Department of Justice  
Peace Officer Standards and Training  
1601 Alhambra Boulevard  
Sacramento, CA 95816-7083

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 Regulation 9053.

• Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write “N/A”   
(not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.

• If you need more space for any response, use the last page of this form (page 25) and identify the additional information by the question number.

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

#### Disclosure of Medically-Related Information

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 1: PERSONAL | | | | | | | | | | | | | | | | | | |
| 1. your full name  last | | | | | | | 1. your full name  first | | | | | | | | 1. your full name  middle | | | |
| 2. other names, including nicknames, you have used or been known by | | | | | | | | | | | | | | | | | | |
| 3. address where you reside  number / STREET       APT / UNIT | | | | | | | | | | | | | | | | | | |
| city       STATE    ZIP | | | | | | | | | | | | | | | | | | |
| 4. mailing address, if different from above | | | | | | | | | | | | | | | | | | |
| 5. contact numberS | | | | | | | | | | | | | | | | | | |
| home (     ) | | | WORK (     ) | | | | | EXT | | | | OTHER (     ) | | | | | CELL  FAX  PAGER | |
| 6. email address | | | | | | | | | | | | | | | | | | |
| home | | | | | | | | | BUSINESS | | | | | | | | | |
| 7. If you were born outside of the United States, are you a U.S. citizen?  Yes  No  If no, are you a resident alien who is eligible and has applied for U.S. citizenship?  Yes  No | | | | | | | | | | | | | | | | | | |  |
| 8. birth place (city / county / state / country) | | | | | | | | | | | | | 9. birthdate | | | 10. social security number      –    – | | |
| 11. Driver’s license | | | | | | | | | | | 12. physical description | | | | | | | |
| No. | | | | state | | exp | | | | | HEIGHT | | wEIGHT | HAIR COLOR | | | | EYE COLOR |
|  | | | | | | | | | | | | | | | | | | |
| SECTION 2: RELATIVES AND REFERENCES | | | | | | | | | | | | | | | | | | |
| 13. IMMEDIATE FAMILY  • Provide all applicable information in the spaces below.  • Mark “N/A” if a category is not applicable or if the individual is deceased.  • If more space is needed, continue your response on page 25. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| N/A | **A. Father** | | | | | | | | | | | | | | | | | |
| NAME | | | | | HOME ADDRESS (number / street / apt) CITY STATE ZIP | | | | | | | | | | | | | |
|  | | HOME PHONE  (     ) | | | work ADDRESS (number / street / apt) CITY STATE ZIP | | | | | | | | | | | | | |
| work PHONE  (     ) | | | CELL PHONE  (     ) | | | | | EMAIL | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| N/A | **B. Step-father** | | | | | | | | | | | | | | | | | |
| NAME | | | | | HOME ADDRESS (number / street / apt) CITY STATE ZIP | | | | | | | | | | | | | |
|  | | HOME PHONE  (     ) | | | work ADDRESS (number / street / apt) CITY STATE ZIP | | | | | | | | | | | | | |
|  | | work PHONE  (     ) | | | CELL PHONE  (     ) | | | | | EMAIL | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| N/A | **C. Mother** | | | | | | | | | | | | | | | | | |
| NAME | | | | | HOME ADDRESS (number / street / apt) CITY STATE ZIP | | | | | | | | | | | | | |
|  | | HOME PHONE  (     ) | | | work ADDRESS (number / street / apt) CITY STATE ZIP | | | | | | | | | | | | | |
|  | | work PHONE  (     ) | | | CELL PHONE  (     ) | | | | | EMAIL | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SECTION 2: RELATIVES AND REFERENCES *continued* | | | | | |
| 13. IMMEDIATE FAMILY *continued* | | | | | |
|  | | | | | | | |
| N/A | **D. Step-mother** | | | | |
| NAME | | | | home ADDRESS (number / street / apt) CITY STATE ZIP | |
|  | | HOME PHONE  (     ) | | work ADDRESS (number / street / apt) CITY STATE ZIP | |
| work PHONE  (     ) | | CELL PHONE  (     ) | EMAIL |
|  | | | | | | | |
| N/A | **E. Spouse / Registered Domestic Partner** | | | | |
| NAME | | | | home ADDRESS (number / street / apt) CITY STATE ZIP | |
|  | | HOME PHONE  (     ) | | work ADDRESS (number / street / apt) CITY STATE ZIP | |
| work PHONE  (     ) | | CELL PHONE  (     ) | EMAIL |
|  | | years of marriage | Is there, or has there been, a restraining or stay-away order in effect for this individual?  Yes  No | | |
|  | | | | | | | |
| N/A | F. Father-in-law | | | | |
| NAME | | | | home ADDRESS (number / street / apt) CITY STATE ZIP | |
|  | | HOME PHONE  (     ) | | work ADDRESS (number / street / apt) CITY STATE ZIP | |
| work PHONE  (     ) | | CELL PHONE  (     ) | EMAIL |
|  | | | | | | | |
| N/A | **G. Mother-in-law** | | | | |
| NAME | | | | home ADDRESS (number / street / apt) CITY STATE ZIP | |
|  | | HOME PHONE  (     ) | | work ADDRESS (number / street / apt) CITY STATE ZIP | |
| work PHONE  (     ) | | CELL PHONE  (     ) | EMAIL |
|  | | | | | | | |
| N/A | **H. Former Spouse(s) / Former Registered Domestic Partner(s)** | | | | |
| 1) NAME | | | | home ADDRESS (number / street / apt) CITY STATE ZIP | |
|  | | HOME PHONE  (     ) | | work ADDRESS (number / street / apt) CITY STATE ZIP | |
| work PHONE  (     ) | | CELL PHONE  (     ) | EMAIL |
|  | | year of dissolution | Is there, or has there been, a restraining or stay-away order in effect for this individual?  Yes  No | | |
| 2) NAME | | | | home ADDRESS (number / street / apt) CITY STATE ZIP | |
|  | | HOME PHONE  (     ) | | work ADDRESS (number / street / apt) CITY STATE ZIP | |
| work PHONE  (     ) | | CELL PHONE  (     ) | EMAIL |
|  | | year of dissolution | Is there, or has there been, a restraining or stay-away order in effect for this individual?  Yes  No | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 2: RELATIVES AND REFERENCES *continued* | | | | | | | |
| 13. IMMEDIATE FAMILY *continued* | | | | | | | |
|  | | | | | | | |
| N/A | **I. Brothers and Sisters –** list all living siblings, including half-siblings, step-siblings, foster siblings, etc. | | | | | | |
| 1) NAME | | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | | |
| M  F  under age 18 | | HOME PHONE  (     ) | | work ADDRESS (number / street / apt) CITY STATE ZIP | | | |
| work PHONE  (     ) | | CELL PHONE  (     ) | | EMAIL | |
| 2) NAME | | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | | |
| M  F  under age 18 | | HOME PHONE  (     ) | | work ADDRESS (number / street / apt) CITY STATE ZIP | | | |
| work PHONE  (     ) | | CELL PHONE  (     ) | | EMAIL | |
| 3) NAME | | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | | |
| M  F  under age 18 | | HOME PHONE  (     ) | | work ADDRESS (number / street / apt) CITY STATE ZIP | | | |
| work PHONE  (     ) | | CELL PHONE  (     ) | | EMAIL | |
| 4) NAME | | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | | |
| M  F  under age 18 | | HOME PHONE  (     ) | | work ADDRESS (number / street / apt) CITY STATE ZIP | | | |
| work PHONE  (     ) | | CELL PHONE  (     ) | | EMAIL | |
| 5) NAME | | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | | |
| M  F  under age 18 | | HOME PHONE  (     ) | | work ADDRESS (number / street / apt) CITY STATE ZIP | | | |
| work PHONE  (     ) | | CELL PHONE  (     ) | | EMAIL | |
| 6) NAME | | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | | |
| M  F  under age 18 | | HOME PHONE  (     ) | | work ADDRESS (number / street / apt) CITY STATE ZIP | | | |
| work PHONE  (     ) | | CELL PHONE  (     ) | | EMAIL | |
|  | | | | | | | |
| N/A | **J. Children** | | | | | | |
| List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you. | | | | | | | |
| 1) NAME | | | |  | custodial parent or guardian (if other than you) | | |
| M  F | | | child’s age | ADDRESS (number / street / apt) CITY STATE ZIP | | |
|  | | contact number  (     ) | | EMAIL |
| 2) NAME | | | |  | custodial parent or guardian (if other than you) | | |
| M  F | | | child’s age | ADDRESS (number / street / apt) CITY STATE ZIP | | |
|  | | contact number  (     ) | | EMAIL |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 2: RELATIVES AND REFERENCES *continued* | | | | | | | | |
| 13. IMMEDIATE FAMILY (Section J. Children) *continued* | | | | | | | | |
|  | | | | | | | | |
| 3) NAME | | | |  | custodial parent or guardian (if other than you) | | | |
| M  F | | | child’s age | ADDRESS (number / street / apt) CITY STATE ZIP | | | |
|  | | contact number  (     ) | | EMAIL | |
| 4) NAME | | | |  | custodial parent or guardian (if other than you) | | | |
| M  F | | | child’s age | ADDRESS (number / street / apt) CITY STATE ZIP | | | |
|  | | contact number  (     ) | | EMAIL | |
| 5) NAME | | | |  | custodial parent or guardian (if other than you) | | | |
| M  F | | | child’s age | ADDRESS (number / street / apt) CITY STATE ZIP | | | |
|  | | contact number  (     ) | | EMAIL | |
| 6) NAME | | | |  | custodial parent or guardian (if other than you) | | | |
| M  F | | | child’s age | ADDRESS (number / street / apt) CITY STATE ZIP | | | |
|  | | contact number  (     ) | | EMAIL | |
|  | | | | | | | | |
| 14. references  List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere. | | | | | | | | |
| A) NAME | | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | | | |
|  | | HOME PHONE  (     ) | | work ADDRESS (number / street / apt) CITY STATE ZIP | | | | |
| work PHONE  (     ) | | CELL PHONE  (     ) | | EMAIL | | |
|  | how do you know this person? (for example: friend, teacher, family friend, co- worker) | | | | | | How long have you known this person? |
| b) NAME | | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | | | |
|  | | HOME PHONE  (     ) | | work ADDRESS (number / street / apt) CITY STATE ZIP | | | | |
| work PHONE  (     ) | | CELL PHONE  (     ) | | EMAIL | | |
|  | how do you know this person? (for example: friend, teacher, family friend, co- worker) | | | | | | How long have you known this person? |
| c) NAME | | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | | | |
|  | | HOME PHONE  (     ) | | work ADDRESS (number / street / apt) CITY STATE ZIP | | | | |
| work PHONE  (     ) | | CELL PHONE  (     ) | | EMAIL | | |
|  | how do you know this person? (for example: friend, teacher, family friend, co- worker) | | | | | | How long have you known this person? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SECTION 2: RELATIVES AND REFERENCES (Section 14. References) *continued* | | | | | |
| d) NAME | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | |
|  | | HOME PHONE  (     ) | work ADDRESS (number / street / apt) CITY STATE ZIP | | |
| work PHONE  (     ) | CELL PHONE  (     ) | EMAIL | |
|  | how do you know this person? (for example: friend, teacher, family friend, co- worker) | | | How long have you known this person? |
| e) NAME | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | |
|  | | HOME PHONE  (     ) | work ADDRESS (number / street / apt) CITY STATE ZIP | | |
| work PHONE  (     ) | CELL PHONE  (     ) | EMAIL | |
|  | how do you know this person? (for example: friend, teacher, family friend, co- worker) | | | How long have you known this person? |
| f) NAME | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | |
|  | | HOME PHONE  (     ) | work ADDRESS (number / street / apt) CITY STATE ZIP | | |
| work PHONE  (     ) | CELL PHONE  (     ) | EMAIL | |
|  | how do you know this person? (for example: friend, teacher, family friend, co- worker) | | | How long have you known this person? |
| g) NAME | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | |
|  | | HOME PHONE  (     ) | work ADDRESS (number / street / apt) CITY STATE ZIP | | |
| work PHONE  (     ) | CELL PHONE  (     ) | EMAIL | |
|  | how do you know this person? (for example: friend, teacher, family friend, co- worker) | | | How long have you known this person? |
| h) NAME | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | |
|  | | HOME PHONE  (     ) | work ADDRESS (number / street / apt) CITY STATE ZIP | | |
| work PHONE  (     ) | CELL PHONE  (     ) | EMAIL | |
|  | how do you know this person? (for example: friend, teacher, family friend, co- worker) | | | How long have you known this person? |
| i) NAME | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | |
|  | | HOME PHONE  (     ) | work ADDRESS (number / street / apt) CITY STATE ZIP | | |
| work PHONE  (     ) | CELL PHONE  (     ) | EMAIL | |
|  | how do you know this person? (for example: friend, teacher, family friend, co- worker) | | | How long have you known this person? |
| j) NAME | | | home ADDRESS (number / street / apt) CITY STATE ZIP | | |
|  | | HOME PHONE  (     ) | work ADDRESS (number / street / apt) CITY STATE ZIP | | |
| work PHONE  (     ) | CELL PHONE  (     ) | EMAIL | |
|  | how do you know this person? (for example: friend, teacher, family friend, co- worker) | | | How long have you known this person? |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 3: EDUCATION | | | | | | | | | | | | | |
| **NOTE:** **You will be required to furnish transcripts or other proof to support all of your educational claims.** | | | | | | | | | | | | | |
| 15. Check applicable:  High School Diploma from an accredited U.S. institution  GED  California High School Proficiency Certificate | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 16. List high schools attended: | | | | | | | | | | | | | |
| A) NAME | | | | | | FROM | | TO | | | | | did you graduate?  Yes  No |
|  | | | CITY | | | | | | | | STATE | |
| B) NAME | | | | | | FROM | | TO | | | | | did you graduate?  Yes  No |
|  | | | CITY | | | | | | | | STATE | |
|  | | | | | | | | | | | | | |
| 17. List all colleges or universities attended: | | | | | | | | | | | | | |
| A) NAME | | | | | FROM | TO | | TOtal units earned | | | | | type of degree earned |
|  | | | CITY | | | | | | | | STATE | |
| B) NAME | | | | | FROM | TO | | TOtal units earned | | | | | type of degree earned |
|  | | | CITY | | | | | | | | STATE | |
| c) NAME | | | | | FROM | TO | | TOtal units earned | | | | | type of degree earned |
|  | | | CITY | | | | | | | | STATE | |
|  | | | | | | | | | | | | | |
| 18. List any trade, vocational, or business schools/institutes attended: | | | | | | | | | | | | | |
| A) NAME | | | | | | | FROM | | TO | | | | did you complete the course?  Yes  No |
| Type of school or training | CITY | | | | | | | | STATE | |
| B) NAME | | | | | | | FROM | | | TO | | | did you complete the course?  Yes  No |
| Type of school or training | CITY | | | | | | | | STATE | |
| C) NAME | | | | | | | FROM | | | TO | | | did you complete the course?  Yes  No |
| Type of school or training | CITY | | | | | | | | STATE | |
|  | | | | | | | | | | | | | |
| 19. Have you ever attended a **POST** Basic Academy?  Yes  No  If yes, provide the following information: | | | | | | | | | | | | | |
| A) academy name | | | | | | | FROM | | | TO | | | did you graduate?  Y  N |
| location (city / state) | | | name of training officer / academy coordinator | | | | | | | | contact number  (     ) | |
| b) academy name | | | | | | | FROM | | | TO | | | did you graduate?  Y  N |
| location (city / state) | | | name of training officer / academy coordinator | | | | | | | | contact number  (     ) | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 3: EDUCATION *continued* | | | | | | | |
| 20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university,   business or trade school?  Yes  No | | | | | | | |
| If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances. | | | | | | | |
|  | | | | | | | |
| SECTION 4: RESIDENCE | | | | | | | |
| 21. lIST of RESIDENCES  • List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.  • If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.  • If more space is needed continue on page 25. | | | | | | | |
| a) ADDRESS where you now live (number / street / apt) | | | | | FROM | | TO Present |
|  | CITY | STATE | ZIP | if renting: property MANAGER, RENT COLLECTOR, OR owner | | | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (number / street / apt) | | | | | CONTACT NUMBER  (     ) | |
| CITY | STATE | ZIP | EMAIL | | | |
| Names of those with whom you live: | | | | | | |
| b) former ADDRESS (number / street / apt) | | | | | FROM | | to |
|  | CITY | STATE | ZIP | if renting: property MANAGER, RENT COLLECTOR, OR owner | | | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (number / street / apt) | | | | | CONTACT NUMBER  (     ) | |
| CITY | STATE | ZIP | EMAIL | | | |
| Names of those with whom you lived: | | | | | | |
| Reason for moving: | | | | | | |
| c) former ADDRESS (number / street / apt) | | | | | FROM | | to |
|  | CITY | STATE | ZIP | if renting: property MANAGER, RENT COLLECTOR, OR owner | | | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (number / street / apt) | | | | | CONTACT NUMBER  (     ) | |
| CITY | STATE | ZIP | EMAIL | | | |
| Names of those with whom you lived: | | | | | | |
| Reason for moving: | | | | | | |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 4: RESIDENCE *continued* | | | | | | | |
| 21. LIST OF RESIDENCES *continued* | | | | | | | |
| d) former ADDRESS (number / street / apt) | | | | | FROM | | to |
|  | CITY | STATE | ZIP | if renting: property MANAGER, RENT COLLECTOR, OR owner | | | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (number / street / apt) | | | | | CONTACT NUMBER  (     ) | |
| CITY | STATE | ZIP | EMAIL | | | |
| Names of those with whom you lived: | | | | | | |
| Reason for moving: | | | | | | |
| e) former ADDRESS (number / street / apt) | | | | | FROM | | to |
|  | CITY | STATE | ZIP | if renting: property MANAGER, RENT COLLECTOR, OR owner | | | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (number / street / apt) | | | | | CONTACT NUMBER  (     ) | |
| CITY | STATE | ZIP | EMAIL | | | |
| Names of those with whom you lived: | | | | | | |
| Reason for moving: | | | | | | |
| f) former ADDRESS (number / street / apt) | | | | | FROM | | to |
|  | CITY | STATE | ZIP | if renting: property MANAGER, RENT COLLECTOR, OR owner | | | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (number / street / apt) | | | | | CONTACT NUMBER  (     ) | |
| CITY | STATE | ZIP | EMAIL | | | |
| Names of those with whom you lived: | | | | | | |
| Reason for moving: | | | | | | |
| g) former ADDRESS (number / street / apt) | | | | | FROM | | to |
|  | CITY | STATE | ZIP | if renting: property MANAGER, RENT COLLECTOR, OR owner | | | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (number / street / apt) | | | | | CONTACT NUMBER  (     ) | |
| CITY | STATE | ZIP | EMAIL | | | |
| Names of those with whom you lived: | | | | | | |
| Reason for moving: | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| SECTION 4: RESIDENCE *continued* | | | |
| 22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 25. | | | |
| A) name | | | CONTACT NUMBER  (     ) |
|  | current address if different (number / street / apt CITY STATE ZIP | | |
| nature of relationship (for example: Relative, landlord, friend, housemate only) | EMAIL | |
| b) name | | | CONTACT NUMBER  (     ) |
|  | current address if different (number / street / apt CITY STATE ZIP | | |
|  | nature of relationship (for example: Relative, landlord, friend, housemate only) | EMAIL | |
| c) name | | | CONTACT NUMBER  (     ) |
|  | current address if different (number / street / apt CITY STATE ZIP | | |
|  | nature of relationship (for example: Relative, landlord, friend, housemate only) | EMAIL | |
| d) name | | | CONTACT NUMBER  (     ) |
|  | current address if different (number / street / apt CITY STATE ZIP | | |
|  | nature of relationship (for example: Relative, landlord, friend, housemate only) | EMAIL | |
| e) name | | | CONTACT NUMBER  (     ) |
|  | current address if different (number / street / apt CITY STATE ZIP | | |
|  | nature of relationship (for example: Relative, landlord, friend, housemate only) | EMAIL | |
| f) name | | | CONTACT NUMBER  (     ) |
|  | current address if different (number / street / apt CITY STATE ZIP | | |
|  | nature of relationship (for example: Relative, landlord, friend, housemate only) | EMAIL | |
|  | | | |
| 23. Have you ever been evicted or asked to leave a residence? .. Yes  No | | | |
| 24. Have you ever left a residence owing rent?  Yes  No | | | |
| If you answered yes to **Questions 23 and/or 24**, explain (include when, where and circumstances): | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 5: EXPERIENCE AND EMPLOYMENT | | | | | | | | | | | |
| 25. JOB EXPERIENCE  • List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 25.)  • If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.  • List **ALL** periods of unemployment in excess of 30 days. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| A) NAME OF EMPLOYER OR MILITARY UNIT | | | | | | | | FROM | | | TO |
|  | ADDRESS (NUMBER / STREET OR BASE) | | | | | SUPERVISOR | | | | | |
| CITY | | | STATE | ZIP | contact number  (     ) | | | | | EXT |
| job title | | | | | EMAIL | | | | | |
| DUTIES / ASSIGNMENTS | | | | | | | | F-T  P-T  Temp  Self-employed  Volunteer | | |
| NAMES OF CO-WORKERS  1) | | X  2) | | | | REASON FOR WANTING TO LEAVE | | | | |
| Would there be a problem if we contact your current employer?  Yes  No | If yes, explain: | | | | | | | | | |
|  | | | | | | | | | | | |
| B) period of unemployment  Check applicable:  Student  Between jobs  Leave of absence  Travel  Other | | | | | | | | FROM | | TO | |
|  | | | | | | | | | | | |
| C) NAME OF EMPLOYER OR MILITARY UNIT | | | | | | | | FROM | | | TO |
|  | ADDRESS (NUMBER / STREET OR BASE) | | | | | SUPERVISOR | | | | | |
| CITY | | | STATE | ZIP | contact number  (     ) | | | | | EXT |
| job title | | | | | EMAIL | | | | | |
| DUTIES / ASSIGNMENTS | | | | | | | | F-T  P-T  Temp  Self-employed  Volunteer | | |
| NAMES OF CO-WORKERS  1) | | X  2) | | | | REASON FOR LEAVING | | | | |
|  | | | | | | | | | | | |
| D) period of unemployment  Check applicable:  Student  Between jobs  Leave of absence  Travel  Other | | | | | | | | FROM | | TO | |
|  | | | | | | | | | | | |
| E) NAME OF EMPLOYER OR MILITARY UNIT | | | | | | | | FROM | | | TO |
|  | ADDRESS (NUMBER / STREET OR BASE) | | | | | SUPERVISOR | | | | | |
| CITY | | | STATE | ZIP | contact number  (     ) | | | | | EXT |
| job title | | | | | EMAIL | | | | | |
| DUTIES / ASSIGNMENTS | | | | | | | | F-T  P-T  Temp  Self-employed  Volunteer | | |
| NAMES OF CO-WORKERS  1) | | X  2) | | | | REASON FOR LEAVING | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 5: EXPERIENCE AND EMPLOYMENT *continued* | | | | | | | | | | |
| 25. JOB EXPERIENCE *continued* | | | | | | | | | | |
|  | | | | | | | | | | |
| F) period of unemployment  Check applicable:  Student  Between jobs  Leave of absence  Travel  Other | | | | | | | FROM | | TO | |
|  | | | | | | | | | | |
| G) NAME OF EMPLOYER OR MILITARY UNIT | | | | | | | FROM | | | TO |
|  | ADDRESS (NUMBER / STREET OR BASE) | | | | SUPERVISOR | | | | | |
| CITY | | STATE | ZIP | contact number  (     ) | | | | | EXT |
| job title | | | | EMAIL | | | | | |
| DUTIES / ASSIGNMENTS | | | | | | | F-T  P-T  Temp  Self-employed  Volunteer | | |
| NAMES OF CO-WORKERS  1) | X  2) | | | | REASON FOR LEAVING | | | | |
|  | | | | | | | | | | |
| H) period of unemployment  Check applicable:  Student  Between jobs  Leave of absence  Travel  Other | | | | | | | FROM | | TO | |
|  | | | | | | | | | | |
| I) NAME OF EMPLOYER OR MILITARY UNIT | | | | | | | FROM | | | TO |
|  | ADDRESS (NUMBER / STREET OR BASE) | | | | SUPERVISOR | | | | | |
| CITY | | STATE | ZIP | contact number  (     ) | | | | | EXT |
| job title | | | | EMAIL | | | | | |
| DUTIES / ASSIGNMENTS | | | | | | | F-T  P-T  Temp  Self-employed  Volunteer | | |
| NAMES OF CO-WORKERS  1) | X  2) | | | | REASON FOR LEAVING | | | | |
|  | | | | | | | | | | |
| J) period of unemployment  Check applicable:  Student  Between jobs  Leave of absence  Travel  Other | | | | | | | FROM | | TO | |
|  | | | | | | | | | | |
| K) NAME OF EMPLOYER OR MILITARY UNIT | | | | | | | FROM | | | TO |
|  | ADDRESS (NUMBER / STREET OR BASE) | | | | SUPERVISOR | | | | | |
| CITY | | STATE | ZIP | contact number  (     ) | | | | | EXT |
| job title | | | | EMAIL | | | | | |
| DUTIES / ASSIGNMENTS | | | | | | | F-T  P-T  Temp  Self-employed  Volunteer | | |
| NAMES OF CO-WORKERS  1) | X  2) | | | | REASON FOR LEAVING | | | | |
|  | | | | | | | | | | |
| L) period of unemployment  Check applicable:  Student  Between jobs  Leave of absence  Travel  Other | | | | | | | FROM | | TO | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 5: EXPERIENCE AND EMPLOYMENT *continued* | | | | | | | | | | |
| 25. JOB EXPERIENCE *continued* | | | | | | | | | | |
|  | | | | | | | | | | |
| M) NAME OF EMPLOYER OR MILITARY UNIT | | | | | | | FROM | | | TO |
|  | ADDRESS (NUMBER / STREET OR BASE) | | | | SUPERVISOR | | | | | |
| CITY | | STATE | ZIP | contact number  (     ) | | | | | EXT |
| job title | | | | EMAIL | | | | | |
| DUTIES / ASSIGNMENTS | | | | | | | F-T  P-T  Temp  Self-employed  Volunteer | | |
| NAMES OF CO-WORKERS  1) | X  2) | | | | REASON FOR LEAVING | | | | |
|  | | | | | | | | | | |
| N) period of unemployment  Check applicable:  Student  Between jobs  Leave of absence  Travel  Other | | | | | | | FROM | | TO | |
|  | | | | | | | | | | |
| O) NAME OF EMPLOYER OR MILITARY UNIT | | | | | | | FROM | | | TO |
|  | ADDRESS (NUMBER / STREET OR BASE) | | | | SUPERVISOR | | | | | |
| CITY | | STATE | ZIP | contact number  (     ) | | | | | EXT |
| job title | | | | EMAIL | | | | | |
| DUTIES / ASSIGNMENTS | | | | | | | F-T  P-T  Temp  Self-employed  Volunteer | | |
| NAMES OF CO-WORKERS  1) | X  2) | | | | REASON FOR LEAVING | | | | |
|  | | | | | | | | | | |
| P) period of unemployment  Check applicable:  Student  Between jobs  Leave of absence  Travel  Other | | | | | | | FROM | | TO | |
|  | | | | | | | | | | |
| Q) NAME OF EMPLOYER OR MILITARY UNIT | | | | | | | FROM | | | TO |
|  | ADDRESS (NUMBER / STREET OR BASE) | | | | SUPERVISOR | | | | | |
| CITY | | STATE | ZIP | contact number  (     ) | | | | | EXT |
| job title | | | | EMAIL | | | | | |
| DUTIES / ASSIGNMENTS | | | | | | | F-T  P-T  Temp  Self-employed  Volunteer | | |
| NAMES OF CO-WORKERS  1) | X  2) | | | | REASON FOR LEAVING | | | | |
|  | | | | | | | | | | |
| 26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands,  suspensions, reductions in pay, reassignments or demotions)  Yes  No | | | | | | | | | | |
| 27. Have you ever been fired, released from probation, or asked to resign from any place of employment?  Yes  No | | | | | | | | | | |
| 28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?  Yes  No | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 5: EXPERIENCE AND EMPLOYMENT *continued* | | | | | | | | |
|  | | | | | | | | |
| 29. Have you ever quit without giving proper notice?  Yes  No | | | | | | | | |
| 30. Have you ever resigned in lieu of termination?  Yes  No | | | | | | | | |
| 31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.)  by a co-worker, superior, subordinate or customer?  Yes  No | | | | | | | | |
| 32. Were you ever the subject of a written complaint at work?  Yes  No | | | | | | | | |
| 33. Have you ever been counseled at work due to lateness or absences?  Yes  No | | | | | | | | |
| 34. Did you ever receive an unsatisfactory performance review?  Yes  No | | | | | | | | |
| 35. Have you ever sold, released, or given away legally confidential information?  Yes  No | | | | | | | | |
| 36. 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? | | | | | |  | | |
|  | | | | | | | | |
| If you answered yes to any of **Questions 26–36**, explain (include when, where and circumstances; indicate corresponding number): | | | | | | | | |
|  | | | | | | | | |
| 37. 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? | | | | | | | | |
| 38. Has your work performance ever been affected by your use of alcohol or drugs?  Yes  No | | | | | | | | |
|  | WHEN? | NAME OF EMPLOYER | | | | | | |
| 39. 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 | | | | | | | | |
|  | WHEN? | NAME OF EMPLOYER | | | | | | |
|  | | | | | | | | |
| 40. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)?  Yes  No | | | | | | | | |
| • If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).  • **All agencies MUST be listed** regardless **of the outcome or current status. Check all boxes that apply for each agency.**  •If more space is needed, continue your response on page 25. | | | | | | | | |
| a) NAME OF agency | | | | | | | date applied | |
|  | ADDRESS (number / street) | | | | background investigator’s name (IF KNOWN) | | | |
| CITY | | STATE | ZIP | contact number  (     ) | | | EXT |
| position applied for | | | | EMAIL | | | |
| Check each step in the process that you completed, and your status: | | | | | | | |
| StepS:  Application  Written  Physical ability  Oral  Polygraph/CVSA  Background  Chief’s oral  Conditional job offer  Status:  Hired  On List  Withdrawn  Disqualified | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 5: EXPERIENCE AND EMPLOYMENT *continued* | | | | | | | | | | | |
| 40. Have you **ever** applied to any other law enforcement agency… *continued* | | | | | | | | | | | |
| B) NAME OF agency | | | | | | | | date applied | | | |
|  | ADDRESS (number / street) | | | | background investigator’s name (IF KNOWN) | | | | | | |
|  | CITY | | STATE | ZIP | contact number  (     ) | | | | | EXT | |
|  | position applied for | | | | EMAIL | | | | | | |
|  | Check each step in the process that you completed, and your status: | | | | | | | | | | |
|  | StepS:  Application  Written  Physical ability  Oral  Polygraph/CVSA  Background  Chief’s oral  Conditional job offer  Status:  Hired  On List  Withdrawn  Disqualified | | | | | | | | | | |
| C) NAME OF agency | | | | | | | | date applied | | | |
|  | ADDRESS (number / street) | | | | background investigator’s name (IF KNOWN) | | | | | | |
|  | CITY | | STATE | ZIP | contact number  (     ) | | | | | EXT | |
|  | position applied for | | | | EMAIL | | | | | | |
|  | Check each step in the process that you completed, and your status: | | | | | | | | | | |
|  | StepS:  Application  Written  Physical ability  Oral  Polygraph/CVSA  Background  Chief’s oral  Conditional job offer  Status:  Hired  On List  Withdrawn  Disqualified | | | | | | | | | | |
|  | | | | | | | | | | | |
| SECTION 6: MILITARY EXPERIENCE | | | | | | | | | | | |
| 41. Are you required to register for the Selective Service?  Yes  No  If yes, have you registered?  Yes  No  If no, explain: | | | | | | | | | | | |
| 42. branch of service | | | | | | | 43. Dates of service  From | | To | | |
| 44. 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:* | | | | | | | | | |
| 45. Are you currently participating in one of the following?  Military Reserve  National Guard | | | | | | If checked, date obligation ends: | | | | |  |
| 46. 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 | | | | | | | | | | | |
| 47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded?  Yes  No | | | | | | | | | | | |
|  | | | | | | | | | | | |
| If you answered yes to **Questions 46 and/or 47**, explain (include dates and circumstances): | | | | | | | | | | | |

|  |  |
| --- | --- |
| SECTION 7: FINANCIAL | |
| 48. income and expenses  For each of the following questions fill in the amounts to the nearest dollar. | |
| A) From your employer(s), what is your take-home monthly income? | $       per month |
| B) Do you have income other than from your salary or wages?  Yes  No | |
| If yes, fill in amount: | $       per month |
| Explain: | |
| C) How much do you spend each month? | $       per month |
| *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 obligation(s) you may have.* | |
|  | |
| 49. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?  Yes  No | |
| 50. Have any of your bills ever been turned over to a collection agency?  Yes  No | |
| 51. Have you ever had purchased goods repossessed?  Yes  No | |
| 52. Have your wages ever been garnished?  Yes  No | |
| 53. Have you ever been delinquent on income or other tax payments?  Yes  No | |
| 54. Have you ever failed to file income tax or cheated/lied on an income tax form?  Yes  No | |
| 55. Have you ever had an employment bond refused?  Yes  No | |
| 56. Have you ever avoided paying any lawful debt by moving away?  Yes  No | |
| 57. Have you ever defaulted on (failed to pay) a loan?  Yes  No | |
| 58. 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 | |
| 59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?  Yes  No | |
| 60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?  Yes  No | |
| 61. Have you written three or more bad checks in a one-year period?  Yes  No | |
|  | |
| If you answered yes to any of **Questions 49–61**, explain (include when, where, and why; indicate corresponding number): | |

|  |  |  |
| --- | --- | --- |
| 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.** | | |
| 62. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion,  questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or  felony offense in this state or in any other legal jurisdiction (including offenses punishable under  the Uniform Code of Military Justice)?**  Yes  No | | |
|  | | |
| If yes, explain each incident. If more space is needed, continue on page 25. | | |
| A) APPROXimate DATE | | arresting or detaining AGENCY |
| charge | |
| disposition or penalty | |
| b) APPROXimate DATE | | arresting or detaining AGENCY |
| charge | |
| disposition or penalty | |
| c) APPROXimate DATE | | arresting or detaining AGENCY |
| charge | |
| disposition or penalty | |
|  | | |
| 63. Have you ever been placed on court probation as an adult?  Yes  No | | |
| 64. Were you ever required to appear before a juvenile court for an act which would have been a crime if  committed as an adult?  Yes  No | | |
| 65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity,  support, etc.)?  Yes  No | | |
| 66. Have the police ever been called to your home for any reason?  Yes  No | | |
| 67. Have you or your spouse/partner ever been referred to Child Protective Services?  Yes  No | | |

|  |
| --- |
| SECTION 8: LEGAL *continued* |
| 68. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?  Yes  No |
| 69. 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 |
| 70. Have you ever fraudulently received welfare, unemployment compensation, workers’ compensation, or other state or federal assistance?  Yes  No |
| 71. Have you ever filed a false insurance or workers’ compensation claim?  Yes  No |
|  |
| If you answered yes to any of **Questions 63–71**, explain (include court case or document, dates, and circumstances; indicate corresponding number): |
|  |
| 72. INVOLVEMENT IN CRIMINAL ACTS – part 1  Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors? **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.** |
| A) Annoying / obscene phone calls  Yes  No |
| b) Battery (use of force or violence upon another)  Yes  No |
| C) Brandishing a weapon (any type of weapon)  Yes  No |
| D) Carrying a concealed weapon without a permit  Yes  No |
| E) Contributing to the delinquency of a minor  Yes  No |
| F) Defrauding an innkeeper (not paying for food or room at a hotel/motel)  Yes  No |
| G) Driving under the influence of alcohol and/or drugs  Yes  No |
| H) Drunk in public (being so intoxicated in a public place that you’re not able to care for yourself)  Yes  No |
| I) Hit & run collision (no injuries)  Yes  No |
| J) Hunting/fishing without a license  Yes  No |
| K) Illegal gambling  Yes  No |
| L) Impersonating a peace officer (pretending to be a police officer)  Yes  No |
| M) Indecent exposure (including flashing or mooning)  Yes  No |
| N) Joyriding (using a car or other vehicle without owner’s permission)  Yes  No |
| O) Petty theft (value up to $950, including shoplifting/switching price tags)  Yes  No |
| P) Possession of alcohol as a minor  Yes  No |

|  |
| --- |
| SECTION 8: LEGAL *continued* |
| 72. INVOLVEMENT IN CRIMINAL ACTS – part 1 *continued* |
|  |
| Q) Possession of falsified or altered identification, including use of another person’s ID (for any reason)  Yes  No |
| R) Possession of stolen property (including vehicles)  Yes  No |
| S) Prostitution or soliciting a prostitute  Yes  No |
| T) Resisting arrest (including running from the police)  Yes  No |
| U) Trespassing  Yes  No |
| V) Vandalism (including “tagging,” malicious mischief and/or property damage)  Yes  No |
| W) Intentionally writing a bad check  Yes  No |
| X) Filing a false police report  Yes  No |
| Y) Any other act amounting to a misdemeanor within the past seven years  Yes  No |
|  |
| If you answered yes to ***any*** item(s) in **Question 72**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter *(72-A, etc.)* for each explanation. |
|  |
|  |
| 73. involvement in criminal acts – part 2  *At any time in your life* have you ***ever*** committed any of the following? **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.** |
| A) Arson (intentionally destroying property by setting a fire)  Yes  No |
| b) Assault with a deadly weapon  Yes  No |
| c) Theft of a vehicle and/or vehicle parts  Yes  No |
| d) Burglary (entering a structure or vehicle to commit theft or other crime)  Yes  No |
| e) Child molestation (performing unlawful acts with a child)  Yes  No |
| f) Accessing and/or possessing child pornography  Yes  No |

|  |
| --- |
| SECTION 8: LEGAL (Question 73) *continued* |
| g) Elder abuse/neglect  Yes  No |
| h) Embezzlement (theft of money or other valuables entrusted to you)  Yes  No |
| i) Felony drunk driving (involving injuries)  Yes  No |
| j) Forcible rape or other act of unlawful intercourse  Yes  No |
| k) Forgery (falsifying any type of document, check certificate, license, currency, etc.)  Yes  No |
| l) Hit & run (with injuries)  Yes  No |
| m) Hate crime  Yes  No |
| n) Insurance fraud  Yes  No |
| o) Grand theft (value of over $950, or any firearm)  Yes  No |
| p) Murder, homicide, or attempted murder  Yes  No |
| q) Perjury (lying under oath)  Yes  No |
| r) Possession of an explosive/destructive device  Yes  No |
| s) Robbery (theft from another person using a weapon, force, or fear)  Yes  No |
| t) Stalking  Yes  No |
| u) Blackmail or extortion  Yes  No |
| v) Any other act amounting to a felony  Yes  No |
|  |
| If you answered yes to ***any*** item(s) in **Question 73**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter *(73-A, etc.)* for each explanation. |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SECTION 8: LEGAL *continued* | | | | |
| **Questions 74 and 75** ask about your current and past recreational drug use. This covers the use of ***any*** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, ***but not be limited to***, your use of  any of the following drugs: | | | | |
| – Amphetamines / Methamphetamines  *(Uppers, Speed, Crank, etc)*  – Barbiturates(*Downers)*  – Cocaine / Crack Cocaine  – Designer Drugs *(Ecstasy, Synthetic Heroin, etc.)*  – GHB *(Date Rape Drug)* | – Glue  – Hallucinogens  *(Peyote, LSD, Mushrooms)*  – Hashish / Hashish Oil   * Heroin / Opium * Marijuana | | | – Mescaline  – Morphine  – PCP / Angel Dust  – Quaaludes  – Steroids  – Tetrahydrocannabinal (THC) |
| 74. ***Within the past six months,*** have you used any drug(s) as indicated above?  Yes  No  If yes, give details, including drug(s) used and circumstances: | | | | |
| 75. ***Prior to the past six months*** (check all that apply):  I have ***never*** used any drug recreationally.  I have tried or used one or more drugs, but only under ***limited*** circumstances *(for example, experimentation, at parties, concerts, special events, etc.).*  If checked, give details including drug(s) used, most recent date used, and circumstances. | | | | |
|  | | | | |
| 76. Have you ***ever*** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana? | | | | |
| Sold  Manufactured | | Purchased  Furnished | Cultivated  Carried or held for another | |
| If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances. | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 9: MOTOR VEHICLE OPERATION | | | | | | | | | | |
| 77. current driver’s license number | | State of issue | | expiration date | | name under which license was granted | | | | |
|  | | | | | | | | | | |
| 78**.** List other states where you have been licensed to operate a motor vehicle: | | | | | | | | | | |
| **State of issue** | | | **Type of license** | | | **Name under which license was granted and license number, if known** | | | | |
|  | | |  | | |  | | | | |
|  | | |  | | |  | | | | |
|  | | |  | | |  | | | | |
|  | | | | | | | | | | |
| 79. Have you ever been refused a driver’s license by any state?  Yes  No | | | | | | | | | | |
| If yes, explain (include when, where, and circumstances): | | | | | | | | | | |
|  | | | | | | | | | | |
| 80. Has your driver’s license ever been suspended or revoked?  Yes  No | | | | | | | | | | |
| If yes, explain (include when, where, and circumstances): | | | | | | | | | | |
|  | | | | | | | | | | |
| 81. List your current liability insurance on your vehicle(s): | | | | | | | | | | |
| A) type of coverage  Insured  Bonded  Cash Deposit | | | | | VEHICLE MAKE | | | YEAR | vehicle LICENSE | |
| INSURANCE COMPANY | | | | | | POLICY Number | | | EXPIRES |
| ADDRESS (number / street CITY STATE ZIP | | | | | | | | contact number  (     ) | |
| b) type of coverage  Insured  Bonded  Cash Deposit | | | | | VEHICLE MAKE | | | YEAR | vehicle LICENSE | |
| INSURANCE COMPANY | | | | | | POLICY Number | | | EXPIRES |
| ADDRESS (number / street CITY STATE ZIP | | | | | | | | contact number  (     ) | |
| c) type of coverage  Insured  Bonded  Cash Deposit | | | | | VEHICLE MAKE | | | YEAR | vehicle LICENSE | |
| INSURANCE COMPANY | | | | | | POLICY Number | | | EXPIRES |
| ADDRESS (number / street CITY STATE ZIP | | | | | | | | contact number  (     ) | |
| d) type of coverage  Insured  Bonded  Cash Deposit | | | | | VEHICLE MAKE | | | YEAR | vehicle LICENSE | |
| INSURANCE COMPANY | | | | | | POLICY Number | | | EXPIRES |
| ADDRESS (number / street CITY STATE ZIP | | | | | | | | contact number  (     ) | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 9: MOTOR VEHICLE OPERATION *continued* | | | | | | | |
| 82. List all traffic citations, excluding parking citations, you have received within the past seven years: | | | | | | | |
| a) NATURE OF VIOLATION | | | | | | location (street) CITY STATE | |
| DATE violation occurred  Month    Year | | ACTION TAKEN  Not Guilty  Fined  Traffic School  Dismissed | | |
| b) NATURE OF VIOLATION | | | | | | location (street) CITY STATE | |
| DATE violation occurred  Month    Year | | ACTION TAKEN  Not Guilty  Fined  Traffic School  Dismissed | | |
| c) NATURE OF VIOLATION | | | | | | location (street) CITY STATE | |
| DATE violation occurred  Month    Year | | ACTION TAKEN  Not Guilty  Fined  Traffic School  Dismissed | | |
| D) 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: | | | | | | |
|  | | | | | | | |
| 83. Have you been involved as the driver in a motor vehicle accident within the past seven years?  Yes  No  If yes, give details. | | | | | | | |
| A) DATE | | location (number / street / apt) CITY STATE ZIP | | | | | |
|  | POLICE REPORT  YES  NO | law enforcement AGENCY | | | | | INJURY  NON-INJURY |
| b) DATE | | location (number / street / apt) CITY STATE ZIP | | | | | |
|  | POLICE REPORT  YES  NO | law enforcement AGENCY | | | | | INJURY  NON-INJURY |
| c) DATE | | location (number / street / apt) CITY STATE ZIP | | | | | |
|  | POLICE REPORT  YES  NO | law enforcement AGENCY | | | | | INJURY  NON-INJURY |
|  | | | | | | | |
| 84. Have you ever driven a vehicle without auto insurance, as required by law?  Yes  No | | | | | | | |
| If yes, give reason: | | | | | | |
| DATE  Month    Year | | | location (number / street / apt) CITY STATE ZIP | | | |
|  | | | | | | | |
| 85. Have you ever been refused automobile liability insurance or a bond, or had them cancelled?  Yes  No | | | | | | | |
| If yes, give reason: | | | | | insurance company | |
| DATE  Month    Year | | | location (number / street / apt) CITY STATE ZIP | | | |

|  |  |
| --- | --- |
| SECTION 9: MOTOR VEHICLE OPERATION *continued* | |
|  | |
| Use this space for additional information you would like to include regarding your driving record. | |
|  | |
|  | |
| SECTION 10: OTHER TOPICS | |
| 86. Have you ever been refused a permit to carry a concealed weapon?  Yes  No | |
| 87. 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 | |
| 88. 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 | |
| 89. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other  violent act?  Yes  No | |
| 90. Have you ever hit or physically overpowered a spouse or romantic partner?  Yes  No | |
|  | |
| If you answered yes to any of **Questions 86–90**, give details including dates and circumstances; indicate corresponding number. | |
|  | |
|  | |
| SECTION 11: CERTIFICATION | |
| 91. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment. | |
| SIGNATURE IN FULL | DATE |

|  |
| --- |
| ADDITIONAL SPACE |
| • 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.). Identify the corresponding question and specific item being referenced. |