

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 Harrah Peace Officer.
- Type or neatly print, in ink, responses 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 cannot obtain or remember certain information, indicate so in 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.

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: Be as complete, honest and specific as possible in your responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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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			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. citizen?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
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			
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER
			- -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES**13. 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 25.

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

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

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

Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

☐ N/A

D. Step-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		

☐ N/A

E. Spouse

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			

☐ N/A

F. Father-in-law

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

☐ N/A

G. Mother-in-law

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

☐ N/A

H. Former Spouse(s)

1) 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			
2) 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			

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SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

☐ N/A I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			

☐ N/A J. Children

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 2: RELATIVES AND REFERENCES *continued***13. IMMEDIATE FAMILY (Section J. Children)** *continued*

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP	
<input type="checkbox"/> F		CONTACT NUMBER () EMAIL	
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP	
<input type="checkbox"/> F		CONTACT NUMBER () EMAIL	
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP	
<input type="checkbox"/> F		CONTACT NUMBER () EMAIL	
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP	
<input type="checkbox"/> F		CONTACT NUMBER () EMAIL	

14. REFERENCES

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, 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?	
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?	

Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 2: RELATIVES AND REFERENCES (Section 14. References) continued

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?	
F) 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?	
G) 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?	
H) 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?	
I) 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?	
J) 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?	

Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 3: EDUCATION

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

15. Check applicable: ☐ High School Diploma from an accredited U.S. institution ☐ GED ☐ High School Proficiency Certificate

16. List high schools attended:

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

17. 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			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

18. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Have you ever attended a **POST** Basic Academy? ☐ Yes ☐ No

If yes, provide the following information:

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

Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 3: EDUCATION *continued*

20. Have you ever been _____ suspended, or expelled from any _____ college/university, _____ 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**21. LIST OF RESIDENCES**

- List all residences during the last ten years or since age 15. 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 25.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)

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:

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SECTION 4: RESIDENCE *continued***21. LIST OF RESIDENCES** *continued*

D) 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:				
E) 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:				
F) 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:				
G) 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:				

Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 4: RESIDENCE *continued*

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 25.

A) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
B) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
C) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
D) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
E) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
F) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL

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

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

If you answered yes to **Questions 23 and/or 24**, explain (include when, where and circumstances):

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SECTION 5: EXPERIENCE AND EMPLOYMENT**25. JOB EXPERIENCE**

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 25.)
- 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.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				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			
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE			
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:					

B) PERIOD OF UNEMPLOYMENT				FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other							

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				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			
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

D) PERIOD OF UNEMPLOYMENT				FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other							

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				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			
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*25. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

G) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				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	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		

H) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

I) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				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	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		

J) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

K) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				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	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		

L) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***25. JOB EXPERIENCE** *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				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			
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

N) PERIOD OF UNEMPLOYMENT				FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other							

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				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			
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

P) PERIOD OF UNEMPLOYMENT				FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other							

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				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			
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

27. Have you ever been fired, released from probation, or asked to resign from any place of employment? ☐ Yes ☐ No28. Were you ever involved in a physical altercation with a supervisor, co-worker, or customer? ☐ Yes ☐ No

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

29. Have you ever quit without giving proper notice? ☐ Yes ☐ No
30. Have you ever resigned in lieu of termination? ☐ Yes ☐ No
31. 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
32. Were you ever the subject of a written complaint at work? ☐ Yes ☐ No
33. Have you ever been counseled at work due to lateness or absences? ☐ Yes ☐ No
34. Did you ever receive an unsatisfactory performance review? ☐ Yes ☐ No
35. Have you ever sold, released, or given away legally confidential information? ☐ Yes ☐ No
36. 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?

If you answered yes to any of **Questions 26–36**, explain (include when, where and circumstances; indicate corresponding number):

37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? ☐ Yes ☐ No
- If yes, how often?

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

WHEN?

NAME OF EMPLOYER

39. 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

WHEN?

NAME OF EMPLOYER

40. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)? ☐ Yes ☐ No

- If yes, list **EVERY** agency you have applied to, 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 25.

A) NAME OF AGENCY

DATE APPLIED

ADDRESS (NUMBER / STREET)

BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)

CITY

STATE

ZIP

CONTACT NUMBER

EXT

()

POSITION APPLIED FOR

EMAIL

Check each step in the process that you completed, and your status:

STEPS: ☐ Application ☐ Written ☐ Physical ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

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PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

40. Have you **ever** applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY

DATE APPLIED

ADDRESS (NUMBER / STREET)

BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)

CITY

STATE

ZIP

CONTACT NUMBER

EXT

()

POSITION APPLIED FOR

EMAIL

Check each step in the process that you completed, and your status:

STEPS: ☐ Application ☐ Written ☐ Physical ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

C) NAME OF AGENCY

DATE APPLIED

ADDRESS (NUMBER / STREET)

BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)

CITY

STATE

ZIP

CONTACT NUMBER

EXT

()

POSITION APPLIED FOR

EMAIL

Check each step in the process that you completed, and your status:

STEPS: ☐ Application ☐ Written ☐ Physical ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

SECTION 6: MILITARY EXPERIENCE

41. Are you required to register for the Selective Service? ☐ Yes ☐ No

If yes, have you registered? ☐ Yes ☐ No

If no, explain:

42. BRANCH OF SERVICE

43. DATES OF SERVICE

From

To

44. 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:*

46. 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

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

If you answered yes to **Questions 46 and/or 47**, explain (include dates and circumstances):

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 7: FINANCIAL

48. 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? ☐ 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.

50. Have any of your bills ever been turned over to a collection agency? ☐ Yes ☐ No

51. Have you ever had purchased goods repossessed? ☐ Yes ☐ No

52. Have your wages ever been garnished? ☐ Yes ☐ No

53. Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No

54. Have you ever failed to file income tax or cheated/lie on an income tax form? ☐ Yes ☐ No

55. Have you ever had an employment bond refused? ☐ Yes ☐ No

56. Have you ever avoided paying any lawful debt by moving away? ☐ Yes ☐ No

57. Have you ever defaulted on (failed to pay) a loan? ☐ Yes ☐ No

58. Have you ever borrowed money to pay for a gambling debt? ☐ Yes ☐ No
If yes, do you currently have any outstanding debts as a result of gambling? ☐ Yes ☐ No

59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? ☐ Yes ☐ No

60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ☐ Yes ☐ No

61. Have you written three or more bad checks in a one-year period? ☐ Yes ☐ No

If you answered yes to any of **Questions 49–61**, explain (include when, where, and why; indicate corresponding number):

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 8: LEGAL

Disclosure of Arrests and Convictions

This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**

62. **as an adult** 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 25.

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			

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

65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ☐ Yes ☐ No

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

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

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 8: LEGAL *continued*

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

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

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

If you answered yes to any of **Questions 63–71**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

72. INVOLVEMENT IN CRIMINAL ACTS – PART 1

Within the past **seven years** **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following ? **NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

A) Annoying / obscene phone calls..... ☐ Yes ☐ No

B) Battery (use of force or violence upon another)..... ☐ Yes ☐ No

C) Brandishing a weapon (any type of weapon)..... ☐ Yes ☐ No

D) Carrying a concealed weapon without a permit..... ☐ Yes ☐ No

E) Contributing to the delinquency of a minor ☐ Yes ☐ No

F) Defrauding an innkeeper (not paying for food or room at a hotel/motel) ☐ Yes ☐ No

G) Driving under the influence of alcohol and/or drugs..... ☐ Yes ☐ No

H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)..... ☐ Yes ☐ No

I) Hit & run collision (no injuries)..... ☐ Yes ☐ No

J) Hunting/fishing without a license ☐ Yes ☐ No

K) Illegal gambling..... ☐ Yes ☐ No

L) Impersonating a peace officer (pretending to be a police officer)..... ☐ Yes ☐ No

M) Indecent exposure (including flashing or mooning)..... ☐ Yes ☐ No

N) Joyriding (using a car or other vehicle without owner's permission)..... ☐ Yes ☐ No

O) Petty theft (value up to \$950, including shoplifting/switching price tags)..... ☐ Yes ☐ No

P) Possession of alcohol as a minor ☐ Yes ☐ No

Initial this page to indicate that you have provided complete and accurate information: _____

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72. INVOLVEMENT IN CRIMINAL ACTS – PART 1 *continued*

If you answered yes to **any** item(s) in **Question 72**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (72-A, etc.) for each explanation.

At any time in your life have you ever committed any of the following? NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

A) Arson (intentionally destroying property by setting a fire).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information:

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 8: LEGAL (Question 73) continued

G) Elder abuse/neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Felony drunk driving (involving injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Hit & run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Insurance fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Grand theft (value of over \$950, or any firearm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Perjury (lying under oath).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of an explosive/destructive device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 73**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (73-A, etc.) for each explanation.

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 8: LEGAL *continued*

Questions 74 and 75 ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- | | | |
|--|---|------------------------------|
| - Amphetamines / Methamphetamines
(Uppers, Speed, Crank, etc) | - Glue | - Mescaline |
| - Barbiturates (Downers) | - Hallucinogens
(Peyote, LSD, Mushrooms) | - Morphine |
| - Cocaine / Crack Cocaine | - Hashish / Hashish Oil | - PCP / Angel Dust |
| - Designer Drugs
(Ecstasy, Synthetic Heroin, etc.) | - Heroin / Opium | - Quaaludes |
| - GHB (Date Rape Drug) | - Marijuana | - Steroids |
| | | - Tetrahydrocannabinol (THC) |

74. **Within the past six months**, have you used any drug(s) as indicated above? ☐ Yes ☐ No

If yes, give details, including drug(s) used and circumstances:

75. **Prior to the past six months** (check all that apply):

- ☐ I have **never** used 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.).

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

76. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

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PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 9: MOTOR VEHICLE OPERATION

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

78. 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

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

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

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

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

81. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER	EXPIRES	
ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ()
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER	EXPIRES	
ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ()
C) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER	EXPIRES	
ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ()
D) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER	EXPIRES	
ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ()

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PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 9: MOTOR VEHICLE OPERATION *continued*

82. List all traffic citations, excluding parking citations, you have received within the past seven years:

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:

83. Have you been involved as the driver in a motor vehicle accident within the past seven 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	

84. Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☐ No

IF YES, GIVE REASON:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
-------------------------	----------------------------------	------	-------	-----

85. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ☐ Yes ☐ No

IF YES, GIVE REASON:

INSURANCE COMPANY	
DATE Month Year	LOCATION (NUMBER / STREET / APT) CITY STATE ZIP

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 9: MOTOR VEHICLE OPERATION *continued*

Use this space for additional information you would like to include regarding your driving record.

SECTION 10: OTHER TOPICS

86. Have you ever been refused a permit to carry a concealed weapon? ☐ Yes ☐ No
87. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... ☐ Yes ☐ No
88. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... ☐ Yes ☐ No
89. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ☐ Yes ☐ No
90. Have you ever hit or physically overpowered a spouse or romantic partner? ☐ Yes ☐ No

If you answered yes to any of **Questions 86–90**, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

91. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL

DATE

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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ADDITIONAL SPACE

- 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.). Identify the corresponding question and specific item being referenced.

Initial this page to indicate that you have provided complete and accurate information: _____