										
23.3	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	/ /	TO (MM/YYYY) /				
	CITY	STATE	ZIP	IF RENTING: PRO	PERTY MA	ANAGER, RENT CO	DLLECTOR, OR OWNER				
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	ER (NUME	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER				
	CITY	STATE	ZIP	EMAIL							
	Name(s) of those with whom you lived:										
	Reason for moving:										

SEC	SECTION 4: RESIDENCE HISTORY continued																
	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (MM/YYYY)									
23.4							/	/									
	CITY		STATE	ZIP	IF RENTING: PRO	PERTY MA	NAGER, RENT CO	OLLECTOR, OR OWNER									
	MAILING AI	DDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWN	ER (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUME	BER									
							()										
	CITY		STATE	ZIP	EMAIL												
	Name(s)	of those with whom you lived:															
	Reason f	for moving:															
	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (MM/YYYY)									
23.5							/	/									
	CITY		STATE	ZIP	IF RENTING: PRO	PERTY MA	NAGER, RENT CO	OLLECTOR, OR OWNER									
	MAILING AI	DDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWN	ER (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUME	BER									
							()										
	CITY		STATE	ZIP	EMAIL												
	Name(s)	of those with whom you lived:															
	Reason t	for moving:															
24. L	IST OF HOU	JSEMATES															
			tion 22	with whom you h	anua rasidad du	rina tha	nact 10 vacus	or since one 45									
•					lave resided du	illig tile	past 10 years	Provide contact information for all housemates listed in Question 23 with whom you have resided during the past 10 years or since age 15.									
•				imation.		Do NOT list anyone for whom you have already provided contact information.											
•	It more	space is needed, continue your response on page 25		Manage and the second of a section and a section of the second of the se													
24.1	NAME OF H																
24.1		HOUSEMATE	, <u> </u>				CONTACT NUMB	-									
							()	ER									
		OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY		()	-									
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		MATE ONLY STO			()	ER									
				MATE ONLY, ETC.)	CITY		()	ER									
	INAME OF L	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEN		MATE ONLY, ETC.)			()	ER STATE ZIP									
24.2	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		MATE ONLY, ETC.)			()	ER STATE ZIP									
24.2	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEN OUSEMATE		MATE ONLY, ETC.)	EMAIL		CONTACT NUMB	ER ZIP									
24.2	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEN		MATE ONLY, ETC.)			CONTACT NUMB	ER STATE ZIP									
24.2	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEN OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	D, HOUSE		EMAIL		CONTACT NUMB	ER ZIP									
24.2	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEN OUSEMATE	D, HOUSE		EMAIL		CONTACT NUMB	ER ZIP									
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEN OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	D, HOUSE		EMAIL		CONTACT NUMB	ER ZIP ER ZIP									
24.2		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEN OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEN	D, HOUSE		EMAIL		CONTACT NUMB	ER ZIP ER ZIP									
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SEC	TION 4:	RESIDENCES continued								
	NAME OF H	OUSEMATE			CON	NTACT	NUMI	BER		
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		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY					STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			l			
	NAME OF H	I IOUSEMATE			CON	NTACT	NUMI	BER		
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		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL						
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24.6	NAME OF F	OUSEMATE			CON	NTACT	NUMI	BER		
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		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY					STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL						
	NAME OF H	IOUSEMATE		•	CON	NTACT	NUMI	BER		
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		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY					STATE	ZIP	
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	NAME OF E	OUSEMATE		<u> </u>	CON	NTACT	NI IMI	RFR		
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		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			,		STATE	7ID	
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		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL						
		NATURE OF RELATIONORIII (E.O., RELATIVE, ENDEOND, FRIEND, HOUGEWATE ONET, ETO.)		LWAIL						
									.,	
25.	Have you	ever been evicted or asked to leave a residence?	•••••		•••••			🗀	Yes	☐ No
26.	Have vou	ever left a residence owing rent, utilities, or other household expenses?						П	Yes	□No
		<u> </u>								
	f vou ansv	vered "YES" to Questions 25 and/or 26, explain (include when, where, and ci	reum	etances).						
'	i you ansv	roted TEO to wastions 25 and of 26, explain (moldes when, where, and of	roun	istariocs).						
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SECTION 5: EXPERIENCE AND EMPLOYMENT 27. JOB EXPERIENCE · List ALL jobs you have had within the past ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.) · If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. List ALL periods of unemployment in excess of 30 days. • If more space is needed, continue your response on page 25. NAME OF CURRENT EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY) 27.1 ADDRESS (NUMBER / STREET / SUITE / OR BASE) SUPERVISOR STATE ZIP CONTACT NUMBER) JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) **DUTIES / ASSIGNMENTS** FT PT Temp Self-employed Volunteer REASON FOR WANTING TO LEAVE NAMES OF CO-WORKERS 1) 2) Would there be a problem if we contact your current employer? ☐ No IF YES, explain: PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY) 27.2 Student ☐ Between jobs ☐ Leave of absence ☐ Travel Other: TO (MM/YYYY) NAME OF EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) 27.3 SUPERVISOR ADDRESS (NUMBER / STREET / SUITE / OR BASE) STATE **CONTACT NUMBER** JOB TITLE / RANK DUTIES / ASSIGNMENTS TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) FT PT Temp Self-employed Volunteer REASON FOR LEAVING NAMES OF CO-WORKERS 1) 2) FROM (MM/YYYY) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) TO (MM/YYYY) ☐ Student Leave of absence ☐ Travel Other: ☐ Between jobs

SEC	TION 5: EXPERIENCE AND EMPLOYN	MENT continued							
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MI	M/YYYY)
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	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR		
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	DUTIES / ASSIGNMENTS						CHECK ALL THAT APPL		7
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	1)	2)							
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27.6							FROM (MM/YYYY)	TO (IVII	M/YYYY)
	☐ Student ☐ Between jobs ☐ Lea	ve of absence	ther:				/		/
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MI	M/YYYY)
27.7							/	(/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	/ COR		,
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	JOB TITLE / RANK					EMAIL			
	DUTIES / ASSIGNMENTS			TY	PE OF EMPL	OYMENT (CHECK ALL THAT APPL	Y)	
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	NAMES OF CO-WORKERS	1		RE	EASON FOR I	LEAVING			
	1)	2)							
07.0	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	,					FROM (MM/YYYY)	TO (MI	W/YYYY)
27.8	☐ Student ☐ Between jobs ☐ Lea	ve of absence 🔲 Travel 🔲 C	ther:				/		/
	ANAME OF EMPLOYED OR AN ITARY UNIT						EDOM (44140000)	T-0 (14)	1120000
27.9	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	10 (MI	M/YYYY)
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	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR		
	CITY		STATE	ZIP		CONTACT	NUMBER	E	XT
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	JOB TITLE / RANK			•		EMAIL			
	DUTIES / ASSIGNMENTS			TY	PE OF EMPL	OYMENT (CHECK ALL THAT APPL	Y)	
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	NAMES OF CO-WORKERS				EASON FOR I		<u> </u>		
	1)	2)							
		<u>'</u>							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (MI	M/YYYY)
27.10	☐ Student ☐ Between jobs ☐ Lea	ve of absence	ther:				/		/

SEC	TION 5: EXPERIENCE AND EMPLOYMENT con	tinued					
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
27.11						/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR	
	CITY		STATE	ZIP	CONTACT	NUMBER	EXT
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	JOB TITLE / RANK				EMAIL		
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	NAMES OF CO-WORKERS			REASON FOR I	LEAVING		
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	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
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	☐ Student ☐ Between jobs ☐ Leave of abse	nce 🔲 Fravel	Uther:			/	/
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
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	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SUR	
	CITY	CONTACT	NUMBER	EXT			
	JOB TITLE / RANK				EMAIL		
	DUTIES / ASSIGNMENTS					CHECK ALL THAT APPLY	·
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	NAMES OF CO-WORKERS			REASON FOR I	LEAVING		
	1) 2)						
27.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
27.14	☐ Student ☐ Between jobs ☐ Leave of abse	nce Travel	Other:	<u></u>		/	/
27.15	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
27.15						/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR	
	CITY		STATE	ZIP	CONTACT	NUMBER	EXT
					()		
	JOB TITLE / RANK				EMAIL		
	DUTIES / ASSIGNMENTS			TYPE OF EMPL	OYMENT (CHECK ALL THAT APPLY	()
				☐ FT ☐	PT 🔲	Temp Self-emplo	yed Volunteer
	NAMES OF CO-WORKERS			REASON FOR I			
	1) 2)						
	, -/						
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
27.16	☐ Student ☐ Between jobs ☐ Leave of abse	nce	☐ Other:			/	/

SEC	CTION 5: EXPERIENCE AND EMPLOYMENT continued	
28.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	□No
29.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	☐ No
30.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	☐ No
31.	Have you ever quit without giving notice?	☐ No
32.	Have you ever resigned in lieu of termination?	☐ No
33.	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?	□No
34.	Were you ever the subject of a written complaint at work?	□No
35.	Have you ever been counseled at work due to lateness or absences?	□No
36.	Did you ever receive an unsatisfactory performance review?	☐ No
37.	Have you ever sold, released, or given away legally confidential information?	☐ No
38.	Have you ever called in sick when you were neither sick nor caring for a sick family member?	☐ No
	IF YES, how many sick days have you used in the past five years which were not due to illness? Days	
	If you answered "YES" to any of Questions 28–38, explain (include when, where, and circumstances – reference corresponding numbers	(S).
39.	In the past three years, have you missed days or been late to work due to drug or alcohol consumption?	□No
	IF YES, how often?	
40.	Has your work performance ever been affected by your use of alcohol or drugs?	☐ No
	IF YES, when? Name of employer:	
41.	In the past three years , have you been warned by an employer about your drinking or drug habits and their impact on your performance?	□No
	IF YES, when? Name of employer:	

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued					
42.	Have you <i>ever</i> applied for <i>any</i> position at another law enforcement agency (o	city, cou	ınty, state, or fe	deral)?	Yes	s 🗌 No
	 If you answered "YES" to Question 42, list EVERY agency you have app 	olied to.	starting with the	e most recent.		
	 Give complete and accurate addresses. 	,	otarting than an			
	All agencies MUST be listed regardless of the outcome or current st	atus C	heck all hoves	that apply for	each agency	
	 If more space is needed, continue your response on page 25. 	atas. O	neok un boxes	that apply for	cuon agency.	
					r	0.0
42.1	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	YY)
	ADDRESS (NUMBER / STREET)			BYCKCDOLIND IN	/ VESTIGATOR'S NAME (IF	KNOWNI
	ADDICES (NOWBER / STREET)			BACKGROUND IN	VESTIGATOR S NAME (II	KNOWN)
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				()		
	POSITION APPLIED FOR		EMAIL	1		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	graph/C	VSA 🔲 Backo	ground 🔲 Chie	ef's Oral 🔲 Condition	onal Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	xpired			
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	YY)
42.2					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)
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	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	araph/C	VSA Backo	around \square Chie	ef's Oral	onal Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified			, <u> </u>		
	NAME OF LAW ENFORCEMENT AGENCY		·		DATE APPLIED (MM/YY)	YY)
42.3					1	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBER	ER	EXT
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	POSITION APPLIED FOR	•	EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:			. 🗆		. 0"
	STEP: Application Written Physical Ability Oral Poly			ground [Chie	ef's Oral	onal Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	xpired		[DATE ADDITED (1440)	0.0
42.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	(Y)
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	/ VESTIGATOR'S NAME (IF	KNOWN)
	ADDICES (NOWBERT STREET)			BACKGROOND	VEOTIOATOR O NAME (II	TOWN)
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	POSITION APPLIED FOR		EMAIL	\		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	graph/C	VSA 🔲 Backo	ground 🔲 Chie	ef's Oral	onal Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	xpired			

SE	CTION 6: MILITARY EXPERIENCE
43.	Are you required to register for the Selective Service?
44.	Have you ever served in the military?
45.	If you answered "YES" to Question 44, include the following service information: BRANCH OF SERVICE
46.	Are you currently participating in one of the following? Military Reserve National Guard IF CHECKED, date obligation ends (MM/DD/YY):
47.	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)?
48.	Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?
49.	Trave you ever taken military property without permission for personal use, to sell, or to give away:
SE	CTION 7: FINANCIAL
50.	 For each of the following questions (50A, B, C), fill in the amounts to the nearest dollar. For Question 50C: 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 obligations you may have. A) From your employer(s), what is your take-home monthly income?
	B) Do you have other sources of income? (IF YES, fill in amount and explain.)
	C) How much do you spend each month? per month
51.	Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?
52.	Have any of your bills ever been turned over to a collection agency?
53.	Have you ever had purchased goods repossessed?

SEC	CTION 7: FINANCIAL continued	
54.	Have your wages ever been garnished?	☐ No
55.	Have you ever been delinquent on income or other tax payments?	□No
56.	Have you ever failed to file income tax or cheated/lied on an income tax form?	☐ No
57.	Have you ever had an employment bond refused?	☐ No
58.	Have you ever avoided paying any lawful debt by moving away?	☐ No
59.	Have you ever defaulted on (failed to pay) a loan?	☐ No
60.	Have you ever borrowed money to pay for a gambling debt?	☐ No
	IF YES, do you currently have any outstanding debts as a result of gambling?	☐ No
61.	Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes	☐ No
62.	Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	□No
63.	Have you written three or more bad checks in a one-year period?	☐ No
	If you answered "YES" to any of Questions 51–63 , explain (include when, where, and why – reference corresponding numbers).	
SEC	CTION 8: LEGAL	
	Disclosure of Arrests and Convictions	
	 If you are applying for a dispatcher position at a criminal justice agency (as defined in Penal Code 13101), you are required to report detentions, arrests, and convictions (per Labor Code 432.7), except where sealed or expunged by law. If you are applying for a dispatch position at a non-criminal justice agency, you are not required to disclose arrests or detentions that did not result in a conviction. It is recommended that you consult with an attorney if you have any questions regarding disclosure. If more space is needed, continue your response on page 25. 	ner
64.	Have you ever been convicted of (and, for criminal justice agency applicants, detained by law enforcement for	
	investigation, arrested, indicted, or charged with) any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?	□No
	IF YES, explain each incident:	
64.1	CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY	
	DISPOSITION OR PENALTY	

SEC	TION 8: LEGAL continued			
24.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY	
64.2		/		
	DISPOSITION OR PENALTY			
	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY	
64.3	STATE	/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	DISPOSITION OR PENALTY			
65.	Have you ever been placed on court probation?		Yes	☐ No
	Were you ever required to appear before a juvenile court for an ac			
	committed as an adult? (You may answer "no" if your juvenile reco		· · · · · · · · · · · · · · · · · · ·	☐ No
	Have you ever been a party in a civil lawsuit (e.g., small claims ac support, etc.)?			П №
68.	Have the police ever been called to your home for any reason?		Yes	∐ No
69.	Have you or your spouse/partner ever been referred to Child Prote	ective Services?	Yes	□No
70	Have you ever been the subject of an emergency protective order.	-/restraining order/stay aw	- Voc	П №
	Have you settled any civil suit in which you, your insurance compa			□No
	required to make payment to the other party?			∐ No
	Have you ever fraudulently received welfare, unemployment compstate or federal assistance?			П No
	Have you ever been required to repay any welfare payments, une federal assistance?		n, or other state or Yes	П No
74.	Have you ever filed a false insurance or workers' compensation cl	laim?	Yes	☐ No
	If you answered "YES" to any of Questions 65–74 , explain (including numbers).	de court case or documen	t, dates, and circumstances – reference corres	ponding
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SECT	SECTION 8: LEGAL continued				
▶ In	volvement in Criminal Acts – Part 1				
75. l	Have you committed any of the following acts within the past 10 years? (You do NOT have to report any acts committed prior to age 1s	5 .)			
•	You MUST include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet.				
•	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it.	e law			
75.1	Animal abuse and/or neglect Yes	□No			
75.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	□No			
75.3	Battery (use of force or violence upon another)	□No			
75.4	Brandishing a weapon (any type of weapon)	□No			
75.5	Carrying a concealed weapon without a permit	□No			
75.6	Contributing to the delinquency of a minor Yes	□No			
75.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	□No			
75.8	Driving under the influence of alcohol and/or drugs	□No			
75.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	□No			
75.10	Filing a false police report	□ No			
75.11	Hit & run collision (no injuries)	□No			
75.12	Illegal gambling Yes	□No			
75.13	Illegal hunting and/or fishing (for example, without a license, out of season)	□ No			
75.14	Impersonating a peace officer (pretending to be a police officer)	□No			
75.15	Indecent exposure and/or lewd or obscene conduct Yes	□ No			
75.16	Intentionally writing a bad check	□No			
75.17	Joyriding (using a car or other vehicle without owner's permission)	□No			
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	□No			
75.19	Petty theft (value up to \$950, including shoplifting/switching price tags)	□No			
75.20	Possession of alcohol as a minor	□ No			
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	□No			
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	□No			
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	□No			
75.24	Reckless driving	□No			
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	□No			

SECT	FION 8: LEGAL continued	
75.26	Trespassing Yes	□No
75.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	□No
75.28	Any other act amounting to a misdemeanor	□No
•	If you answered "YES" to ANY of the item(s) in Question 75 , fully explain circumstances, including dates, names of individuals involve and resolution. <i>Reference the corresponding number (e.g., 75.5) for each explanation.</i>	ed,
•	If more space is needed, continue your response on page 25.	
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_		
▶ In	volvement in Criminal Acts – Part 2	
76.	At any time in your life, have you EVER committed any of the following acts?	
	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it.	law
76.1	Arson (intentionally destroying property by setting a fire)	□No
76.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	□No
76.3	Blackmail or extortion Yes	☐ No
76.4	Burglary (entering a structure or vehicle to commit theft or other crime)	□No
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	□No
76.6	Elder abuse and/or neglect (physical and/or financial)	□No
76.7	Embezzlement (theft of money or other valuables entrusted to you)	□No
76.8	Felony drunk driving (involving injuries)	□No

SECT	ION 8: LEGAL continued	
76.9	Forcible rape Yes	□No
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	□No
76.11	Fraudulent use of a credit, ATM, debit, and/or check card	□No
76.12	Grand theft (value of over \$950, or any firearm)	□No
76.13	Hit & run (with injuries)	□No
76.14	Hate crime Yes	□No
76.15	Illegal sex acts Yes	□No
76.16	Insurance fraud	□No
76.17	Murder, homicide, or attempted murder	□No
76.18	Perjury (lying under oath)	□No
76.19	Possession of an explosive/destructive device Yes	□No
76.20	Robbery (theft from another person using a weapon, force, or fear)	□No
76.21	Stalking Yes	□No
76.22	Theft of a vehicle and/or vehicle parts	□No
76.23	Viewing and/or possessing child pornography	□No
76.24	Any other act amounting to a felony	□No
•	If you answered "YES" to ANY of the item(s) in Question 76, fully explain circumstances, including dates, names of individuals involve and resolution. Reference the corresponding number (e.g., 76.3) for each explanation If more space is needed, continue your response on page 25.	

SEC	CTION 8: LEGAL continued	
▶ I	lllegal Use of Drugs	
•	For the purpose of responding to the following questions, "illegal drugs" include or over-the-counter drugs; it also includes the illegal use of any other substitution of the substitutio	ance for the purpose of getting "high."
	 Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc) Barbiturates (Downers) Cocaine / Crack Cocaine Designer Drugs (Ecstasy, Synthetic Heroin, etc.) GHB (Date Rape Drug) Hallucinogens (Peyote, LSD, Mushrooms) Hashish / Hashish Oil Heroin / Opium 	 Marijuana (with or without a prescription) Mescaline Morphine PCP / Angel Dust Quaaludes Steroids Tetrahydrocannabinal (THC) Glue, paint, or any substance containing toluene
77	Within the past six months, have you used any drug(s) as indicated above	??
78.	Prior to the past six months: I have never used any drug recreationally. I have tried or used one or more drugs, but only under limited circumst events, etc.) IF YOU CHECKED BOX 2, give details including drug(s) used, most recent	ances (for example, experimentation, at parties, concerts, special
79.	Have you <i>EVER</i> engaged in any of the activities listed below involving drugs drugs without a prescription: Sold Manufactured Purchased Furnish IF ANY ITEM IS CHECKED, give details including <i>drug(s) involved</i> , <i>over well</i>	shed Cultivated Carried or Held for Another
80.	During the <i>past five years</i> , have you associated with friends, acquaintances have illegally used drugs or narcotics, and/or illegally used prescription medi IF YES, explain:	·

SEC	TION 9: MOTO	OR VEHICLE INFORMATION							
81.	Current Driver's	License:							
	STATE OF ISSUE	LICENSE NUMBER	EXPIRATION	DATE (MM/DD/YYYY)	NAME UNDER WH	ICH LICENSE W	AS GRANTED		
			/	/					
					I				
82.	List other states	where you have been licensed to op-	perate a mot	tor vehicle:					
	STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICE	ENSE	NAME UNDER WH	ICH LICENSE W	AS GRANTED		
83.	Have you ever b	een refused a driver's license by an	y state?					Yes	No
	IF YES, explain	(include when, where, and circumsta	ances):						
_									
_									
_									
		s license ever been suspended or re						∐ Yes	No
	IF YES, explain	(include when, where, and circumsta	ances):						
85.	List all traffic cita	ations, excluding parking citations, ye	ou have rece	eived <i>within the p</i>	ast seven years	5.			
	NATURE OF VIOLA	TION		LOCATION (STREET	·)	CITY			STATE
85.1									
	DATE VIOLATION C	CCURRED	ACTION TAKEN						
	Month:	Year:		Not Guilty	Fined	Traffic	School	Dismisse	∍d
	NATURE OF VIOLA	TION		LOCATION (STREET)		CITY			STATE
85.2									
	DATE VIOLATION C		ACTION TAKEN		_		_	_	,
	Month:	Year:		Not Guilty	Fined	Traffic	School [Dismisse	∍d
86.	Has a traffic cita	tion ever resulted in a warrant or car	used your dr	river's license to be	withheld due to	the followin	g (check all that ap	oply):	
		☐ Failed to Appear ☐ Fai	led to Comp	lete Traffic School	☐ Failed	to Pay the R	tequired Fine		
	IF CHECKED, e:	xplain circumstances:							
	•	•							
								_	
87.	Have you ever d	riven a vehicle without auto insuran	ce, as requir	red by law?				Yes	☐ No
1	IF YES, GIVE REA	SON					FROM (MM/YYYY)	TO (MM/YYY	(Y)
							,	,	

SEC	ECTION 9: MOTOR VEHICLE OPERATION continued		
88.	8. Have you ever been refused automobile liability insurance or a bond, or had them cancelled?		□No
	IF YES, GIVE REASON	DATE (MM/	YYYY)
		/	
	INSURANCE COMPANY		
	Use this space for additional information you would like to include regarding your driving reco	ord.	
SEC	ECTION 10: OTHER TOPICS		
89.	9. Have you ever been refused a permit to carry a concealed weapon?	Yes [No
90.	 Are you now, or have you ever been, a member or associate of a criminal enterprise, street gan that advocates violence against individuals because of their race, religion, political affiliation, eth 		
	gender, sexual preference, or disability?		No
91.	Have you ever hit or physically overpowered a spouse or romantic partner?		No
92.	2. Since the age of 15, have you ever been involved in an anger-provoked physical fight, confront	tation or other violent act?	No
93.			
	or any other group that advocates violence against individuals because of their race, religion, poorigin, nationality, gender, sexual preference, or disability?		No
	If you answered "YES" to any of Questions 89–93, give details including dates and circumstance	ces – reference corresponding numbers).	
SEC	ECTION 11: CERTIFICATION		
94.	4. I hereby certify that I have personally completed and initialed each page of this form and a statements made are true and complete to the best of my knowledge and belief. I understa subject me to disqualification; or, if I have been appointed, may disqualify me from continue.	and that any misstatement of material fact	
	Signature in Full: ▶	Date:	

Use the following page to continue any of your responses.

Be sure to reference corresponding numbers.

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

ADD	DITIONAL COMMENTS
•	Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Reference the corresponding questions and/or specific items.
•	You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.