Los Angeles County Sheriff's Department

Personal History Statement



Pre-Employment/Background Investigation Unit

(213)-229-3100



Read the following important instructions for completing the Personal History Statement document carefully.

This is a <u>PERMANENT RECORD</u>. All information must be <u>TYPED. INCOMPLETE FORMS WILL NOT BE ACCEPTED</u>. These <u>INSTRUCTIONS MUST BE FOLLOWED EXPLICITLY</u>. You must bring your completed Personal History Statement, completed required forms and all required documentation (originals and copies) with you to your scheduled interview appointment with the Pre-Employment/Background Investigation Unit. We recommend that you make a copy of this form to be used as a rough draft. Only <u>ORIGINAL</u> Personal History Statement Forms will be accepted at the time of your appointment. **KEEP A COPY** of the completed document for your records. Any and all forms downloaded **MUST BE PRINTED ON SINGLE SIDED PLAIN WHITE 8 ½" X 11" PAPER.**

- All Applicants must complete All sections of the Personal History Form.
- It is Mandatory that all information be supplied in the exact manner requested. If a question does not apply, write D.N.A. in the space provided for the answer. If an entire category does not apply, you only need to place D.N.A. in the first field of that area. Example: You have included all the siblings you have, put D.N.A in the name field of the remaining groups. Note* Emails, Dates and Phone Numbers are formatted as such and can be left blank if they do not apply.
- List complete and accurate Zip Codes (5 digit) and Area Codes on all addresses and telephone numbers.
- Type full names of all references: last names, first names and middle names. If the reference has no middle name or initial, then print **N.M.I.** in the space provided.
- You must have Complete Addresses and Telephone Numbers of present and past employers for up to 15 years.
- You must account for each month and year of employment and unemployment. All addresses must be accurate and complete. List periods of military duty, if any, including the name of your station or assignment and your residence, if you resided off the base. If you resided at an address other than your permanent home address while attending school, then list it also.
- If there is not sufficient space on this form to include all the information required, use the last page (#27) and do so by placing information in the proper sequence.
- Any false statements or omissions made on this form may cause your name to be removed from the eligible list or be cause for your immediate dismissal, if an appointment is made.
- List **ALL** relevant emails. Accurate emails are the best way to help expedite the processing of your background investigation.
- Signatures- Electronic signatures can be completed in several ways but are not required at this time. Hand signatures, once printed, will suffice.
- You are required, within *five days* of any change in your personal or work status, to notify the Sheriff's Department Pre-Employment/Background Investigation Unit at (213)-229-3100.

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 **California Peace Officer**, in accordance with POST Commission Regulation 1953.

- It is your responsibility to complete this form and provide all required information.
- This document must be filled out electronically and printed.
- You must respond to all items and questions. If a question does not apply to you, write "D.N.A" (does not apply) in the space provided for your response.
- If you need more space for any response, use the last page of this form (page 27) and identify the additional information by the question number.
- Send the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

Disqualification

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

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

Disclosure of Medically-Related Information

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

I have read and understand the above instructions.

Signature: _

Date:

Print Name:

SECTION	1: PERSONAL										
1. YOUR FUL	L NAME										
LAST				FIRST			M	IDDLE			
2. OTHER NA	AMES YOU HAVE USED	OR BEEN KNOW	N BY (INCLUDE MAID	EN NAME ANL	D NICKNAMES)						□ N/A
3. ADDRESS	WHERE YOU LIVE										
NUMBER /	STREET						AF	PT / UNIT			
CITY							SI	ATE ZI	Р		
4. MAILING A	ADDRESS, IF DIFFEREN	IT FROM ABOVE (For example, po b	OX)							
5. CONTACT	NUMBERS										
HOME		WORK		EX	Г	OTHER		CELL	FA	x	
6. CONTACT	EMAIL			7. LIST A	LL OTHER EMAIL	ADDRESSES	(SEPARATED BY COM	MAS)			
8. CITIZENSI	HP										
	a U.S. citizen?								🗆 Y	es	No No
IF NO, a	re you a resident a	lien who is elig	jible and has app	lied for U.S	6. citizenship?.				🗌 Y	es	No No
9. BIRTH PLA	ACE (CITY / COUNTY / S	STATE / COUNTR	()								
10. BIRTHDAT	E (MM/DD/YYYY)	11. SOCIAL SECU	JRITY NUMBER	12. DRIVER'S	LICENSE						
ie. Bittibiti		11. 000#12.0200		NUMBER:			STATE:	EXPIRE	S:		
13. PHYSICA	L DESCRIPTION										
HEIGHT:		WE	GHT:		HAIR CO	LOR:		EYE COLOR:			
SECTION	2: RELATIVES		ENCES								
14. IMMEDIA											
Pro	vide all applicable	information in	the spaces below	v. • Ma	rk "Deceased,"	' if appropria	ate.				
	rk "D.N.A." if a cate						ntinue on page 27 -	- reference co	rrespondi	ing n	umbers.
14.A Spous	se / Registered Do	omestic Partn	er						Deceased		□ N/A
NAME			HOME ADDRESS (N	UMBER / STR	EET / APT)	С	CITY		STATE	ZIP	
	HOME PHONE		WORK ADDRESS (N	IUMBER / STR	EET / SUITE)	С	CITY		STATE	ZIP	
	WORK PHONE		CELL PHONE		EMAIL						
	DATE OF MARRIAGE/	REGISTRATION			le thora or b	as there ov	er been, a restrain	ing or stay av	2014		
		(MM/YYYY)					you and this individ			Yes	🗌 No
14.B Form	er Spouse / Form	er Registered	Domestic Partn	ier					Deceased		□ N/A
NAME			HOME ADDRESS (N	UMBER / STR	EET / APT)	C	CITY		STATE	ZIP	
	·										
	HOME PHONE		WORK ADDRESS (N	UMBER/SIR	EET/SUITE)	C	CITY		STATE	ZIP	
	WORK PHONE		CELL PHONE		EMAIL						
	DATE OF MARRIAGE/	REGISTRATION	DATE OF DISSOLUT	ON	Is there or h	as there ev	er been, a restrain	ing or stav-aw	av		
		(MM/YYYY)	((MM/YYYY)			you and this individ			Yes	🗌 No

14.C P	SECTION 2: RELATIVES AND REFERENCES continued											
	arents /	Guardians										
Lis	st ALL p	parents/guard	ians, living o	or de	ceased, i	ncluding biologica	al, adoptive, foste	∍r, step-p	aren	ts, in-laws, etc.		
14.C.1	Parent	/ Guardian:	Mother		Father	Step-mother	Step-father	🗌 In-la	w	Other:		Deceased
NAME					HOME AD	DRESS (NUMBER / ST	REET / APT)		CITY		STATE	ZIP
		HOME PHONE			MAILING	ADDRESS (IF DIFFERE	ENT)		CITY		STATE	ZIP
		WORK PHONE			CELL PHO	DNE	EMAIL					
14.C.2	Parent	/ Guardian:	Mother		Father	Step-mother	Step-father	🗌 In-la		Other:		Deceased
NAME					HOME AD	DRESS (NUMBER / ST	REET / APT)		CITY		STATE	ZIP
		HOME PHONE			MAILING	ADDRESS (IF DIFFERE	ENT)		CITY		STATE	ZIP
		WORK PHONE			CELL PHO	NE	EMAIL					
	Devee	/ O			E a the a re							
14.C.3 NAME	Parent	/ Guardian:	Mother		Father HOME AD	DRESS (NUMBER / ST	Step-father	🗌 In-la	CITY	Other:	STATE	ZIP Deceased
		HOME PHONE			MAILING	ADDRESS (IF DIFFERE	ENT)		CITY		STATE	ZIP
		WORK PHONE			CELL PHO	DNE	EMAIL					
14.C.4	Parent	/ Guardian:	Mother		Father	Step-mother	Step-father	🗌 In-la	w	Other:		Deceased
NAME					HOME AD	DRESS (NUMBER / ST	REET / APT)		CITY		STATE	ZIP
		HOME PHONE			MAILING	ADDRESS (IF DIFFERE	ENT)		CITY		STATE	ZIP
		WORK PHONE			CELL PHO	DNE	EMAIL		1		•	
14.D B	rothers											
		/ Sisters										□ N/A
		L IVING sibling				step-siblings, fost						□ N/A
14.D.1		L IVING sibling	er 🗌 Siste	r 🗌] Half-bro	other Half-sist	ter 🗌 Other:		CITY		CTATE	
		L IVING sibling	er 🗌 Siste	r 🗌] Half-bro		ter 🗌 Other:		CITY		STATE	
14.D.1		L IVING sibling	er 🗌 Siste	r 🗌	Half-brc	other Half-sist	ter Other: TREET / APT)		CITY		STATE	ZIP
14.D.1		LIVING sibling	er 🗌 Siste	r 🗌	Half-brc Home AD	ther Half-sist	ter Other: TREET / APT) ENT)					ZIP
14.D.1		LIVING sibling	er 🗌 Siste	r 🗌	Half-brc	ther Half-sist	ter Other: TREET / APT)					ZIP
14.D.1 NAME	Sibling	LIVING sibling : Brothe HOME PHONE WORK PHONE	er 🗌 Siste	r C	Half-brc Home ad MAILING /	hther Half-sist	ENT)					ZIP
14.D.1 NAME	Sibling	LIVING sibling : Brothe HOME PHONE WORK PHONE	er 🗌 Siste	r C AGE	Half-brc	ther Half-sist	ter Other: TREET / APT) ENT) EMAIL ter Other:					ZIP
14.D.1 NAME	Sibling	LIVING sibling : Brothe HOME PHONE WORK PHONE : Brothe	er 🗌 Siste	r C AGE	Half-brc HOME AD MAILING / CELL PHC Half-brc HOME AD	ther Half-sist	ter Other: TREET / APT) ENT) EMAIL ter Other: TREET / APT)		CITY		STATE	ZIP
14.D.1 NAME	Sibling	LIVING sibling : Brothe HOME PHONE WORK PHONE	er 🗌 Siste	r C AGE	Half-brc HOME AD MAILING / CELL PHC Half-brc HOME AD	ther Half-sist	ter Other: TREET / APT) ENT) EMAIL ter Other: TREET / APT)		CITY		STATE	ZIP
14.D.1 NAME	Sibling	LIVING sibling : Brothe HOME PHONE WORK PHONE : Brothe	er 🗌 Siste	r C AGE	Half-brc HOME AD MAILING / CELL PHC Half-brc HOME AD	ther Half-sist DRESS (NUMBER / ST ADDRESS (IF DIFFERE DNE ther Half-sist DRESS (NUMBER / ST ADDRESS (IF DIFFERE	ter Other: TREET / APT) ENT) EMAIL ter Other: TREET / APT)		CITY		STATE	ZIP ZIP ZIP

SECTION 2: RELATIVES AND REFERENCES continued									
14.D.3	Sibling	: 🗌 Brotl	her 🗌 Siste	er 🗌	Half-brother Half-sister	Other:			
NAME				AGE	HOME ADDRESS (NUMBER / STRE	EET / APT)	CITY	STATE	ZIP
			_			-			
		HOME PHON	E		MAILING ADDRESS (IF DIFFEREN	1)	CITY	STATE	ZIP
		WORK PHON	١E		CELL PHONE	EMAIL			
14.D.4	Sibling	: 🗌 Brotl	her 🗌 Siste	er 🗌	Half-brother Half-sister				
NAME				AGE	HOME ADDRESS (NUMBER / STRE	EET / APT)	CITY	STATE	ZIP
		HOME PHON	E		MAILING ADDRESS (IF DIFFEREN	T \	CITY	STATE	710
			IC		MAILING ADDRESS (IF DIFFEREN	1)	GIT	STATE	LIF
		WORK PHON	IE		CELL PHONE	EMAIL			
14.E C	hildren								□ 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.									the name
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:	1			
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)			
					ADDRESS (NUMBER / STREET /)	APT)	CITY	STATE	ZIP
					CONTACT NUMBER	EMAIL			
14.E.3	Child:	Son	Daughter		 Other:	1			
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)			
					ADDRESS (NUMBER / STREET / /	APT)	CITY	STATE	ZIP
					CONTACT NUMBER	EMAIL			
	Ohile		Devents		Other				
14.E.4 NAME	Child:	∐ Son	Daughter	AGE	Other: CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)			
L					ADDRESS (NUMBER / STREET /)	APT)	CITY	STATE	ZIP
					CONTACT NUMBER	EMAIL			

	2: RELATIVES AND REFE REFERENCES	RENCES continued					
• Lis	st 7 –10 people who know you v				litary colleagues, and/or		
	-workers. Do NOT include relat						
5.1	E OF REFERENCE	HOME ADDRESS (NUMBER	R/STREET/APT)	CITY	STATE ZIP		
	HOME PHONE	WORK ADDRESS (NUMBER	R / STREET / SUITE)	CITY	STATE ZIP		
	WORK PHONE	CELL PHONE	EMAIL				
	How do you know this perso	n?		How long have you known	this person?		
5.2 NAM	E OF REFERENCE	HOME ADDRESS (NUMBER	R / STREET / APT)	CITY	STATE ZIP		
0.2							
	HOME PHONE	WORK ADDRESS (NUMBER	R/SIREET/SUILE)	CITY	STATE ZIP		
	WORK PHONE	CELL PHONE	EMAIL				
	How do you know this perso	n?	I	How long have you known	this person?		
	E OF REFERENCE	HOME ADDRESS (NUMBER	R / STREET / APT)	CITY	STATE ZIP		
5.3							
	HOME PHONE	WORK ADDRESS (NUMBER	R / STREET / SUITE)	CITY	STATE ZIP		
	WORK PHONE	CELL PHONE	EMAIL				
	How do you know this perso	n?		How long have you known this person?			
5.4 NAM	E OF REFERENCE	HOME ADDRESS (NUMBER	R / STREET / APT)	CITY	STATE ZIP		
	HOME PHONE	WORK ADDRESS (NUMBER	R / STREET / SUITE)	CITY	STATE ZIP		
	WORK PHONE	CELL PHONE	EMAIL				
	How do you know this perso	n?	I	How long have you known	this person?		
	E OF REFERENCE	HOME ADDRESS (NUMBER	R / STREET / APT)	CITY	STATE ZIP		
5.5							
	HOME PHONE	WORK ADDRESS (NUMBER	R / STREET / SUITE)	CITY	STATE ZIP		
	WORK PHONE	CELL PHONE	EMAIL				
	How do you know this perso	n?		How long have you known	this person?		
	E OF REFERENCE	HOME ADDRESS (NUMBER	R / STREET / APT)	CITY	STATE ZIP		
5.6							
	HOME PHONE	WORK ADDRESS (NUMBER	R / STREET / SUITE)	CITY	STATE ZIP		
	WORK PHONE	CELL PHONE	EMAIL				
	How do you know this perso	n?		How long have you known	this person?		

SEC	SECTION 2: RELATIVES AND REFERENCES continued								
4.5.5	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.7									
	1	HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP		
		WORK PHONE	CELL PHONE	EMAIL		1			
		How do you know this person?			How long have you known this person?				
15.8	NAME OF R	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.0									
		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 R	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?				
		REFERENCE					710		
15.10	NAME OF R	EFERENUE	HOME ADDRESS (NUMBER / STREET	(APT)	CITY	STATE	ZIP		
		HOME PHONE	WORK ADDRESS (NUMBER / STREET		CITY	STATE	7IP		
			WOINT ADDRESS (NUMBER / STREET	(SOITE)		STATE	LIF		
		WORK PHONE	CELL PHONE	EMAIL					
		HORITHONE	VELETININE						
					1				
		How do you know this person?			How long have you known this person?	1			
					<u> </u>				
SEC	CTION 3:	EDUCATION							
•	NOTE:	You will be required to furnish	transcripts or other proof to s	support all of yo	our educational claims in Section	3.			
		space is needed, continue your re							
16. C	HECK APPL		MM/YYYY				M/YYYY		
	L F	ligh School Diploma:	GED:	Califor	nia High School Proficiency Certificate	:			
47 /									
17. L		CHOOL(S) ATTENDED			FROM (MM/YYYY)	TO (MM/Y	YYY)		
17.1						- (.,		
			CITY			STATE			
		IGH SCHOOL			FROM (MM/YYYY)	TO (MM/Y	YYY)		
17.2							,		
			CITY			STATE			
						STATE			

SEC	TION 3: I	EDUCATION continued						
18. LI		LEGES AND UNIVERSITIES ATTENDED						
18.1	NAME OF C	OLLEGE/UNIVERSITY	FROM (MM/)	YYY)	TO (MI	M/YYYY)	TOTA	
10.1								QTR SYSTEM SEM SYSTEM
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY		S	STATE	ZIP		MAJOR / AREA OF STUDY
	NAME OF C	OLLEGE/UNIVERSITY	FROM (MM/)	YYY)	TO (M	M/YYYY)	TOTA	L UNITS COMPLETED
18.2								QTR SYSTEM SEM SYSTEM
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY		5	TATE	ZIP		MAJOR / AREA OF STUDY
	NAME OF C	COLLEGE/UNIVERSITY	FROM (MM/)	(YYY)	TO (M	M/YYYY)	ΤΟΤΑΙ	L UNITS COMPLETED
18.3				,		,		QTR SYSTEM SEM SYSTEM
		ADDRESS (NUMBER / STREET)					1	TYPE OF DEGREE EARNED
		CITY			TATE	ZIP		MAJOR / AREA OF STUDY
						211		
			[55 014 (14) 4	0000	T		TTOTA	
18.4	NAME OF C	OLLEGE/UNIVERSITY	FROM (MM/)	(111)	TO (IVI	Ŵ/YYYY)	TOTA	
							<u> </u>	
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY		S	STATE	ZIP		MAJOR / AREA OF STUDY
19	ST ALL TRA	DE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTEI						
10. 21		RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		ROM (MN	1/YYYY)	TO (MM/YY	YY)	DID YOU COMPLETE THE COURSE?
19.1								Yes No
		CITY		STAT	E TY	PE OF SCHOOL	OR TRA	
	NAME OF T	RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	F	RÔM (MN		TO (MM/YY	(YY)	DID YOU COMPLETE THE COURSE?
19.2	TV WIL OF T					10 (1111)	,	
		CITY		STAT		PE OF SCHOOL		
				STAT		PE OF SCHOOL	URTRA	AINING
		over teken a BC822 (Arrest and/or Einserne) Course						
		ever taken a PC832 (Arrest and/or Firearms) Course?						Yes No
	IF YES, pr	ovide the following information:					(0)	
		A. COURSE PRESENTER NAME				LOCATION	(CITY /	STATE)
		B. COURSE COMPLETION				<u> </u>		COMPLETION DATE (MM/YYYY)
		Did you successfully complete the course?					Yes	□ No

SEC	TION 3: EDUCATION continued														
	Have you ever attended a POST Basic Course/Academy: R IF YES, provide the following information:	egular, Spe	ecialized Investi	gators', Rese	rve, or Disp	atcher?	🗌 Yes 🗌 No								
21.1	NAME OF ACADEMY		FROM (MM	<i>/</i> /YYY)	TO (MM/YYYY) DID Y	YOU PASS/GRADUATE?								
	LOCATION (CITY, STATE)	NAME OF TF	AINING OFFICER /	ACADEMY COOF	RDINATOR	CON	TACT NUMBER								
21.2	NAME OF ACADEMY	•	FROM (MM	<i>//</i> /YYY)	TO (MM/YYYY) DID Y	YOU PASS/GRADUATE?								
	LOCATION (CITY, STATE)	NAME OF TF	AINING OFFICER /	ACADEMY COOP	RDINATOR	CON	TACT NUMBER								
	Have you ever been subject to any disciplinary action, includ from any high school(s), college/university, business, trade s F YES, describe in detail below. Starting with high school, lis POST basic course. Include when the disciplinary action(s) of	school, or P	OST basic cour Il disciplinary a	se/academy?	d in any scł	nool, educatior									
SEC	TION 4: RESIDENCE HISTORY														
23. L	Provide complete addresses (include markers such as St If the residence is a military base, identify name of base in unless you shared individual quarters.	reet, Drive, address, r													
	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)								
23.1							Present								
	CITY	STATE	ZIP	IF RENTING:	PROPERTY M	ANAGER, RENT C	OLLECTOR, OR OWNER								
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OV	WNER (NUMB	ER / STREET / APT	/ PO BOX)		CONTACT NUM	BER								
	CITY	STATE	ZIP	EMAIL											
	Name(s) of those with whom you live:				[55014										
23.2	FORMER ADDRESS (NUMBER / STREET / APT)					ΛΜ/ΥΥΥΥ)	ΤΟ (ΜΜ/ΥΥΥΥ)								
	СІТҮ	STATE	ZIP	IF RENTING:	PROPERTY M	ANAGER, RENT C	OLLECTOR, OR OWNER								
	MAILING ADDRESS OF PROPERTY MANAGER. RENT COLLECTOR, OR OV	WNER (NUMB	ER / STREET / APT	/ PO BOX)		CONTACT NUM	BER								
	CITY	STATE	ZIP	EMAIL											
	Name(s) of those with whom you lived:														
	Reason for moving:						Reason for moving:								

SEC	TION 4:	RESIDENCE HISTORY continued						
	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (MM/Y	YYY)	TO (MM/YYYY)
23.3								
	CITY		STATE	ZIP	IF RENTING: PRO	PERTY MANAG	GER, RENT CO	LLECTOR, OR OWNER
	MAILING A	DRESS OF PROPERTY MANAGER, RENT COLL	ECTOR, OR OWNER (NUMB	ER / STREET / APT /	PO BOX)	CO	ONTACT NUMB	ER
	CITY		STATE	ZIP	EMAIL			
	Name(s)	of those with whom you lived:						
	Reason	or moving:						
	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (MM/Y	YYY)	TO (MM/YYYY)
23.4								
	CITY		STATE	ZIP	IF RENTING: PRO	PERTY MANAG	GER, RENT CO	LLECTOR, OR OWNER
		DRESS OF PROPERTY MANAGER, RENT COLL		ER / STREET / APT /	PO BOX)			R
	MAILING A	DRESS OF FROFEREN WANAGER, RENT COLL			FO BOX)			
	CITY		STATE	7IP	EMAIL			
	0111		ONTE	211	LIVE			
	Name(s)	of those with whom you lived:						
	Reason	or moving:						
	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (MM/Y	YYY)	TO (MM/YYYY)
23.5								
	CITY		STATE	ZIP	IF RENTING: PRO	PERTY MANAG	GER, RENT CO	LLECTOR, OR OWNER
	MAILING A	DRESS OF PROPERTY MANAGER, RENT COLL	ECTOR, OR OWNER (NUMB	ER / STREET / APT /	PO BOX)	CO	ONTACT NUMB	ER
	CITY		STATE	ZIP	EMAIL			
	Name(s)	of those with whom you lived:						
	_							
	Reason	or moving:						
24.	IST OF HOU	ISEMATES						
•		contact information for all housemates			have resided du	ring the pa	ast 10 years	or since age 15.
•	Do NO	I list anyone for whom you have alread	by provided contact info	ormation.				
•	If more	space is needed, continue your respo	nse on page 27.					
	NAME OF H	OUSEMATE				CO	NTACT NUMBE	ER
24.1								
		CURRENT ADDRESS IF DIFFERENT (NUMBER	/ STREET / APT)		CITY		S	TATE ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, I	LANDLORD, FRIEND, HOUSE	EMATE ONLY, ETC.)	EMAIL			
			,					

SEC	TION 4:	RESIDENCES continued					
	NAME OF H	OUSEMATE			CONTACT NUM	IBER	
24.2							
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			
	NAME OF H	OUSEMATE			CONTACT NUM	IBER	
24.3							
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			
	NAME OF H	OUSEMATE			CONTACT NUM	IBER	
24.4							
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			1
	NAME OF H	OUSEMATE		-	CONTACT NUM	IBER	
24.5							
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			
	NAME OF H	OUSEMATE			CONTACT NUM	IBER	
24.6							
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			
	NAME OF H	OUSEMATE			CONTACT NUM	1050	
24.7					CONTACT NO	IBER	
					CONTACT NO	IBER	
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				ZIP
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	CITY	EMAIL			ZIP
			CITY	EMAIL			ZIP
			CITY	EMAIL			ZIP
25.	Have you	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)				STATE	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence?				STATE	Yes No
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)				STATE	Yes No
26.	Have you	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence? ever left a residence owing rent, utilities, or other household expenses?				STATE	Yes No
26.	Have you	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence?				STATE	Yes No
26.	Have you	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence? ever left a residence owing rent, utilities, or other household expenses?				STATE	Yes No
26.	Have you	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence? ever left a residence owing rent, utilities, or other household expenses?				STATE	Yes No
26.	Have you	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence? ever left a residence owing rent, utilities, or other household expenses?				STATE	Yes No
26.	Have you	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence? ever left a residence owing rent, utilities, or other household expenses?				STATE	Yes No
26.	Have you	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence? ever left a residence owing rent, utilities, or other household expenses?				STATE	Yes No
26.	Have you	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence? ever left a residence owing rent, utilities, or other household expenses?				STATE	Yes No

SEC	TION 5: EXPERIENCE AND EMPLOYM	IENT						
	OB EXPERIENCE							
	List ALL jobs you have had, including pa	rt-time, temporary, self-emplo	wment, and vo	lunteer. (Beai	n with voi	ur most current.)		
	If you have military experience, including		-		-			
	List ALL periods of unemployment in exc		· · · · · · · · · · · · · · · · · · ·	, ,				
	If more space is needed, continue your re	-						
		ioponioo on page 211						
	NAME OF CURRENT EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)	
27.1								
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVI	SOR		
	CITY		STATE	ZIP	CONTACT	NUMBER	EXT	
	JOB TITLE / RANK				1AIL			
	JOB TILE / RAIN			EIV				
	DUTIES / ASSIGNMENTS			TYPE OF EMF	PLOYMENT	CHECK ALL THAT APPL	Y)	
						Temp Self-empl		nteer
	NAMES OF CO-WORKERS	1		REASON FOR	WANTING	TO LEAVE		
	1)	2)						
	Would there be a problem if we contact ye	our ourrant amployer?		-1] No
] 110
	IF YES, explain:							
27.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE					FROM (MM/YYYY)	TO (MM/YYYY)	
21.2	Student Between jobs Lea	ve of absence Travel	Other:					
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)	
27.3						- ()		
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR		
	CITY		STATE	ZIP	CONTACT	NUMBER	EXT	
	JOB TITLE / RANK				EMAIL			
	DUTIES / ASSIGNMENTS						,	
						Temp Self-empl	oyed 🗌 Volur	iteer
	NAMES OF CO-WORKERS 1)	2)		REASON FOR	LEAVING			
	·/	-,						
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)	
27.4	🗌 Student 🔲 Between jobs 🗌 Lea	ve of absence 🛛 Travel	Other:					

SEC	SECTION 5: EXPERIENCE AND EMPLOYMENT continued								
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)	
27.5									
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR	I		
	CITY	STATE	ZIF	P	CONTACT	NUMBER		EXT	
	JOB TITLE / RANK		<u> </u>		EMAIL				
					2.00 02				
	DUTIES / ASSIGNMENTS					CHECK ALL THAT APPL	\wedge		
	DUTIES / ASSIGNMENTS						· .		
						Temp Self-emplo	yea	Volunteer	
	NAMES OF CO-WORKERS			REASON FOR	LEAVING				
	1) 2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)	
27.6	Student Between jobs Leave of absence Travel Ot	hor:						,	
				•					
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)	
27.7									
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR			
	CITY	STATE	ZIF	P	CONTACT	NUMBER		EXT	
	JOB TITLE / RANK				EMAIL				
					LIVIAL				
	DUTIES / ASSIGNMENTS					CHECK ALL THAT APPL	<u></u>		
	DUTIES / ASSIGNMENTS								
						Temp Self-emplo	yea	Volunteer	
	NAMES OF CO-WORKERS			REASON FOR	LEAVING				
	1) 2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)	
27.8	Student Between jobs Leave of absence Travel Ot	hor						,	
				•					
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)	
27.9									
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR			
	CITY	STATE	ZIF	Þ	CONTACT	NUMBER		EXT	
		0.7.12			00111101			2.0	
	JOB TITLE / RANK				EMAIL				
					LIVIAIL				
							<u>^</u>		
	DUTIES / ASSIGNMENTS							-	
						Temp Self-emplo	yed	Volunteer	
	NAMES OF CO-WORKERS			REASON FOR	LEAVING				
	1) 2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO /	MM/YYYY)	
27.10							10 (viivi/1111)	
	Student Between jobs Leave of absence Travel Ot	ner:		-					

SEC	SECTION 5: EXPERIENCE AND EMPLOYMENT continued								
	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)			
27.11									
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR				
	CITY		STATE	ZIP	CONTACT NUMBER	EXT			
	JOB TITLE / RANK				EMAIL				
	DUTIES / ASSIGNMENTS			TYPE OF EMPL	OYMENT (CHECK ALL THAT AF	PLY)			
] PT	·			
	NAMES OF CO-WORKERS			REASON FOR I					
	1)	2)							
	')	-)							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABL	Ξ)			FROM (MM/YYYY)	TO (MM/YYYY)			
27.12	Student Between jobs Lea	ave of absence	Other:						
	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)			
27.13									
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR				
	CITY		STATE	ZIP	CONTACT NUMBER	EXT			
	JOB TITLE / RANK				EMAIL				
	DUTIES / ASSIGNMENTS			TYPE OF EMPL	OYMENT (CHECK ALL THAT AF	PLY)			
] PT				
	NAMES OF CO-WORKERS			REASON FOR		p			
	1)	2)							
	')	-)							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE	Ξ)			FROM (MM/YYYY)	TO (MM/YYYY)			
27.14	Student Between jobs Lea	ave of absence	Other:						
	,								
27.15	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)			
27.15									
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR				
	CITY		STATE	ZIP	CONTACT NUMBER	EXT			
	JOB TITLE / RANK		<u> </u>		EMAIL				
	DUTIES / ASSIGNMENTS			TYPE OF EMPL	OYMENT (CHECK ALL THAT AF	PPLY)			
] PT				
	NAMES OF CO-WORKERS			REASON FOR					
	1)	2)							
	•,	-,							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE	Ξ)			FROM (MM/YYYY)	TO (MM/YYYY)			
27.16	Student Between jobs Lea	ave of absence	Other:						

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued							
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (N	IM/YYYY)
27.17								
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR		
	CITY	STATE	ZIF)	CONTACT	NUMBER		EXT
	JOB TITLE / RANK	1	<u> </u>		EMAIL			
	DUTIES / ASSIGNMENTS			TYPE OF EMPL	_OYMENT (CHECK ALL THAT APPL	.Y)	
				🗆 FT 🗌]рт 🗌	Temp 🗌 Self-emplo	oyed	Volunteer
	NAMES OF CO-WORKERS			REASON FOR	LEAVING			
	1) 2)							
27 40	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (N	IM/YYYY)
27.18	Student Between jobs Leave of absence Travel O	her:		-				
-	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)		M/YYYY)
27.19							10 (1	uv⊭ t t t t)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVI			
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVI	SUR		
	CITY	STATE	ZIF)	CONTACT			EXT
		STATE	215		CONTACT	NUMBER		
	JOB TITLE / RANK				EMAIL			
	JUB TITLE / KAINK				EIVIAIL			
	DUTIES / ASSIGNMENTS					CHECK ALL THAT APPL		
						Temp Self-emplo	_	Voluntoor
	NAMES OF CO-WORKERS			REASON FOR			Jyeu L	Volunteer
	1) 2)			INLASON I OK	LLAVING			
	1) 2)							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (N	IM/YYYY)
27.20	Student 🔲 Between jobs 🔲 Leave of absence 🔲 Travel 🗌 Of	her:		_				
	Have you ever been disciplined at work? (This includes written warnings, form					r	-	—
	reprimands, suspensions, reductions in pay, reassignments, or demotions.)						_ Yes	s 🗌 No
29.	Have you ever been fired, released from probation, or asked to resign from an	y place o	of e	mployment?		[Yes	s 🗌 No
30.	Were you ever involved in a physical/verbal altercation with a supervisor, co-w	orker, o	r cu	stomer?		[Yes	s 🗌 No
						ſ	_	
31.	Have you ever quit without giving notice?					L	_ Yes	s 🗌 No
32	Have you ever resigned in lieu of termination?					٦		s 🗌 No
	Have you ever been accused of discrimination (such as sexual harassment, ra						Yes	s ∏ No
	by a co-worker, superior, subordinate or customer?					L		
34.	Were you ever the subject of a written complaint at work?					[Yes	s 🗌 No
							_	
35.	Have you ever been counseled at work due to lateness or absences?					[_ Yes	s 📙 No

SE	CTION 5: EXPERIENCE AND EMPLOYMENT continued
36.	Did you ever receive an unsatisfactory performance review?
37.	Have you ever sold, released, or given away legally confidential information?
38.	Have you ever called in sick when you were neither sick nor caring for a sick family member?
	IF YES, how many sick days have you used in the past five years which were not due to illness? Days
	If you answered "YES" to any of Questions 28–38 , explain (include when, where, and circumstances – <i>reference corresponding numbers</i>).

39.	In the past three years, have you missed days or been late	e to work due to drug or alcohol consumption?	No No
	IF YES, how often?		
40.	Has your work performance ever been affected by your use	of alcohol or drugs?	No No
	IF YES, when?	Name of employer:	
41.	In the past three years , have you been warned by an emp on your performance?	oyer about your drinking or drug habits and their impact	No No
	IF YES, when?	Name of employer:	

42.	Have you ever applied for any position at another law enforcement agency (city, county, state, or federal)?						
	 If you answered "YES" to Question 42, 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 27. 						
42.1	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY	YY)	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBE	R	EXT	
	POSITION APPLIED FOR		EMAIL				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:		•				
	STEP: Application Written Physical Ability Oral Poly			ground 🗌 Chi	ef's Oral 🛛 Condit	ional Offer	
	STATUS: Hired On Eligibility List Withdrawn Disqualified	LIST E	xpirea				

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued					
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	Y)
42.2						
	ADDRESS (NUMBER / STREET)	BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBE	-R	EXT
		OINTE	20	CONTROLING		EAT
			E1 1 1			
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA 🗌 Back	ground 🗌 Chi	ef's Oral 🗌 Conditi	onal Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified [List E	Expired			
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	Ύ)
42.3						
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)
				Shorton to on Shi		
	CITY	STATE	210	CONTACT NUMBE	-	EXT
		STATE	ZIP	CONTACT NUMBE	-R	EXI
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA 🗌 Back	ground 🗌 Chi	ef's Oral 🛛 Condit	onal Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified [List E	Expired			
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	Ύ)
42.4						
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	7IP	CONTACT NUMBE	-R	EXT
		OINTE	20			EXT
			ENAN			
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:		_	_	_	
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA 🗌 Back	ground 🗌 Chi	ef's Oral 🔲 Conditi	onal Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified [List E	Expired			
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	Y)
42.5						
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)
					· · · ·	- ,
	CITY	STATE	710	CONTACT NUMBE	-D	EXT
		STATE	ZIF	CONTACT NOWING		EAT
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA 🗌 Back	ground 🗌 Chi	ef's Oral 🛛 Condit	onal Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified [List E	Expired			

	SECTION 5: EXPERIENCE AND EMPLOYMENT continued					
42.0	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY	YY)
42.6						
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	F KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	R	EXT
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Pol				er's Oral 🔲 Condit	tional Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified		xpired			
42.7	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	YY)
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	- KNOWN)
	CITY	STATE	70	CONTACT NUMBE	P	EXT
		STATE	ZIP		:K	EXT
	POSITION APPLIED FOR		EMAIL			
			LINAL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Pol	varaph/C	:VSA □ Back	around 🗌 Chi	ef's Oral 🗌 Condit	tional Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified					
		_				
SEC	CTION 6: MILITARY EXPERIENCE		•			
	CTION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?				🗌 Ye	es 🗌 No
	Are you required to register for the Selective Service?					
	Are you required to register for the Selective Service? IF YES, have you registered?					
	Are you required to register for the Selective Service?					
43.	Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain:				Ye	es 🗌 No
43.	Are you required to register for the Selective Service? IF YES, have you registered?				Ye	es 🗌 No
43. 44.	Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain: Have you ever served in the military?				Ye	es 🗌 No
43. 44.	Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain:				Ye	es 🗌 No
43. 44.	Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain: Have you ever served in the military? If you answered "YES" to Question 44, include the following service information				Ye	es 🗌 No
43. 44.	Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain: Have you ever served in the military? If you answered "YES" to Question 44, include the following service information				Ye	es 🗌 No
43. 44.	Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain: Have you ever served in the military? If you answered "YES" to Question 44, include the following service information BRANCH OF SERVICE	tion:			Уе Уе Y) ТО (ММ/ҮҮ	es 🗌 No es 🗌 No
43. 44.	Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain: Have you ever served in the military? If you answered "YES" to Question 44, include the following service information BRANCH OF SERVICE TYPE OF DISCHARGE D Entry Level D Honorable General OTH (Ot	tion:		FROM (MM/YYY	Ye	es 🗌 No es 🗌 No
43. 44.	Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain: Have you ever served in the military? If you answered "YES" to Question 44, include the following service information BRANCH OF SERVICE TYPE OF DISCHARGE	tion:		FROM (MM/YYY	Ye	es 🗌 No es 🗌 No
43. 44. 45.	Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain: Have you ever served in the military? If you answered "YES" to Question 44, include the following service information BRANCH OF SERVICE TYPE OF DISCHARGE D Entry Level D Honorable General OTH (Ot	tion:		FROM (MM/YYY	Ye	es 🗌 No es 🗌 No
43. 44. 45.	Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain: Have you ever served in the military? Have you ever served in the military? If you answered "YES" to Question 44, include the following service information BRANCH OF SERVICE TYPE OF DISCHARGE TYPE OF DISCHARGE Entry Level Honorable General OTH (Ott Re-entry Code (1–4) if applicable – <i>refer to your DD-214:</i> Are you currently participating in one of the following?	tion: her than	Honorable)	FROM (MM/YYY	Ye	es 🗌 No es 🗌 No
43. 44. 45.	Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain:	tion: her than on ends	Honorable) (MM/DD/YY):	FROM (MM/YYY	Ye	es 🗌 No es 🗌 No
43. 44. 45.	Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain:	tion: her than on ends tion (suc	Honorable) (MM/DD/YY): th as, court mat	FROM (MM/YYY	Ye Ye Y) TO (MM/YY uct Dishonora	es No
43. 44. 45.	Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain:	tion: her than on ends tion (suc	Honorable) (MM/DD/YY): th as, court mat	FROM (MM/YYY	Ye Ye Y) TO (MM/YY uct Dishonora	es No
43. 44. 45.	Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain:	tion: her than on ends tion (suc	Honorable) (MM/DD/YY): th as, court mai	FROM (MM/YYY	Ye Y) TO (MM/YY uct Dishonora	es No PYY) able es No

maintenance, entertainment, etc., as well as any other obligations you may have.

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SE	CTION 6: MILITARY EXPERIENCE continued
	If you answered "YES" to any of Questions 47–49, explain (include dates and circumstances).
SE	CTION 7: FINANCIAL
50.	INCOME AND EXPENSES
	• For each of the following questions (50A, B, C), fill in the amounts to the nearest dollar.
	• For Question 50C: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car

		A) From your employer(s), what is your take-home monthly income? \$ per	month
		B) Do you have other sources of income? (IF YES, fill in amount and explain.) Yes No \$ per	month
		Explain:	
		C) How much do you spend each month? \$ per	month
51.	Have	you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	🗌 No
52.	Have	any of your bills ever been turned over to a collection agency?	No No
53.	Have	you ever had purchased goods repossessed?	🗌 No
54.	Have	your wages ever been garnished?	🗌 No
55.	Have	you ever been delinquent on income or other tax payments?	No No
56.	Have	you ever failed to file income tax or cheated/lied on an income tax form?	No No
57.	Have	you ever had an employment bond refused?	No No
58.	Have	you ever avoided paying any lawful debt by moving away?	No No
59.	Have	you ever defaulted on (failed to pay) a loan?	No No
60.	Have	you ever borrowed money to pay for a gambling debt?	No No
	IF YE	S, do you currently have any outstanding debts as a result of gambling?	🗌 No
61.	Have	you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? 🗌 Yes	🗌 No
62.	Have	you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	🗌 No
63.	Have	you written three or more bad checks in a one-year period?	🗌 No

If you answered "YES" to any of Questions 51-63, explain (include when, where, and why - reference corresponding numbers).

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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. If more space is needed, continue your response on page 27. • 64. 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)? IF YES, explain each incident: CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY 64.1 DISPOSITION OR PENALTY

CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	. ,	
DISPOSITION OR PENALTY		
	r	r
CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
DISPOSITION OR PENALTY		1
	DISPOSITION OR PENALTY	DISPOSITION OR PENALTY

65.	Have you ever been placed on court probation?	🗌 No
66.	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
67.	Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	No
68.	Have the police ever been called to your home for any reason?	🗌 No
69.	Have you or your spouse/partner ever been referred to Child Protective Services?	🗌 No
70.	Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	🗌 No

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SE	CTION 8: LEGAL continued	
71.	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
72.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	🗌 No
73.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	🗌 No
74.	Have you ever filed a false insurance or workers' compensation claim?	🗌 No

If you answered "YES" to any of Questions 65-74,	explain (include court case or document, dates	, and circumstances – <i>reference corresponding</i>
numbers).		

Involvement in Criminal Acts – Part 1

75. Have you committed any of the following acts within the past 10 years? (You do NOT have to report any acts committed prior to age 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.

75.1	Animal abuse and/or neglect	🗌 No
75.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	🗌 No
75.3	Battery (use of force or violence upon another)	🗌 No
75.4	Brandishing a weapon (any type of weapon)	🗌 No
75.5	Carrying a concealed weapon without a permit	🗌 No
75.6	Contributing to the delinquency of a minor	🗌 No
75.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	🗌 No
75.8	Driving under the influence of alcohol and/or drugs	🗌 No
75.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	🗌 No
75.10	Filing a false police report	🗌 No
75.11	Hit & run collision (no injuries)	🗌 No
75.12	Illegal gambling	🗌 No
75.13	Illegal hunting and/or fishing (for example, without a license, out of season)	No No

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SECT	ION 8: LEGAL continued	
75.14	Impersonating a peace officer (pretending to be a police officer)	🗌 No
75.15	Indecent exposure and/or lewd or obscene conduct	🗌 No
75.16	Intentionally writing a bad check	🗌 No
75.17	Joyriding (using a car or other vehicle without owner's permission)	🗌 No
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	🗌 No
75.19	Petty theft (value up to \$950, including shoplifting/switching price tags) Yes	🗌 No
75.20	Possession of alcohol as a minor	🗌 No
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	🗌 No
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	🗌 No
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	🗌 No
75.24	Reckless driving	🗌 No
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	🗌 No
75.26	Trespassing	🗌 No
75.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	🗌 No
75.28	Any other act amounting to a misdemeanor	🗌 No

• If you answered "YES" to ANY of the item(s) in Question 75, fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g., 75.5) for each explanation.

• If more space is needed, continue your response on page 27.

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SECTION 8: LEGAL continued						
76.4	Burglary (entering a structure or vehicle to commit theft or other crime)	🗌 No				
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	🗌 No				
76.6	Elder abuse and/or neglect (physical and/or financial)	🗌 No				
76.7	Embezzlement (theft of money or other valuables entrusted to you)	🗌 No				
76.8	Felony drunk driving (involving injuries)	🗌 No				
76.9	Forcible rape	🗌 No				
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	🗌 No				
76.11	Fraudulent use of a credit, ATM, debit, and/or check card	🗌 No				
76.12	Grand theft (value of over \$950, or any firearm) Yes	🗌 No				
76.13	Hit & run (with injuries)	🗌 No				
76.14	Hate crime	🗌 No				
76.15	Illegal sex acts	🗌 No				
76.16	Insurance fraud	🗌 No				
76.17	Murder, homicide, or attempted murder	🗌 No				
76.18	Perjury (lying under oath)	🗌 No				
76.19	Possession of an explosive/destructive device	🗌 No				
76.20	Robbery (theft from another person using a weapon, force, or fear)	🗌 No				
76.21	Stalking	🗌 No				
76.22	Theft of a vehicle and/or vehicle parts	🗌 No				
76.23	Viewing and/or possessing child pornography	🗌 No				
76.24	Any other act amounting to a felony	🗌 No				

• If you answered "YES" to ANY of the item(s) in Question 76, fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g., 76.3) for each explanation.

• If more space is needed, continue your response on page 27.

SECTION 8: LEGAL continued								
 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 — <i>but not be limited to</i> — your use of any of the following: 								
 Amphetamines / Methamphetamin Barbiturates (<i>Downers</i>) Cocaine / Crack Cocaine Designer Drugs (<i>Ecstasy, Synthet</i> GHB (<i>Date Rape Drug</i>) Hallucinogens (<i>Peyote, LSD, Mus</i> Hashish / Hashish Oil Heroin / Opium 	ic Heroin, etc.)	 Marijuana (with or without a prescription) Mescaline Morphine PCP / Angel Dust Quaaludes Steroids Tetrahydrocannabinal (THC) Glue, paint, or any substance containing toluene 						
77. <i>Within the past six months</i> , have you IF YES, give details including <i>drug(s)</i> (ove? Yes	No					
 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 <i>limited</i> circumstances (for example, experimentation, at parties, concerts, special events, etc.) IF YOU CHECKED BOX 2, give details including <i>drug(s) used</i>, most recent date used, and circumstances: 								
79. Have you EVER engaged in any of the	activities listed below involving drug	gs, narcotics or illegal substances, including marijuana and/or prescri	otion					
drugs without a prescription:	drugs without a prescription:							
 80. During the <i>past five years</i>, have you a have illegally used drugs or narcotics, a IF YES, explain: 		ces, housemates, or family members who edications? Yes	No					

SEC	TION 9: MOTOR VEHICLE INFORMATION								
81.	Current Driver's License:								
	STATE OF ISSUE LICENSE NUMBER	EXPIRATION DATE (MM/E	DD/YYYY) NAME U	NDER WHICH LICENS	E WAS GRANTE	D			
00	List other states where you have been licensed to op	orato a motor vohicle							
82.	STATE OF ISSUE LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE		NDER WHICH LICENS	E WAS GRANTE	D			
						5			
	Have you ever been refused a driver's license by an	-				Yes 🗋 No			
	IF YES, explain (include when, where, and circumsta	ances):							
_									
-									
	Has your driver's license ever been suspended or re	weked2							
	IF YES, explain (include when, where, and circumsta	ances):							
_									
-									
85.	List your current liability insurance on your vehicle(s)).							
85.1	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (YYYY)	VEHICLE LIC	ENSE			
00.1	Insured Bonded Cash Deposit								
	INSURANCE COMPANY		POLICY NUMBER			EXPIRATION DATE (MM/DD/YYYY)			
	ADDRESS (NUMBER/STREET)	CITY		STATE ZIP		CONTACT NUMBER			
	ADDRESS (NOWBER/STREET)	GIT		STATE ZIF		CONTACT NUMBER			
	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (YYYY)	VEHICLE LIC	ENSE			
85.2	Insured Bonded Cash Deposit			()					
	INSURANCE COMPANY		POLICY NUMBER			EXPIRATION DATE (MM/DD/YYYY)			
	ADDRESS (NUMBER/STREET)	CITY		STATE ZIP		CONTACT NUMBER			
85.3	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (YYYY)	VEHICLE LIC	ENSE			
00.3	Insured Bonded Cash Deposit								
	INSURANCE COMPANY		POLICY NUMBER			EXPIRATION DATE (MM/DD/YYYY)			
	ADDRESS (NUMBER/STREET)	CITY		STATE ZIP		CONTACT NUMBER			

SECTION 9: MOTOR VEHICLE OPERATION continued										
86. List all traffic citations, excluding parking citations, you have received within the past seven years.										
86.1	NATURE OF VIOLATION			LOCATION (STREI	T)	С	ITY			STATE
	DATE VIOLATION OCCURRED		ACTION TAKEN							
	Month:	Year:	□ N	lot Guilty	Fined		Fraffic Sc	hool	Dismiss	sed
86.2	NATURE OF VIOLATION	-	-	LOCATION (STREI	T)	C	ITY			STATE
	DATE VIOLATION OCCURRED		ACTION TAKEN							
	Month:	Year:		lot Guilty	Fined		Fraffic Sc	hool	Dismiss	sed
86.3	NATURE OF VIOLATION	-	-	LOCATION (STREE	T)	C	ITY			STATE
00.3										
	DATE VIOLATION OCCURRED Month:	Year:		lot Guilty	Fined		Fraffic Sc	hool	Dismiss	sed
87.	Has a traffic citation ever res	sulted in a warrant or c	aused your dr	iver's license to	be withheld due	to the fo	llowing (d	check all th	at apply):	
	E Failed	l to Appear	ailed to Comp	lete Traffic Scho	ol 🗌 Faile	ed to Pay	y the Req	uired Fine		
	IF CHECKED, explain circur	nstances:								
_										
_										
88. H	Have you been involved as th	ne driver in a motor ve	hicle accident	within the pas	seven vears?				🗌 Yes	□ No
	F YES, give details below.								_	_
	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)			CIT	Y				STATE
88.1										
	POLICE REPORT	LAW ENFORCEMENT AG	ENCY			FAULT?	□ No	WAS THE A	_	iniun
		LOCATION (STREET)			CIT					STATE
88.2										
	POLICE REPORT	LAW ENFORCEMENT AG	ENCY			FAULT?		WAS THE A		
	Yes No					Yes	No	l In	ijury 🗌 Nor	
88.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)			CIT	Y				STATE
	POLICE REPORT	LAW ENFORCEMENT AG	ENCY		AT	FAULT?		WAS THE A	CCIDENT?	
	🗌 Yes 🗌 No				[Yes	No No	🗌 In	ijury 🗌 Nor	n-injury
		1			I					
89.	89. Have you ever driven a vehicle without auto insurance, as required by law?									
	IF YES, GIVE REASON FROM (MM/YYYY) TO (MM/YYYY)							YYY)		
90.	Have you ever been refused	automobile liability in	surance or a b	ond, or had the	1 cancelled?				Yes	□ No
55.	Have you ever been refused automobile liability insurance or a bond, or had them cancelled?							_		
								,		
	L	1	NSURANCE COM	INSURANCE COMPANY						

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SE	CTION 10: OTHER TOPICS	
91.	Have you ever been refused a permit to carry a concealed weapon?	No No
92.	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?	No
93.	Have you ever hit or physically overpowered a spouse or romantic partner?	No No
94.	Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	🗌 No
95.	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?	No

If you answered "YES" to any of Questions 91-95, give details including dates and circumstances - reference corresponding numbers).

SECTION 11: CERTIFICATION

96. 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.

Signature in Full: ►

Date:

Print Name:

Use the following page to continue any of your responses. Be sure to reference corresponding numbers.

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ADDITIONAL COMMENTS

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