

# RIVERSIDE COUNTY PROBATION DEPARTMENT



MARK A. HAKE  
CHIEF PROBATION OFFICER



## SWORN PHS (Revised 9/2013)

### 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 with the Riverside County Probation Department.
- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for responses, use the last of this form (Page 26) and identify the additional information by the question number. You may make as many copies of this page as necessary to complete your responses.

### 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 not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

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

### Disclosure or Medically-Related Information

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

**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

**SECTION 1: PERSONAL**

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY:			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET		APT / UNIT	
CITY	STATE	ZIP CODE	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ( )	WORK ( )	EXT	OTHER ( ) <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME	BUSINESS	OTHER	
7. If you were born outside of the United States, are you a U.S. citizen? If no, are you a resident alien who is eligible and has applied for U. S. citizenship? (Must provide proof of naturalization or application for naturalization)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER — —
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT      WEIGHT      HAIR COLOR      EYE COLOR

**SECTION 2: RELATIVES AND REFERENCES**

13. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on Page 28.

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

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

**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

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

<input type="checkbox"/> N/A <b>D. Step-mother – Date of Birth</b> _____				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A <b>E. Spouse / Significant Other / Registered Domestic Partner – Date of Birth</b> _____				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		
YEARS OF MARRIAGE	Is there, or has there been a restraining or stay-away order in effect from this relationship? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<input type="checkbox"/> N/A <b>F. Father-in-law – Date of Birth</b> _____				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A <b>G. Mother-in-law – Date of Birth</b> _____				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A <b>H. Former Spouse(s) / Significant Other(s) / Registered Domestic Partner(s) – Date of Birth</b> _____				
1. NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		
YEARS OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect from this relationship? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<input type="checkbox"/> N/A <b>Former Spouse(s) / Significant Other(s) / Registered Domestic Partner(s) – Date of Birth</b> _____				
2. NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect from this relationship? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

<input type="checkbox"/> N/A <b>I. Brothers and Sisters</b> – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.				
1) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
Date of Birth _____				
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER 18	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
	( )			
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER 18	WORK PHONE	CELL PHONE EMAIL		
	( )	( )		
2) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
Date of Birth _____				
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER 18	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
	( )			
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER 18	WORK PHONE	CELL PHONE EMAIL		
	( )	( )		
3) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
Date of Birth _____				
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER 18	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
	( )			
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER 18	WORK PHONE	CELL PHONE EMAIL		
	( )	( )		
4) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
Date of Birth _____				
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER 18	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
	( )			
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER 18	WORK PHONE	CELL PHONE EMAIL		
	( )	( )		
5) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
Date of Birth _____				
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER 18	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
	( )			
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER 18	WORK PHONE	CELL PHONE EMAIL		
	( )	( )		
6) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
Date of Birth _____				
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER 18	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
	( )			
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER 18	WORK PHONE	CELL PHONE EMAIL		
	( )	( )		
7) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
Date of Birth _____				
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER 18	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
	( )			
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER 18	WORK PHONE	CELL PHONE EMAIL		
	( )	( )		

**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

N/A **J. Children**

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

1. CHILD'S NAME \_\_\_\_\_ CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) \_\_\_\_\_  
 MALE  FEMALE AGE \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ADDRESS (# / STREET/APT) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
CONTACT NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

2. CHILD'S NAME \_\_\_\_\_ CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) \_\_\_\_\_  
 MALE  FEMALE AGE \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ADDRESS (# / STREET/APT) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
CONTACT NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

3. CHILD'S NAME \_\_\_\_\_ CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) \_\_\_\_\_  
 MALE  FEMALE AGE \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ADDRESS (# / STREET/APT) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
CONTACT NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

4. CHILD'S NAME \_\_\_\_\_ CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) \_\_\_\_\_  
 MALE  FEMALE AGE \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ADDRESS (# / STREET/APT) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
CONTACT NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

5. CHILD'S NAME \_\_\_\_\_ CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) \_\_\_\_\_  
 MALE  FEMALE AGE \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ADDRESS (# / STREET/APT) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
CONTACT NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

6. CHILD'S NAME \_\_\_\_\_ CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) \_\_\_\_\_  
 MALE  FEMALE AGE \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ADDRESS (# / STREET/APT) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
CONTACT NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_



**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

16. List high schools attended:				
A) NAME		FROM	TO	
CITY	STATE	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
B) NAME		FROM	TO	
CITY	STATE	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

17. List <b>all</b> colleges or universities attended:				
A) NAME	FROM	TO	TOTAL UNITS EARNED SEM / QUARTER	TYPE OF DEGREE OR MAJOR
CITY	STATE			
B) NAME	FROM	TO	TOTAL UNITS EARNED SEM / QUARTER	TYPE OF DEGREE OR MAJOR
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED SEM / QUARTER	TYPE OF DEGREE OR MAJOR
CITY	STATE			

18. List any/all trade, vocational, or business schools / institutes attended:				
A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?	
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?	
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?	
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> YES <input type="checkbox"/> NO	

List any/all <b>POST</b> Basic Academy Training attended:				
19. Have you ever attended a <b>POST</b> Basic Academy? If yes, provide the following information:				<input type="checkbox"/> YES <input type="checkbox"/> NO
A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE?	
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / COORDINATOR		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				CONTACT NUMBER ( )
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE?	
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / COORDINATOR		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				CONTACT NUMBER ( )

**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college, university, business school or trade school?  YES  NO

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

**SECTION 4: RESIDENCE**

**21. LIST OF RESIDENCES**

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on Page 28.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM	TO
				<b>Present</b>

CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER
	( )

CITY	STATE	ZIP	EMAIL

Names of those whom you live with:

B) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO

CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER
	( )

CITY	STATE	ZIP	EMAIL

Names of those with whom you lived:

Reason for moving:

C) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO

CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER
	( )

CITY	STATE	ZIP	EMAIL

Names of those with whom you lived:

Reason for moving:



**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

D) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				
E) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				
F) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived.				
Reason for moving:				
G) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived.				
Reason for moving:				

**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

22. Provide contact information for all housemates listed in **Question 21** with whom you have resided with **during the past 10 years**, or since the age of 15. **DO NOT** list anyone for whom you have already provided contact information.

If more space is needed, continue your response on Page 28.

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

23. Have you ever been evicted or asked to leave a residence?  YES  NO

24. Have you ever left a residence owing rent?  YES  NO

25. Have you ever had any difficulties or disputes with a neighbor?  YES  NO

If you answered yes to **Questions 23-25**, explain (include when, where, and circumstances):

PERSONAL HISTORY STATEMENT – PEACE OFFICER

**SECTION 5: EXPERIENCE AND EMPLOYMENT**

25. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space in needed, continue your response on Page 28.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			EMAIL AND FAX NUMBER	
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASONS FOR WANTING TO LEAVE	
Would there be a problem if we contacted your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:		

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

C) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			EMAIL AND FAX NUMBER	
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

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

E) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			EMAIL AND FAX NUMBER	
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVEING	

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

**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

G) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			EMAIL AND FAX NUMBER	
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)		REASON FOR LEAVING	

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

I) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			EMAIL AND FAX NUMBER	
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)		REASON FOR LEAVING	

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

K) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			EMAIL AND FAX NUMBER	
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)		REASON FOR LEAVING	

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

M) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE			EMAIL AND FAX NUMBER	
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)		REASON FOR LEAVING	

**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

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

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL AND FAX NUMBER		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

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

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL AND FAX NUMBER		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

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

S) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL AND FAX NUMBER		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

26. 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
27. Have you ever been fired, released while on probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you ever left a job with hard feelings towards the management or co-worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Are there any reasons you could not return to work for all of your former employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Have you ever stolen any money from a place where you worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. During your background investigation, is anyone likely to report derogatory information about your work performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you ever borrowed money from an employer and not paid it back?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Have you ever been over paid by an employer and not reported it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have you ever embezzled any money from an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. Have you ever stolen any merchandize or property from any employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of **Questions 26-44**, explain (include when, where, and circumstances; indicate corresponding number):

46. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? If yes, how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Has your work performance ever been affected by your use of alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER
48. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER
49. Do you, or have you ever consumed alcoholic beverages during working hours or just prior to reporting to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER
50. Have you ever been terminated for drinking alcoholic beverage on or off the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER

**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

51. Have you **ever** applied to any other law enforcement agency (city, county, state, or federal)?

Yes  No

- If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on Page 28.

A) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL AND FAX NUMBER	
Check each step in the process that you completed, and your status:				
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional job offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On list <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified / If so, why? _____				
B) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL AND FAX NUMBER	
Check each step in the process that you completed, and your status:				
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional job offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On list <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified / If so, why? _____				
C) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL AND FAX NUMBER	
Check each step in the process that you completed, and your status:				
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On list <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified / If so, why? _____				
D) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL AND FAX NUMBER	
Check each step in the process that you completed, and your status:				
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On list <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified / If so, why? _____				

**SECTION 6: MILITARY EXPERIENCE**

52. Are you required to register for the Selective Service? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If yes, have you registered? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Please provide your Selective Service Number: _____	
If no, explain: _____	
53. BRANCH OF SERVICE	DATES OF SERVICE From _____ To _____
54. 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	
55. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends: _____	
56. 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, restricted to base, military confinement)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
57. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
58. Have you ever been denied enlistment or re-enlistment in the military service? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
59. Have you ever been considered absent without leave (A.W.O.L.) or taken an unauthorized absence from military? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
60. While in the military did you ever use deadly force? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

If you answered yes to **Question 55 – 60**, explain (include dates and circumstances):



**SECTION 7: FINANCIAL**

61. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. Have your wages ever been garnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
65. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
66. Have you ever failed to file income tax or cheated/lie on an income tax form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. Have you ever defaulted on (failed to pay) a loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
70. 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
71. 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
72. Have you ever failed to make or been late on court-ordered payment (e.g., child support, alimony, restitution, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
73. Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
74. Have you ever provided false information on a credit or loan application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
75. Have you or did you ever have a poor credit rating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
76. Have you ever been refused credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
77. Have you ever been sued over a debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
78. Have you ever written a check knowing funds were not available to cover payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
79. During your background investigation, is anyone likely to report that you have had financial problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
80. Is there any reason you are not disclosing all creditors and debts, including those of your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
81. Have you gambled in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
82. Have you had any employment problems because of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
83. Have you ever gambled while delinquent or behind in your financial obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
84. Have you ever had any family problems because of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
85. Have you ever been involved in illegal bookmaking activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
86. Do you feel you now, or did you ever feel you had a problem with gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
87. What is the most you have ever lost by gambling and won by gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Winnings \$ _____ Total Losses \$ _____	

If you answered yes to any of **Questions 61-87**, explain (include when, where, and why; indicate corresponding number):

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**SECTION 8: LEGAL**

**Disclosure of Arrests and Convictions**

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

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were successfully / not successfully completed

If more space is needed, continue on Page 28.

88. Either as an adult or a juvenile, have you **EVER** been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?

Yes  No

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
---------------------	-------------------------------

CHARGE

DISPOSITION OR PENALTY

B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
---------------------	-------------------------------

CHARGE

DISPOSITION OR PENALTY

C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
---------------------	-------------------------------

CHARGE

DISPOSITION OR PENALTY

D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
---------------------	-------------------------------

CHARGE

DISPOSITION OR PENALTY

Explain each incident:

**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

89. Have you ever been placed on court probation as an adult or juvenile?	<input type="checkbox"/> Yes <input type="checkbox"/> No
90. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
91. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
92. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
93. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
94. Has any member of your family / anyone currently residing in your home ever been on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
95. Do you have communication or contact with anyone presently incarcerated in jail, prison, or other correctional facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
96. Have you ever had a warrant issued for your arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
97. Are you now wanted for any reason by any law enforcement agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
98. Have you ever had to testify in a criminal proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
99. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
100. Have you ever refused to obey a restraining order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
101. 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
102. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
103. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
104. Have you ever committed any dishonest act in order to obtain a Police Officer position (i.e., cheating on written exam, or having another person take your medical exam, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
105. Have you ever taken a polygraph?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you pass or fail?	<input type="checkbox"/> Yes <input type="checkbox"/> No
106. Have you ever given any confidential information to any organization or individual that would jeopardize our national security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
107. Have you ever been involved in a hazing incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
108. Have you ever cheated on a test?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of **Questions 89-108**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

109. UNDETECTED ACTS – PART 1 Have you <u>ever</u> committed any of the following acts?	
A) Annoying / obscene phone calls	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Battery (use of force or violence upon another)	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Bestiality (any sex act with an animal)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes <input type="checkbox"/> No
F) Contributing to the delinquency of a minor	<input type="checkbox"/> Yes <input type="checkbox"/> No
G) Defrauding an innkeeper (not paying for food or room at a hotel/motel)	<input type="checkbox"/> Yes <input type="checkbox"/> No
H) Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
I) 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
J) Hit & run collision (no injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
K) Hunting/fishing without a license	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Illegal gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No
M) Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
N) Indecent exposure (including flashing or mooning)	<input type="checkbox"/> Yes <input type="checkbox"/> No
O) Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes <input type="checkbox"/> No
P) Petty theft (value up to \$400, including shoplifting/switching price tags)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q) Possession of alcohol as a minor	<input type="checkbox"/> Yes <input type="checkbox"/> No
R) Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes <input type="checkbox"/> No
S) Possession of stolen property (including vehicles)	<input type="checkbox"/> Yes <input type="checkbox"/> No
T) Prostitution or soliciting a prostitute	<input type="checkbox"/> Yes <input type="checkbox"/> No
U) Resisting arrest (including running from the police)	<input type="checkbox"/> Yes <input type="checkbox"/> No
V) Sex in a public place	<input type="checkbox"/> Yes <input type="checkbox"/> No
W) Trespassing	<input type="checkbox"/> Yes <input type="checkbox"/> No
X) Vandalism (including "tagging," malicious mischief and/or property damage)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Y) Intentionally writing a bad check	<input type="checkbox"/> Yes <input type="checkbox"/> No
Z) Filing a false police report	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 109**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (109-A, etc.) for each explanation.

PERSONAL HISTORY STATEMENT – PEACE OFFICER

110. UNDETECTED ACTS – PART 2 At any time in your life have you <u>ever</u> committed any of the following?	
A) Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Assault with a deadly weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle part	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F) Assessing and/or possessing child pornography	<input type="checkbox"/> Yes <input type="checkbox"/> No
G) Elder abuse/neglect	<input type="checkbox"/> Yes <input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I) Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse	<input type="checkbox"/> Yes <input type="checkbox"/> No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
L) Hit & run (with/without injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
M) Hate crime	<input type="checkbox"/> Yes <input type="checkbox"/> No
N) Incest (sexual intercourse)	<input type="checkbox"/> Yes <input type="checkbox"/> No
O) Insurance fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No
P) Grand theft (value of over \$400, or any firearm)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q) Murder, homicide, or attempted murder	<input type="checkbox"/> Yes <input type="checkbox"/> No
R) Perjury (lying under oath)	<input type="checkbox"/> Yes <input type="checkbox"/> No
S) Possession of an explosive/destructive device	<input type="checkbox"/> Yes <input type="checkbox"/> No
T) Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes <input type="checkbox"/> No
U) Stalking	<input type="checkbox"/> Yes <input type="checkbox"/> No
V) Blackmail or extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No
W) Kidnapping	<input type="checkbox"/> Yes <input type="checkbox"/> No
X) Any other act amounting to a felony	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any item(s) in **Question 110**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (110-A, etc.) for each explanation.

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**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

**Questions 111 and 112** ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

Amphetamines (crosstops, whites, bennies, uppers, etc.)	Methamphetamines (speed, crank, crystal, etc.)	Mescaline	Barbiturates (downers, reds, depressants, etc.)
Hallucinogens	Morphine	PCP (sherm, angel dust, etc.)	Cocaine / Crack Cocaine (coke, flake, snow, rock, ice)
Hashish / Hashish Oil	Heroin / Opium (horse, smack, etc.)	Quaaludes	Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
Marijuana (with or without a prescription)	Steroids	GHB (Date Rape Drug)	Tetrahydrocannabinol (THC)
Any Inhalants (glue / other volatile substance, nitrous oxide, etc.)	LSD (acid, etc)	Steroids	Non-prescribed drugs
Mescaline / Peyote	Psilocybin (mushrooms, etc)	Other (list all others <b>not</b> listed above):	

111) ***Within the past six months***, have you used any drug(s) as indicated above?  Yes  No  
 If yes, give details, including drug(s) used and circumstances:

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

- I have **never** used any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances (for example, experimentation, at parties, concerts, special events, etc.).

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

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

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished
- Carried or held for another

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

**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

114) Do any of your friends, immediate family, or associates use any drugs, narcotics, or other illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
115) Have you ever remained in a place where drugs narcotics or other illegal substances were being used, possessed, sold, or manufactured, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
116) Have you ever had to register as a narcotic offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
117) Have you knowingly allowed anyone to use illegal drugs in your home? Substance _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
118) Have you ever worked under the influence of illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
119) Have you ever been the "middleman" for a drug deal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
120) Have you or anyone other than a medical person injected anything into your body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
121) Have you ever tested positive on an employment related drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of **Questions 114-121**, explain (include when, where, and circumstances; indicate corresponding number):

**SECTION 9: MOTOR VEHICLE OPERATION**

122) Current Driver's License Number	State of Issue	Expiration Date	Name Under Which License Was Granted
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123) LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE

State of Issue	Type of License	Name under which license was granted and license number, if known

124) Have you ever been refused a driver's license by any state?  Yes  No

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

125) Has your driver's license ever been suspended or revoked?  Yes  No

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

**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

126) List your current liability insurance on you vehicle(s):			
a) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VECHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER	EXPIRES	
ADDRESS (NUMBER / STREET)	CITY	STATE	ZIP CONTACT NUMBER ( )
b) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VECHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER	EXPIRES	
ADDRESS (NUMBER / STREET)	CITY	STATE	ZIP CONTACT NUMBER ( )
c) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VECHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER	EXPIRES	
ADDRESS (NUMBER / STREET)	CITY	STATE	ZIP CONTACT NUMBER ( )
d) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VECHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER	EXPIRES	
ADDRESS (NUMBER / STREET)	CITY	STATE	ZIP CONTACT NUMBER ( )

127. List <u>all</u> traffic citations, excluding parking citations, you have received within the last seven years:			
A) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year	ACTION TAKE <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year	ACTION TAKE <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year	ACTION TAKE <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
D) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year	ACTION TAKE <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
E) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year	ACTION TAKE <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

F) 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). <input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine
--

If checked, explain circumstance:



**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

128. Have you been involved as the driver in a motor vehicle accident within the past seven years? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
If yes, give details.				
A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	AT FAULT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY		
B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	AT FAULT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY		
C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	AT FAULT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY		
Details:				

129. Have you ever driven a vehicle without auto insurance, as required by law? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
IF YES, GIVE REASON:				
DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
<b>Month</b>	<b>Year</b>			

130. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
IF YES, GIVE REASONS:				
DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
<b>Month</b>	<b>Year</b>			

131. Has your auto insurance ever been placed in the assigned risk pool? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
132. Have you ever been placed on probation for a traffic offense? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
133. Have you ever been involved in a police pursuit? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
134. Have you ever caused the death of anyone by your operation of a motor vehicle? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
135. Have you ever had a traffic citation that did not show on your DMV print-out? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				

If you answered yes to any of the <b>Questions 131 – 135</b> , give details, including dates and circumstances, and indicate corresponding number. Use this space for additional information you would like to include regarding your driving record.				

**SECTION 10: OTHER TOPICS**

136. Have you ever applied for or been refused a permit to carry a concealed weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
137. Have you ever illegally carried a weapon? (Includes, any dagger, billy club, metal knuckles, nunchaku, Sap, butterfly knife, or any explosive weapons)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
138. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
139. Has any member of your family ever knowingly associated with any member of a street gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No
140. Have you ever attended a gathering of any street gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No
141. Have you ever violated the law while associated with members of a street gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No
142. Have you ever participated in any gang activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
143. Have you ever participated in a drive by shooting of a person, home, or vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
146. Do you have, or have you ever had, tattoos? If yes, give description and location of tattoo(s)?  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
147. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
148. Have you ever hit or physically overpowered a spouse, romantic partner, or another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
149. Do you frequently lose your temper?	<input type="checkbox"/> Yes <input type="checkbox"/> No
150. During your background investigation, is anyone likely to report that you have violent tendencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
151. Have you ever had to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
152. Have you any reason to be concerned about an investigation into your personality traits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
153. If applying for Deputy Probation Officer/Probation Corrections Officer, are you afraid of physical combat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
154. If applying for Deputy Probation Officer, have you ever fired a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
155. If applying for Deputy Probation Officer, are you afraid of firearms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
156. Have you ever previously applied to the Riverside County Probation Department for a sworn and or civilian position? When? Date and job title applied for: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
157. Have you ever served as a volunteer for the Riverside County Probation Department? If so, when? Date and office location or duties you did as a volunteer: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
158. Do you know anyone in the Riverside County Probation Department? Who? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of **Questions 136-158**, give details including dates and circumstances; indicate corresponding number.

**PERSONAL HISTORY STATEMENT – PEACE OFFICER**

**PEACE OFFICER QUESTIONS:** Those applicants who are now or have previously been peace officers, reserve peace officers, or military police officers must answer the following questions.

- 159. As a peace officer, have you ever accepted a gratuity?  Yes  No
- 160. As a peace officer, have you ever accepted anything for overlooking a violation?  Yes  No
- 161. As a peace officer, have you ever made a false official report?  Yes  No
- 162. As a peace officer, have you ever used your official position for personal gain?  Yes  No
- 163. As a peace officer, have you ever withheld evidence seized in the course of your official duties?  Yes  No
- 164. As a peace officer, have you ever had sex on duty?  Yes  No

For the following questions include: Dates, agency's name, names of other officer(s), where and case number(s), to contact them if necessary, the person(s) in charge of the investigation / complaint, and case number.

- 165. Have you ever been the subject of an internal affairs investigation?  Yes  No
- 166. Have you ever had a citizen's complaint alleged against you?  Yes  No
- 167. Have you ever had any disciplinary actions taken against you, including suspensions, written and oral reprimands (including military and reserve peace officer experience)?  Yes  No
- 168. Have you ever been involved in an incident where it was necessary to use deadly force, regardless if the person died or not, include military and reserve peace officer experience?  Yes  No

If you answered yes to any of **Questions 159 – 168**, give details including dates and circumstances; indicate corresponding number.

**SECTION 11: CERTIFICATION**

I am aware that any false statements or omissions made on this questionnaire will cause my name to be removed from the eligibility list, or be cause for non-selection by the Riverside County Probation Department. I understand that I am subject to termination if discrepancies are discovered after I have been appointed. Additionally, I understand that I am to immediately notify my background investigator of any changes in the above information. Failure to notify the Probation Personnel Office of these changes could also be grounds for disqualification and/or non-selection.

SIGNATURE IN FULL

DATE

