



San Bernardino County Sheriff's Department  
Employee Resources Division  
655 E. Third Street  
San Bernardino, CA 92415-0061  
(909) 387-3750

## REQUIRED DOCUMENTS

**Instructions:** Please read these instructions carefully. Your ability to follow these instructions in a timely manner is part of the background investigation process. Please note that all the items covered on this list are *your* responsibility to obtain and should be brought to the Employee Resources Division prior to the given due date. It may take several weeks to arrange for some of these documents, so begin working on them at once. Do not delay completing your Personal History Statement Form or other application materials while waiting for these documents.

The following documents must be **sealed** by the issuing institution. These must be certified or official copies which bear a raised original seal. They will not be returned.

- Official **sealed** high school transcripts, *whether or not you graduated* (available from the high school, district or diocese records office).
- Official **sealed** college transcripts (if any) from each college and university you have attended, *whether or not you graduated*.

To facilitate the background investigation process, please **have the original and a copy** of the following documents available when you return your package:

- Your original certified birth certificate (available from the City/County Registrar of Births of the State Vital Statistics Office).  
Note: if you were born outside the United States, you will need to show your original Certificate of Naturalization.
- Your high school diploma, G.E.D. Certificate, or Certificate of High School Proficiency.
- Any college diplomas you possess.
- Your Social Security Card.
- Your current driver's license (including any current extension).
- Proof of automobile liability insurance (if you are operating a motor vehicle in California).
- Proof of Selective Service registration (if male and born after January 15, 1960, call 1-847-688-6888 for info).
- Your DD 214 Long Form if you were in the military, along with any awards or decorations you received.
- If you have been married, your county-issued Marriage Certificate for each marriage (available from the County Registrar).
- For any marriages dissolved, the final Dissolution/Annulment Order for each marriage dissolved.
- Any traffic collisions reports in which you have been named as a driver within the past three years.
- A copy of any police reports in which you were arrested (if obtainable).
- Complete bankruptcy records including final discharge.
- Any name change records.
- Any other certificates, awards, recognitions, etc. you would like considered.

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Feel free to contact the Employee Resources Division for assistance in completing this package but please do not call regarding your status within the background process.



**PERSONAL HISTORY STATEMENT FORM**

**INSTRUCTIONS – DO NOT DETACH**

Completion of this form is required by the San Bernardino County Sheriff's Department. In the case of Peace Officer Applicants, completion of this type of form is required by POST Regulation (California Code of Regulations § 1992(a)(5)). Please note, your ability to complete this form in a neat, timely and *accurate* fashion is a very important part of the background investigation process. Your background investigator will review this form with you, box by box and line by line. It is nonetheless ***your responsibility*** to make sure that you have read each question asked, that you understand each question, and you have answered truthfully and completely.

This form is used by the San Bernardino County Sheriff's Department to, among other things, determine your legal qualifications for the position for which you are applying. In addition to state or federal mandates in this area, the San Bernardino County Sheriff's Department has an obligation to itself and to the citizens of its service area to assure that persons who are not qualified for this position will be lawfully excluded from further consideration.

This form must be completed fully. Because this form differs *substantially* from other Personal History Statement Forms with which you may already be familiar, you should exercise care in answering the questions. You may not attach portions of other Personal History Statement Forms, resumes or applications in *substitution* for information required on this form.

Your Name:	Telephone Number at which you can be reached:
Agency at which you have applied: <b>San Bernardino County Sheriff's Department</b>	Position you have applied for:

Please be as specific as possible in your answers. Vague answers only require explanations during your interview. Please remember that there is no such thing as a perfect person or perfect candidate. The San Bernardino County Sheriff's Department is not looking for perfection; rather, an open and honest opportunity to fairly evaluate your qualifications for this position.

You are responsible for the accuracy of information on this form. It is ***your responsibility*** to make certain the information is complete and correct. Please note deliberate misstatements or omissions on this form will result in your application being rejected, regardless of the nature or reason for the misstatements or omissions. Read questions *thoroughly* before answering. If you do not understand a question, please ask your background investigator to clarify the question for you. Because you are an applicant for public employment, California Law (Labor Code § 432.2) specifically authorizes the San Bernardino County Sheriff's Department to require a polygraph or other lie detection examination as a condition of employment, if they so choose.

**\*\*\*\*The Americans With Disabilities Act\*\*\*\***  
Completion of this form is invariably required *prior* to the extension of any conditional offer of employment. It has been designed to avoid making inquiries about the existence, nature or severity of any disability an applicant may have. However, you should exercise care in responding to questions so as to avoid inadvertently furnishing such information.



## PERSONAL HISTORY STATEMENT FORM

For example, when asked about why you left a job, do not indicate if you were disabled or granted a disability retirement. You should respond with "Unable to meet job requirements" or with just "Retired" in such cases. Also, you may indicate that you had sued (or had a suit settled) as a result of an accident, but *do not* indicate (at this time) if you were injured in that incident.

When responding to questions about any prior use of *illegal drugs*, you should identify the drug, or controlled substance used and when you *last* used the drug, but *do not* indicate how many times you might have *used* that substance. Do not furnish any identifying information about controlled substances that are lawfully prescribed to you, unless you were arrested for driving under the influence of alcohol and/or drugs. In such cases, do *not* identify the specific drug in question other than "lawfully prescribed".

### NOTICE

Completing the background phase of this process may include meetings or appointments scheduled in buildings which might require climbing stairs. Do you require any special accommodation to complete this process?

No  Yes

The accommodation I require is: \_\_\_\_\_

### \*\*\*\*Legal Questions\*\*\*\*

All *peace officer* applicants and others (when indicated) are required to disclose their prior involvement in illegal acts within certain specified reporting periods, regardless of any legal process which may or may not have occurred as a result of those acts. Please note, you are required to disclose acts that you have committed even if you were never caught, arrested or prosecuted. In many cases, your responses will be subject to verification by a polygraph examination and inconsistent statements you make between this document and your polygraph will undoubtedly result in your disqualification.

For questions regarding the use/possession of illegal drugs, remember that the legal term "possession" also includes *any* use whatsoever. It includes using, experimenting with, trying, ingesting, smoking, injecting or being under the influence of said drug. It also includes drugs that were in your possession, in your clothing or in your car, even if you did not 'use' them on that occasion. It would specifically include substances you *thought* were illegal drugs when you possessed them, even if they subsequently turned out to be harmless.

You are instructed to answer questions about the infractions and misdemeanors you may have committed *at any time during your lifetime*. You are also instructed to answer questions about felonies you may have committed *at any time during your lifetime*.

With respect to questions about legal processes initiated against you (detentions, arrests, plea bargains, diversions and/or convictions), you may have a legal right to answer "No" to certain of these questions as a result of the provisions of California law.

You should consult with your own attorney if you feel that you may be legally entitled to deny these processes under the law. However, the fact that a criminal conviction may have been legally expunged *does not* entitle you to deny having committed the act itself, and under certain circumstances (such as a conviction set aside under Penal Code § 1000), you may be required to disclose the conviction because you are applying for public employment in a criminal justice agency (Calif. Labor Code § 432.7).



**PERSONAL HISTORY STATEMENT FORM**

**\*\*\* Misconduct in the Workplace \*\*\***

Your employment history is regarded by the San Bernardino County Sheriff's Department as some of the most significant information in a pre-employment background. While your present or former employers may have entered into an agreement with you to conceal prior accusations of misconduct, you should be aware that the California Courts have held some of these agreements to be contrary to the public policy of this State and therefore *illegal* and unenforceable. While such an agreement might legally entitle you to deny a specific disciplinary action taken against you by your employer, it will *not* entitle you to deny your factual involvement in misconduct. Any attempt to conceal your factual involvement in misconduct will unquestionably result in your *disqualification*. However, when your prospective employer has a legitimate opportunity to independently evaluate acts of misconduct, you will at least be given their thoughtful consideration in assessing the relevance, recency and impact of such acts. It is to your ultimate advantage to be as complete, candid and accurate as possible in all information you furnish.

\*\*\*\*

Each area or distinct set of questions has a brief explanation or instructions concerning completing it. If for any reason there is insufficient room on the front of the form for you to furnish the required information, several pages have been furnished at the back of this form for this information. Please note which question number you are answering when using the back pages of this form. You may attach supplemental pages if you run out of room.

You are encouraged to make a copy of your completed form for your own records (California Labor Code § 432). This document is treated as a highly confidential document and, with the exception of an authorized criminal investigation, will not be shared with anyone outside of the San Bernardino County Sheriff's Department, polygraph examiner (if one is used in connection with this process) and background investigator(s). It becomes a permanent part of your pre-employment background file with the San Bernardino County Sheriff's Department and will not be released to any other party without your signed authorization or the order of a competent court.

**\*\*\*\* CERTIFICATION OF APPLICANT \*\*\*\***

**I hereby certify that I have read and understand the instructions for completing this document. I understand that I am solely responsible for the accuracy, completeness and truthfulness of the information contained on this form, and I will personally complete each item contained on this form.**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

## 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.
- If you are filling out a printed copy of this form, neatly print in blue or 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 last page of this form 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 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)					<input type="checkbox"/> 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 ( )	<input type="checkbox"/> CELL	<input type="checkbox"/> FAX
6. CONTACT EMAIL			7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
8. CITIZENSHIP					
Are you a U.S. citizen? .....					<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship? .....					<input type="checkbox"/> Yes <input type="checkbox"/> No
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						
<ul style="list-style-type: none"> <li>Provide all applicable information in the spaces below.</li> <li>Mark "N/A" if a category is not applicable.</li> <li>Mark "Deceased," if appropriate.</li> <li>If more space is needed, continue on last page – reference corresponding numbers.</li> </ul>						
14.A Spouse / Registered Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> 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			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		/		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? .....		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
14.B Former Spouse / Former Registered Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> 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			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		DATE OF DISSOLUTION / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? .....		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 2: RELATIVES AND REFERENCES** *continued*

14.C Parents / Guardians

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

14.C.1 Parent / Guardian:  Mother  Father  Step-mother  Step-father  In-law  Other: \_\_\_\_\_  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:  Mother  Father  Step-mother  Step-father  In-law  Other: \_\_\_\_\_  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:  Mother  Father  Step-mother  Step-father  In-law  Other: \_\_\_\_\_  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:  Mother  Father  Step-mother  Step-father  In-law  Other: \_\_\_\_\_  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.D Brothers / Sisters

N/A

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

14.D.1 Sibling:  Brother  Sister  Half-brother  Half-sister  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:  Brother  Sister  Half-brother  Half-sister  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		

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 2: RELATIVES AND REFERENCES *continued***

**14.D.3 Sibling:**  Brother  Sister  Half-brother  Half-sister  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:**  Brother  Sister  Half-brother  Half-sister  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.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		

**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		

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



**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 2: RELATIVES AND REFERENCES *continued***

**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	
	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?		
15.3	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?		
15.4	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?		
15.5	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?		
15.6	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?		

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 2: RELATIVES AND REFERENCES *continued***

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?	

**SECTION 3: EDUCATION**

- **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on last page – reference corresponding numbers.*

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

**17. LIST HIGH SCHOOL(S) ATTENDED**

17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	
17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 3: EDUCATION *continued***

**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)				TYPE OF DEGREE EARNED
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)				TYPE OF DEGREE EARNED
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)				TYPE OF DEGREE EARNED
CITY		STATE	ZIP	MAJOR / AREA OF STUDY	
18.4	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)				TYPE OF DEGREE EARNED
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		
19.2	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		

20. Have you ever taken a **PC832** (Arrest and/or Firearms) Course? .....  Yes  No

IF YES, provide the following information:

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

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 3: EDUCATION** *continued*

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

21.1	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				( )
21.2	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				( )

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. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4: RESIDENCE HISTORY**

23. LIST OF RESIDENCES

- List all residences **during the last 10 years or since age 15.**
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). 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 last page – reference corresponding numbers.*

23.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)	FROM (MM/YYYY)	TO (MM/YYYY)
		/	<b>Present</b>
	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:

23.2	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:

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 4: RESIDENCE HISTORY *continued***

23.3	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:					
Reason for moving:					

23.4	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:					

23.5	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:					

**24. LIST OF HOUSEMATES**

- Provide contact information for all housemates listed in **Question 23** 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 last page – reference corresponding numbers.*

24.1	NAME OF HOUSEMATE				CONTACT NUMBER
					( )
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)				EMAIL	

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 4: RESIDENCES *continued***

24.2	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		

24.3	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		

24.4	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		

24.5	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		

24.6	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		

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

If you answered "YES" to **Questions 25 and/or 26**, explain (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PERSONAL HISTORY STATEMENT – Peace Officer**

SECTION 5: EXPERIENCE AND EMPLOYMENT <i>continued</i>						
<b>27.5</b>	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					(    )	
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			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			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)		2)				
<b>27.6</b>	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: _____				/	/
<b>27.7</b>	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					(    )	
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			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			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)		2)				
<b>27.8</b>	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: _____				/	/
<b>27.9</b>	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					(    )	
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			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			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)		2)				
<b>27.10</b>	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: _____				/	/

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



**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

27.11	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			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	
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.12	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: _____	/	/

27.13	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			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	
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.14	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: _____	/	/

27.15	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			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	
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.16	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: _____	/	/

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

27.17	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			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		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.18	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: _____	/	/

27.19	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			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		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.20	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. | 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 |
| 29. | 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 |
| 30. | Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31. | Have you ever quit without giving notice?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32. | Have you ever resigned in lieu of termination?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 33. | Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 34. | Were you ever the subject of a written complaint at work?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 35. | Have you ever been counseled at work due to lateness or absences?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

36. Did you ever receive an unsatisfactory performance review?.....  Yes  No

37. Have you ever sold, released, or given away legally confidential information?.....  Yes  No

38. Have you ever called in sick when you were neither sick nor caring for a sick family member? .....  Yes  No  
 IF YES, how many sick days have you used in the past five years which were not due to illness? \_\_\_\_\_ Days

If you answered "YES" to any of **Questions 28–38**, explain (include when, where, and circumstances – *reference corresponding numbers*).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

39. *In the **past three years***, have you missed days or been late to work due to drug or alcohol consumption? .....  Yes  No  
 IF YES, how often?

40. Has your work performance ever been affected by your use of alcohol or drugs?.....  Yes  No  
 IF YES, when? \_\_\_\_\_ Name of employer: \_\_\_\_\_

41. *In the **past three years***, have you been warned by an employer about your drinking or drug habits and their impact on your performance? .....  Yes  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)? .....  Yes  No

**• 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 last page – reference corresponding numbers.**

42.1	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER	
				(     )	
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					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

SECTION 5: EXPERIENCE AND EMPLOYMENT <i>continued</i>						
42.2	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						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.3	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			
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						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.4	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			
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						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.5	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			
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						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

<b>42.6</b>	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	
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired	
<b>42.7</b>	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	
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired	
<b>42.8</b>	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	
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired	
<b>42.9</b>	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	
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired	

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

42.10	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						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.11	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						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.12	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						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.13	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						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

<b>42.14</b>	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:    Application    Written    Physical Ability    Oral    Polygraph/CVSA    Background    Chief's Oral    Conditional Offer  
 STATUS:  Hired    On Eligibility List    Withdrawn    Disqualified    List Expired

<b>42.15</b>	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:    Application    Written    Physical Ability    Oral    Polygraph/CVSA    Background    Chief's Oral    Conditional Offer  
 STATUS:  Hired    On Eligibility List    Withdrawn    Disqualified    List Expired

**SECTION 6: MILITARY EXPERIENCE**

43. Are you required to register for the Selective Service? .....  Yes    No  
 IF YES, have you registered? .....  Yes    No  
 IF NO, explain:

44. Have you ever served in the military? .....  Yes    No

45. If you answered "YES" to Question 44, 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 – refer to your DD-214:		

46. Are you currently participating in one of the following?  
 Military Reserve    National Guard   IF CHECKED, date obligation ends (MM/DD/YY):

47. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? .....  Yes    No

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

49. Have you ever taken military property without permission for personal use, to sell, or to give away? .....  Yes    No

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 6: MILITARY EXPERIENCE** *continued*

If you answered "YES" to any of **Questions 47–49**, explain (include dates and circumstances).

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

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.).....	<input type="checkbox"/> Yes <input type="checkbox"/> 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)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
52.	Have any of your bills ever been turned over to a collection agency? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.	Have you ever had purchased goods repossessed? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
54.	Have your wages ever been garnished? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
55.	Have you ever been delinquent on income or other tax payments? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
56.	Have you ever failed to file income tax or cheated/lied on an income tax form? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
57.	Have you ever had an employment bond refused? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
58.	Have you ever avoided paying any lawful debt by moving away? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
59.	Have you ever defaulted on (failed to pay) a loan? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
60.	Have you ever borrowed money to pay for a gambling debt? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, do you currently have any outstanding debts as a result of gambling? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
61.	Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
62.	Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
63.	Have you written three or more bad checks in a one-year period? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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**PERSONAL HISTORY STATEMENT – Peace Officer**

**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 last page – reference corresponding numbers.*

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)? .....  Yes  No

IF YES, explain each incident:

64.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
64.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
64.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

65. Have you ever been placed on court probation? .....  Yes  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? .....  Yes  No

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

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

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

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

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
73.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
74.	Have you ever filed a false insurance or workers' compensation claim? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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**► Involvement in Criminal Acts – Part I**

75.	Have you committed any of the following acts <b>within the past 10 years</b> ? (You do NOT have to report any acts committed <b>prior to age 15</b> .)		
	<ul style="list-style-type: none"> <li>You <b>MUST</b> include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet.</li> <li><b>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.</b></li> </ul>		
75.1	Animal abuse and/or neglect .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.3	Battery (use of force or violence upon another) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.4	Brandishing a weapon (any type of weapon) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.5	Carrying a concealed weapon without a permit .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.6	Contributing to the delinquency of a minor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.8	Driving under the influence of alcohol and/or drugs .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.10	Filing a false police report .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.11	Hit & run collision (no injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.12	Illegal gambling .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.13	Illegal hunting and/or fishing (for example, without a license, out of season) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 8: LEGAL *continued***

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

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**► Involvement in Criminal Acts – Part 2**

76. **At any time in your life**, have you **EVER** committed any of the following acts?

**NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

76.1	Arson (intentionally destroying property by setting a fire) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.3	Blackmail or extortion .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 8: LEGAL** *continued*

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

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**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 — **but not be limited to** — your use of any of the following:

- |  |   |
|--|---|
| ▶ Amphetamines / Methamphetamines ( <i>Uppers, Speed, Crank, etc</i> ) | ▶ Marijuana ( <i>with or without a prescription</i> ) |
| ▶ Barbiturates ( <i>Downers</i> )                                      | ▶ Mescaline   |
| ▶ Cocaine / Crack Cocaine  | ▶ Morphine  |
| ▶ Designer Drugs ( <i>Ecstasy, Synthetic Heroin, etc.</i> )            | ▶ PCP / Angel Dust                                    |
| ▶ GHB ( <i>Date Rape Drug</i> )  | ▶ Quaaludes   |
| ▶ Hallucinogens ( <i>Peyote, LSD, Mushrooms</i> )                      | ▶ Steroids  |
| ▶ Hashish / Hashish Oil  | ▶ Tetrahydrocannabinol (THC)                          |
| ▶ Heroin / Opium   | ▶ Glue, paint, or any substance containing toluene    |

77. **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:**

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78. **Prior to the past six months:**

I have **never** used any drug recreationally.

I have tried or used one or more drugs, but only under **limited** 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:**

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79. 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:

- 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.**

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80. 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:

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 9: MOTOR VEHICLE INFORMATION**

81. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

82. 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

83. Have you ever been refused a driver's license by any state? .....  Yes  No  
 IF YES, explain (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

84. Has your driver's license ever been suspended or revoked? .....  Yes  No  
 IF YES, explain (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

85.1	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 ( )
85.2	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 ( )
85.3	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 ( )

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**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 (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		
86.2	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		
86.3	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		

87. 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:

\_\_\_\_\_

\_\_\_\_\_

88. Have you been involved as the driver in a motor vehicle accident **within the past seven years**? .....  Yes     No

IF YES, give details below.

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

89. 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)
	/	/

90. 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	

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

**SECTION 10: OTHER TOPICS**

- 91. Have you ever been refused a permit to carry a concealed weapon? .....  Yes  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?.....  Yes  No
- 93. Have you ever hit or physically overpowered a spouse or romantic partner? .....  Yes  No
- 94. **Since the age of 15**, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?.....  Yes  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? .....  Yes  No

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

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**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:

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



**PERSONAL HISTORY STATEMENT – Peace Officer**

**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.

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



**AUTHORIZATION FOR THE SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT  
TO PROCURE AND OBTAIN A CONSUMER REPORT**

TO WHOM IT MAY CONCERN:

The undersigned does hereby acknowledge that a clear and conspicuous disclosure has been made to him or her in writing by the San Bernardino County Sheriff's Department, that a consumer report may be procured and obtained for purposes of employment, promotion, reassignment or retention as an employee of the San Bernardino County Sheriff's Department.

The undersigned further acknowledges having signed an acknowledgement that such disclosure has been made by the San Bernardino County Sheriff's Department and advising the undersigned of his or her rights under the Fair Credit Reporting Act (FCRA) in the event adverse action is taken based in whole or in part on the consumer report.

The undersigned does hereby authorize the San Bernardino County Sheriff's Department to procure and obtain a consumer report for purposes of employment of the undersigned in accordance with the applicable provisions of the Fair Credit Report Act (FCRA).

**Check here if you would like a copy of your consumer report from Trans Union.**

Full Name: \_\_\_\_\_  
(Signature including maiden or other previously used name.)

Full Name: \_\_\_\_\_  
(Typed or printed including maiden or other previously used name.)

Social Security Number: \_\_\_\_\_

Parent or Guardian (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Witness: \_\_\_\_\_  
(Agent of the San Bernardino County Sheriff's Department)



## Neighbor Information

Part of the background investigation consists of contacting your neighbors. We often experience difficulty in locating neighbors at home during the day. It is to your benefit to supply us with information regarding your neighbors. Your assistance in providing the information below should expedite our background investigation.

If possible please provide a listing of your four (4) closest neighbors. This list should include the people who live on each side of you and across the street. In some instances, people who live in very rural areas may not have any "next door" neighbors. In these instances please provide a list of your closest neighbors.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_