

**PERSONAL HISTORY STATEMENT****CONFIDENTIAL**

CDCR 1902 (Rev. 11/2012)

**INSTRUCTIONS FOR COMPLETING THE PERSONAL HISTORY STATEMENT**

- Document **must** be typed. Handwritten documents **will not** be accepted.
- Complete all required fields, if nothing applies input N/A to move to the next question.
- Use Section 17 – Supplemental Page to expand on any answers. Indicate the page and question number on the Supplemental Page for each question. You must initial and date any additional page(s).
- Be honest, truthful and specific.
- Incomplete or handwritten documents will result in the issuance of a 15 Day Notification. Non-compliance with the 15 Day Notification will result in an applicant being withheld from the process.
- All information provided in the Personal History Statement will be verified through contact with law enforcement agencies, employers and relatives/references.
- Personal History Statements must be notarized. See page 2.
- Please submit the following documents along with the Personal History Statement:
  - Certified United States Birth Certificate or Original Naturalization Certificate
  - Documents reflecting any name changes from your Birth Certificate. This includes marriage certificates, divorce decrees, court adoption documents, etc.
  - Certified and Sealed High School Transcripts or Certified proof of GED or passing California High School Proficiency exam
  - Certified and Sealed College Transcripts from any colleges or universities attended.
  - DD214 Military Discharge documents (Member 4, long form) if you served in the Military.
  - Copy of current/valid automobile insurance
  - Current (dated within 30 days of turning in documents) Credit Report from one of the following:
    - Experian
    - Equifax
    - Transunion
  - Professional License or Credential (if applicable to position)

I have read and fully understood the instructions

**LOCATION AND CONTACT INFORMATION**

Northern Field Office 9838 Old Placerville Road, Suite B Sacramento, CA 95827 (916) 255-2500	Central Field Office 2510 S. East Avenue, Suite 360 Fresno, CA 93706 (559) 445-5770	Southern Field Office 9055 Haven Avenue, Suite 100 Rancho Cucamonga, CA 91730 (909) 944-6676
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**AUTHORIZATION TO RELEASE INFORMATION**

**PLEASE SIGN AND INITIAL THIS DOCUMENT IN THE PRESENCE OF A NOTARY PUBLIC**

A photocopy of this Authorization to Release Information shall be as binding as the original and will be sent to all employers and law enforcement agencies during the course of the background investigation under the authority of California Government Code 1031.1. This release is good for up to two years of its date. Responses to inquiries are protected, even if unsolicited, by the absolute privilege of Civil Code Section 47, Subdivision (2) and Government Code Section 1031.1(b) which states: "No employer shall be subject to any civil liability for any relevant cause of action by virtue of releasing employment information required pursuant to this section. Nothing in this section is intended to, nor does in any way or manner, abrogate or lessen the existing common law or statutory privileges and immunities of an employer."

As an applicant with the California Department of Corrections and Rehabilitation, I hereby authorize any designee or representative of the California Department of Corrections and Rehabilitation to obtain any information from the custodian of records, pertaining to my employment, pre-employment, military, arrest, conviction, driving, financial or educational history, including but not limited to academic achievement, attendance, athletic performance, personal history, performance reports, background investigations, medical records, physician or employer medical records, polygraph or voice stress analysis examination results, any and all internal affairs investigations and disciplinary records or actions, child support records, public assistance records, alimony records, and State and Federal income tax records.

**Applicant's Initials** Therefore, I exonerate, release and discharge my prospective employer, their officers, agents, or designees, now and in the future, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or designees, for their refusal to make available any and all information contained in this pre-employment investigation, including but not limited to the identify of any person or organization who may supplied information in the course of this investigation, as well as the substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration.

**Applicant's Initials** I have specifically and permanently waived any rights I may have to review or inspect any and all information developed in this investigation so your responses will be completely confidential pursuant to Labor Code Section 1198.5. You may retain this form for your files.

**Applicant's Initials** I furthermore authorize the California Department of Corrections and Rehabilitation and its representatives to disclose information obtained about me through my background investigation to any other law enforcement agencies and/or to my current employers if it is believed that the information pertains to potentially criminal misconduct by me, including but not limited to theft, fraud, and embezzlement.

**Applicant's Initials** This notarized document authorizes you to release any and all information that you may have about me, to include copies of all documents, regardless of the type of information, or if confidential or privileged in nature, to the California Department of Corrections and Rehabilitation.

Applicant's Signature	Date
Applicant's Full Name (Printed)	Social Security Number
Applicant's Current Address	

**CERTIFICATION OF ACKNOWLEDGEMENT**

State of California

County of \_\_\_\_\_

On \_\_\_\_\_ before me

\_\_\_\_\_  
(Name and Title of the Officer)

Personally appeared \_\_\_\_\_  
(Name(s) of Signer(s))

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public

**PERSONAL HISTORY STATEMENT**

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**CONFIDENTIAL****TYPED ONLY – HANDWRITTEN WILL NOT BE ACCEPTED****SECTION 1 – PERSONAL INFORMATION**

POSITION APPLIED FOR

CORRECTIONAL OFFICER YOUTH CORRECTIONAL OFFICER YOUTH CORRECTIONAL COUNSELOR PAROLE AGENT I  
WARDEN SPECIAL AGENT ASSOCIATE WARDEN MTA-P OTHER

LAST NAME	FIRST NAME	MIDDLE	*SSN	EXAM ID NUMBER
GENDER	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR

OTHER NAMES USED OR KNOWN BY (Including maiden names or nicknames)

DRIVER'S LICENSE NO.	STATE	EXP DATE	DATE OF BIRTH	AGE	BIRTHPLACE (City, State, County)
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LIST DISTINGUISHING MARKS (Tattoos)

LOCATION ON BODY

HAVE YOU EVER RECEIVED A TATTOO(S)

Yes No

If yes, complete a supplemental tattoo disclosure form

TATTOOS ASSOCIATED WITH GANGS

Yes No

If yes, provide an explanation in Section 17

NAME OF GANG

**SECTION 2 – RESIDENCE ADDRESS (Where you currently live)**

STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
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**MAILING ADDRESS (If different than residence address)**

ADDRESS OR PO BOX	CITY	COUNTY	STATE	ZIP CODE
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HOME PHONE

MOBILE

WORK PHONE

EXT

HOURS TO CONTACT

EMAIL ADDRESS

**SECTION 3 – CITIZENSHIP**

United States Citizen

Yes No

You must have obtained or applied for US Citizenship. Please indicate the proof you are supplying.

Certified Birth Certificate Letter of Citizenship Application and Alien Registration Number

Permanent Resident Alien

Yes NoNaturalized Citizen (Provide the information below)

Applied for US Citizenship

Yes No

Date Naturalized

City Location

State Location

Certification Number

**SECTION 4 – EDUCATION – (List all high schools attended)**

Please mark your current education status.

U.S HIGH SCHOOL GRADUATE <input type="checkbox"/> Yes <input type="checkbox"/> No	CALIFORNIA HIGH SCHOOL PROFICIENCY EXAM <input type="checkbox"/> Yes <input type="checkbox"/> No	GED <input type="checkbox"/> Yes <input type="checkbox"/> No	TWO YEAR DEGREE <input type="checkbox"/> Yes <input type="checkbox"/> No	4 YEAR DEGREE <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF HIGH SCHOOL	ADDRESS	TELEPHONE	DATES ATTENDED	
NAME OF HIGH SCHOOL	ADDRESS	TELEPHONE	DATES ATTENDED	
NAME OF HIGH SCHOOL	ADDRESS	TELEPHONE	DATES ATTENDED	
GED TEST DATE	NAME OF TESTING INSTITUTION	ADDRESS (Include City, State and Zip Code)		

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**CONFIDENTIAL****COLLEGES AND UNIVERSITIES – (List all colleges and universities attended)**

SCHOOL NAME	DATES ATTENDED	UNITS COMPLETED	GRADUATION DATE	TYPE OF DEGREE
ADDRESS	to	SEMESTER		
		QUARTER		
SCHOOL NAME	DATES ATTENDED	UNITS COMPLETED	GRADUATION DATE	TYPE OF DEGREE
ADDRESS	to	SEMESTER		
		QUARTER		
SCHOOL NAME	DATES ATTENDED	UNITS COMPLETED	GRADUATION DATE	TYPE OF DEGREE
ADDRESS	to	SEMESTER		
		QUARTER		

1. Have you ever been suspended or expelled from any high school, college, university or trade school for any reason (disciplinary or academic)?

Yes  No

**SECTION 5 – FAMILY, RELATIVES, REFERENCES, RESIDENCES**

CURRENT SPOUSE/PARTNER NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK
FORMER SPOUSE/PARTNER NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK
FORMER SPOUSE/PARTNER NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK
FORMER SPOUSE/PARTNER NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK

**CHILDREN – LIST ALL NATURAL, ADOPTED AND STEP-CHILDREN**

CHILD'S NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		LIVES WITH YOU <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, LIST GUARDIAN NAME	WORK
CHILD'S NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		LIVES WITH YOU <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, LIST GUARDIAN NAME	WORK
CHILD'S NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		LIVES WITH YOU <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, LIST GUARDIAN NAME	WORK
CHILD'S NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		LIVES WITH YOU <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, LIST GUARDIAN NAME	WORK

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CHILD'S NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		LIVES WITH YOU <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, LIST GUARDIAN NAME	WORK

**PARENTS – LIST ALL NATURAL, ADOPTED, STEP-PARENTS AND IN-LAWS**

FATHER'S NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK
MOTHER'S NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK
STEP-FATHER'S NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK
STEP-MOTHER'S NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK
FATHER-IN-LAW'S NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK
MOTHER-IN-LAW'S NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK
SIBLING'S NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK
SIBLING'S NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK
SIBLING'S NAME	BIRTHDATE	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK

**REFERENCES – LIST FIVE INDIVIDUALS WHO KNOW YOU AND YOUR PERSONAL QUALIFICATIONS. DO NOT LIST RELATIVES, FORMER OR PRESENT EMPLOYERS, OR PERSONS UNDER THE AGE OF 18.**

NAME	OCCUPATION	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK

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NAME	OCCUPATION	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK
NAME	OCCUPATION	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK
NAME	OCCUPATION	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK
NAME	OCCUPATION	MAILING ADDRESS	TELEPHONE HOME
		EMAIL	WORK

**RESIDENCES – LIST ALL RESIDENCES AFTER YOUR 16<sup>TH</sup> BIRTHDAY. LIST ALL INDIVIDUALS WHO RESIDED WITH YOU IN EACH LOCATION.**

CURRENT ADDRESS	DATES AT RESIDENCE	NAME OF PERSONS LIVING WITH YOU	
	to		
<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	LANDLORD'S NAME	ADDRESS	TELEPHONE

PREVIOUS ADDRESS	DATES AT RESIDENCE	NAME OF PERSONS LIVING WITH YOU	
	to		
<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	LANDLORD'S NAME	ADDRESS	TELEPHONE

PREVIOUS ADDRESS	DATES AT RESIDENCE	NAME OF PERSONS LIVING WITH YOU	
	to		
<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	LANDLORD'S NAME	ADDRESS	TELEPHONE

PREVIOUS ADDRESS	DATES AT RESIDENCE	NAME OF PERSONS LIVING WITH YOU	
	to		
<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	LANDLORD'S NAME	ADDRESS	TELEPHONE

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PREVIOUS ADDRESS	DATES AT RESIDENCE to	NAME OF PERSONS LIVING WITH YOU	
<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	LANDLORD'S NAME	ADDRESS	TELEPHONE

PREVIOUS ADDRESS	DATES AT RESIDENCE to	NAME OF PERSONS LIVING WITH YOU	
<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	LANDLORD'S NAME	ADDRESS	TELEPHONE

PREVIOUS ADDRESS	DATES AT RESIDENCE to	NAME OF PERSONS LIVING WITH YOU	
<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	LANDLORD'S NAME	ADDRESS	TELEPHONE

PREVIOUS ADDRESS	DATES AT RESIDENCE to	NAME OF PERSONS LIVING WITH YOU	
<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	LANDLORD'S NAME	ADDRESS	TELEPHONE

PREVIOUS ADDRESS	DATES AT RESIDENCE to	NAME OF PERSONS LIVING WITH YOU	
<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	LANDLORD'S NAME	ADDRESS	TELEPHONE

PREVIOUS ADDRESS	DATES AT RESIDENCE to	NAME OF PERSONS LIVING WITH YOU	
<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	LANDLORD'S NAME	ADDRESS	TELEPHONE

Have you ever left any residence under unfavorable circumstances? (This would include such incidents as eviction, forfeiture of security deposit, request to vacate by manager or roommate)

Yes  No

Residence from above	Explain the incident

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**CONFIDENTIAL****SECTION 6 – EMPLOYMENT QUESTIONS**

1. Can we contact your current employer at any time during the course of the background investigation?  
 Yes  No  
 If no, please explain.

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2. Would your former employers rehire you if a position were available?  
 Yes  No  
 If No, please explain the circumstances.

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3. In the last 10 years, have you ever quit a job without giving adequate notice to an employer?  
 Yes  No  
 If yes, please explain the circumstances.

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4. Have you ever been suspended, fired, or asked to resign from any employment?  
 Yes  No  
 If yes, please list the name of the employer(s), dates(s) and explain the circumstances.

---

5. Have you ever been the recipient of a formal disciplinary action (suspension, reduction in pay, demotion, written reprimand, etc.)?  
 Yes  No  
 If yes, list the name of the employer(s), dates(s), and explain the circumstances.

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6. Have you ever resigned from any position or employment under pressure or unfavorable circumstances?  
 Yes  No  
 If yes, list the name of the employer(s), dates(s), and explain the circumstances.

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7. Have you ever been rejected during an employment probationary period?  
 Yes  No  
 If yes, list the name of the employer(s), dates(s), and explain the circumstances.

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8. How often are you tardy or late for work?  
 Never  Few Times a Year  Once a Month  1 to 3 Times/Month  Once a Week  More than Once/Week

---

9. This question has removed. Do not answer.

---

10. This question has removed. Do not answer.

---

11. Have you ever been considered absent without leave (AWOL) at any employment? (include military service)  
 Yes  No  
 If yes, give the name(s) of the employer, date(s) and circumstances.

---

12. Have you ever been or are you currently under investigation by your employer or supervisor for improper conduct, illegal activities, sexual harassment, equal employment opportunity violations?  
 Yes  No  
 If yes, list the name of the employer(s), dates(s), and explain the circumstances.

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13. Have you ever been in a physical altercation with a co-worker, supervisor, or customer/client?  
 Yes  No  
 If yes, list the name of the employer(s), dates(s), and explain the circumstances.

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14. Did you ever work under the table without reporting your income on your tax returns?  
 Yes  No  
 If yes, please explain the circumstances.

---

15. Have you ever taken merchandise, goods or money that you were not authorized to take from a company where you worked?  
 Yes  No  
 If yes, please explain the circumstances.

---

16. Have you ever collected unemployment benefits?  
 Yes  No  
 If yes, please explain the circumstances.

---

17. This question has removed. Do not answer.

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18. As a peace officer, have you ever accepted gratuity?  
 Yes  No  
 If yes, please explain the circumstances.

---

19. As a peace officer, have you ever accepted any form of compensation, either financial, personal or otherwise in exchange for overlooking a violation?  
 Yes  No  
 If yes, please explain the circumstances.

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20. As a peace officer, have you ever made a false report?  
 Yes  No  
 If yes, please explain the circumstances.

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21. As a peace officer, have you ever lied under oath?  
 Yes  No  
 If yes, please explain the circumstances.



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22. As a peace officer, have you ever withheld evidence seized in the course of your official duties?

Yes  No

If yes, please explain the circumstances.

23. As a peace officer, have you ever been the subject of an internal affairs investigation?

Yes  No

If yes, please explain the circumstances.

## EMPLOYMENT HISTORY

**LIST YOUR EMPLOYMENT STARTING WITH THE MOST RECENT EMPLOYMENT INCLUDING ANY PERIODS OF UNEMPLOYMENT, ALL PAID, VOLUNTEER AND U.S. MILITARY SERVICE WITHIN THE LAST TEN YEARS.**

EMPLOYER	DATES EMPLOYED to	ADDRESS	TELEPHONE
JOB TITLE	SALARY	TYPE OF WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> SELF EMPLOYED	HOURS PER WEEK
JOB DUTIES	SUPERVISOR'S NAME	ADDRESS	TELEPHONE

REASON FOR LEAVING

UNEMPLOYED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATES UNEMPLOYED to	REASON OF UNEMPLOYED <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:
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EMPLOYER	DATES EMPLOYED to	ADDRESS	TELEPHONE
JOB TITLE	SALARY	TYPE OF WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> SELF EMPLOYED	HOURS PER WEEK
JOB DUTIES	SUPERVISOR'S NAME	ADDRESS	TELEPHONE

REASON FOR LEAVING

UNEMPLOYED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATES UNEMPLOYED to	REASON OF UNEMPLOYED <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:
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EMPLOYER	DATES EMPLOYED to	ADDRESS	TELEPHONE
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JOB DUTIES	SUPERVISOR'S NAME	ADDRESS	TELEPHONE

REASON FOR LEAVING

UNEMPLOYED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATES UNEMPLOYED to	REASON OF UNEMPLOYED <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:
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EMPLOYER	DATES EMPLOYED to	ADDRESS	TELEPHONE
JOB TITLE	SALARY	TYPE OF WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> SELF EMPLOYED	HOURS PER WEEK
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EMPLOYER	DATES EMPLOYED to	ADDRESS	TELEPHONE
JOB TITLE	SALARY	TYPE OF WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> SELF EMPLOYED	HOURS PER WEEK
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UNEMPLOYED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATES UNEMPLOYED to	REASON OF UNEMPLOYED <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:
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EMPLOYER	DATES EMPLOYED to	ADDRESS	TELEPHONE
JOB TITLE	SALARY	TYPE OF WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> SELF EMPLOYED	HOURS PER WEEK
JOB DUTIES	SUPERVISOR'S NAME	ADDRESS	TELEPHONE

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UNEMPLOYED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATES UNEMPLOYED to	REASON OF UNEMPLOYED <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:
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EMPLOYER	DATES EMPLOYED to	ADDRESS	TELEPHONE
JOB TITLE	SALARY	TYPE OF WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> SELF EMPLOYED	HOURS PER WEEK
JOB DUTIES	SUPERVISOR'S NAME	ADDRESS	TELEPHONE

REASON FOR LEAVING

UNEMPLOYED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATES UNEMPLOYED to	REASON OF UNEMPLOYED <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:
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LIST ALL ADDITIONAL CITIES AND STATES WHERE YOU HAVE WORKED SINCE AGE 16:

**SECTION 7 – BACKGROUND INVESTIGATIONS/PEACE OFFICER APPLICATION HISTORY**  
**LIST ALL POSITIONS YOU HAVE APPLIED FOR THAT REQUIRED A BACKGROUND INVESTIGATION (INCLUDING GOVERNMENT AGENCIES, PRIVATE EMPLOYERS, VOLUNTEER SERVICE OR ANY PRIOR APPLICATION WITH CDCR)**

AGENCY NAME	DATE APPLIED	ADDRESS	TELEPHONE
POSITION	INVESTIGATOR'S NAME		TELEPHONE

EXAMINATION COMPONENTS COMPLETED (CHECK ALL THAT APPLY)  
APPLICATION   WRITTEN EXAM   PHYSICAL ABILITY TEST   PERSONAL HISTORY STATEMENT  
BACKGROUND INVESTIGATION CONDUCTED   HIRING ELIGIBILITY EXPIRED   DISQUALIFIED

**REASON DISQUALIFIED**

Answer the questions below only if disqualified/failed.

1. Were you disqualified/failed for intentionally lying, withholding information or trying to deceive this agency?  
Yes   No  
 If yes, please explain the circumstances.
  
2. Were you disqualified/failed due to issues related to criminal activity?  
Yes   No  
 If yes, please explain the circumstances.

AGENCY NAME	DATE APPLIED	ADDRESS	TELEPHONE
POSITION	INVESTIGATOR'S NAME		TELEPHONE

EXAMINATION COMPONENTS COMPLETED (CHECK ALL THAT APPLY)  
APPLICATION   WRITTEN EXAM   PHYSICAL ABILITY TEST   PERSONAL HISTORY STATEMENT  
BACKGROUND INVESTIGATION CONDUCTED   HIRING ELIGIBILITY EXPIRED   DISQUALIFIED

**REASON DISQUALIFIED**

Answer the questions below only if disqualified/failed.

1. Were you disqualified/failed for intentionally lying, withholding information or trying to deceive this agency?  
Yes   No  
 If yes, please explain the circumstances.
  
2. Were you disqualified/failed due to issues related to criminal activity?  
Yes   No  
 If yes, please explain the circumstances.

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POSITION	INVESTIGATOR'S NAME		TELEPHONE

## EXAMINATION COMPONENTS COMPLETED (CHECK ALL THAT APPLY)

APPLICATION  WRITTEN EXAM  PHYSICAL ABILITY TEST  PERSONAL HISTORY STATEMENT  
 BACKGROUND INVESTIGATION CONDUCTED  HIRING ELIGIBILITY EXPIRED  DISQUALIFIED

## REASON DISQUALIFIED

Answer the questions below only if disqualified/failed.

1. Were you disqualified/failed for intentionally lying, withholding information or trying to deceive this agency?  
 Yes  No  
If yes, please explain the circumstances.
2. Were you disqualified/failed due to issues related to criminal activity?  
 Yes  No  
If yes, please explain the circumstances.

AGENCY NAME	DATE APPLIED	ADDRESS	TELEPHONE
POSITION	INVESTIGATOR'S NAME		TELEPHONE

## EXAMINATION COMPONENTS COMPLETED

APPLICATION  WRITTEN EXAM  PHYSICAL ABILITY TEST  PERSONAL HISTORY STATEMENT  
 BACKGROUND INVESTIGATION CONDUCTED  HIRING ELIGIBILITY EXPIRED  DISQUALIFIED

## REASON DISQUALIFIED

Answer the questions below only if disqualified/failed.

1. Were you disqualified/failed for intentionally lying, withholding information or trying to deceive this agency?  
 Yes  No  
If yes, please explain the circumstances.
2. Were you disqualified/failed due to issues related to criminal activity?  
 Yes  No  
If yes, please explain the circumstances.

AGENCY NAME	DATE APPLIED	ADDRESS	TELEPHONE
POSITION	INVESTIGATOR'S NAME		TELEPHONE

## EXAMINATION COMPONENTS COMPLETED (CHECK ALL THAT APPLY)

APPLICATION  WRITTEN EXAM  PHYSICAL ABILITY TEST  PERSONAL HISTORY STATEMENT  
 BACKGROUND INVESTIGATION CONDUCTED  HIRING ELIGIBILITY EXPIRED  DISQUALIFIED

## REASON DISQUALIFIED

Answer the questions below only if disqualified/failed.

1. Were you disqualified/failed for intentionally lying, withholding information or trying to deceive this agency?  
 Yes  No  
If yes, please explain the circumstances.
2. Were you disqualified/failed due to issues related to criminal activity?  
 Yes  No  
If yes, please explain the circumstances.

# PERSONAL HISTORY STATEMENT

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## SECTION 8 – MILITARY

1. If you were born after January 1, 1960, did you register with Selective Service? Female applicant  N/A  
 Yes  No
2. If yes, please list your Selective Service Number.
3. Have you ever applied for the U.S. Armed Forces but were not accepted?  
 Yes  No  
 If yes, please explain.
4. Have you served in the U.S. Armed Forces, National Guard or Military Reserves?  
 Yes  No  
 If yes, what is your current status in the military?  
 Active  Reserves  Inactive  Discharged

If you served in the U.S. Armed Forces, National Guard or Military Reserves, list each enlistment below.

DATE OF ENLISTMENT	SERVICE BRANCH	UNIT(S)	SERIAL NUMBER

Please list all duty stations including basic training, tours, overseas, etc. Begin with the most recent date. If you have more than 5 duty stations to list, use the Supplemental Page at the back to continue.

Month/Year	Location	Length of Tour	Duties/Purpose

5. Did you receive an honorable discharge?  
 Yes  No
6. Did you receive an initial discharge under other than full honorable conditions (e.g. General, General Under Honorable Conditions, Undesirable, Bad Conduct, Dishonorable, Medical, Administrative, "For the Good of the Service", "Section Eight", or a discharge in lieu of a court martial or other disciplinary proceeding)?  
 Yes  No  
 If yes, please provide details.
7. Have you ever been the recipient of any judicial or non-judicial disciplinary action (Article 15, Captain's Mast, Office Hours, Company Punishment, etc.) while in the military?  
 Yes  No  
 If yes, please provide the date of each occurrence and explain the circumstances.
8. Were you ever investigated for any criminal activity while in the military or military reserves?  
 Yes  No  
 If yes, please provide the date of each occurrence and explain the circumstances.
9. Have you ever been arrested, cited, detained, or booked by military or civilian authorities while in the military?  
 Yes  No  
 If yes, please explain the circumstances.
10. Have you ever received a military court martial?  
 Yes  No  
 If yes, please provide the date of each occurrence and explain the circumstances.
11. Have you ever been reduced in rank or grade, including suspended sentences?  
 Yes  No  
 If yes, please explain.
12. Did you fail to complete any term of enlistment for any reason?  
 Yes  No  
 If yes, please explain the circumstances.
13. Were you ever Absent without Leave (AWOL)?  
 Yes  No  
 If yes, please explain the circumstances.

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14. Have you ever been denied re-enlistment in the military?

Yes  No

If yes, please explain.

15. Were you ever personally involved in combat?

Yes  No

If yes, please explain the circumstances.

16. Were you ever incarcerated (brig time)?

Yes  No

If yes, please explain the circumstances.

APPROXIMATE DATE	VIOLATION	PENALTY

**THIS PORTION WAS INTENTIONALLY LEFT BLANK. IF YOU SERVED IN THE ARMED FORCES PLEASE COMPLETE THE "TO BE COMPLETED BY THE APPLICANT" SECTION OF THE FORM TO FOLLOW.**



**PERSONAL HISTORY STATEMENT**

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**CONFIDENTIAL****MILITARY RELEASE**

**ATTN: MILITARY PERSONNEL RECORDS CENTER – GSA  
9700 PAGE BOULEVARD  
ST. LOUIS, MO 63132**

As a Peace Officer applicant with the California Department of Corrections and Rehabilitation, I am required to provide information for use in determining my moral and physical qualifications during the selection process.

I hereby authorize the National Personnel Records Center or other custodian of military records to release the information to the California Department of Corrections and Rehabilitation, Background Investigation Unit. Copies of all information from my military personnel and related material records should include the following information/records: military and medical records, any and all judicial or non-judicial punishment, Article 15 information, letters of reprimand, or any other disciplinary actions taken and any information related to drug or alcohol abuse and an undeleted photocopy of my DD Form 214, Report of Separation.

Please forward this form along with any copies of information to the California Department of Corrections and Rehabilitation to the mailing address listed below.

**TO BE COMPLETED BY BACKGROUND INVESTIGATION UNIT**

BACKGROUND INVESTIGATION UNIT MAILING ADDRESS

**TO BE COMPLETED BY THE APPLICANT**

APPLICANT NAME		SOCIAL SECURITY NUMBER
APPLICANT'S CURRENT HOME ADDRESS		
SERVICE BRANCH	SERVICE NUMBER	ACTIVE SERVICE SEPARATION DATE
CURRENT MILITARY STATUS		
<input type="checkbox"/> None <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Army Reserve <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Naval Reserve		
APPLICANT SIGNATURE		DATE

**TO BE COMPLETED BY THE NATIONAL PERSONNEL RECORDS CENTER**

ENTRY DATE	SEPARATION DATE	REASON FOR SEPARATION	CHARACTER OF SERVICE
ENTRY DATE	SEPARATION DATE	REASON FOR SEPARATION	CHARACTER OF SERVICE
ENTRY DATE	SEPARATION DATE	REASON FOR SEPARATION	CHARACTER OF SERVICE
DISCIPLINARY DATE (If applicable)		PHYSICAL CONDITION AT TIME OF SEPARATION	
<input type="checkbox"/> None <input type="checkbox"/> See Comments <input type="checkbox"/> Report Attached		<input type="checkbox"/> Report Attached	
COMMENTS			
NAME OF RELEASING OFFICER (Print)		SIGNATURE OF RELEASING OFFICER	DATE

# PERSONAL HISTORY STATEMENT

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## SECTION 9 – LEGAL

1. Have you ever been convicted of a felony?  
 Yes  No  
 If yes, please provide the date of each occurrence and explain the circumstances.

---

2. Have you ever been convicted of a misdemeanor?  
 Yes  No  
 If yes, please complete the following information.

DATE	LOCATION	ORIGINAL CHARGE	FINAL CHARGE	DISPOSITION

---

3. Do you have any active felony or misdemeanor warrants for your arrest?  
 Yes  No  
 If yes, please explain.

---

4. Are you currently pending criminal prosecution for any felony or misdemeanor crime?  
 Yes  No  
 If yes, please explain.

---

5. Are you currently on formal, informal, summary or court probation?  
 Yes  No  
 If yes, please explain.

---

6. Have you ever been placed on formal, informal, summary or court probation?  
 Yes  No  
 If yes, please explain.

---

7. Have you ever had any convictions for driving under the influence of alcohol or drugs, including offenses reduced to wet reckless driving?  
 Yes  No  
 If yes, please explain.

---

8. Have you ever been required to register as a sex, narcotic or arson offender?  
 Yes  No  
 If yes, please explain.

---

9. Have you ever been placed in any court ordered diversion program for child abuse, spousal abuse, a controlled substance/narcotic/drug violation, or any other criminal prosecution?  
 Yes  No  
 If yes, please explain and answer the following question.

---

10. Were you successful in the court ordered diversion program for child abuse, spousal abuse, a controlled substance/narcotic/drug violation, or any other criminal prosecution? If yes or no, please explain.  
 Yes  No  N/A

---

11. Have you ever failed to appear/pay for any arrests/citations or violated the terms of any court order or judgment, including probation, restraining order, fine, etc.?  
 Yes  No  
 If yes, please explain.

---

12. Are there currently any restraining orders against you (including those incorporated in divorce decrees)?  
 Yes  No  
 If yes, please explain.

---

13. Are you legally prohibited from possessing a firearm?  
 Yes  No  
 If yes, please explain.

---

14. Have you ever carried an illegal weapon (dagger, billy club, metal knuckles, nunchaku, throwing star, sap, short barreled shotgun/rifle, butterfly knife, explosive device, etc.)?  
 Yes  No  
 If yes, please explain.

---

15. Have you ever committed a hate crime against an individual or group based on sex, race, ethnicity, religion, sexual orientation or disability?  
 Yes  No  
 If yes, please explain.

---

16. Have you ever been arrested or booked by any law enforcement agency or the military police for a misdemeanor or felony crime or an incident that may have been considered a crime either as an adult or juvenile?  
 Yes  No  
 If yes, please explain.



**PERSONAL HISTORY STATEMENT**

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17. Have you ever been questioned for investigation, held on suspicion, cited, detained or fingerprinted for a misdemeanor or felony crime or an incident that may have been considered a crime by any law enforcement agency or the military police as an adult or juvenile?  
 Yes  No  
 If yes, please explain.
18. Were you ever required to appear before a juvenile court for an act, which would have been a crime if committed by an adult?  
 Yes  No  
 If yes, please explain.
19. Have you ever filed a false or fraudulent claim for public assistance, unemployment insurance, welfare, foodstamps, insurance or other financial benefits or assistance?  
 Yes  No  
 If yes, please explain.
20. Have you ever caused serious injury or death to any person other than in U.S. military warfare?  
 Yes  No  
 If yes, please explain.
21. Have you ever committed elder abuse?  
 Yes  No  
 If yes, please explain.
22. Have you ever committed an act of stalking?  
 Yes  No  
 If yes, please explain.
23. Are you now or have you ever been a plaintiff, defendant, petitioner, or respondent in any civil court action other than divorce?  
 Yes  No  
 If yes, please explain.
24. Have you ever been questioned as a witness in any crime?  
 Yes  No  
 If yes, please explain.
25. Have you ever purchased or sold anything that you suspected was stolen?  
 Yes  No  
 If yes, please explain.
26. Have you ever filed a restraining order or had a restraining order filed against you?  
 Yes  No  
 If yes, please explain.
27. Have you ever served time in a juvenile detention facility (jail or prison)?  
 Yes  No  
 If yes, please explain.
28. Have you ever committed an act of arson (intentionally setting an illegal fire)?  
 Yes  No  
 If yes, please explain.
29. Have you ever committed an act of forgery (signing another person's name to a document without permission or authorization)?  
 Yes  No  
 If yes, please explain.
30. Have you ever committed an act of perjury (lying under oath)?  
 Yes  No  
 If yes, please explain.
31. Have you ever committed an act of embezzlement (theft of money or other valuables entrusted to you)?  
 Yes  No  
 If yes, please explain.
32. Have you ever committed an act of theft of property (such as burglary, stealing or breaking and entering)?  
 Yes  No  
 If yes, please explain.
33. Have you ever committed an act of vandalism or malicious mischief?  
 Yes  No  
 If yes, please explain.
34. Have you ever been with someone when they committed a crime?  
 Yes  No  
 If yes, please explain.
35. Have you ever protected a person or fugitive from arrest or covered up a crime for someone?  
 Yes  No  
 If yes, please explain.
36. Have you accessed or possessed child pornography?  
 Yes  No  
 If yes, please explain.
37. As an adult (18 years or older), have you ever committed a sex act with a person under the age of 18?  
 Yes  No  
 If yes, please explain.

# PERSONAL HISTORY STATEMENT

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38. Have you ever engaged in a sex act with animals?  
 Yes  No  
 If yes, please explain.
39. Have you ever abused animals?  
 Yes  No  
 If yes, please explain.
40. Have you ever paid for a sex act?  
 Yes  No  
 If yes, please explain.
41. Have you ever received payment for a sex act?  
 Yes  No  
 If yes, please explain.
42. Have you ever committed a forcible sex act or rape?  
 Yes  No  
 If yes, please explain.
43. Have you ever sexually abused or molested a child or been accused of abusing or molesting a child?  
 Yes  No  
 If yes, please explain.
44. Have you ever committed a sexual crime such as self exposure, obscene phone calls, peeping tom?  
 Yes  No  
 If yes, please explain.

## SECTION 10- DRUG ACTIVITY

1. Have you ever used, thought you were using, tasted, sniffed, smoked, ingested, inhaled, injected, swallowed, attempted to use or experimented with, possessed, sold, offered for sale, transferred, transported, or engaged in any other illegal activity with any drugs or substance such as but not limited to, marijuana, crack cocaine, speed, PCP, cocaine, meth, heroin, mescaline, LSD, mushrooms, hashish, opiates, barbiturates, amphetamines, hallucinogens, steroids, designer drugs, peyote, morphine?  
 Yes  No
2. Have you ever used any other illegal substances other than those prescribed to you by your physician?  
 Yes  No
3. Have you ever used any other person's prescription drugs?  
 Yes  No

### IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU MUST COMPLETE THE INFORMATION BELOW.

NAME OF DRUG/SUBSTANCE	FIRST DATE USED	LAST DATE USED/POSSESSED	ESTIMATED USE IN LAST 2 YRS
INJECTED DRUG/SUBSTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No	APPROXIMATE AGE FIRST USED	APPROXIMATE AGE LAST USED	ESTIMATED USE IN LIFETIME

NAME OF DRUG/SUBSTANCE	FIRST DATE USED	LAST DATE USED/POSSESSED	ESTIMATED USE IN LAST 2 YRS
INJECTED DRUG/SUBSTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No	APPROXIMATE AGE FIRST USED	APPROXIMATE AGE LAST USED	ESTIMATED USE IN LIFETIME

NAME OF DRUG/SUBSTANCE	FIRST DATE USED	LAST DATE USED/POSSESSED	ESTIMATED USE IN LAST 2 YRS
INJECTED DRUG/SUBSTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No	APPROXIMATE AGE FIRST USED	APPROXIMATE AGE LAST USED	ESTIMATED USE IN LIFETIME

NAME OF DRUG/SUBSTANCE	FIRST DATE USED	LAST DATE USED/POSSESSED	ESTIMATED USE IN LAST 2 YRS
INJECTED DRUG/SUBSTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No	APPROXIMATE AGE FIRST USED	APPROXIMATE AGE LAST USED	ESTIMATED USE IN LIFETIME

**PERSONAL HISTORY STATEMENT**

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NAME OF DRUG/SUBSTANCE	FIRST DATE USED	LAST DATE USED/POSSESSED	ESTIMATED USE IN LAST 2 YRS
INJECTED DRUG/SUBSTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No	APPROXIMATE AGE FIRST USED	APPROXIMATE AGE LAST USED	ESTIMATED USE IN LIFETIME

NAME OF DRUG/SUBSTANCE	FIRST DATE USED	LAST DATE USED/POSSESSED	ESTIMATED USE IN LAST 2 YRS
INJECTED DRUG/SUBSTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No	APPROXIMATE AGE FIRST USED	APPROXIMATE AGE LAST USED	ESTIMATED USE IN LIFETIME

NAME OF DRUG/SUBSTANCE	FIRST DATE USED	LAST DATE USED/POSSESSED	ESTIMATED USE IN LAST 2 YRS
INJECTED DRUG/SUBSTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No	APPROXIMATE AGE FIRST USED	APPROXIMATE AGE LAST USED	ESTIMATED USE IN LIFETIME

4. Have you ever operated a motor vehicle or heavy equipment while under the influence of an alcoholic beverage or controlled substance?  
Yes No  
If yes, please explain.
5. Have you ever worked while under the influence of illegal drugs or alcohol?  
Yes No  
If yes, please explain.
6. Have you ever been present when drugs were being illegally used?  
Yes No  
If yes, please explain.
7. Have you ever remained at a party or gathering where illegal drugs, narcotics, or substances, including marijuana were being used?  
Yes No  
If yes, please explain.
8. Have you ever provided any illegal or controlled drugs to friends, family, relatives or others in exchange for money or in trade for goods?  
Yes No  
If yes, please explain.
9. Have you ever grown, cultivated or manufactured any illegal drugs?  
Yes No  
If yes, please explain.
10. Have your spouse, domestic partner, boyfriend, girlfriend or roommate been involved in the use of any illegal or controlled drugs during the past five years?  
Yes No  
If yes, please explain.
11. Do you currently associate with anyone who uses illegal drugs?  
Yes No  
If yes, please explain.
12. Have you ever allowed someone to use illegal drugs, narcotics, or substances, including marijuana, at your residence or in your vehicle?  
Yes No  
If yes, please explain.
13. Have you ever done anything illegal after drinking alcohol?  
Yes No  
If yes, please explain.
14. Have you ever been rejected from any employment or military service, or discharged from such a position, due to the use of alcohol or drugs?  
Yes No  
If yes, please explain.
15. Have you ever used a fake ID or the ID of another person to purchase alcohol?  
Yes No  
If yes, please explain.
16. This question has removed. Do not answer.
17. Have you ever inhaled any paint, glue, solvents, etc. or used an aerosol for the sole purpose of getting "high" or its effect?  
Yes No  
If yes, please explain.

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## SECTION 11 – FINANCIAL

1. Have you ever had your wages garnished or attached for any reason?  
 Yes  No  
 If yes, please explain the circumstances.

---

2. Have you ever failed to file or been delinquent with any federal or state income tax, property tax or other tax?  
 Yes  No  
 If yes, please explain the circumstances.

---

3. Have you ever violated the terms of any court order or judgment to pay child support, spousal support, restitution, a fine for services rendered, or any other financial mandate, obligation or settlement?  
 Yes  No  
 If yes, please explain the circumstances.

---

4. Have you ever written a check knowing you did not have sufficient funds in your account to cover the check?  
 Yes  No  
 If yes, please explain the circumstances.

---

5. Have you ever failed to pay or are you currently in arrears or delinquent in making child support payments?  
 Yes  No  
 If yes, please explain the circumstances.

---

6. Have you ever defaulted or are you delinquent in paying on any student loan?  
 Yes  No  
 If yes, please explain the circumstances.

---

7. Have you ever filed Chapter 7 Bankruptcy (all debts forgiven)?  
 Yes  No  
 If yes, please explain the circumstances.

---

8. Have you ever filed Chapter 13 Bill Consolidation (repayment program to pay debt)?  
 Yes  No  
 If yes, please explain the circumstances.

---

9. Have you ever had any property repossessed (involuntarily or voluntarily)?  
 Yes  No  
 If yes, please explain the circumstances.

---

10. Have you ever borrowed money to pay for a gambling debt?  
 Yes  No  
 If yes, please explain the circumstances.

---

11. Do you currently have any outstanding debts as a result of gambling?  
 Yes  No  
 If yes, please explain the circumstances.

---

12. Have you ever been served an eviction notice by a landlord?  
 Yes  No  
 If yes, please explain the circumstances.

---

13. Have you ever collected welfare such as AFDC or General Assistance?  
 Yes  No  
 If yes, please explain the circumstances.

**IF YOU ANSWERED YES TO ANY OF THE FINANCIAL QUESTIONS, YOU MUST COMPLETE THE INFORMATION BELOW.**

TYPE OF FINANCIAL ISSUE (Check only one) <input type="checkbox"/> DELINQUENT/FAILURE TO PAY CHILD SUPPORT <input type="checkbox"/> WAGE GARNISHMENT <input type="checkbox"/> DELINQUENT/FAIL TO FILE TAXES <input type="checkbox"/> FAILURE TO PAY COURT ORDER/JUDGMENT <input type="checkbox"/> DELINQUENT/FAILURE TO PAY STUDENT LOANS	DATE FINANCIAL OBLIGATION OR GARNISHMENT ORDERED	REASON FOR GARNISHMENT, FAILURE TO PAY OR DELINQUENCY
AMOUNT OWED OR GARNISHED	DESCRIBE HOW YOU RESOLVED THE FINANCIAL ISSUE	

TYPE OF FINANCIAL ISSUE (Check only one) <input type="checkbox"/> DELINQUENT/FAILURE TO PAY CHILD SUPPORT <input type="checkbox"/> WAGE GARNISHMENT <input type="checkbox"/> DELINQUENT/FAIL TO FILE TAXES <input type="checkbox"/> FAILURE TO PAY COURT ORDER/JUDGMENT <input type="checkbox"/> DELINQUENT/FAILURE TO PAY STUDENT LOANS	DATE FINANCIAL OBLIGATION OR GARNISHMENT ORDERED	REASON FOR GARNISHMENT, FAILURE TO PAY OR DELINQUENCY
AMOUNT OWED OR GARNISHED	DESCRIBE HOW YOU RESOLVED THE FINANCIAL ISSUE	

**PERSONAL HISTORY STATEMENT**

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**CONFIDENTIAL****SECTION 12 – MOTOR VEHICLE**

CALIFORNIA STATE LAW REQUIRES EVERY PERSON WHO OWNS OR OPERATES A MOTOR VEHICLE MUST BE COVERED BY EITHER MOTOR VEHICLE LIABILITY INSURANCE, SELF INSURANCE CERTIFICATE, CASH DEPOSIT OR SURETY BOND IN THE AMOUNT OF \$35,000 WITH THE CALIFORNIA DEPARTMENT OF MOTOR VEHICLES.

1. Do you own a motor vehicle?

 Yes  No

If you answered yes, do you have motor vehicle insurance coverage?

 Yes  No

NAME OF INSURANCE COMPANY

POLICY NUMBER

EXPIRATION DATE

TELEPHONE NUMBER

NAME OF INSURANCE AGENT

INSURANCE COMPANY MAILING ADDRESS (Include City, State and Zip Code)

2. If you own a motor vehicle and do not have motor vehicle insurance coverage, do you have a \$35,000 Surety Bond with the California DMV?  Yes  No3. If you own a motor vehicle and do not have motor vehicle insurance coverage, do you have a \$35,000 Cash Deposit with the California DMV?  Yes  No

4. If you own a motor vehicle and do not have motor vehicle insurance coverage, do you have a DMV self insurance certificate?

 Yes  No

5. Do you operate a motor vehicle owned by someone else?

 Yes  No

If yes, you must complete the information below.

FULL NAME OF VEHICLE OWNER

VEHICLE OWNER MAILING ADDRESS

REASON FOR USING VEHICLE

**DRIVER'S LICENSE(S)**

List all motor vehicle driver's licenses you have been issued in all states in which you received a driver's license.

STATE LICENSE ISSUED	DATE ISSUED	EXPIRATION DATE	LICENSE NUMBER	CURRENTLY VALID <input type="checkbox"/> Yes <input type="checkbox"/> No
STATE LICENSE ISSUED	DATE ISSUED	EXPIRATION DATE	LICENSE NUMBER	CURRENTLY VALID <input type="checkbox"/> Yes <input type="checkbox"/> No
STATE LICENSE ISSUED	DATE ISSUED	EXPIRATION DATE	LICENSE NUMBER	CURRENTLY VALID <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Has your driver's license ever been suspended, revoked, or placed on any form of probation?

 Yes  No

If yes, please provide dates and explain the circumstances.

7. Has your driver's license ever been restricted for any reason from any state in which you were issued a driver's license?

 Yes  No

If yes, please explain.

8. Have you ever received a warning notice from any state in which you were issued a driver's license?

 Yes  No

If yes, please explain.

9. Have you ever had a citation or ticket result in a warrant (failure to appear for parking, registration, equipment, moving violation, etc.)?

 Yes  No

If yes, please explain.

10. Have you ever been denied a driver's license?

 Yes  No

If yes, please explain.

11. Have you ever fled the scene of an accident?

 Yes  No

If yes, please explain.

12. Have you ever participated in, or been a spectator at, a street race?

 Yes  No

If yes, please explain.

13. Have you ever been the driver or passenger in a police pursuit?

 Yes  No

If yes, please explain.

14. Have you ever been the driver of a motor vehicle and been involved in an accident that resulted in any serious injuries or deaths?

 Yes  No

If yes, please explain the circumstances.

# PERSONAL HISTORY STATEMENT

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## MOTOR VEHICLE

List all citations received within the last 7 years for any motor vehicle violation(s).

DATE OF CITATION	ISSUING CITY/STATE	CITATION REASON	CONVICTED OF	DISPOSITION	PENALTY

## MOTOR VEHICLE ACCIDENTS

1. Have you been the driver in a motor vehicle accident within the past 7 years?

Yes  No

If yes, please complete the information below.

DATE OF ACCIDENT	LOCATION	INJURY ACCIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No	CITED <input type="checkbox"/> Yes <input type="checkbox"/> No	POLICE AGENCY NAME	POLICE INVESTIGATE <input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 13 – INMATE/PAROLEE/GANG ASSOCIATION/MEMBERSHIP

1. Have you ever resided or are you currently residing with an adult or juvenile parolee under the jurisdiction of the California Department of Corrections and Rehabilitation?

Yes  No

If yes, please complete the information below/on following page.

2. Have you ever visited or corresponded with an inmate or ward under the jurisdiction of the California Department of Corrections and Rehabilitation at any time?

Yes  No

If yes, please complete the information below/on following page.

3. Have you ever had any family, relatives, friends or acquaintances that were committed to any state or federal prison at any time?

Yes  No

If yes, please complete the information below/on following page.

4. Have you ever had any family, relatives, friends or acquaintances that are or were incarcerated in county jail?

Yes  No

If yes, please complete the information below/on following page.

5. Have you, any family, relative or friend ever been the victim of a violent crime in which the offender was/is currently an inmate or ward under the jurisdiction of the California Department of Corrections and Rehabilitation?

Yes  No

If yes, please complete the information below/on following page.

6. Have you ever applied to visit anyone who has been or currently is incarcerated in a jail or prison?

Yes  No

If yes, please complete the information below/on following page.

7. Have you ever testified against any person who was committed to a state or federal prison?

Yes  No

If yes, please complete the information below/on following page.

# PERSONAL HISTORY STATEMENT

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INMATE/PAROLEE(S) FRIEND/RELATIVE/ASSOCIATE(S)		
NAME OF INMATE/WARD/PAROLEE	DATE OF BIRTH	PRISON NUMBER
NAME OF PRISON/FACILITY INCARCERATED OR PAROLED	DATES (To and From)	RELATIONSHIP TO YOU
NAME OF INMATE/WARD/PAROLEE	DATE OF BIRTH	PRISON NUMBER
NAME OF PRISON/FACILITY INCARCERATED OR PAROLED	DATES (To and From)	RELATIONSHIP TO YOU
NAME OF INMATE/WARD/PAROLEE	DATE OF BIRTH	PRISON NUMBER
NAME OF PRISON/FACILITY INCARCERATED OR PAROLED	DATES (To and From)	RELATIONSHIP TO YOU
NAME OF INMATE/WARD/PAROLEE	DATE OF BIRTH	PRISON NUMBER
NAME OF PRISON/FACILITY INCARCERATED OR PAROLED	DATES (To and From)	RELATIONSHIP TO YOU
NAME OF INMATE/WARD/PAROLEE	DATE OF BIRTH	PRISON NUMBER
NAME OF PRISON/FACILITY INCARCERATED OR PAROLED	DATES (To and From)	RELATIONSHIP TO YOU

1. Have you ever been a member or associated with a street or prison gang?  
 Yes  No  
 If yes, please explain.
2. Has any of your friends, family or relatives ever been a member of or associated with a street or prison gang?  
 Yes  No  
 If yes, please explain.
3. Have you ever attended a gathering, function, or party of a street or prison gang?  
 Yes  No  
 If yes, please explain.
4. Have you ever participated in any street or prison gang activity?  
 Yes  No  
 If yes, please explain.
5. Have you ever participated in any illegal activity with a street or prison gang?  
 Yes  No  
 If yes, please explain.
6. Have you ever been a member or an advocate for any party or organization, political or otherwise that advocates or supports the overthrow of the United States Government or the State of California by force or violence or any unlawful means?  
 Yes  No  
 If yes, please explain.
7. Have you ever refused to take an oath to support the United States Constitution and/or the California State Constitution?  
 Yes  No  
 If yes, please explain.
8. Are you willing to take an oath to support the United States Constitution and the California State Constitution?  
 Yes  No If yes, please explain.

**PERSONAL HISTORY STATEMENT**

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**CONFIDENTIAL****SECTION 14 – GENERAL QUESTIONS**

1. Have you ever had or used a social security number other than the one you have provided CDCR?  
Yes  No  
If yes, please explain.

---

2. Have you used a fake ID or the ID of another person?  
Yes  No  
If yes, please explain.

---

3. Have you ever been the victim of a crime?  
Yes  No  
If yes, please explain.

---

4. Did you omit, lie or commit fraud on any documents you submitted for evaluation for a peace officer position with CDCR?  
Yes  No  
If yes, please explain.

---

5. Are you freely willing to work split shifts, nights, weekends and holidays as a CDCR peace officer?  
Yes  No

**SECTION 15 – CERTIFICATION OF UNDERSTANDING**

**GROOMING STANDARDS** – The CDCR has a grooming standard for Peace Officers. All employees, regardless of assignment, shall be clean and well groomed. Specific personal grooming standards pertaining to facial hair, hair length, hair color, fingernails, cosmetics and jewelry can be found in the Department Operations Manual, Chapter 3, Section 33020.6.1.

**NO HOSTAGE POLICY** – The CDCR has a no hostage policy. The policy states, "Employees must not permit inmates or others to use hostages to escape from custody or otherwise interfere with orderly institutional operations. Hostages will not be recognized for bargaining purposes. All inmates, visitors, and staff will be informed of this regulation."

**USE OF FORCE POLICY** – The CDCR has a use of force policy. As a peace officer, you may be required to use a variety of reasonable force techniques to ensure the safety and security of the institution in which you work. This could range from the use of verbal instructions and orders to the use of firearms.

If the need arises in the course of your employment as a peace officer to shoot another human being, would you refuse or delay doing so for personal, political, religious or other reasons?

Yes  No

If the need arises in the course of your employment as a peace officer to inflict serious bodily injury on another human being, would you refuse or delay doing so for personal, political, religious or other reasons?

Yes  No

**I certify that I have read and understand the above information and policies. I understand that as a Peace Officer I will have to work in the conditions described and enforce the policies and standards as stated above.**

APPLICANT SIGNATURE

DATE

**SECTION 16 – PENALTY AND CERTIFICATION**

**Any falsification, withholding, or failure to answer all questions completely and accurately, or failure to contact my background investigator with any new or updated information may cause forfeiture of all rights to employment with the California Department of Corrections and Rehabilitation.**

**I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct. I understand it is my responsibility to contact my background investigator with any new or updated information and that failure to do so may result in my name being withheld from the eligibility list.**

**I hereby certify under penalty of perjury that any and all documents submitted for this peace officer position are authentic and true documents. Any submission of falsified or altered documents will result in forfeiture of all rights to employment with CDCR and my name will be referred to the local law enforcement agency for criminal prosecution.**

APPLICANT SIGNATURE

DATE



# PERSONAL HISTORY STATEMENT

CDCR 1902 (Rev. 11/2012)

**CONFIDENTIAL**

## SECTION 17 – SUPPLEMENTAL INFORMATION

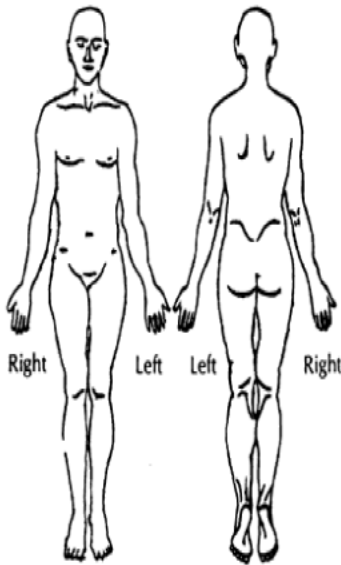
Use this page to provide any additional information. Please note the section, question and page number when providing additional information. Example: Legal, G, p. 15. Once you begin typing you can add as much additional information is necessary.

## SUPPLEMENTAL TATTOO INFORMATION

Fill out **ONE** form for **EACH** of your tattoos. Make photocopies of this form as needed for each additional tattoo. In cases of “sleeves” or murals multiple photos encompassing the whole tattoo are required. If the tattoo is in a “sensitive” area please take the necessary steps to ensure the photo is appropriate. If an appropriate photo is not possible, **DO NOT** include a photo, but complete the rest of the form in its entirety. This forms instructions will also be followed in the event you’ve had a tattoo covered up or removed.

APPLICANTS NAME: \_\_\_\_\_ EXAM ID#: \_\_\_\_\_

**GIVE A COMPLETE DESCRIPTION OF THE APPEARANCE OF THE TATTOO, INDICATE BELOW WHERE ON YOUR BODY IT IS LOCATED, WHEN AND WHERE YOU GOT THE TATTOO, WHY YOU GOT IT, AND WHAT MEANING IT HAS FOR YOU. ATTACH A 4”x 6” PHOTO OF THE TATTOO PRINTED ON PHOTO PAPER BELOW. COMPLETE THE FORM IN ITS ENTIRITY BEFORE SIGNING AND DATING BELOW.**



**ATTACH 4” x 6” PHOTO OF TATTOO  
INSIDE THIS BOX**

**Photo MUST be:**

- 1) In color
- 2) In focus – NOT blurry
- 3) On photo-quality paper –  
NOT regular printer paper

**SIGN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_