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SECTION 1: PERSONAL							
1. YOUR FULL NAME							
LAST		FIRST				MIDD	LE
2. OTHER NAMES, INCLUDING NICKNAMES	, YOU HAVE US	ED OR BEEN KNOWN BY					
3. ADDRESS WHERE YOU RESIDE							
NUMBER / STREET						APT /	UNIT
CITY						STAT	E ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM	1 ABOVE						
5. CONTACT NUMBERS							
номе ()	work ()	EXT	OTHER	R ()		CELL FAX PAGER
6. EMAIL ADDRESS							
НОМЕ			I	BUSINESS			
7. Are you legally authorized for per	manent emp	loyment in the United	States?				🗌 Yes 🛛 🗌 No
lf no, explain fully:							
8. BIRTH PLACE (CITY / COUNTY / STATE	/ COUNTRY)				9. BIRTHDATE		10. SOCIAL SECURITY NUMBER
11. DRIVER'S LICENSE				12. PHYSICAL DESC	RIPTION		
NO.	STATE	EXP DATE		HEIGHT	WEIGHT H	HAIR COI	LOR 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 19.

🗌 N/A	A. Father				
NAME		HOME ADDRESS (NUMBER / STREE	T / APT) CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREE	T / APT) CITY	STATE	ZIP
	()				
	WORK PHONE	CELL PHONE	EMAIL		
	()	()			

🗆 N/A	B. Step-father				
NAME		HOME ADDRESS (NUMBER / STREE	T / APT) CITY	STATE	ZIP
				07475	710
	HOME PHONE	WORK ADDRESS (NUMBER / STREE	T / APT) CITY	STATE	ZIP
	()				
	WORK PHONE	CELL PHONE	EMAIL		
	()	()			

□ N/A	C. Mother				
NAME		HOME ADDRESS (NUMBER / STREET	r / APT) CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREE	T / APT) CITY	STATE	ZIP
	()				
	WORK PHONE	CELL PHONE	EMAIL		
	()	()			

DEDSONAL HISTODY STATEMENT DOLLCE VOLUNTEER

PERSONAL H Page 2 of 19	ISTORY STATEMENT -	POLICE VOL	UNTEER					
•	RELATIVES AND REP	FERENCES contin	ued					
13.IMMEDIATE FA				_				
N/A D. S	tep-mother		(NUMBER / STREET		CITY		STATE	ZIP
INAME		HOME ADDRESS	(NUMBER / STREET	/ AF I)	CIT		STATE	ΣIF
	HOME PHONE	WORK ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
	()							
	WORK PHONE	CELL PHONE		EMAIL				
	()	()						
□ N/A E. S	pouse / Registered Don	nestic Partner						
NAME		HOME ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
	HOME PHONE	WORK ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
	() WORK PHONE	CELL PHONE		EMAIL				
	()	()		2.000 0.2				
	YEARS OF MARRIAGE	· · ·						
	ls	there, or has the	e been, a restra	ining or s	stay-away ord	er in effect for th	is individua	al? 🗌 Yes 🗌 No
□ N/A F. F .	ather-in-law							
NAME		HOME ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
	HOME PHONE	WORK ADDRESS	(NUMBER / STREET)		(CITY)		(STATE / ZIP)
	() WORK PHONE	CELL PHONE		EMAIL				
	()	()						
N/A G. N	Iother-in-law	HOME ADDRESS	(NUMBER / STREET		CITY		STATE	ZIP
NAME		HOIVIE ADDRESS	(NUMBER / STREET	/ AF I)	CIT		STATE	ΣIF
	HOME PHONE	WORK ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
	()							
		CELL PHONE		EMAIL				
	()	()						
	ormer Spouse(s) / Form	-	• •					
NAME		HOME ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
	HOME PHONE	WORK ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
	()		X	. ,				
	WORK PHONE	CELL PHONE		EMAIL				
	() YEAR OF DISSOLUTION	()						
	LEAR OF DISSOLUTION	Is there, or has t	here been, a re	straining	or stav-away	order in effect fo	r this indivi	dual? 🗌 Yes 🔲 I
NAME			(NUMBER / STREET	-	CITY		STATE	
	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 re	straining	or stay-away	order in effect fo	r this indiv	idual? 🗌 Yes 🗌

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SECTION 2: R	RELATIVES AND REFERE	ENCES continued				
13.IMMEDIATE FAM	ILY continued					
I. Broth	ers and Sisters – list all liv	ing siblings, including half-	siblings, step-sibl	ings, foster siblings, etc.		
1) NAME		HOME ADDRESS (NUMBER / S	STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER /	STREET / APT)	CITY	STATE	ZIP
F UNDER AGE 18	WORK PHONE	CELL PHONE	EMAIL			
	()	()				
2) NAME	<u>.</u>	HOME ADDRESS (NUMBER / S	STREET / APT)	CITY	STATE	ZIP
M □F	HOME PHONE	WORK ADDRESS (NUMBER /	STREET / APT)	CITY	STATE	ZIP
	· ,	CELL PHONE	EMAIL			
_	()	()				
3) NAME		HOME ADDRESS (NUMBER / S	STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER /	STREET / APT)	CITY	STATE	ZIP
F	()					
UNDER AGE 18	WORK PHONE	CELL PHONE	EMAIL			
4) NAME		HOME ADDRESS (NUMBER / \$	STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER /	STREET / APT)	CITY	STATE	ZIP
UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL			
5) NAME	1	HOME ADDRESS (NUMBER / S	STREET / APT)	CITY	STATE	ZIP
<u> </u>	HOME PHONE	WORK ADDRESS (NUMBER /	STREET / APT)	CITY	STATE	ZIP
□ F			-			
UNDER AGE 18	()	CELL PHONE	EMAIL			
6) NAME	1	HOME ADDRESS (NUMBER / S	STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER /	STREET / APT)	CITY	STATE	ZIP
F UNDER AGE 18	WORK PHONE	CELL PHONE	EMAIL			
	()	()				
14. REFERENCES List 5–8 people housemates, or	who know you well, such a other individuals listed els	as social and family friend ewhere.	s, co-workers, n	nilitary acquaintances. <u>I</u>	<u>Do not include</u> relatives, e	mployers or
A) NAME		HOME ADDRESS (NUMBER / S	STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER /	STREET / APT)	CITY	STATE	ZIP
-	WORK PHONE		EMAIL			
-	() HOW DO YOU KNOW THIS PERSO	() N? (FOR EXAMPLE: FRIEND, TEA	CHER, FAMILY FRIEM	ND, CO- WORKER)	HOW LONG HAVE YOU KNOWN	NTHIS PERSON?
B) NAME		HOME ADDRESS (NUMBER / S	STREET / APT)	CITY	STATE	ZIP
<u> </u>	HOME PHONE	WORK ADDRESS (NUMBER /	STREET / APT)	CITY	STATE	ZIP
F						
	WORK PHONE ()	CELL PHONE ()	EMAIL			
	HOW DO YOU KNOW THIS PERSO	N? (FOR EXAMPLE: FRIEND, TEAC	CHER, FAMILY FRIEN	ID, CO- WORKER)	HOW LONG HAVE YOU KNOWN	NTHIS PERSON?

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SECTION	2: RELATIVES AND R	EFERENCES continued				
14. REFERENC	CES CONTINUED					
C) NAME		HOME ADDRESS (N	IUMBER / STREET / APT)	CITY	STATI	E ZIP
C) NAME		HOME ADDRESS (N	IUMBER / STREET / APT)	CITY	STAT	E ZIP
	HOME PHONE	WORK ADDRESS (N	NUMBER / STREET / APT)	CITY	STAT	E ZIP
	()					
	WORK PHONE	CELL PHONE	EMAIL			
	()	()				
	HOW DO YOU KNOW THIS	S PERSON? (FOR EXAMPLE: FRI	END, TEACHER, FAMILY FRI	END, CO- WORKER)	HOW LONG HAVE YOU	NOWN THIS PERSON?
D) NAME		HOME ADDRESS (N	IUMBER / STREET / APT)	CITY	STATI	E ZIP
	HOME PHONE	WORK ADDRESS (N	IUMBER / STREET / APT)	CITY	STAT	E ZIP
	()					
	WORK PHONE	CELL PHONE	EMAIL			
	()	()			1	
	HOW DO YOU KNOW THIS	S PERSON? (FOR EXAMPLE: FRI	END, TEACHER, FAMILY FRI	END, CO- WORKER)	HOW LONG HAVE YOU K	NOWN THIS PERSON?
E) NAME		HOME ADDRESS (N	IUMBER / STREET / APT)	CITY	STAT	E ZIP
						F 710
	HOME PHONE	WORK ADDRESS (N	NUMBER / STREET / APT)	CITY	STAT	E ZIP
	() WORK PHONE		EMAIL			
	()	CELL PHONE	EMAIL			
		S PERSON? (FOR EXAMPLE: FRI				
	HOW DO TOU KNOW THIS	S FERSON? (FOR EXAMIFLE, FRI	END, TEACHER, FAMILT FRI	END, CO- WORKER)	HOW LONG HAVE YOU P	NOWN THIS PERSON?
				OITV		
F) NAME		HOME ADDRESS (N	IUMBER / STREET / APT)	CITY	STATI	E ZIP
	HOME PHONE	WORK ADDRESS (N	NUMBER / STREET / APT)	CITY	STAT	E ZIP
	()				0.1.1	
	WORK PHONE	CELL PHONE	EMAIL			
	()	()				
	HOW DO YOU KNOW THI	S PERSON? (FOR EXAMPLE: FR	IEND, TEACHER, FAMILY FR	END, CO- WORKER)	HOW LONG HAVE YOU F	NOWN THIS PERSON?
G) NAME		HOME ADDRESS (N	IUMBER / STREET / APT)	CITY	STATI	E ZIP
,		, , , , , , , , , , , , , , , , , , ,	,			
	HOME PHONE	WORK ADDRESS (N	IUMBER / STREET / APT)	CITY	STATI	E ZIP
	()					
	WORK PHONE	CELL PHONE	EMAIL			
	()	()				
	HOW DO YOU KNOW THIS	S PERSON? (FOR EXAMPLE: FR	IEND, TEACHER, FAMILY FR	END, CO- WORKER)	HOW LONG HAVE YOU K	NOWN THIS PERSON?
SECTION 3	B: EDUCATION					
NOTE: Y	ou may be required to	o furnish transcripts o	r other proof to su	oport all of your edu	cational claims.	
					_	_
15. Do you h	ave a high school diplom	a, GED, or California High	School Proficiency Ce	rtificate?		Yes 🗌 No
40 List bigh	schools attanded:					
	schools attended:					
A) NAME				FROM	то	DID YOU GRADUATE?
			~			☐ Yes ☐ □ No
		CIT	T		STATE	
D) 1/				F5 511		
B) NAME				FROM	то	DID YOU GRADUATE?
		CIT	-Y		STATE	

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SECTION 3: EDUCATION continued						
17. List all colleges or universities attended continued						
A) NAME		FROM	то	ΤΟΤΑ	L UNITS EARNED	TYPE OF DEGREE EARNED
	CITY	1			STATE	
B) NAME		FROM	то	ΤΟΤΑ	L UNITS EARNED	TYPE OF DEGREE EARNED
	CITY				STATE	
C) NAME		FROM	то	ΤΟΤΑ	L UNITS EARNED	TYPE OF DEGREE EARNED
	CITY				STATE	
18. List any trade, vocational, or business schools/institutes	attended:				•	
A) NAME			FROM	ТО		DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY			I	STATE	☐ Yes ☐ No
B) NAME			FROM	ТО	•	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY		I		STATE	☐ Yes ☐ No
C) NAME			FROM	ТО		DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY			·	STATE	
 Have you ever been placed on academic discipline, su business or trade school? 						Yes 🗌
No						
If yes, describe in detail below. Starting with high school Include when the disciplinary action occurred, name of	ol, list any and school, and e	d all disciplinary explanation of c	actions received in a ircumstances.	ny school or	educational ins	stitution.

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SECTION 4: RESIDENCE
20. 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 19.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)	N	ТО							
						Present			
CITY	STATE	ZIP	IF RENTING: PROPI	ERTY	MANAGER, RENT COLL	ECTOR, OR OWNER			
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUM	BER / STRE	ET / APT)	<u>a</u>		CONTACT NUMBER				
					()				
СІТҮ	STATE	ZIP	EMAIL						
Names of those with whom you live:	·		·						
B) FORMER ADDRESS (NUMBER / STREET / APT)	B) FORMER ADDRESS (NUMBER / STREET / APT) FROM TO								
CITY	STATE	ZIP	IF RENTING: PROP	ERTY	MANAGER, RENT COLL	ECTOR, OR OWNER			
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NU	IMBER / ST	REET / APT)	4		CONTACT NUMBER				
CITY	STATE	ZIP	EMAIL						
Names of those with whom you lived:									
Reason for moving:									
C) FORMER ADDRESS (NUMBER / STREET / APT)				FRO	M	ТО			
CITY	STATE	ZIP	IF RENTING: PROPI	ERTY	MANAGER, RENT COLL	ECTOR, OR OWNER			
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NU	IMBER / ST	REET / APT)	-		CONTACT NUMBER				
CITY	STATE	ZIP	EMAIL						
Names of those with whom you lived:	Names of those with whom you lived:								
Reason for moving:									
			_						
SECTION 4: RESIDENCE continued 20. LIST OF RESIDENCES continued									
D) FORMER ADDRESS (NUMBER / STREET / APT)				FR	OM	ТО			

	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				
I	ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBE	R / STRE	ET / APT)		CONTACT NUMBER			
					()			
	CITY	STATE	ZIP	EMAIL				
	Names of those with whom you lived:							
	Reason for moving:							

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	FORMER ADDRESS (NUMBER / STREET / APT)				FRO	Ν	ТО
	СІТҮ	STATE	ZIP	IF RENTING: PROF	ERTY	MANAGER, RENT COLL	ECTOR, OR OWNER
	ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBE	R / STRE	ET / APT)			CONTACT NUMBER	
	CITY	STATE	ZIP	EMAIL			
	Names of those with whom you lived:						
	Reason for moving:						
F) F	ORMER ADDRESS (NUMBER / STREET / APT)				FRO	М	ТО
	СІТҮ	STATE	ZIP	IF RENTING: PROF	ERTY	MANAGER, RENT COLL	ECTOR, OR OWNER
	ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBE	R / STRE	ET / APT)			CONTACT NUMBER	
	CITY	STATE	ZIP	EMAIL			
	Names of those with whom you lived:						
	Reason for moving:						
G) F	FORMER ADDRESS (NUMBER / STREET / APT)				FRO	M	то
	CITY	STATE	ZIP	IF RENTING: PROF	PERTY	MANAGER, RENT COLL	ECTOR, OR OWNER
	ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBE	R / STRE	ET / APT)			CONTACT NUMBER	
	СІТҮ	STATE	ZIP	EMAIL			
	Names of those with whom you lived:						
	Reason for moving:						
	CTION 4: RESIDENCE continued	-	_	_		_	
21.	 Provide contact information for all housemates listed in Question DO NOT list anyone for whom you have already provided contact 	21 with t informa	whom you have ation.	resided <u>during th</u>	ne pa	<u>st 10 years</u> , or sinc	e the age of 15.
A)	NAME					CONTACT NUMBER	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY					STATE	ZIP
	NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HO	DUSEMAT	E ONLY)	EMAIL			
B)	NAME			I		CONTACT NUMBER	1
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY					STATE	ZIP
	NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HO	DUSEMAT	E ONLY)	EMAIL			
C)	NAME			I		CONTACT NUMBER	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY	*				STATE	ZIP
	NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HO	DUSEMAT	E ONLY)	EMAIL			
				<u> </u>			

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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	<u> </u>	CONTACT NUMBER	
F) NAME			
		()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL		
		_	
22. Have you ever been evicted or asked to leave a residence?		🔲 Yes	🗌 No
23. Have you ever left a residence owing rent?			🗌 No
If you answered yes to Questions 22 and/or 23, explain (include when, where and circumstances	5):		
l			

SECTION 5: EXPERIENCE AND EMPLOYMENT

24. JOB EXPERIENCE

- List <u>ALL</u> jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 24.)
- 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.

ADDRESS (NUMBER / STREET OR BASE) CITY STATE ZIP CONTACT NUMBER EXT JOB TITLE EMAIL EMAIL	A)	NAME OF EMPLOYER OR MILITARY UNIT				FROM		ТО	
JOB TITLE EMAIL DUTIES / ASSIGNMENTS Image: F-T image: P-T im		ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	1			
DUTIES / ASSIGNMENTS		CITY	STATE	ZIP	CONTACT NUM	BER		EXT	
		JOB TITLE			EMAIL				
Self-employed Volunteer		DUTIES / ASSIGNMENTS							
NAMES OF CO-WORKERS REASON FOR WANTING TO LEAVE 1) 2)					REA	SON FOR W	ANTING TO LEAV	Έ	
Would there be a problem if we contact your current employer? If yes, explain: Yes No		contact your current employer?							
	-					1			
B) PERIOD OF UNEMPLOYMENT FROM TO Check applicable: Student Between jobs Leave of absence Travel Other			Leave of absence	e 🗌 Travel	Other	FROM		то	

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

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SE	CTION 5: EXPERIENCE AND EMPLOYMENT - continued						
	IAME OF EMPLOYER OR MILITARY UNIT				FROM		ТО
· · · ·	ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	र		
'	CITY	STATE	ZIP	CONTACT NU	JMBER		EXT
	JOB TITLE			EMAIL			
1	DUTIES / ASSIGNMENTS						
	NAMES OF CO-WORKERS			R	EASON FOR L		oyed 🔲 Volunteer
	1) 2)						
	PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of	absence	e 🗌 Travel [Other	FROM		то
E) N	IAME OF EMPLOYER OR MILITARY UNIT				FROM		ТО
,	ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOF	र		
(СІТҮ	STATE	ZIP	CONTACT NU	JMBER		EXT
•	JOB TITLE		L	EMAIL			
I	DUTIES / ASSIGNMENTS			1		F-T Self-emplo	
	NAMES OF CO-WORKERS 1) 2)			R	EASON FOR L	EAVING	
· ·	PERIOD OF UNEMPLOYMENT	absence	e 🗌 Travel [Other	FROM		то
G) N	VAME OF EMPLOYER OR MILITARY UNIT				FROM		ТО
· ·	ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOF	2		
(СІТҮ	STATE	ZIP	CONTACT NU	JMBER		EXT
	JOB TITLE			EMAIL			
1	DUTIES / ASSIGNMENTS			<u> </u>		F-T	-
	NAMES OF CO-WORKERS 1) 2)			R	EASON FOR L	EAVING	
· ·	PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of	absence	e 🗌 Travel [Other	FROM		то
l) N/	AME OF EMPLOYER OR MILITARY UNIT				FROM		ТО

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	ECTION 5: EXPERIENCE AND EMPLOYMENT continued							
25.	JOB EXPERIENCE continued			_				
	ADDRESS (NUMBER / STREET OR BASE)			SUPERVIS	OR			
	СІТҮ	STATE	ZIP	CONTACT	NUMBER		EXT	
	JOB TITLE			EMAIL			•	
	DUTIES / ASSIGNMENTS					□ F-T □	P-T] Temp
						Self-emplo] Volunteer
	NAMES OF CO-WORKERS 1) 2)				REASON FOR I	EAVING		
	· · · · · · · · · · · · · · · · · · ·							
	PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of a	absence	e 🗌 Travel 🗌] Other	FROM		ТО	
K)	NAME OF EMPLOYER OR MILITARY UNIT				FROM		то	
	ADDRESS (NUMBER / STREET OR BASE)			SUPERVIS	OR			
	CITY	STATE	ZIP	CONTACT	NUMBER		EXT	
	JOB TITLE		<u> </u>	EMAIL			I	
	DUTIES / ASSIGNMENTS					□ F-T □ □ Self-emplo] Temp] Volunteer
	NAMES OF CO-WORKERS				REASON FOR I	· ·	,,	
1	1) 2)							
L)	PERIOD OF UNEMPLOYMENT				FROM		то	
	Check applicable: Student Between jobs Leave of a	absence	e 🗌 Travel 🗌	Other				
25.	Have you ever been disciplined at work? (This includes written was suspensions, reductions in pay, reassignments or demotions)					C	Yes	□ No
26.	Have ever you ever been fired, released from probation, or asked to	o resigr	n from any place of	f employm	ient?	C	Yes	🗌 No
27.	Were you ever involved in a physical/verbal altercation with a supe	ervisor,	co-worker, or cust	omer?		C	Yes	🗌 No
28.	Have you ever quit without giving proper notice?					······ C	Yes	🗌 No
39.	Have you ever resigned in lieu of termination?					······ C	Yes	🗌 No
30.	Have you ever been accused of discrimination (such as sexual har by a co-worker, superior, subordinate or customer?] Yes	🗌 No
31.	Were you ever the subject of a written complaint at work?					C	Yes	□ No
32.	Have you ever been counseled at work due to lateness or absence	es?					Yes	🗌 No
33.	Did you ever receive an unsatisfactory performance review?						Yes	🗌 No
34.	Have you ever sold, released, or given away legally confidential inf	formatic	on?			······ [Yes	🗌 No
35.	Have you ever called in sick when you were neither sick nor caring			?			Yes	🗌 No
	If yes, how many sick days have you used in the past five years whillness?	hich we	re not due to					

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	E AND EMPLOYMENT continued		
24. JOB EXPERIENCE continued			
If you answered yes to any	of Questions 25–35, explain (include when, where and circumstances; indicate corresponding n	number):	
	ave you missed days or been late to work due to drug or alcohol consumption?		□ No
If yes, how often?		<u> </u>	
37. Has your work performance	ce ever been affected by your use of alcohol or drugs?	🗌 Yes	🗌 No
WHEN?	NAME OF EMPLOYER		
	l ave you been warned by an employer about your drinking or drug habits and their impact on	🗌 Yes	🗌 No
WHEN?	NAME OF EMPLOYER		
SECTION 6: LEGAL			
Disclosure of Conviction	IS		
applicant for governm Section 1203.4. Cons	disclose <u>any</u> criminal conviction(s) which has not been sealed or expunged by a court p nent employment, you are also required to disclose a criminal conviction expunged unc sult with an attorney before failing to disclose a criminal conviction, as deliberate or sig ion. If more space is needed, continue on page 19.	der Penal Code	;
	convicted of any misdemeanor or felony in this or any other state	Yes	□ No
If yes, list all offenses, i	including those punishable under the Uniform Code of Military Justice:		
If yes, explain each incident.			
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			

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SECTION 6: LEGAL - Continued	
40. Have you ever been placed on court probation as an adult?	🗌 No
41. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? (You may answer "no" if your juvenile record has been sealed or expunged by the juvenile court.)	□ No
42. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	🗌 No
43. Have the police ever been called to your home for any reason?	🗌 No
44. Have you or your spouse/partner ever been referred to Child Protective Services?	🗌 No
45. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	🗌 No
46. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	🗌 No
47. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	🗌 No
48. Have you ever filed a false insurance or workers' compensation claim?	□ No

If you answered yes to any of **Questions 40–48**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

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SECTION 6: LEGAL - CONTINUED	
49. UNDETECTED ACTS – PART 1 Within the past seven years <u>OR</u> at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?	j
A) Annoying / obscene phone calls	🗌 No
B) Battery (use of force or violence upon another) Yes	🗌 No
c) Brandishing a weapon (any type of weapon) 🗌 Yes	🗌 No
D) Carrying a concealed weapon without a permit	🗌 No
E) Contributing to the delinquency of a minor	🗌 No
F) Defrauding an innkeeper (not paying for food or room at a hotel/motel)	🗌 No
G) Driving under the influence of alcohol and/or drugs	🗌 No
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	🗌 No
I) Hit & run collision (no injuries)	🗌 No
J) Hunting/fishing without a license	🗌 No
к) Illegal gambling Ц Yes	🗌 No
L) Impersonating a peace officer (pretending to be a police officer)	🗌 No
M) Indecent exposure (including flashing or mooning)	🗌 No
N) Joyriding (using a car or other vehicle without owner's permission) Yes	□ No
o) Petty theft (value up to \$400, including shoplifting/switching price tags) 🗌 Yes	🗌 No
P) Possession of alcohol as a minor	🗌 No
Q) Possession of falsified or altered identification, including use of another person's ID (for any reason)	🗌 No
R) Possession of stolen property (including vehicles)	🗌 No
s) Prostitution or soliciting a prostitute	🗌 No
T) Resisting arrest (including running from the police)	🗌 No
U) Trespassing Yes	🗌 No
v) Vandalism (including "tagging," malicious mischief and/or property damage) 🗌 Yes	🗌 No
w) Intentionally writing a bad check	□ No
x) Filing a false police report	🗌 No
Y) Any other act amounting to a misdemeanor within the past seven years	🗌 No

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	If you answered yes to <u>any</u> item(s) in Question 49, fully explain circumstances, including date(s), names of individuals involved, and Indicate the corresponding letter (49-A, etc.) for each explanation.	resolution.	
50). 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)	Yes] No
B)) Assault with a deadly weapon	Yes [No
C) Theft of a vehicle and/or vehicle parts	Yes [No
D	Burglary (entering a structure or vehicle to commit theft or other crime)	Yes [No
E)) Child molestation (performing unlawful acts with a child)	Yes [No
F)	Accessing and/or possessing child pornography	Yes [No
G)	Elder abuse/neglect	Yes [No
H)) Embezzlement (theft of money or other valuables entrusted to you)	Yes [No
I)	Felony drunk driving (involving injuries)	Yes [No
J)	Forcible rape or other act of unlawful intercourse	Yes [No
K)) Forgery (falsifying any type of document, check certificate, license, currency, etc.)	Yes [No
L)	Hit & run (with injuries)	Yes [No
М) Hate crime	Yes [No
N)	Insurance fraud	Yes [No
0) Grand theft (value of over \$400, or any firearm)	Yes [No
P)) Murder, homicide, or attempted murder	Yes [No
Q) Perjury (lying under oath)	Yes [No
R) Possession of an explosive/destructive device	Yes [No
S)) Robbery (theft from another person using a weapon, force, or fear)	Yes [No

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 UNDETECTED ACTS – PART 2 - CONTINUED At any time in your life have you <u>ever</u> committed any of the second sec	he following?		
 T) Stalking		Yes No	0
υ) Blackmail or extortion		Yes No	0
v) Any other act amounting to a felony		Yes No	0
SECTION 7: LEGAL continued			
Questions 51 and 52 ask about your current and p unauthorized use of prescription drugs or over-the-any of the following drugs: - Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc) - Barbiturates (Downers) - Cocaine / Crack Cocaine - Designer Drugs (Ecstasy, Synthetic Heroin, etc.) - GHB (Date Rape Drug) 51. Within the past six months, have you used any of If yes, give details, including drug(s) used and circo 52. Prior to the past six months (check all that apply	 counter drugs. Your answers should in Glue Hallucinogens (Peyote, LSD, Mushrooms) Hashish / Hashish Oil Heroin / Opium Marijuana drug(s) as indicated above?	 but not be limited to, your use of Mescaline Morphine PCP / Angel Dust Quaaludes Steroids Tetrahydrocannabinal (THC) 	
53. Have you ever engaged in any of the activities liste	ed below for drugs, narcotics or illegal	substances, including marijuana?	
Manufactured	_ Furnished	Carried or held for another	

PERSONAL HISTORY STATEMENT – POLICE VOLUNTEER Page 16 of 19

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SECTION 8: MOTOR VEHICLE	OPERATION						
54. CURRENT DRIVER'S LICENSE NUMBE	R STATE OF ISSUE	EXPIRATION DATE	NAME UNDER W	HICH LICENSE W	/AS GRANTED		
55. LIST OTHER STATES WHERE YOU HA		DPERATE A MOTOR VE					
State of issue	Type of license			which licens	se was granted and li	cense number i	f known
				which licens	se was granted and h		KIIOWII
56. Have you ever been refused a c		-				🗌 Yes	🗌 No
If yes, explain (include when, w	here, and circumsta	ances):					
57. Has your driver's license ever b	een suspended or r	evoked?				🗌 Yes	□ No
If yes, explain (include when, v	where and circumst	ances).					
ii yes, explain (include when, i		lances).					
58. List all traffic citations, excludin	g parking citations,	you have received	within the past s	seven years:			
A) NATURE OF VIOLATION				LOCATION (STREET) CIT	Υ	STATI
	DATE VIOLATION OCCU	IRRED AC	TION TAKEN				
	Month Y	ear 🗌] Not Guilty	Fined	Traffic School	Dismissed	
B) NATURE OF VIOLATION				LOCATION (STREET) CIT	Ϋ́	STATE
	DATE VIOLATION OCCU		TION TAKEN				
	Month Y	ear 🗌] Not Guilty	Fined	Traffic School	Dismissed	
C) NATURE OF VIOLATION				LOCATION (STREET) CIT	Ϋ́	STATE
	DATE VIOLATION OCCU						
] Not Guilty	Fined	Traffic School	Dismissed	
 D) Has a traffic citation ever resulte Failed to appear 	ed in a warrant or ca] Failed to complete	-	icense to be wit			all that apply.)	
If checked, explain circumstanc				ay the require			
59. Have you ever driven a vehicle	without auto insura	ince, as required by	/ law?			🗌 Yes	🗌 No
If yes, give reason:							
DATE	LOCATION (NUMBE	R / STREET / APT)	CI	ГҮ		STATE	ZIP
Month Year							

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SECTION 8: MOTOR VEHICLE OPERATION continued			
60. Have you ever been refused automobile liability insurance or a bond, or had them cancelled?	🗌 Yes	□ No	
If yes, give reason: INSURANCE COMPANY			
DATE ADDRESS (NUMBER / STREET / APT) CITY Month Year	STATE	E ZIP	
Use this space for additional information you would like to include regarding your driving record.			
SECTION 9: OTHER TOPICS			
61. Have you ever been refused a permit to carry a concealed weapon?	🗌 Yes	🗌 No	
62. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	🗌 Yes	🗌 No	
63. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	🗌 Yes	□ No	
64. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	🗌 Yes	🗌 No	
65. Have you ever hit or physically overpowered a spouse or romantic partner?	🗌 Yes	🗌 No	
If you answered yes to any of Questions 61–65, give details including dates and circumstances; indicate corresponding nu	mber.		
SECTION 10: CERTIFICATION			
66. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.			
SIGNATURE IN FULL DATE			

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ADDITIONAL SPACE	
Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)	
Identify the corresponding question and specific item being referenced.	