Commission on
Peace Officer Standards and Training (**POST**)
860 Stillwater Road, Suite 100
West Sacramento, CA 95605-1630

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 **Public Safety Dispatcher**, in accordance with POST Commission Regulation 1959.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given by the hiring department, type or neatly print in 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 supplemental information page on the last page of this form (page 23) and identify the additional information by the question number.
- Following instructions given by the hiring department, provide the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

Disqualification

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

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

Disclosure of Medically-Related Information

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

I have read and I understand the above instructions.

Signature: _____ **Date**: _____

SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST | FIRST | MIDDLE

2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES) ☐ N/A

3. ADDRESS WHERE YOU LIVE

NUMBER / STREET | APT / UNIT

CITY | STATE | ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)

5. CONTACT NUMBERS

HOME ( ) | WORK ( ) | EXT | OTHER ( ) | ☐ CELL | ☐ FAX

6. CONTACT EMAIL

7. LIST **ALL** OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)

8. LEGAL AUTHORIZATION FOR EMPLOYMENT

Are you legally authorized for permanent employment in the United States? ☐ Yes ☐ No

IF NO, explain fully: _____

9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)

10. BIRTHDATE (MM/DD/YYYY)

11. SOCIAL SECURITY NUMBER – –

12. DRIVER'S LICENSE

NUMBER: | STATE: | EXPIRES:

13. PHYSICAL DESCRIPTION

HEIGHT: | WEIGHT: | HAIR COLOR: | EYE COLOR:

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable.
- Mark "Deceased," if appropriate.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

14.A Spouse / Registered Domestic Partner ☐ Deceased ☐ N/A

NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP

HOME PHONE ( ) | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP

WORK PHONE ( ) | CELL PHONE ( ) | EMAIL

DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)

Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? ☐ Yes ☐ No

14.B Former Spouse / Former Registered Domestic Partner ☐ Deceased ☐ N/A

NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP

HOME PHONE ( ) | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP

WORK PHONE ( ) | CELL PHONE ( ) | EMAIL

DATE OF MARRIAGE/REGISTRATION / (MM/YYYY) | DATE OF DISSOLUTON / (MM/YYYY)

Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? ☐ Yes ☐ No

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

SECTION 2: RELATIVES AND REFERENCES *continued*

14.C Parents / Guardians / In-laws

- List **ALL** parents/guardians/in-laws living or deceased, including biological, adoptive, foster, step-parents, etc.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

14.C.1 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.C.2 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.C.3 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.C.4 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.C.5 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.C.6 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

Supplemental relatives information included on Page 23 ☐

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

SECTION 2: RELATIVES AND REFERENCES *continued*

14.D Brothers / Sisters ☐ N/A

- List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

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

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.D.2 Sibling: ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.D.3 Sibling: ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.D.4 Sibling: ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

Supplemental relatives information included on Page 23 ☐

14.E Children ☐ N/A

- List **ALL LIVING** children, including natural, adopted, step, and/or foster care.
- Include any other children who reside with you.
- Provide the name and contact information of the custodial parent/guardian, if other than you.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

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
( )	

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

SECTION 2: RELATIVES AND REFERENCES *continued*

14.E.2 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		

14.E.3 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		

14.E.4 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		

Supplemental relatives information included on Page 23 ☐

15. List of references

- List **7-10** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers.
- Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

15.1

NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		
How do you know this person?		How long have you known this person?		

15.2

NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		
How do you know this person?		How long have you known this person?		

15.3

NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		
How do you know this person?		How long have you known this person?		

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

SECTION 2: RELATIVES AND REFERENCES *continued*

15.4	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	How do you know this person?		How long have you known this person?		
15.5	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	How do you know this person?		How long have you known this person?		
15.6	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	How do you know this person?		How long have you known this person?		
15.7	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	How do you know this person?		How long have you known this person?		
15.8	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
15.9	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
15.10	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		

Supplemental references information included on Page 23 ☐

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

SECTION 3: EDUCATION

- **NOTE: You may be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on page 23.*

16. Do you have a high school diploma, High School Equivalency Certificate, or California High School Proficiency Certificate?..... ☐ Yes ☐ No

17. LIST HIGH SCHOOL(S) ATTENDED

	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
17.1		/	/	☐ Yes ☐ No
	CITY			STATE

	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
17.2		/	/	☐ Yes ☐ No
	CITY			STATE

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
18.1		/	/	_____ ☐ QTR SYSTEM ☐ SEM SYSTEM
	ADDRESS (NUMBER / STREET)			DEGREE EARNED ☐ YES ☐ NO TYPE:
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
18.2		/	/	_____ ☐ QTR SYSTEM ☐ SEM SYSTEM
	ADDRESS (NUMBER / STREET)			DEGREE EARNED ☐ YES ☐ NO TYPE:
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
18.3		/	/	_____ ☐ QTR SYSTEM ☐ SEM SYSTEM
	ADDRESS (NUMBER / STREET)			DEGREE EARNED ☐ YES ☐ NO TYPE:
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

19. LIST **ALL** TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
19.1		/	/	☐ Yes ☐ No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	

Supplemental education information included on Page 23 ☐

LIST **ALL** POST BASIC COURSES ATTENDED

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

IF YES, provide the following information:

A. COURSE PRESENTER NAME	LOCATION (CITY / STATE)

B. COURSE COMPLETION	COMPLETION DATE (MM/YYYY)
Did you successfully complete the course? ..... ☐ Yes ☐ No	/

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

SECTION 3: EDUCATION *continued*

21. Have you ever attended a **POST** Basic Course/Academy: Regular, Modular, Specialized Investigators', Reserve, or Dispatcher? ☐ Yes ☐ No

IF YES, provide the following information:

	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
21.1		/	/	☐ Yes ☐ No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				( )
	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
21.2		/	/	☐ Yes ☐ No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				( )

Supplemental POST basic courses information included on Page 23 ☐

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school, college/university, business, trade school, or POST basic course/academy? ..... ☐ Yes ☐ No

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or POST basic course. Include when the disciplinary action(s) occurred, name of school(s)/academy, and explanation of circumstances.

23. Since the age of 18, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any POST exam? ..... ☐ Yes ☐ No

IF YES, explain circumstances.

SECTION 4: RESIDENCE HISTORY

24. LIST OF RESIDENCES

- List all residences **during the last 10 years or since age 15**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- *If more space is needed, continue your response on page 23.*

	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
24.1				/	**Present**
	CITY	STATE	ZIP	**IF RENTING:** PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				( )	
	CITY	STATE	ZIP	EMAIL	

Name(s) of those with whom you live:

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

SECTION 4: RESIDENCE HISTORY *continued*

24.2

FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

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

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

CITY	STATE	ZIP	EMAIL

Name(s) of those with whom you lived:

Reason for moving:

24.3

FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

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

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

CITY	STATE	ZIP	EMAIL

Name(s) of those with whom you lived:

Reason for moving:

24.4

FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

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

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

CITY	STATE	ZIP	EMAIL

Name(s) of those with whom you lived:

Reason for moving:

24.5

FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

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

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

CITY	STATE	ZIP	EMAIL

Name(s) of those with whom you lived:

Reason for moving:

Supplemental residence information included on Page 23 ☐

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

SECTION 4: RESIDENCE HISTORY *continued*

25. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 24** with whom you have resided **during the past 10 years** or **since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- *If more space is needed, continue your response on page 23.*

25.1

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

25.2

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

25.3

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

25.4

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

25.5

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

25.6

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

Supplemental housemate information included on Page 23 ☐

26. Have you ever been evicted or asked to leave a residence? ..... ☐ Yes ☐ No

27. Have you ever left a residence owing rent, utilities, or other household expenses? ..... ☐ Yes ☐ No

If you answered "YES" to **Questions 26 and/or 27**, explain (include when, where, and circumstances):

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

SECTION 5: EXPERIENCE AND EMPLOYMENT

28. JOB EXPERIENCE

- List **ALL** jobs you have had ***within the past ten years***, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- 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 23.*

28.1

NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
			( )	
CITY	STATE	ZIP	EMAIL	
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
			☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE	
SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL	
	( )			
NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL	
1)	( )			
2)	( )			

Would there be a problem if we contact your current employer? ..... ☐ Yes ☐ No

IF YES, explain:

28.2

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

28.3

NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
			( )	
CITY	STATE	ZIP	EMAIL	
JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
			☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE	
SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL	
	( )			
NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL	
1)	( )			
2)	( )			

28.4

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

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

SECTION 5: EXPERIENCE AND EMPLOYMENT

28.5

NAME OF EMPLOYER OR MILITARY UNIT	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

ADDRESS (NUMBER / STREET / SUITE / OR BASE)	CONTACT NUMBER
	( )

CITY	STATE	ZIP	CITY	STATE

JOB TITLE / RANK	TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)
	☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer
DUTIES / ASSIGNMENTS	REASON FOR WANTING TO LEAVE

SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL
	( )		

NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL
1)	( )		
2)	( )		

28.6

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

28.7

NAME OF EMPLOYER OR MILITARY UNIT	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

ADDRESS (NUMBER / STREET / SUITE / OR BASE)	CONTACT NUMBER	EXT
	( )	

CITY	STATE	ZIP	EMAIL

JOB TITLE / RANK	TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)
	☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer
DUTIES / ASSIGNMENTS	REASON FOR WANTING TO LEAVE

SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL
	( )		

NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL
1)	( )		
2)	( )		

28.8

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

28.9

NAME OF EMPLOYER OR MILITARY UNIT	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

ADDRESS (NUMBER / STREET / SUITE / OR BASE)	CONTACT NUMBER	EXT
	( )	

CITY	STATE	ZIP	EMAIL

JOB TITLE / RANK	TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)
	☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer
DUTIES / ASSIGNMENTS	REASON FOR WANTING TO LEAVE

SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL
	( )		

NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL
1)	( )		
2)	( )		

28.10

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

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

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

28.11

NAME OF EMPLOYER OR MILITARY UNIT	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

ADDRESS (NUMBER / STREET / SUITE / OR BASE)	CONTACT NUMBER	EXT
	( )	

CITY	STATE	ZIP	EMAIL

JOB TITLE / RANK	TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)
	☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer

DUTIES / ASSIGNMENTS	REASON FOR WANTING TO LEAVE

SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL
	( )		

NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL
1)	( )		
2)	( )		

28.12

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

28.13

NAME OF EMPLOYER OR MILITARY UNIT	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

ADDRESS (NUMBER / STREET / SUITE / OR BASE)	CONTACT NUMBER	EXT
	( )	

CITY	STATE	ZIP	EMAIL

JOB TITLE / RANK	TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)
	☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer

DUTIES / ASSIGNMENTS	REASON FOR WANTING TO LEAVE

SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL
	( )		

NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL
1)	( )		
2)	( )		

28.14

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

Supplemental employment information included on Page 23 ☐

29.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	☐ Yes	☐ No
30.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	☐ Yes	☐ No
31.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	☐ Yes	☐ No
32.	Have you ever quit without giving proper notice?	☐ Yes	☐ No
33.	Have you ever resigned in lieu of termination?	☐ Yes	☐ No
34.	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?	☐ Yes	☐ No
35.	Were you ever the subject of a written complaint at work that resulted in disciplinary action against you?	☐ Yes	☐ No
36.	Have you ever been counseled at work due to lateness or absences?	☐ Yes	☐ No
37.	Did you ever receive an unsatisfactory performance review?	☐ Yes	☐ No

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

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

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

39. Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ Yes ☐ No

IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days

40. While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? ***Note: Do not include lawful exchange of investigative content and/or evidence pursuant to official law enforcement investigations.*** ☐ Yes ☐ No

If you answered "YES" to any of **Questions 29–40**, explain (include when, where, and circumstances – *reference corresponding numbers*).

Supplemental employment information included on Page 23 ☐

41. *In the* ***past three years***, have you missed days or been late to work due to drug or alcohol consumption? ☐ Yes ☐ No

IF YES, how often? _____

42. Has your work performance ever been affected by your use of alcohol or drugs? ☐ Yes ☐ No

IF YES, when? _____ Name of employer: _____

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

IF YES, when? _____ Name of employer: _____

44. Have you ***ever*** applied for ***any*** position at this or any other law enforcement agency (city, county, state, or federal)? ☐ Yes ☐ No

- If you answered "YES" **to Question 44,** 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 23.*

44.1

NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)
			/
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( ) / EXT
POSITION APPLIED FOR		EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) _____

44.2

NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)
			/
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( ) / EXT
POSITION APPLIED FOR		EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) _____

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

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

44.3

NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
				/
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR		EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) _____

44.4

NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
				/
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR		EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) _____

Supplemental employment information is included on Page 23 ☐

SECTION 6: MILITARY EXPERIENCE

45. Are you required to register for the Selective Service? ☐ Yes ☐ No

IF YES, have you registered? ☐ Yes ☐ No

IF NO, explain: _____

46. Have you ever served in the military? ☐ Yes ☐ No

47. If you answered "YES" to Question 46, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

TYPE OF DISCHARGE

☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable

Re-entry Code (1–4) if applicable – *refer to your DD-214:* _____

48. Are you currently participating in one of the following?

☐ Military Reserve ☐ National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____

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

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

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

If you answered "YES" to any of **Questions 49–51** explain (include dates and circumstances).

Supplemental military information included on Page 23 ☐

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

SECTION 7: FINANCIAL

52. INCOME AND EXPENSES

- For each of the following questions (**52A** and **B**), fill in the amounts to the nearest dollar.
- For **Question 52A:** Provide your ***total*** monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For **Question 52B:** Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

A)	What is your total monthly disposable income?	$ _____ per month
B)	How much do you spend each month?	$ _____ per month

53.	Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	☐ Yes	☐ No
54.	Have any of your bills ever been turned over to a collection agency?	☐ Yes	☐ No
55.	Have you ever had purchased goods repossessed?	☐ Yes	☐ No
56.	Have your wages ever been garnished?	☐ Yes	☐ No
57.	Have you ever been delinquent on income or other tax payments?	☐ Yes	☐ No
58.	Have you ever failed to file income tax or cheated/lied on an income tax form?	☐ Yes	☐ No
59.	Have you ever had an employment bond refused?	☐ Yes	☐ No
60.	Have you ever avoided paying any lawful debt by moving away?	☐ Yes	☐ No
61.	Have you ever defaulted on (failed to pay) a loan?	☐ Yes	☐ No
62.	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
63.	Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	☐ Yes	☐ No
64.	Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	☐ Yes	☐ No
65.	Have you written three or more bad checks in a one-year period?	☐ Yes	☐ No

If you answered "YES" to any of **Questions 53–65**, explain (include when, where, and why – *reference corresponding numbers*).

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

SECTION 8: LEGAL

▶ Disclosure of Arrests and Convictions

- If you are applying for a dispatcher position at a criminal justice agency (as defined in Penal Code 13101), you are required to report detentions, arrests, and convictions (per Labor Code 432.7), except where sealed or expunged by law. If you are applying for a dispatcher position at a non-criminal justice agency, you are not required to disclose arrests or detentions that did not result in a conviction. **It is recommended that you consult with an attorney if you have any questions regarding disclosure.**
- *If more space is needed, continue your response on page 23.*

66. Have you ever been convicted of (and, for criminal justice agency applicants, detained by law enforcement for investigation, arrested, indicted, or charged with) any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? ..... ☐ Yes ☐ No

IF YES, explain each incident:

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
66.1		/	
	DISPOSITION OR PENALTY		
66.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
	DISPOSITION OR PENALTY		

Supplemental disclosure information included on Page 23 ☐

67.	Have you ever been placed on court probation?	☐ Yes	☐ No
68.	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 juvenile court.)	☐ Yes	☐ No
69.	Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	☐ Yes	☐ No
70.	Have the police ever been called to your home for any reason?	☐ Yes	☐ No
71.	Have you or your spouse/partner ever been referred to Child Protective Services?	☐ Yes	☐ No
72.	Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	☐ Yes	☐ No
73.	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?	☐ Yes	☐ No
74.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	☐ Yes	☐ No
75.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	☐ Yes	☐ No
76.	Have you ever filed a false insurance or workers' compensation claim?	☐ Yes	☐ No

If you answered "YES" to any of **Questions 67–76**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). *If more space is needed, continue your response on page 23.*

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

SECTION 8: LEGAL *continued*

▶ Involvement in Criminal Acts – Part 1

77. Have you committed any of the following acts ***within the past seven (7) years***? (You do NOT have to report any acts committed ***prior to age 15***.)

- You **MUST** 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 state law relieved you from reporting the detention, arrest, or conviction that arose from it**.

77.1	Animal abuse and/or neglect	☐ Yes	☐ No
77.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	☐ Yes	☐ No
77.3	Battery (use of force or violence upon another)	☐ Yes	☐ No
77.4	Brandishing a weapon (any type of weapon)	☐ Yes	☐ No
77.5	Carrying a concealed weapon without a permit	☐ Yes	☐ No
77.6	Contributing to the delinquency of a minor	☐ Yes	☐ No
77.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	☐ Yes	☐ No
77.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	☐ Yes	☐ No
77.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	☐ Yes	☐ No
77.10	Filing a false police report	☐ Yes	☐ No
77.11	Hit & run collision (no injuries)	☐ Yes	☐ No
77.12	Illegal gambling	☐ Yes	☐ No
77.13	Illegal hunting and/or fishing (for example, without a license, out of season)	☐ Yes	☐ No
77.14	Impersonating a peace officer (pretending to be a police officer)	☐ Yes	☐ No
77.15	Indecent exposure and/or lewd or obscene conduct	☐ Yes	☐ No
77.16	Intentionally writing a bad check	☐ Yes	☐ No
77.17	Joyriding (using a car or other vehicle without owner's permission)	☐ Yes	☐ No
77.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	☐ Yes	☐ No
77.19	Petty theft (value up to $950, including shoplifting/switching price tags)	☐ Yes	☐ No
77.20	Possession of alcohol as a minor (under the age of 21)	☐ Yes	☐ No
77.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	☐ Yes	☐ No
77.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	☐ Yes	☐ No
77.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	☐ Yes	☐ No
77.24	Reckless driving	☐ Yes	☐ No
77.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	☐ Yes	☐ No
77.26	Trespassing	☐ Yes	☐ No

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

SECTION 8: LEGAL *continued*

77.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	☐ Yes	☐ No
77.28	Any other act amounting to a misdemeanor	☐ Yes	☐ No

- If you answered "YES" to **ANY** of the item(s) in **Question 77**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 77.5) for each explanation.*
- *If more space is needed, continue your response on page 23.*

Supplemental legal information included on Page 23 ☐

▶ Involvement in Criminal Acts – Part 2

78. ***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.

78.1	Arson (intentionally destroying property by setting a fire)	☐ Yes	☐ No
78.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	☐ Yes	☐ No
78.3	Blackmail or extortion	☐ Yes	☐ No
78.4	Burglary (entering a structure or vehicle to commit theft or other crime)	☐ Yes	☐ No
78.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	☐ Yes	☐ No
78.6	Elder abuse and/or neglect (physical and/or financial)	☐ Yes	☐ No
78.7	Embezzlement (theft of money or other valuables entrusted to you)	☐ Yes	☐ No
78.8	Felony drunk driving (involving injuries)	☐ Yes	☐ No
78.9	Felony illegal sex acts	☐ Yes	☐ No
78.10	Forcible rape	☐ Yes	☐ No
78.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	☐ Yes	☐ No
78.12	Fraudulent use of a credit, ATM, debit, and/or check card	☐ Yes	☐ No
78.13	Grand theft (value of over $950, automobile, any firearm)	☐ Yes	☐ No
78.14	Hit & run (with injuries)	☐ Yes	☐ No
78.15	Hate crime	☐ Yes	☐ No
78.16	Insurance fraud	☐ Yes	☐ No
78.17	Murder, homicide, attempted murder, or assault with intent to commit murder	☐ Yes	☐ No
78.18	Perjury (lying under oath)	☐ Yes	☐ No
78.19	Possession of an explosive/destructive device	☐ Yes	☐ No
78.20	Robbery (theft from another person using a weapon, force, or fear)	☐ Yes	☐ No

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

SECTION 8: LEGAL *continued*

78.21	Stalking	☐ Yes	☐ No
78.22	Theft of a vehicle and/or vehicle parts	☐ Yes	☐ No
78.23	Viewing and/or possessing child pornography	☐ Yes	☐ No
78.24	Any other act amounting to a felony	☐ Yes	☐ No

- If you answered "YES" to **ANY** of the item(s) in **Question 78**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 78.3) for each explanation*
- *If more space is needed, continue your response on page 23.*

Supplemental legal information included on Page 23 ☐

Illegal Use of Drugs

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high."
- Your responses should include — ***but not be limited to*** — your use of any of the following:
  - Amphetamines / Methamphetamines *(Uppers, Speed, Crank, etc)*
  - Barbiturates (*Downers)*
  - Cocaine / Crack Cocaine
  - Designer Drugs *(Ecstasy, Synthetic Heroin, etc.)*
  - GHB *(Date Rape Drug)*
  - Hallucinogens *(Peyote, LSD, Mushrooms)*
  - Hashish / Hashish Oil
  - Heroin / Opium
  - Marijuana *(with or without a prescription)*
  - Mescaline
  - Morphine
  - PCP / Angel Dust
  - Quaaludes
  - Steroids
  - Tetrahydrocannabinal (THC)
  - Glue, paint, or any substance containing toluene

79. ***Within the past six months***, have you used any drug(s) as indicated above? ☐ Yes ☐ No

IF YES, give details including ***drug(s) used***, ***most recent date used***, and ***circumstances***:

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

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

☐ I have tried or used one or more drugs, but only under ***limited*** circumstances *(for example, experimentation, at parties, concerts, special events, etc.)*

IF YOU CHECKED BOX 2, give details including ***drug(s) used***, ***most recent date used***, and ***circumstances*:**

81. Have you ***EVER*** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription? ☐ Yes ☐ No ***If YES, indicate which activities (mark all that apply):***

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including ***drug(s) involved***, ***over what time period(s)***, and ***circumstances***.

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

SECTION 8: LEGAL *continued*

82. During the ***past five years***, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? ..... ☐ Yes ☐ No

IF YES, explain:

Supplemental drug information included on Page 23 ☐

SECTION 9: MOTOR VEHICLE INFORMATION

83. Current Driver's License:

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

84. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

85. Have you ever been refused a driver's license by any state? ..... ☐ Yes ☐ No

IF YES, explain (include when, where, and circumstances):

86. Has your driver's license ever been suspended or revoked? ..... ☐ Yes ☐ No

IF YES, explain (include when, where, and circumstances):

87. Have you received any traffic citations, excluding parking citations, ***within the past seven years***. ☐ Yes ☐ No ***If YES, give details below.***

	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
87.1				

DATE VIOLATION OCCURRED	ACTION TAKEN
Month: Year:	☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
87.2				

DATE VIOLATION OCCURRED	ACTION TAKEN
Month: Year:	☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

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

SECTION 9: MOTOR VEHICLE INFORMATION

88. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

☐ Failed to Appear ☐ Failed to Complete Traffic School ☐ Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

Supplemental motor vehicle information included on Page 23 ☐

89. Have you ever driven a vehicle without auto insurance, as required by law? ..... ☐ Yes ☐ No

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

90. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ..... ☐ Yes ☐ No

IF YES, GIVE REASON	DATE (MM/YYYY)
	/

INSURANCE COMPANY

- Use this space for additional information you would like to include regarding your driving record.

Supplemental motor vehicle information included on Page 23 ☐

SECTION 10: OTHER TOPICS

91. Have you ever been refused a permit to carry a concealed weapon? ..... ☐ Yes ☐ No

92. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... ☐ Yes ☐ No

93. Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you? ..... ☐ Yes ☐ No

94. ***Since the age of 15***, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?..... ☐ Yes ☐ No

95. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ..... ☐ Yes ☐ No

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

Supplemental other topics information included on Page 23 ☐

SECTION 11: CERTIFICATION

96. *I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.*

Signature in Full: ▶ **Date:**

Use the following page to continue your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding question/item numbers.

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

SUPPLEMENTAL INFORMATION

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

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