

73045

PERSONAL HISTORY STATEMENT – Peace Officer

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 **Peace Officer**.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given by the hiring department, type or neatly print in black ink.
- 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 supplemental information page on the last page of this form (page 25) and identify the additional information by the question number.
- Following instructions given by the hiring department, provide the completed form to your background investigator or the agency to which you are applying.

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), 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: _____

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST

FIRST

MIDDLE

2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)

☐ N/A

3. ADDRESS WHERE YOU LIVE

NUMBER / STREET

APT / UNIT

CITY

STATE

ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)

5. CONTACT NUMBERS

HOME ()

WORK ()

EXT

OTHER ()

☐ CELL

☐ FAX

6. CONTACT EMAIL

7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)

8. CITIZENSHIP

Are you a U.S. citizen? Yes
No

IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship? Yes
No

9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)

10. BIRTHDATE (MM/DD/YYYY)

11. SOCIAL SECURITY NUMBER

- -

12. DRIVER'S LICENSE

NUMBER:

STATE:

EXPIRES:

13. PHYSICAL DESCRIPTION

HEIGHT:

WEIGHT:

HAIR COLOR:

EYE COLOR:

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable.
- Mark "Deceased," if appropriate.
- If more space is needed, continue on page 25 – reference corresponding numbers.

14.A Spouse / Registered Domestic Partner

☐ Deceased

☐ N/A

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

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DATE OF MARRIAGE/ REGISTRATION / (MM/YYYY)		<div></div> <div></div>		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? Yes No	
14.B Former Spouse / Former Registered Domestic Partner				<div></div> Deceased	<div></div> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL		
DATE OF MARRIAGE/ REGISTRATION		DATE OF DISSOLUTION		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? Yes No	
/ (MM/YYYY)		/ (MM/YYYY)			

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SECTION 2: RELATIVES AND REFERENCES *continued*

14.C Parents / Guardians / In-laws

List **ALL** parents/guardians/in-laws living or deceased, including biological, adoptive, foster, step-parents, etc.

14.C.1 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
14.C.2 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
14.C.3 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
14.C.4 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
14.C.5 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
14.C.6 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

Supplemental relatives information included on page 25 ☐

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SECTION 2: RELATIVES AND REFERENCES *continued*

14.D Brothers / Sisters

N/A

List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.

14.D.1 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: ____									
NAME		AGE	HOME ADDRESS (NUMBER / STREET / APT)			CITY	STATE	ZIP	
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)			CITY	STATE	ZIP		
WORK PHONE ()		CELL PHONE ()		EMAIL					
14.D.2 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: ____									
NAME		AGE	HOME ADDRESS (NUMBER / STREET / APT)			CITY	STATE	ZIP	
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)			CITY	STATE	ZIP		
WORK PHONE ()		CELL PHONE ()		EMAIL					
14.D.3 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: ____									
NAME		AGE	HOME ADDRESS (NUMBER / STREET / APT)			CITY	STATE	ZIP	
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)			CITY	STATE	ZIP		
WORK PHONE ()		CELL PHONE ()		EMAIL					
14.D.4 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: ____									
NAME		AGE	HOME ADDRESS (NUMBER / STREET / APT)			CITY	STATE	ZIP	
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)			CITY	STATE	ZIP		
WORK PHONE ()		CELL PHONE ()		EMAIL					

Supplemental relatives information included on page 25 ☐

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14.E Children

☐ N/A

List **ALL 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/guardian, if other than you.

14.E.1 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (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/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER	EMAIL		
		()			

SECTION 2: RELATIVES AND REFERENCES *continued*

14.E.3 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER	EMAIL		
		()			

14.E.4 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER	EMAIL		
		()			

Supplemental relatives information included on page 25 ☐

15. LIST OF REFERENCES

- List **7-10** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.

15. 1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / 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 have you known this person?	
15. 2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

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	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STAT E	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	

15. 3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STAT E	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STAT E	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	

15. 4	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STAT E	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STAT E	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	

SECTION 2: RELATIVES AND REFERENCES *continued*

15. 5	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STAT E	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STAT E	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	

15. 6	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STAT E	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STAT E	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	

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15. 7	NAME OF REFERENCE		HOME ADDRESS (NUMBER / 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 have you known this person?		
15. 8	NAME OF REFERENCE		HOME ADDRESS (NUMBER / 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 have you known this person?		
15. 9	NAME OF REFERENCE		HOME ADDRESS (NUMBER / 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 have you known this person?		
15. 10	NAME OF REFERENCE		HOME ADDRESS (NUMBER / 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 have you known this person?		

Supplemental references information included on page 25 ☐

SECTION 3: EDUCATION		
<ul style="list-style-type: none"> NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3. <i>If more space is needed, continue your response on page 25.</i> 		

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> High School Equivalency Test:	/
		<input type="checkbox"/> California High School Proficiency Certificate:	/

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17. LIST HIGH SCHOOL(S) ATTENDED			
17.1	NAME OF HIGH SCHOOL	FROM (MM/YYY) /	TO (MM/YYYY) /
	CITY	STATE	
17.2	NAME OF HIGH SCHOOL	FROM (MM/YYY) /	TO (MM/YYYY) /
	CITY	STATE	

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED				
18.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY) /	TO (MM/YYYY) /	TOTAL UNITS COMPLETED ___ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)			DEGREE EARNED <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY) /	TO (MM/YYYY) /	TOTAL UNITS COMPLETED ___ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)			DEGREE EARNED YES NO TYPE:
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY) /	TO (MM/YYYY) /	TOTAL UNITS COMPLETED ___ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)			DEGREE EARNED YES NO TYPE:
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED				
19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY) /	TO (MM/YYYY) /	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	

Supplemental education information included on page 25 ☐

LIST ALL POST BASIC COURSES ATTENDED	
20. Course?	Have you ever taken a PC832 (Arrest and/or ...)? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, provide the following information:	

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A. COURSE PRESENTER NAME		LOCATION (CITY / STATE)
B. COURSE COMPLETION Did you successfully complete the course? Yes <div>No</div>		COMPLETION DATE (MM/YYYY) <div>/</div>

SECTION 3: EDUCATION *continued*

21. Have you ever attended a **POST** Basic Course/Academy: Regular, Modular, Specialized Investigators', Reserve, or Yes No Dispatcher?
 IF YES, provide the following information:

21. 1	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY) /	TO (MM/YYYY) /	DID YOU PASS/GRADUATE? Yes No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ()
21. 2	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY) /	TO (MM/YYYY) /	DID YOU PASS/GRADUATE? Yes No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ()

Supplemental POST basic course information included on Page 25

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or POST basic course/academy? Yes No

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

23. Since the age of 18, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any POST exam? Yes No

 IF YES, explain circumstances.

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 4: RESIDENCE HISTORY

24. LIST OF RESIDENCES

- List all residences **during the last 10 years or since age 15**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). Do **NOT** use PO 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 your response on page 25.*

24. 1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/ YYYY) /	TO (MM/YYYY)
					Present
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER ()
CITY		STATE	ZIP	EMAIL	
Name(s) of those with whom you live:					

SECTION 4: RESIDENCE HISTORY *continued*

24. 2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER ()
CITY		STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					
24. 3	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER ()
CITY		STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					

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Reason for moving:					
24.4	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY) /	TO (MM/YYYY) /
	CITY	STATE E	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER ()	
	CITY	STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					
24.5	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY) /	TO (MM/YYYY) /
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER ()	
	CITY	STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					

PERSONAL HISTORY STATEMENT – Peace Officer
Supplemental residence information included on page 25 ☐

SECTION 4: RESIDENCE HISTORY *continued*

25. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 24** with whom you have resided **during the past 10 years or since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- *If more space is needed, continue your response on page 25.*

25. 1	NAME OF HOUSEMATE			CONTACT NUMBER ()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
25. 2	NAME OF HOUSEMATE			CONTACT NUMBER ()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
25. 3	NAME OF HOUSEMATE			CONTACT NUMBER ()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
25. 4	NAME OF HOUSEMATE			CONTACT NUMBER ()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
25. 5	NAME OF HOUSEMATE			CONTACT NUMBER ()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		

Supplemental housemate information included on page 25 ☐

26.	Have you ever been evicted or asked to leave a residence?	Yes
	No	
27.	Have you ever left a residence owing rent, utilities, or other household expenses?	Yes
	No	

If you answered "YES" to **Questions 26 and/or 27**, explain (include when, where, and circumstances):

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SECTION 5: EXPERIENCE AND EMPLOYMENT

28. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- 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.*

28.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				()	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE	
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		()			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		()			
2)		()			
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, explain: 					

28.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:			/	/
28.3	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT	
			NUMBER ()		

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CITY		STATE	ZIP	EMAIL
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) FT PT Temp Self-employed <input type="checkbox"/> Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING	
SUPERVISOR	CONTACT NUMBER ()	EXT.	EMAIL	
NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL	
1)	()			
2)	()			

28.4	PERIOD OF UNEMPLOYMENT (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:	FROM (MM/YYYY) /	TO (MM/YYYY) /

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

28.5	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY) /	TO (MM/YYYY) /
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER ()	EXT
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	DUTIES / ASSIGNMENTS			REASON FOR LEAVING	
	SUPERVISOR	CONTACT NUMBER ()	EXT.	EMAIL	
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL	
	1)	()			
2)	()				

28.6	PERIOD OF UNEMPLOYMENT (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:	FROM (MM/YYYY) /	TO (MM/YYYY) /

28.7	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY) /	TO (MM/YYYY) /
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER ()	EXT
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) FT PT Temp Self-employed <input type="checkbox"/> Volunteer	
	DUTIES / ASSIGNMENTS			REASON FOR LEAVING	
	SUPERVISOR	CONTACT NUMBER ()	EXT.	EMAIL	
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL	
	1)	()			

PERSONAL HISTORY STATEMENT – Peace Officer

2)	()		
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28.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)		FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:		/	/

28.9	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)		CONTACT NUMBER ()	EXT	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK		TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			FT PT Temp Self-employed <input type="checkbox"/> Volunteer		
	DUTIES / ASSIGNMENTS		REASON FOR LEAVING		
	SUPERVISOR		CONTACT NUMBER ()	EXT.	EMAIL
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		()			
2)		()			

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

28.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)		FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:		/	/

28.11	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)		CONTACT NUMBER ()	EXT	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK		TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			FT PT Temp Self-employed <input type="checkbox"/> Volunteer		
	DUTIES / ASSIGNMENTS		REASON FOR LEAVING		
	SUPERVISOR		CONTACT NUMBER ()	EXT.	EMAIL
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		()			
2)		()			

28.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)		FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:		/	/

28.13	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/

PERSONAL HISTORY STATEMENT – Peace Officer

ADDRESS (NUMBER / STREET / SUITE / OR BASE)				CONTACT NUMBER ()		EXT	
CITY			STAT E	ZIP	EMAIL		
JOB TITLE / RANK				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) FT PT Temp Self-employed <input type="checkbox"/> Volunteer			
DUTIES / ASSIGNMENTS				REASON FOR LEAVING			
SUPERVISOR		CONTACT NUMBER ()		EXT.		EMAIL	
NAMES OF CO-WORKERS		CONTACT NUMBER		EXT.		EMAIL	
1)		()					
2)		()					

28.1 4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)		TO (MM/YYYY)	
	Student Between jobs Leave of absence Travel Other:					/		/	

PERSONAL HISTORY STATEMENT – Peace OfficerSupplemental employment information included on Page 25 ☐

29.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32.	Have you ever quit without giving proper notice?	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33.	Have you ever resigned in lieu of termination?	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
34.	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?	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

35.	Were you ever the subject of a written complaint at work that resulted in disciplinary action against you?	Yes
No		
36.	Have you ever been counseled at work due to lateness or absences?	Yes
No		
37.	Did you ever receive an unsatisfactory performance review?	Yes
No		
38.	Have you ever sold, released, or given away legally confidential information?	Yes
No		
39.	Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, how many sick days have you used in the past five years which were not due to illness? ____ Days		
40.	While working (i.e. on duty), have you ever engaged in sexual intercourse or the unwarranted touching of the intimate body parts of another person? (NOTE: Do not include <i>lawful</i> contact such as pat searches in law enforcement duties and/or training.) ..	Yes No
41.	While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? (NOTE: Do not include <i>lawful</i> exchange of investigative content and/or evidence pursuant to official law enforcement investigations.)	Yes
No		
If you answered "YES" to any of Questions 29–41 , explain (include when, where, and circumstances – <i>reference corresponding numbers</i>). _____ _____ _____ _____ _____		

Supplemental employment information included on Page 25 ☐

PERSONAL HISTORY STATEMENT – Peace Officer

42.	In the past three years, have you missed days or been late to work due to drug or alcohol consumption? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If YES, how often? ____		
43.	Has your work performance ever been affected by your use of alcohol or drugs? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	IF YES, when? ____ Name of employer: ____		
44.	<i>In the past three years</i> , have you been warned by an employer about your drinking or drug habits and their impact on your performance? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	IF YES, when? ____ Name of employer: ____		

45.	Have you ever applied for any position at this or any other law enforcement agency (city, county, state, or federal)? Yes No	
	<ul style="list-style-type: none"> If you answered "YES" to Question 45, 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. <i>If more space is needed, continue your response on page 25.</i> 	

45.1	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)				
					/				
	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:								
	STEP: <input type="checkbox"/>	Application <input type="checkbox"/>	Written <input type="checkbox"/>	Physical Ability <input type="checkbox"/>	Oral Disqualified <input type="checkbox"/>	Polygraph/CVSA <input type="checkbox"/>	Background Other (explain) <input type="checkbox"/>	Chief's Oral <input type="checkbox"/>	Conditional Offer <input type="checkbox"/>
	STATUS: <input type="checkbox"/>	Hired <input type="checkbox"/>	On Eligibility List <input type="checkbox"/>	Withdrew <input type="checkbox"/>		List Expired <input type="checkbox"/>			

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

45.2	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)				
					/				
	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:								
	STEP: <input type="checkbox"/>	Application <input type="checkbox"/>	Written <input type="checkbox"/>	Physical Ability <input type="checkbox"/>	Oral <input type="checkbox"/>	Polygraph/CVSA <input type="checkbox"/>	Background <input type="checkbox"/>	Chief's Oral <input type="checkbox"/>	Conditional Offer <input type="checkbox"/>

PERSONAL HISTORY STATEMENT – Peace Officer

STATUS <input type="checkbox"/>	<input type="checkbox"/> n Eligibilit st	<input type="checkbox"/> Disqual if	<input type="checkbox"/> Background d	<input type="checkbox"/> Oral n	<input type="checkbox"/> Other (explai
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45.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/ YYYY) /	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
	POSITION APPLIED FOR			EMAIL		
<p>CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:</p> <p>STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/ CVSA d <input type="checkbox"/> Background d <input type="checkbox"/> Chief's <input type="checkbox"/> Conditional Offer</p> <p>STATUS <input type="checkbox"/> Hired <input type="checkbox"/> n Eligibilit st <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqual if <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explai</p>						

45.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/ YYYY) /	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
	POSITION APPLIED FOR			EMAIL		
<p>CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:</p> <p>STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/ CVSA d <input type="checkbox"/> Background d <input type="checkbox"/> Chief's <input type="checkbox"/> Conditional Offer</p> <p>STATUS <input type="checkbox"/> Hired <input type="checkbox"/> n Eligibilit st <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqual if <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explai</p>						

45.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/ YYYY) /	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
	POSITION APPLIED FOR			EMAIL		
<p>CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:</p> <p>STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/ CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's <input type="checkbox"/> Conditional Offer</p> <p>STATUS <input type="checkbox"/> Hired <input type="checkbox"/> n Eligibilit st <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqual if <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explai</p>						

PERSONAL HISTORY STATEMENT – Peace Officer

STATES : <input type="checkbox"/> On Eligibility List	Disqualified <input type="checkbox"/> Background and Other (explain)	Oral <input type="checkbox"/> Chief's <input type="checkbox"/> Conditional Offer
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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

45.6	NAME OF LAW ENFORCEMENT AGENCY	DATE APPLIED (MM/YY/YY)
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
CITY	STATE	ZIP
POSITION APPLIED FOR		CONTACT NUMBER ()
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral Disqualified <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's <input type="checkbox"/> Conditional Offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain)		
45.7	NAME OF LAW ENFORCEMENT AGENCY	DATE APPLIED (MM/YY/YY)
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
CITY	STATE	ZIP
POSITION APPLIED FOR		CONTACT NUMBER ()
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral Disqualified <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's <input type="checkbox"/> Conditional Offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain)		
Supplemental employment information is included on Page 25		

SECTION 6: MILITARY EXPERIENCE

46. Are you required to register for the Selective Service?..... YES, have you registered? IF NO, explain: ____	Yes Yes No
47. Have you ever served in the military? No	Yes

PERSONAL HISTORY STATEMENT – Peace Officer

48. If you answered "YES" to Question 47, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/
TYPE OF DISCHARGE		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		
Re-entry Code (1–4) if applicable – <i>refer to your DD-214</i> :		

49.	Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard IF CHECKED, date obligation ends (MM/DD/YY): ____		
50.	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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
51.	Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
52.	Have you ever taken military property without permission for personal use, to sell, or to give away?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered "YES" to any of **Questions 50-52**, explain (include dates and circumstances).

PERSONAL HISTORY STATEMENT – Peace Officer

Supplemental military information included on Page 25 ☐

SECTION 7: FINANCIAL

53. INCOME AND EXPENSES

- For each of the following questions (53A and B), fill in the amounts to the nearest dollar.
- For **Question 53A**: Provide your **total** monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For **Question 53B**: 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) What is your total monthly disposable income? \$ ____ per month

B) How much do you spend each month? \$ ____ per month

54. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? Yes
No

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

56. Have you ever had purchased goods repossessed? Yes
No

57. Have your wages ever been garnished? Yes
No

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

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

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

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

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

63. 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

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

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

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

[illegible]

► Disclosure of Arrests and Convictions

PERSONAL HISTORY STATEMENT – Peace Officer

- 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.**
- If more space is needed, continue your response on page 25.

67. Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES, explain each incident:		
67.1	CHARGE	APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY
	DISPOSITION OR PENALTY	
67.2	CHARGE	APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY
	DISPOSITION OR PENALTY	



Supplemental disclosure information included on Page 25

68.	Have you ever been placed on court probation? No	Yes
69.	Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? No	Yes
70.	Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, s u p p o r t etc.)? , <input type="checkbox"/> Yes <input type="checkbox"/> No	
71.	Have the police ever been called to your home for any reason? No	Yes
72.	Have you or your spouse/partner ever been referred to Child Protective Services? No	Yes
73.	Have you ever been the subject of an emergency protective order/restraining order/stay-away order? No	Yes
74.	Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? No	Yes
75.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? No	Yes
76.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? No	Yes

PERSONAL HISTORY STATEMENT – Peace Officer

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

If you answered "YES" to any of **Questions 68-77**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). If more space is needed, continue your response on page 25.

SECTION 8: LEGAL *continued*

78. Have you committed any of the following acts ***within the past seven (7) years***? (You do NOT have to report any acts committed ***prior to age 15***.)

- 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 law relieved you from reporting the detention, arrest, or conviction that arose from it.**

78.1.	Animal abuse and/or neglect	Yes
	No	
78.2.	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	Yes
	No	
78.3.	Battery (use of force or violence upon another)	Yes
	No	
78.4.	Brandishing a weapon (any type of weapon)	Yes
	No	
78.5.	Carrying a concealed weapon without a permit	Yes
	No	
78.6.	Contributing to the delinquency of a minor	Yes
	No	
78.7.	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	Yes
	No	
78.8.	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	Yes
	No	
78.9.	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	Yes
	No	
78.10.	Filing a false police report	Yes
	No	
78.11.	Hit & run collision (no injuries)	Yes
	No	
78.12.	Illegal gambling	Yes
	No	
78.13.	Illegal hunting and/or fishing (for example, without a license, out of season)	Yes
	No	
78.14.	Impersonating a peace officer (pretending to be a police officer)	Yes
	No	

PERSONAL HISTORY STATEMENT – Peace Officer

78.15.	Indecent exposure and/or lewd or obscene conduct	Yes
	No	
78.16.	Intentionally writing a bad check	Yes
	No	
78.17.	Joyriding (using a car or other vehicle without owner's permission)	Yes
	No	
78.18.	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	Yes
	No	
78.19.	Petty theft (value up to \$950, including shoplifting/switching price tags)	Yes
	No	
78.20.	Possession of alcohol as a minor (under the age of 21)	Yes
	No	
78.21.	Possession of falsified or altered identification, including use of another person's ID (for any reason)	Yes
	No	
78.22.	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	Yes
	No	
78.23.	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	Yes
	No	
78.24.	Reckless driving	Yes
	No	
78.25.	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	Yes
	No	
78.26.	Trespassing	Yes
	No	
SECTION 8: LEGAL <i>continued</i>		
78.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	Yes No
78.28	Any other act amounting to a misdemeanor	Yes No
<ul style="list-style-type: none"> If you answered "YES" to ANY of the item(s) in Question 78, fully explain circumstances, including dates, names of individuals involved, and resolution. <i>Reference the corresponding number (e.g., 78.5) for each explanation.</i> If more space is needed, continue your response on page 25. 		

PERSONAL HISTORY STATEMENT – Peace Officer

► Involvement in Criminal Acts – Part 2

79. 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 law relieved you from reporting the detention, arrest, or conviction that arose from it.

79.1	Arson (intentionally destroying property by setting a fire)	Yes
	No	
79.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	<input type="checkbox"/> Yes <input type="checkbox"/> No
79.3	Blackmail or extortion	Yes
	No	
79.4	Burglary (entering a structure or vehicle to commit theft or other crime)	Yes
	No	
79.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	Yes
	No	
79.6	Elder abuse and/or neglect (physical and/or financial)	Yes
	No	
79.7	Embezzlement (theft of money or other valuables entrusted to you)	Yes
	No	
79.8	Felony drunk driving (involving injuries)	Yes
	No	
79.9	Felony illegal sex acts	Yes
	No	
79.10	Forcible rape	Yes
	No	
79.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	Yes
	No	
79.12	Fraudulent use of a credit, ATM, debit, and/or check card	Yes
	No	
79.13	Grand theft (value of over \$950, automobile, any firearm)	Yes
	No	
79.14	Hit & run (with injuries)	Yes
	No	
79.15	Hate crime	Yes
	No	
79.16	Insurance fraud	Yes
	No	
79.17	Murder, homicide, attempted murder, or assault with intent to commit murder	Yes
	No	
79.18	Perjury (lying under oath)	Yes
	No	
79.19	Possession of an explosive/destructive device	Yes
	No	
79.20	Robbery (theft from another person using a weapon, force, or fear)	Yes
	No	

SECTION 8: LEGAL *continued*

79.21	Stalking	<input type="checkbox"/> Yes <input type="checkbox"/> No
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PERSONAL HISTORY STATEMENT – Peace Officer

79.2 2	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/>	Yes <input type="checkbox"/>	No
79.2 3	Viewing and/or possessing child pornography	<input type="checkbox"/>	Yes <input type="checkbox"/>	No
79.2 4	Any other act amounting to a felony	<input type="checkbox"/>	Yes <input type="checkbox"/>	No

- If you answered “YES” to **ANY** of the item(s) in **Question 79**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 79.3) for each explanation.*
- *If more space is needed, continue your response on page 25.*

► Illegal Use of Drugs

- For the purpose of responding to the following questions, “illegal drugs” include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.”
- Your responses should include — **but not be limited to** — your use of any of the following:
 - Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*) ► Marijuana (*with or without a prescription*)
 - Barbiturates (*Downers*) ► Mescaline
 - Cocaine / Crack Cocaine ► Morphine
 - Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*) ► PCP / Angel Dust
 - GHB (*Date Rape Drug*) ► Quaaludes
 - Hallucinogens (*Peyote, LSD, Mushrooms*) ► Steroids
 - Hashish / Hashish Oil ► Tetrahydrocannabinol (THC)
 - Heroin / Opium ► Glue, paint, or any substance containing toluene

PERSONAL HISTORY STATEMENT – Peace Officer

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

IF YES, give details including **drug(s) used, most recent date used**, and **circumstances**:

81. **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** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*)

IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used**, and **circumstances**:

SECTION 8: LEGAL *continued*

82. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription? Yes No **If YES, indicate which activities (mark all that apply):**

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s)**, and **circumstances**.

83. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? Yes No IF YES, explain: ☐

☐

Supplemental drug information included on Page 25

SECTION 9: MOTOR VEHICLE INFORMATION

84. Current Driver's License:

PERSONAL HISTORY STATEMENT – Peace Officer

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/ YYYY) / /	NAME UNDER WHICH LICENSE WAS GRANTED
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85. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

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

IF YES, explain (include when, where, and circumstances):

.....

.....

.....

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

IF YES, explain (include when, where, and circumstances):

.....

.....

.....

.....

.....

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 9: MOTOR VEHICLE INFORMATION *continued*

88. List your current liability insurance on your vehicle(s).

88.1	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)		VEHICLE LICENSE	
	INSURANCE COMPANY			POLICY NUMBER			EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY		STATE	ZIP	CONTACT NUMBER ()	
88.2	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)		VEHICLE LICENSE	
	INSURANCE COMPANY			POLICY NUMBER			EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY		STATE	ZIP	CONTACT NUMBER ()	
88.3	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)		VEHICLE LICENSE	
	INSURANCE COMPANY			POLICY NUMBER			EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY		STATE	ZIP	CONTACT NUMBER ()	

89. Have you received any traffic citations, excluding parking citations, ***within the past seven years.*** ☐ Yes ☐ No ***If YES, give details below.***

89.1	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					
89.2	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					
89.3	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					

90. 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:

91. Have you been involved as the driver in a motor vehicle accident ***within the past seven years?*** Yes

No

IF YES, give details below.

91.1	DATE OF ACCIDENT (MM/YYYY) /		LOCATION (STREET)		CITY		STATE	
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY		AT FAULT? Yes No		WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	

PERSONAL HISTORY STATEMENT – Peace Officer

91. 2	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? Yes No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

SECTION 9: MOTOR VEHICLE INFORMATION *continued*

91. 3	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? Yes No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

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

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

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

IF YES, GIVE REASON	DATE (MM/YYYY)
	/

INSURANCE COMPANY

Supplemental motor vehicle information included on page 25 ☐

SECTION 10: OTHER TOPICS

94. Have you ever been refused a permit to carry a concealed weapon?	Yes	No
95. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
96. Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
97. Since the age of 15 , have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	Yes	No
98. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

[illegible]

99. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), 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.

Date:

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

PERSONAL HISTORY STATEMENT – Peace Officer

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SUPPLEMENTAL INFORMATION

- 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.

