# Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **California Peace Officer**, in accordance with POST Commission Regulation 1953.

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

#### Disqualification

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

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

#### **Disclosure of Medically-Related Information**

I have read and I understand the above instructions.

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

Signature:	Date:	

1. YOUR FUL	1: PERSONAL							
	L NAME							
LAST			1	FIRST		N	MIDDLE	
2. OTHER NA	MES YOU HAVE USE	O OR BEEN KNOW!	N BY (INCLUDE MAIDE	EN NAME AND	NICKNAMES)	,		
								□ N/A
3. ADDRESS	WHERE YOU LIVE							
NUMBER / S						A	PT / UNIT	
TTO MIDELLY Y							,	
CITY						S	TATE ZIP	
4. MAILING A	DDRESS, IF DIFFERE	NT FROM ABOVE (	FOR EXAMPLE, PO BO	OX)				
5. CONTACT	NUMBERS							
номе (	)	WORK	( )	EXT	OTHER	( )	☐ CELL ☐ FAX	
6. CONTACT	EMAII	·	· · ·	7 LIST AL	LL OTHER EMAIL ADDRESSI	ES (SEDARATED BY COM	MASA	
O. CONTACT	LIVIAIL			7. LIST A	LE OTTEN EMAIL ADDRESSI	LO (SEFANATED BT COM	IVIAO)	
8. CITIZENSH	IIP							
							Yes	s 🗌 No
-								
				lied for U.S	. citizenship?		Yes	s 🗌 No
9. BIRTH PLA	CE (CITY / COUNTY /	STATE / COUNTRY	<b>(</b> )					
10. BIRTHDAT	E (MM/DD/YYYY)	11. SOCIAL SECU	JRITY NUMBER	12. DRIVER'S	LICENSE			
		_	_	NUMBER:		STATE:	EXPIRES:	
13. PHYSICAL	DESCRIPTION							
HEIGHT:		WE	IGHT:		HAIR COLOR:		EYE COLOR:	
SECTION	2: RELATIVES	AND REFER	ENCES					
14. IMMEDIA	TE FAMILY							
Due	والمحدثات والمراد المراد	information in						
	vide ali applicable		the engage helevy	Mor	d. "Deceased" if appro-	orioto		
<ul><li>Mar</li></ul>			the spaces below		k "Deceased," if appro			
	k "N/A" if a catego		•				– reference corresponding	g numbers.
	k "N/A" if a catego	ory is not applic	able.				- reference corresponding  ☐ Deceased	g numbers.
		ory is not applic	able.	• If m	nore space is needed, c			□ N/A
14.A Spous		ory is not applic	er	• If m	nore space is needed, c	continue on page 27 -	☐ Deceased	□ N/A
14.A Spous		ory is not applic	er	• If m	oore space is needed, c	continue on page 27 -	☐ Deceased	□ N/A
14.A Spous	se / Registered D	ory is not applic	able. er HOME ADDRESS (NI	• If m	oore space is needed, c	CONTINUE ON PAGE 27-	☐ Deceased	□ N/A
14.A Spous	se / Registered D	ory is not applic	able. er HOME ADDRESS (NI	• If m	oore space is needed, c	CONTINUE ON PAGE 27-	☐ Deceased	□ N/A
14.A Spous	HOME PHONE	ory is not applic	er HOME ADDRESS (NI	• If m	EET / SUITE)	CONTINUE ON PAGE 27-	☐ Deceased	□ N/A
14.A Spous	HOME PHONE	ory is not applic	er HOME ADDRESS (NI	• If m	EET / SUITE)	CONTINUE ON PAGE 27-	☐ Deceased	□ N/A
14.A Spous	HOME PHONE  ( )  WORK PHONE  ( )  DATE OF MARRIAGE	ory is not applicomestic Partn	er HOME ADDRESS (NI	• If m	EET / APT)  EET / SUITE)  EMAIL  Is there, or has there	CITY  CITY  ever been, a restrain	Deceased  STATE Z  STATE Z	□ N/A
14.A Spous	HOME PHONE  ( )  WORK PHONE  ( )	ory is not applic	er HOME ADDRESS (NI	• If m	EET / APT)  EET / SUITE)  EMAIL  Is there, or has there	CITY  CITY  ever been, a restrain	Deceased STATE Z STATE Z	□ N/A
14.A Spous	HOME PHONE  ( )  WORK PHONE  ( )  DATE OF MARRIAGE	omestic Partn  //REGISTRATION  (MM/YYYY)	er HOME ADDRESS (NI WORK ADDRESS (NI CELL PHONE	If m  UMBER / STRE  UMBER / STRE	EET / APT)  EET / SUITE)  EMAIL  Is there, or has there	CITY  CITY  ever been, a restrain	Deceased  STATE Z  STATE Z	□ N/A
14.A Spous	HOME PHONE  ( )  WORK PHONE  ( )  DATE OF MARRIAGE	omestic Partn  //REGISTRATION  (MM/YYYY)	er HOME ADDRESS (NI WORK ADDRESS (NI CELL PHONE	If m  UMBER / STRE  UMBER / STRE  er	EET / APT)  EET / SUITE)  EMAIL  Is there, or has there order in effect involving	CITY  CITY  ever been, a restrain	Deceased STATE Z STATE Z state Z	N/A  P  /es
14.A Spous NAME	HOME PHONE  ( )  WORK PHONE  ( )  DATE OF MARRIAGE	omestic Partn  //REGISTRATION  (MM/YYYY)	er HOME ADDRESS (NI WORK ADDRESS (NI CELL PHONE ( ) Domestic Partn	If m  UMBER / STRE  UMBER / STRE  er	EET / APT)  EET / SUITE)  EMAIL  Is there, or has there order in effect involving	CITY  CITY  ever been, a restraing you and this indivi	Deceased  STATE Z  STATE Z  STATE Z  state Z  Deceased	N/A  P  /es
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14.A Spous NAME	HOME PHONE  ( )  WORK PHONE  ( )  DATE OF MARRIAGE  /	omestic Partn  //REGISTRATION  (MM/YYYY)	er HOME ADDRESS (NI WORK ADDRESS (NI CELL PHONE ( )  Domestic Partn HOME ADDRESS (NI	If m  UMBER / STRE  UMBER / STRE  ET  UMBER / STRE	DOTE SPACE IS NEEDED, CONTROL OF THE PROPERTY	CITY  ever been, a restrain gyou and this indivi	Deceased  STATE Z  STATE Z  state Z  Deceased  STATE Z	Ves No
14.A Spous NAME	HOME PHONE  ( )  WORK PHONE  ( )  DATE OF MARRIAGE  /	omestic Partn  //REGISTRATION  (MM/YYYY)	er HOME ADDRESS (NI WORK ADDRESS (NI CELL PHONE ( )  Domestic Partn HOME ADDRESS (NI	If m  UMBER / STRE  UMBER / STRE  ET  UMBER / STRE	DOTE SPACE IS NEEDED, CONTROL OF THE PROPERTY	CITY  ever been, a restrain gyou and this indivi	Deceased  STATE Z  STATE Z  state Z  Deceased  STATE Z	Ves No
14.A Spous NAME	HOME PHONE  ( )  WORK PHONE  ( )  DATE OF MARRIAGE  /  er Spouse / Form  HOME PHONE  ( )  WORK PHONE	omestic Partn  //REGISTRATION  (MM/YYYY)	able.  er  HOME ADDRESS (NI  WORK ADDRESS (NI  CELL PHONE  ( )  Domestic Partn  HOME ADDRESS (NI  WORK ADDRESS (NI	If m  UMBER / STRE  UMBER / STRE  ET  UMBER / STRE	DOTE SPACE IS NEEDED, CONTROL OF SPACE IS NEEDED, CONTROL	CITY  ever been, a restrain gyou and this indivi	Deceased  STATE Z  STATE Z  state Z  Deceased  STATE Z	Ves No
14.A Spous NAME	HOME PHONE  ( )  WORK PHONE  ( )  DATE OF MARRIAGE  /  PER Spouse / Form  HOME PHONE  ( )  WORK PHONE  ( )	ory is not applicomestic Partn  //REGISTRATION  (MM/YYYY)  ner Registered	able.  er    HOME ADDRESS (NI   WORK ADDRESS (NI   CELL PHONE   (	If m  UMBER / STRE  UMBER / STRE  UMBER / STRE  UMBER / STRE	DOTE SPACE IS NEEDED, CONTROL OF SPACE IS NEEDED, CONTROL	CITY  ever been, a restrain gyou and this indivi	Deceased  STATE Z  STATE Z  state Z  Deceased  STATE Z	Ves No
14.A Spous NAME	HOME PHONE  ( )  WORK PHONE  ( )  DATE OF MARRIAGE  /  er Spouse / Form  HOME PHONE  ( )  WORK PHONE	ory is not applicomestic Partn  //REGISTRATION  (MM/YYYY)  ner Registered	able.  er  HOME ADDRESS (NI  WORK ADDRESS (NI  CELL PHONE  ( )  Domestic Partn  HOME ADDRESS (NI  WORK ADDRESS (NI	If m  UMBER / STRE  UMBER / STRE  UMBER / STRE  UMBER / STRE	DOTE SPACE IS NEEDED, CONTROL OF SPACE IS NEEDED, CONTROL	city  city  ever been, a restrain gyou and this individual city  city	Deceased  STATE Z  STATE Z  state Z  Deceased  STATE Z  STATE Z  STATE Z	Ves No

SECTI	ON 2:	RELATIVES	AND REF	ERE	NCES co	ontinued						
14.C P	arents /	Guardians										
Lis	st <b>ALL</b> p	arents/guardi	ians, living o	or de	ceased, i	ncluding biological	, adoptive, foster	r, step-p	arer	nts, in-laws, etc.		
14.C.1	Parent	/ Guardian:	☐ Mother		Father		☐ Step-father	☐ In-la		Other:		Deceased
NAME					HOME AD	DRESS (NUMBER / STF	REET / APT)		CITY	(	STATE	ZIP
		HOME PHONE			MAILING	ADDRESS (IF DIFFEREI	NIT)		CITY	,	STATE	ZID
		( )			WAILING	ADDRESS (IF DIFFEREI	NI)		CITT		STATE	ZIF
		WORK PHONE			CELL PHO	DNE	EMAIL					
		( )			( )							
14.C.2	Parent	/ Guardian:	Mother		Father	☐ Step-mother	Step-father	☐ In-la	ıw	Other:		Deceased
NAME						DRESS (NUMBER / STE			CITY		STATE	ZIP
		HOME PHONE			MAILING A	ADDRESS (IF DIFFEREI	NT)		CITY	(	STATE	ZIP
		WORK PHONE			CELL PHO	ONE.	EMAIL					
		( )			( )	JINE	EWAIL					
4400	Davant	/ Cuardian	Mother		Cothor	Cton mother	Chan fother	☐ In-la		C Othor		Deceased
14.C.3 NAME	Parent	/ Guardian:	iviotner		Father HOME AD	Step-mother  DRESS (NUMBER / STE		□ In-la	CITY	Other:	STATE	ZIP
		HOME PHONE			MAILING A	ADDRESS (IF DIFFEREI	NT)		CITY	(	STATE	ZIP
		( )										
		WORK PHONE			CELL PHO	DNE	EMAIL					
		( )			( )							1
14.C.4 NAME	Parent	/ Guardian:	Mother			Step-mother DRESS (NUMBER / STE	Step-father	☐ In-la	CITY	Other:	STATE	☐ Deceased ZIP
INAIVIL					TIONE AD	DRESS (NOWBER / STI	NEET / AFT)		CITI		STATE	ZIF
		HOME PHONE			MAILING A	ADDRESS (IF DIFFEREI	NT)		CITY	(	STATE	ZIP
		( )										
		WORK PHONE			CELL PHO	NE	EMAIL					
		( )			( )							
14.D B	rothers	/ Sisters										□ N/A
Li	st ALL L	.IVING sibling	gs, including	, half	-siblings,	step-siblings, foste	er-siblings, etc.					
	Sibling	: Brothe				ther  Half-siste						
NAME				AGE	HOME AD	DRESS (NUMBER / STR	REET / APT)		CITY	(	STATE	ZIP
	-	HOME PHONE			MAILING	ADDRESS (IF DIFFEREI	NT\		CITY	,	STATE	710
		( )			MAILING A	ADDRESS (IF DIFFEREI	NI)		CITY		STATE	ZIP
		WORK PHONE			CELL PHO	DNE	EMAIL					
		( )			( )							
14.D.2	Sibling	: Brothe	r 🗆 Siste	r F	<u> </u>	ther  Half-siste	er 🗆 Other:					
NAME	ÇJ18					DRESS (NUMBER / STE			CITY	(	STATE	ZIP
		HOME PHONE			MAILING A	ADDRESS (IF DIFFEREI	NT)		CITY	(	STATE	ZIP
		( )			051: 5::		Levin					
		WORK PHONE			CELL PHO		EMAIL					
		( )			( )							

SECT	ION 2:	RELATIVE	S AND REF	EREN	NCES continued				
14.D.3	Sibling	: Broth	er Siste	er 🔲	Half-brother  Half-sister	Other:			
NAME					HOME ADDRESS (NUMBER / STR		CITY	STATE	ZIP
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	IT)	CITY	STATE	ZIP
		WORK PHONE	<u> </u>		CELL PHONE	EMAIL			
		( )			( )				
14.D.4	Sibling	: 🔲 Broth	er Siste		Half-brother  Half-sister				
NAME				AGE	HOME ADDRESS (NUMBER / STR	EET / APT)	CITY	STATE	ZIP
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	IT)	CITY	STATE	ZIP
		( )							
		WORK PHONE			CELL PHONE	EMAIL			
		( )			( )				
14.E C	hildren								□ N/A
					ral, adopted, step, and/or fo parent/guardian, if other tha		other children who reside with you. F	Provide	the name
14.E.1	Child:	Son	☐ Daughter		Other:				
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)			
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP
					CONTACT NUMBER ( )	EMAIL			
14.E.2	Child:	Son	☐ Daughter		Other:	•			
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)			
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP
					CONTACT NUMBER	EMAIL			
					( )				
14.E.3	Child:	☐ Son	☐ Daughter		Other:				
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	I (IF OTHER THAN YOU)			
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP
						Terror.			
					( )	EMAIL			
14.E.4	Child:	Son	☐ Daughter		Other:				
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)			
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP
					CONTACT NUMBER	EMAIL			
					( )				

SEC	TION 2: F	RELATIVES AND REFERENCE	ES continued				
15. LI	ST OF REFER	RENCES					
•		10 people who know you well, suc ers. Do NOT include relatives, en	nployers, housemates, or any in-	dividuals listed e	nily friends, teachers, military colleag elsewhere.	jues, ar	nd/or
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	APT)	CITY	STATE	ZIP
15.1							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		( )					
		WORK PHONE	CELL PHONE	EMAIL			
		( )	( )				
		How do you know this person?			How long have you known this person?		
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	(APT)	CITY	STATE	ZIP
15.2							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		( )					
		WORK PHONE	CELL PHONE	EMAIL			
		( )	( )				
		How do you know this person?			How long have you known this person?		
45.0	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	APT)	CITY	STATE	ZIP
15.3							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		( )					
		WORK PHONE	CELL PHONE	EMAIL			
		( )	( )				
		How do you know this person?			How long have you known this person?		
15.4	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET)	(APT)	CITY	STATE	ZIP
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		( )					
		WORK PHONE	CELL PHONE	EMAIL			
		( )	( )				
		How do you know this person?			How long have you known this person?		
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	APT)	CITY	STATE	ZIP
15.5							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		( )					
		WORK PHONE	CELL PHONE	EMAIL			
		( )	( )				
		How do you know this person?	1		How long have you known this person?		
45.0	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	(APT)	CITY	STATE	ZIP
15.6							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		( )					
		WORK PHONE	CELL PHONE	EMAIL			
		( )	( )				
		How do you know this person?			How long have you known this person?		

SEC	TION 2:	RELATIVES AND REFERENC	ES continued						
	NAME OF R	REFERENCE	HOME ADDRESS (NUMBER / STREET /	/ APT)	CITY	STATE ZIP			
15.7									
		HOME PHONE	WORK ADDRESS (NUMBER / STREET)	/ SUITE)	CITY	STATE ZIP			
		( )							
		WORK PHONE	CELL PHONE	EMAIL					
		( )	( )						
		How do you know this person?			How long have you known this perso	n?			
	NAME OF R	I REFERENCE	HOME ADDRESS (NUMBER / STREET /	/ APT)	CITY	STATE ZIP			
15.8									
		HOME PHONE	WORK ADDRESS (NUMBER / STREET)	/ SUITE)	CITY	STATE ZIP			
		( )							
		WORK PHONE	CELL PHONE	EMAIL					
		( )	( )						
			,		1				
		How do you know this person?			How long have you known this perso	n?			
	NAME OF R	I REFERENCE	HOME ADDRESS (NUMBER / STREET /	/ APT)	CITY	STATE ZIP			
15.9									
	<u> </u>	HOME PHONE	WORK ADDRESS (NUMBER / STREET /	/ SUITE)	CITY	STATE ZIP			
		( )							
		WORK PHONE	CELL PHONE	EMAIL					
		( )	( )						
		How do you know this person?			How long have you known this perso	n?			
	NAME OF R	REFERENCE	HOME ADDRESS (NUMBER / STREET /	APT)	CITY	STATE ZIP			
15.10									
		HOME PHONE	WORK ADDRESS (NUMBER / STREET )	/ SUITE)	CITY	STATE ZIP			
		( )							
		WORK PHONE	CELL PHONE	EMAIL					
		( )	( )						
		How do you know this person?			How long have you known this perso	n?			
SEC	CTION 3:	EDUCATION							
•		You will be required to furnish space is needed, continue your re		upport all of yo	our educational claims in Section	on 3.			
	II IIIOI E S	space is needed, continue your re	sponse on page 21.						
<b>16.</b> C	HECK APPL	ICABLE MM/YYYY	MM/YYYY			MM/YYYY			
		ligh School Diploma: /	☐ GED: /	☐ Californ	nia High School Proficiency Certifica	ate: /			
17. LIST HIGH SCHOOL(S) ATTENDED									
		IIGH SCHOOL			FROM (MM/YYYY)	TO (MM/YYYY)			
17.1					/	/			
			CITY			STATE			
	NAME OF H	IIGH SCHOOL			FROM (MM/YYYY)	TO (MM/YYYY)			
17.2					/	/			
			CITY			STATE			

SEC	TION 3:	EDUCATION continued						
<b>18.</b> LI		LEGES AND UNIVERSITIES ATTENDED						
18.1	NAME OF C	COLLEGE/UNIVERSITY	FROM (MM/YY	YY)	TO (M	M/YYYY)	TOTAL	. UNITS COMPLETED
10.1			/			/		QTR SYSTEM SEM SYSTEM
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY		S	TATE	ZIP		MAJOR / AREA OF STUDY
40.0	NAME OF C	ÖLLEGE/UNIVERSITY	FROM (MM/YY	YY)	TO (M	M/YYYY)	TOTAL	UNITS COMPLETED
18.2			/			/		QTR SYSTEM SEM SYSTEM
		ADDRESS (NUMBER / STREET)	1					TYPE OF DEGREE EARNED
		CITY		S	TATE	ZIP	1	MAJOR / AREA OF STUDY
	NAME OF C	COLLEGE/UNIVERSITY	FROM (MM/YY	YY)	TO (M	M/YYYY)	TOTAL	UNITS COMPLETED
18.3			/			/		QTR SYSTEM SEM SYSTEM
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY		S	TATE	ZIP	1	MAJOR / AREA OF STUDY
	NAME OF C	COLLEGE/UNIVERSITY	FROM (MM/YY	YY)	TO (M	M/YYYY)	TOTAL	. UNITS COMPLETED
18.4			/			/		☐ QTR SYSTEM ☐ SEM SYSTEM
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY		S	TATE	ZIP	-	MAJOR / AREA OF STUDY
19. LI		ADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENTADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		OM (MM	/////\	TO (MM/YY	VV)	DID YOU COMPLETE THE COURSE?
19.1	INAME OF I	NADE, VOCATIONAL, ON BUSINESS SCHOOLINGTHOTE	TK	/ IVIIVI	/ 1 1 1 1 /	/ (۱۷/۱۷//11	11)	Yes No
		CITY		STATE	E I TVI	PE OF SCHOOL	OD TDA	
		CITT		SIAIL	.   111	PE OF SCHOOL	OK IKA	INING
	THAME OF T	TARE VOCATIONAL OR RUGINESS SOLICOL INSTITUTE	T ED	<u> </u>	20000	TO (MANADO)	200	DID VOLL COMPLETE THE COURSE
19.2	NAIVIE OF I	RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FK	ŌM (MM	/ 1 1 1 1 )	TO (MM/YY	11)	DID YOU COMPLETE THE COURSE?
		Low		/	- 1-0	/	OD TDA	☐ Yes ☐ No
		CITY		STATE	: IYI	PE OF SCHOOL	OR TRA	INING
20	Have yeu	ever taken a PC832 (Arrest and/or Firearms) Course?						Yes No
	-							I tes 🗀 NO
	ir 163, p	rovide the following information:  A. COURSE PRESENTER NAME				LOCATION	(CITY / S	STATE)
		A. COUNCE PREDENTER NAME				LOCATION	(0111/3	JINIE)
		B. COURSE COMPLETION						COMPLETION DATE (MM/YYYY)
		Did you successfully complete the course?				🗆 \	/as	□ No  /
		Did you successfully complete the course?					00	

SEC	TION 3: EDUCATION continued								
21.	Have you ever attended a <b>POST</b> Basic Course/Academy: R	egular, Spe	ecialized I	nvestigators', Re	serve, or Dis	patcher?	Yes No		
	IF YES, provide the following information:								
21.1	NAME OF ACADEMY		FR	OM (MM/YYYY)	TO (MM/YYY	Y) DID Y	OU PASS/GRADUATE?		
21.1				/	/		Yes No		
	LOCATION (CITY, STATE)	NAME OF TR	RAINING OFF	FICER / ACADEMY CO	OORDINATOR	CON	FACT NUMBER		
	NAME OF ACADEMY		FR	OM (MM/YYYY)	TO (MM/YYY	( )	OU PASS/GRADUATE?		
21.2	INNIE OF ACADEMI			/	/	1)	Yes No		
	LOCATION (CITY, STATE)	NAME OF TR	RAINING OFF	FICER / ACADEMY CO	DORDINATOR	CON	FACT NUMBER		
						(	)		
I	Have you ever been subject to any disciplinary action, includ from any high school(s), college/university, business, trade s F YES, describe in detail below. Starting with high school, lis POST basic course. Include when the disciplinary action(s) or	school, or P	OST basi	c course/academ ary actions recei	ved in any so	:hool, education			
050	TION 4 DESIDENCE HISTORY								
	ECTION 4: RESIDENCE HISTORY								
•	List all residences during the last 10 years or since age Provide complete addresses (include markers such as St If the residence is a military base, identify name of base in unless you shared individual quarters.  If more space is needed, continue your response on page	reet, Drive, address, r	•			,			
23.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	(MM/YYYY)	TO (MM/YYYY)		
	LOTTY	07475	710	ie bever	• PROPERTY	/	Present		
	CITY	STATE	ZIP	IF RENTING	G: PROPERTY N	IANAGER, RENT C	OLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR O	WNER (NUMB	ER / STREE	r / APT / PO BOX)		CONTACT NUMB	BER		
	CITY	STATE	ZIP	EMAIL					
	Name(s) of those with whom you live:								
23.2	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (	(MM/YYYY)	TO (MM/YYYY) /		
	CITY	STATE	ZIP	IF RENTING	G: PROPERTY N	MANAGER, RENT C	OLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR O	WNER (NUMB	ER / STREE	Γ / APT / PO BOX)		CONTACT NUME	BER		
				T		( )			
	CITY	STATE	ZIP	EMAIL					
	Name(s) of those with whom you lived:			•					
	Reason for moving:								

SEC	TION 4:	RESIDENCE HISTORY continued						
	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (N	/M/YYYY)	TO (MM/YYYY)
23.3						/		/
	CITY		STATE	ZIP	IF RENTING: PR	OPERTY MA	ANAGER, RENT CO	OLLECTOR, OR OWNER
	MAILING AI	DDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	er (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUME	BER
							( )	
	CITY		STATE	ZIP	EMAIL			
	Name(s)	of those with whom you lived:						
	Reason f	or moving:						
	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (MM/YYYY)
23.4						/		/
	CITY		STATE	ZIP	IF RENTING: PR	OPERTY MA	ANAGER, RENT CO	DLLECTOR, OR OWNER
	MAILING A	DDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUME	BER
							( )	
	CITY		STATE	ZIP	EMAIL			
	Name(s)	of those with whom you lived:						
	_							
	Reason f	or moving:						
00.5	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (MM/YYYY)
23.5						/		/
	CITY		STATE	ZIP	IF RENTING: PR	OPERTY MA	ANAGER, RENT CO	OLLECTOR, OR OWNER
	MAILING A	DDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUME	BER
							( )	
	CITY		STATE	ZIP	EMAIL			
	()							
	Name(s)	of those with whom you lived:						
	Reason f	or moving:						
	110000111							
<b>24.</b> L	IST OF HOU	JSEMATES						
	Provide	contact information for all housemates listed in Ques	tion 23	with whom you l	have resided <b>d</b>	uring the	nast 10 vear	s or since age 15
		F list anyone for whom you have already provided con			navo roolada <b>a</b>	9	paor 10 years	o or omico ago ro.
				illiation.				
•		space is needed, continue your response on page 27	•					
24.4	NAME OF H	OUSEMATE					CONTACT NUMB	ER
24.1							( )	
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY		3	STATE ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEN	D, HOUSE	MATE ONLY, ETC.)	EMAIL			·

SEC	TION 4:	RESIDENCES continued						
	NAME OF H	OUSEMATE			CONTACT NUM	1BER		
24.2					( )			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL				
	NAME OF H	OUSEMATE			CONTACT NUM	MBER .		
24.3					( )			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		,	STATE	ZIP	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL				
		······································						
	NAME OF L	OUSEMATE			CONTACT NUM	MRED		
24.4					( )	.DEIX		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		\ \ \	STATE	7ID	
		CONNERT ADDITESS II DII I ENERT (NUMBER / STREET / MPT)	OHY			SIMIE	LIF	
		NATURE OF BELATIONICHID (E.C. DELATIVE LAND) ORD FRIEND HOUSEWATE ONLY STOLE		LEMAII				
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL				
	TALANT OF	OLOFIA TE			CONTACTOR	10.50		
24.5	NAME OF F	OUSEMATE			CONTACT NUM	1BER		
					( )			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL				
24.6	NAME OF H	OUSEMATE			CONTACT NUM	1BER		
24.6					( )			
	l .	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL				
	NAME OF H	OUSEMATE			CONTACT NUM	MBER		
24.7					( )			
	l .	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	,		STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL				
				I				
25.	Have you	ever been evicted or asked to leave a residence?					Yes 🗍	No
26.	Have you	ever left a residence owing rent, utilities, or other household expenses?					Yes	No
- 1	f you answ	ered "YES" to Questions 25 and/or 26, explain (include when, where, and circ	rcum	stances):				
_								
_								

#### SECTION 5: EXPERIENCE AND EMPLOYMENT 27. JOB EXPERIENCE · List ALL jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.) · 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. If more space is needed, continue your response on page 27. NAME OF CURRENT EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY) 27.1 SUPERVISOR ADDRESS (NUMBER / STREET / SUITE / OR BASE) STATE ZIP CONTACT NUMBER EXT JOB TITLE / RANK FMAII TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) DUTIES / ASSIGNMENTS FT PT Temp Self-employed Volunteer NAMES OF CO-WORKERS REASON FOR WANTING TO LEAVE 2) 1) IF YES, explain: PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY) 27.2 / / Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: NAME OF EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY) 27.3 ADDRESS (NUMBER / STREET / SUITE / OR BASE) SUPERVISOR CONTACT NUMBER STATE ZIP JOB TITLE / RANK EMAIL TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) DUTIES / ASSIGNMENTS FT PT Temp Self-employed Volunteer NAMES OF CO-WORKERS REASON FOR LEAVING 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY) ☐ Between jobs ☐ Leave of absence ☐ Travel / Student Other:

SEC	ECTION 5: EXPERIENCE AND EMPLOYMENT continued									
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)			
27.5						/	/			
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR				
	CITY		STATE	ZIP	CONTACT	NUMBER	EXT			
					( )					
	JOB TITLE / RANK				EMAIL					
	DUTIES / ASSIGNMENTS			TYPE OF EMPI	OYMENT (	CHECK ALL THAT APPL	Y)			
						Temp Self-emplo	yed  Volunteer			
	NAMES OF CO-WORKERS			REASON FOR	LEAVING					
	1)	2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE	)				FROM (MM/YYYY)	TO (MM/YYYY)			
27.6	☐ Student ☐ Between jobs ☐ Lea	ve of absence ☐ Travel	☐ Other:			/	/			
27.7	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)			
21.1						/	/			
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR				
	CITY		STATE	ZIP	CONTACT	NUMBER	EXT			
		( )								
	JOB TITLE / RANK				EMAIL					
	DUTIES / ASSIGNMENTS					CHECK ALL THAT APPL	·			
						Temp Self-emplo	yed  Volunteer			
	NAMES OF CO-WORKERS	I		REASON FOR	LEAVING					
	1)	2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE	)				FROM (MM/YYYY)	TO (MM/YYYY)			
27.8	☐ Student ☐ Between jobs ☐ Lea	ve of absence	☐ Other:			/	/			
	-									
27.9	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)			
21.5						/	/			
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR				
	CITY		STATE	ZIP	CONTACT	NUMBER	EXT			
					( )					
	JOB TITLE / RANK				EMAIL					
	DUTIES / ASSIGNMENTS				,	CHECK ALL THAT APPL	,			
						Temp Self-emplo	yed   Volunteer			
	NAMES OF CO-WORKERS	0)		REASON FOR	LEAVING					
	1)	2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE					FROM (MM/YYYY)	TO (MM/YYYY)			
27.10	☐ Student ☐ Between jobs ☐ Lea		□ Other:			/	/			
	☐ Gradelir ☐ Dermeell Jobs ☐ Lea	AC OL ADSELICE   I LIAVEL				′	′			

SEC	TION 5: EXPERIENCE AND EMPLOYN	IENT continued						
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (N	IM/YYYY)
27.11						/		/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR		
	CITY		STATE	ZIP	CONTACT	NUMBER		EXT
					( )			
	JOB TITLE / RANK				EMAIL			
	DUTIES / ASSIGNMENTS			TYPE OF EMP	LOYMENT (	CHECK ALL THAT APPL	_Y)	
				☐FT ☐	PT 🗌	Temp Self-emplo	oyed	Volunteer
	NAMES OF CO-WORKERS	ı		REASON FOR	LEAVING			
	1)	2)						
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (N	IM/YYYY)
27.12	☐ Student ☐ Between jobs ☐ Leav		her:			/	. 0 (	/
		ve of absence   Traver   Ot				<u>'</u>		,
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (N	IM/YYYY)
27.13						/		/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR		
	CITY		STATE	ZIP	CONTACT	NUMBER		EXT
					( )			
	JOB TITLE / RANK				EMAIL			
	DUTIES / ASSIGNMENTS					CHECK ALL THAT APPL		
						Temp Self-emplo	oyed	Volunteer
	NAMES OF CO-WORKERS	2)		REASON FOR	LEAVING			
	1)	2)						
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (N	IM/YYYY)
27.14	☐ Student ☐ Between jobs ☐ Leav	ve of absence	her:			/		/
	•							
27.15	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (N	IM/YYYY)
						/		/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR		
	CUTY		IOTATE	710	CONTACT	ALLIMADED.		EVT
	CITY		STATE	ZIP	( )	NUMBER		EXT
	JOB TITLE / RANK				( )			
	JOB IIILE / RAINK				EIVIAIL			
	DUTIES / ASSIGNMENTS			TYPE OF EMP	LOYMENT (	CHECK ALL THAT APPL	Y)	
	DOTIES / AGGIGNIMENTO					Temp Self-emplo		Volunteer
	NAMES OF CO-WORKERS			REASON FOR		. s.np 🗀 oon ompie	- y - G	voidillooi
	1)	2)						
	- /	ı =,		1				
	<u> </u>							
27.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (M	IM/YYYY)

SEC	TION 5: EXPERIENCE AND EMPLOYM	ENT continued								
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (N	IM/YYYY)	
27.17							/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR			
	CITY		STATE	ZIF	)	CONTACT	NUMBER		EXT	
						( )				
	JOB TITLE / RANK					EMAIL				
	DUTIES / ASSIGNMENTS				TYPE OF EMPL	OYMENT (	CHECK ALL THAT APPI	LY)		
					☐ FT ☐	PT 🔲	Temp Self-emple	oyed [	Volunteer	
	NAMES OF CO-WORKERS				REASON FOR	LEAVING				
	1)	2)								
	1									
07.40	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (N	IM/YYYY)	
27.18	☐ Student ☐ Between jobs ☐ Leave	e of absence 🔲 Travel 🔲 Oth	ner:		=		/		/	
-								TO (1		
27.19	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	10 (10	IM/YYYY)	
						OLIDED) #	/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR			
	CITY		STATE	ZIF	,	CONTACT	NUMBER		EXT	
						( )				
	JOB TITLE / RANK					EMAIL				
	DUTIES / ASSIGNMENTS					LOYMENT (CHECK ALL THAT APPLY)				
	NAMES OF SO WORKERS					FT PT Temp Self-employed Volunteer				
	NAMES OF CO-WORKERS	2)			REASON FOR	LEAVING				
	1)	2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (N	IM/YYYY)	
27.20	☐ Student ☐ Between jobs ☐ Leave	e of absence	ner:				/		/	
					_					
28.	Have you ever been disciplined at work? (Th	nis includes written warnings, forma	l letters	of	counseling,					
	reprimands, suspensions, reductions in pay,	reassignments, or demotions.)						Yes	s 🗌 No	
20	Have you ever been fired, released from pro	hatian or asked to resign from any	nlaco	of o	mplovmont?				s $\square$ No	
29.	nave you ever been lired, released from pro	battori, or asked to resign from any	place	JI E	mpioyment?			1 es	S 🔲 140	
30.	Were you ever involved in a physical/verbal	altercation with a supervisor, co-wo	orker o	r CII	stomer?				s 🗌 No	
30.	vvoic you ever involved in a physical, verball	ancreation with a supervisor, co we	inci, o	Cu	3.011101 :				,   140	
31.	Have you ever quit without giving notice?							☐ Yes	s П No	
32.	Have you ever resigned in lieu of termination	າ?						Yes	s 🗌 No	
	Have you ever been accused of discrimination							□ v <sub>~</sub> .	N	
	by a co-worker, superior, subordinate or cus	tomer?						Yes	s No	
34.	Were you ever the subject of a written comp	laint at work?						Yes	s 🗌 No	
	· · · · · · · · · · · · · · · · · · ·									
35.	Have you ever been counseled at work due	to lateness or absences?						Yes	s 🗌 No	

SEC	CTION 5: EXPERIENCE AND EMPLOYMENT continued							
36.	Did you ever receive an unsatisfactory performance review?					Yes	□ No	
37.	Have you ever sold, released, or given away legally confidential	information?				Yes	☐ No	
38.	Have you ever called in sick when you were neither sick nor cari	ing for a sick fam	ily m	ember?		Yes	☐ No	
	IF YES, how many sick days have you used in the past five year	rs which were not	t due	to illness? _	Days			
	If you answered "YES" to any of Questions 28–38, explain (inclu	ude when, where	and, and	d circumstance	es — reference d	corresponding numbe	rs).	
39.	In the past three years, have you missed days or been late to w	vork due to drug	or ald	cohol consump	otion?	Yes	□ No	
40.	Has your work performance ever been affected by your use of al	lcohol or drugs?.				Yes	☐ No	
	IF YES, when? Name	e of employer:		<u></u>				
41.	In the past three years, have you been warned by an employer on your performance?						□ No	
				<u>—</u>				
42.	Have you ever applied for any position at another law enforcement	ent agency (city,	cour	nty, state, or fe	deral)?	Yes	☐ No	
	<ul> <li>If you answered "YES" to Question 42, list EVERY agency you have applied to, starting with the most recent.</li> <li>Give complete and accurate addresses.</li> <li>All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.</li> <li>If more space is needed, continue your response on page 27.</li> </ul>							
42.1	NAME OF LAW ENFORCEMENT AGENCY					DATE APPLIED (MM/YYY)	()	
	ADDRESS (NUMBER / STREET)				BACKGROUND IN	VESTIGATOR'S NAME (IF I	(NOWN)	
	OLTY	L O.T.A.	TE   1	710	CONTACT NUMBER		EVT.	
	CITY	SIA	TE 2	ZIP	CONTACT NUMBE	:K	EXT	
	POSITION APPLIED FOR		· ·	EMAIL	<u>'</u>			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR ST	FATUR:						
	STATUS: Hired On Eligibility List Withdrawn Di	Oral Polygrap			ground 🗌 Chi	ef's Oral Condition	onal Offer	

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued						
	NAME OF LAW ENFORCEMENT AGENCY		DATE APPLIED (MM/YYYY)				
42.2			/				
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	ER .	EXT	
				( )			
	POSITION APPLIED FOR	•	EMAIL				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:		N/OA		-8-0-1		
	STEP: Application Written Physical Ability Oral PolySTATUS: Hired On Eligibility List Withdrawn Disqualified			ground 🔲 Chi	ef's Oral 🔲 Condit	ional Offer	
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	Υ)	
42.3					/		
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	ER .	EXT	
				( )			
	POSITION APPLIED FOR		EMAIL				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA Back	ground 🔲 Chi	ef's Oral 🔲 Condit	ional Offer	
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	xpired				
42.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	Y)	
42.4					/		
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBE	ER .	EXT	
				( )	)		
	POSITION APPLIED FOR		EMAIL				
	OUT OF THE VOLUME THE PROOF OF THE TWO LOOMED THE						
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	· auanh /C	N/CA Deals		offo Orol D Condit	ional Offer	
	STEP: Application Written Physical Ability Oral Poly			ground Chi	ers Orai 🔲 Condit	ional Oller	
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	:xpirea			0.0	
42.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	Y)	
					/		
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)	
	OLTV	OTATE	710	CONTACT NUMBE		EXT	
	CITY	STATE ZIP CO					
	POSITION APPLIED FOR		EMAIL	( )			
	F OOHION AFFELED FOR		LIVIAIL				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA D Back	around Chi	ef's Oral	ional Offer	
	STATUS: Hired On Eligibility List Withdrawn Disqualified	•		ground 🗀 OIII	ci 3 Oiai 🔲 Collait	ional Onel	
	OTATOS.   Tilled   OTTEligibility List   Withdrawn   Disqualified	LIST E	xpireu				

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued							
42.6	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY	YY)		
42.0			/					
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	- KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBE	R	EXT		
		0.72		( )		270		
	POSITION APPLIED FOR		EMAIL	, ,				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:		_	_	_			
	STEP: Application Written Physical Ability Oral Poly	•		ground	ef's Oral	tional Offer		
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	xpired					
42.7	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	YY)		
	ADDRESS (NUMBER / STREET)			BYCKCBOTIND IN	/ IVESTIGATOR'S NAME (IF	E KNOWN)		
	ADDRESS (NOWBER / STREET)			DACKGROUND IN	IVESTIGATOR'S NAME (II	KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBE	ER .	EXT		
				( )				
	POSITION APPLIED FOR		EMAIL					
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	1.10	D		по . По .:	. 10"		
	STEP: Application Written Physical Ability Oral PolySTATUS: Hired On Eligibility List Withdrawn Disqualified			ground L Chi	er's Orai 🔲 Condit	tional Offer		
	STATUS.   Hired   On Eligibility List   Withdrawn   Disqualified	LIST E	хрігеа					
SEC	TION 6: MILITARY EXPERIENCE							
43.	Are you required to register for the Selective Service?				Ye	es 🗌 No		
	IF YES, have you registered?				Ye	es 🗌 No		
	IF NO, explain:							
	п NO, ехріані.							
44.	Have you ever served in the military?				Ye	es 🗌 No		
45.	If you answered "YES" to Question 44, include the following service informat	ion:						
	BRANCH OF SERVICE			FROM (MM/YYY	Y) TO (MM/YY	YY) /		
	TYPE OF DISCHARGE			/		1		
	☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Oth	ner than	Honorable)	Bad Cond	uct Dishonor	able		
	Re-entry Code (1–4) if applicable – refer to your DD-214:		,					
46.	Are you currently participating in one of the following?							
	☐ Military Reserve ☐ National Guard ☐ IF CHECKED, date obligation	on ends	(MM/DD/YY):					
47.	Have you ever been the subject of any judicial or non-judicial disciplinary act	ion (suc	h as, court mar	tial, captain's m	nast,			
	office hours, company punishment)?	•		•	_	es 🗌 No		
48.	Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?							

SE	CTION 6: MILITARY EXPERIENCE continued		
	If you answered "YES" to any of Questions 47–49, explain (include dates and circumstances).		
	CTION 7: FINANCIAL INCOME AND EXPENSES		
50.	For each of the following questions (50A, B, C), fill in the amounts to the nearest dollar.		
	<ul> <li>For Question 50C: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payment</li> </ul>	es food das and car	
	maintenance, entertainment, etc., as well as any other obligations you may have.	s, lood, gas and cal	
	A) From your employer(s), what is your take-home monthly income?	per month	
	B) Do you have other sources of income? (IF YES, fill in amount and explain.)	per month	
	Explain:		
	<u> </u>		
	C) How much do you spend each month?	per month	
51.	Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	Yes No	
52.	Have any of your bills ever been turned over to a collection agency?	Yes No	
53.	Have you ever had purchased goods repossessed?	Yes No	
54.	Have your wages ever been garnished?	Yes No	
55.	Have you ever been delinquent on income or other tax payments?	Yes No	
56.	Have you ever failed to file income tax or cheated/lied on an income tax form?	Yes No	
57.	Have you ever had an employment bond refused?	Yes No	
58.	Have you ever avoided paying any lawful debt by moving away?	Yes No	
59.	Have you ever defaulted on (failed to pay) a loan?	Yes No	
60.	Have you ever borrowed money to pay for a gambling debt?	Yes No	
	IF YES, do you currently have any outstanding debts as a result of gambling?	Yes No	
61.	Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	Yes No	
62.	Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	Yes No	
63.	Have you written three or more bad checks in a one-year period?	Yes No	
	If you answered "YES" to any of <b>Questions 51–63</b> , explain (include when, where, and why – reference corresponding num	nbers).	
	, and the second	-7	

# **SECTION 8: LEGAL** ► Disclosure of Arrests and Convictions This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. It is strongly recommended that you consult with an attorney before omitting any information. If more space is needed, continue your response on page 27. 64. Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? IF YES, explain each incident: CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY 64.1 DISPOSITION OR PENALTY CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY 64.2 DISPOSITION OR PENALTY CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY 64.3 DISPOSITION OR PENALTY

65.	Have you ever been placed on court probation?	☐ No
66.	Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	□No
67.	Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	□ No
68.	Have the police ever been called to your home for any reason?	□No
69.	Have you or your spouse/partner ever been referred to Child Protective Services?	□ No

SEC	TION 8: LEGAL continued	
71.	Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	☐ No
72.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	☐ No
73.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	☐ No
74.	Have you ever filed a false insurance or workers' compensation claim?	□No
	If you answered "YES" to any of <b>Questions 65–74</b> , explain (include court case or document, dates, and circumstances – reference corre numbers).	sponding
▶ I	nvolvement in Criminal Acts Part 1	
75.	Have you committed any of the following acts within the past 10 years? (You do NOT have to report any acts committed prior to age 1	<b>5</b> .)
•	You <b>MUST</b> include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet.	
•	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or stat relieved you from reporting the detention, arrest, or conviction that arose from it.	e law
75.1	Animal abuse and/or neglect Yes	☐ No
75.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	□No
75.3	Battery (use of force or violence upon another)	□No
75.4	Brandishing a weapon (any type of weapon)	□No
75.5	Carrying a concealed weapon without a permit	☐ No
75.6	Contributing to the delinquency of a minor Yes	☐ No
75.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	☐ No
75.8	Driving under the influence of alcohol and/or drugs	☐ No
75.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	☐ No
75.10	Filing a false police report	☐ No
75.11	Hit & run collision (no injuries)	□No
75.12	Illegal gambling Yes	☐ No
75.13	Illegal hunting and/or fishing (for example, without a license, out of season)	☐ No

SECT	TION 8: LEGAL continued	
75.14	Impersonating a peace officer (pretending to be a police officer)	No
75.15	Indecent exposure and/or lewd or obscene conduct	No
75.16	Intentionally writing a bad check	No
75.17	Joyriding (using a car or other vehicle without owner's permission)	No
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) Yes	No
75.19	Petty theft (value up to \$950, including shoplifting/switching price tags)	No
75.20	Possession of alcohol as a minor	No
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	No
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	No
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	No
75.24	Reckless driving	No
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	No
75.26	Trespassing	No
75.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	No
75.28	Any other act amounting to a misdemeanor	No
•	If you answered "YES" to <b>ANY</b> of the item(s) in <b>Question 75</b> , fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g., 75.5) for each explanation.  If more space is needed, continue your response on page 27.	
▶ In	nvolvement in Criminal Acts Part 2	
76.	At any time in your life, have you EVER committed any of the following acts?	
	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.	
76.1	Arson (intentionally destroying property by setting a fire)	No
76.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily	
	injury or death)	No

SECT	ION 8: LEGAL continued	
76.4	Burglary (entering a structure or vehicle to commit theft or other crime)	□No
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	□No
76.6	Elder abuse and/or neglect (physical and/or financial)	□No
76.7	Embezzlement (theft of money or other valuables entrusted to you)	□No
76.8	Felony drunk driving (involving injuries)	□No
76.9	Forcible rape Yes	□No
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	□No
76.11	Fraudulent use of a credit, ATM, debit, and/or check card	□No
76.12	Grand theft (value of over \$950, or any firearm)	□No
76.13	Hit & run (with injuries)	☐ No
76.14	Hate crime Yes	□No
76.15	Illegal sex acts Yes	☐ No
76.16	Insurance fraud Yes	☐ No
76.17	Murder, homicide, or attempted murder	☐ No
76.18	Perjury (lying under oath)	☐ No
76.19	Possession of an explosive/destructive device	☐ No
76.20	Robbery (theft from another person using a weapon, force, or fear)	☐ No
76.21	Stalking Yes	☐ No
76.22	Theft of a vehicle and/or vehicle parts	☐ No
76.23	Viewing and/or possessing child pornography	☐ No
76.24	Any other act amounting to a felony	□No
•	If you answered "YES" to <b>ANY</b> of the item(s) in <b>Question 76</b> , fully explain circumstances, including dates, names of individuals involve and resolution. Reference the corresponding number (e.g., 76.3) for each explanation.  If more space is needed, continue your response on page 27.	ed,

SEC	CTION 8: LEGAL continued
▶ I	Illegal Use of Drugs
•	For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high."  Your responses should include — <i>but not be limited to</i> — your use of any of the following:    Amphetamines / Methamphetamines ( <i>Uppers, Speed, Crank, etc</i> )   Marijuana ( <i>with or without a prescription</i> )
	Within the past six months, have you used any drug(s) as indicated above?
79.	Have you <i>EVER</i> engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription:  Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another  IF ANY ITEM IS CHECKED, give details including <i>drug(s) involved</i> , <i>over what time period(s)</i> , and <i>circumstances</i> .
80.	During the <i>past five years</i> , have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?

SEC	TION 9: MOTOR VEHICLE INFORMATION						
81.	Current Driver's License:						
	STATE OF ISSUE LICENSE NUMBER E	XPIRATION DATE (MM/D	D/YYYY) NAME UNDE	R WHICH L	ICENSE	WAS GRANTE	D
		/ /					
82.	List other states where you have been licensed to oper	rate a motor vehicle	:				
	STATE OF ISSUE LICENSE NUMBER (IF KNOWN)	YPE OF LICENSE	NAME UNDE	R WHICH L	ICENSE	WAS GRANTE	D
83.	Have you ever been refused a driver's license by any s	state?					Yes No
	IF YES, explain (include when, where, and circumstance)						
		,					
-							
_							
	Has your driver's license ever been suspended or revo						Yes No
	IF YES, explain (include when, where, and circumstand	ces):					
_							
_							
-							
85.	List your current liability insurance on your vehicle(s).						
85.1	TYPE OF COVERAGE  Insured Bonded Cash Deposit	VEHICLE MAKE		YEAR (YY	YY)	VEHICLE LIC	ENSE
	INSURANCE COMPANY		POLICY NUMBER				EXPIRATION DATE (MM/DD/YYYY)
							1 1
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER
							( )
85.2	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (YY	YY)	VEHICLE LIC	ENSE
00.12	☐ Insured ☐ Bonded ☐ Cash Deposit		POLICY NUMBER				EXPIRATION DATE (MM/DD/YYYY)
	INSURANCE COMPANT		POLICT NUMBER				/ /
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER
							( )
85.3	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (YY	YY)	VEHICLE LIC	ENSE
03.3	☐ Insured ☐ Bonded ☐ Cash Deposit		DOLLOVA WAS TO				EVENDATION DATE (A. V. C.
	INSURANCE COMPANY		POLICY NUMBER				EXPIRATION DATE (MM/DD/YYYY) / /
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER
							( )

SEC	TION 9: MOTOR VEHICLE	OPERATION conti	nued							
86.	List all traffic citations, exclud	ling parking citations,	you have rece	eived within the	oast seven	years.				
86.1	NATURE OF VIOLATION			LOCATION (STREET	Γ)		CITY			STATE
	DATE VIOLATION OCCURRED		ACTION TAKEN							
	Month:	Year:		lot Guilty	Fined		Traffic So	chool	Dismisse	d
00.0	NATURE OF VIOLATION	-	-	LOCATION (STREE	T)		CITY			STATE
86.2										
	DATE VIOLATION OCCURRED  Month:	Year:	ACTION TAKEN	lot Guilty	Fined	Г	Traffic So	chool	Dismisse	d
	NATURE OF VIOLATION	-	٠.٠	LOCATION (STREE			CITY			STATE
86.3										
	DATE VIOLATION OCCURRED	.,	ACTION TAKEN			_	'			
	Month:	Year:		lot Guilty	Fined	L	Traffic So	chool	Dismisse	d
87.	Has a traffic citation ever resu	ulted in a warrant or c	aused your dr	iver's license to b	e withheld o	due to the	following (	check all that	apply):	
	☐ Failed	to Appear	ailed to Comp	lete Traffic School	ol 🗌 F	Failed to F	Pay the Re	quired Fine		
	IF CHECKED, explain circum	stances:								
00 L	Have you been involved as th	o driver in a meter ve	hiele accident	within the past	sovon voar	·e?			□ Vos 「	□No
	F YES, give details below.	e driver in a motor ve	more accident	within the past	seven year	J:			103	
	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)				CITY				STATE
88.1	/									
	POLICE REPORT	LAW ENFORCEMENT AG	ENCY			AT FAULT		WAS THE ACC		
	Yes No	LOCATION (STREET)				CITY	s No	inju	ry Non-i	STATE
88.2	/	EGOMION (OTNEET)				OIII				OIME
	POLICE REPORT	LAW ENFORCEMENT AG	ENCY			AT FAULT	?	WAS THE ACC	CIDENT?	
	Yes No					☐ Ye	s No	☐ Inju	ry Non-i	
88.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)				CITY				STATE
	POLICE REPORT	LAW ENFORCEMENT AG	ENCY			AT FAULT	?	WAS THE ACC	CIDENT?	
	☐ Yes ☐ No					☐ Ye	s 🗌 No	☐ Inju	ry 🔲 Non-i	njury
89.	Have you ever driven a vehic	le without auto insura	nce, as requir	ed by law?						☐ No
	IF YES, GIVE REASON						F	ROM (MM/YYYY)	TO (MM/YY)	YY)
								/	/	
90.	Have you ever been refused	automobile liability ins	surance or a h	ond, or had them	cancelled?				Yes	□No
- **	IF YES, GIVE REASON			.,					DATE (MM/	_
									/	
	L	Į.	NSURANCE COM	PANY						

SECTION 10: OTHER TOPICS					
	_	☐ No			
92.	Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	□No			
93.	Have you ever hit or physically overpowered a spouse or romantic partner?	□No			
94.	Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	☐ No			
95.	Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	☐ No			
	If you answered "YES" to any of Questions 91–95, give details including dates and circumstances – reference corresponding numbers).				
SEC	CTION 11: CERTIFICATION				
	I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.				
	Signature in Full: ▶ Date:				

Use the following page to continue any of your responses.

Be sure to reference corresponding numbers.

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

PERSONAL HISTORY STATEMENT - Peace Officer				