



# COUNTY OF DEL NORTE

## Office of the Sheriff - Coroner

650 5<sup>th</sup> Street  
Crescent City, California 95531

Main Office Fax  
(707) 464-4191 (707) 465-5742



### PERSONAL HISTORY STATEMENT

Position Applying For \_\_\_\_\_

#### Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Other Names (including Nicknames you have used or been known by):  
\_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO  
☐ ☐ ☐ ☐

ft Height Weight: lbs Hair Color: Eye Color:

#### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_  
☐ ☐

College: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_  
☐ ☐

College: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_  
☐ ☐

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_  
☐ ☐

## Relatives and References

☐ **Spouse**   ☐ **Domestic Partner**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Marriage/Registration: \_\_\_\_\_

### Former Spouse

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Marriage/Registration: \_\_\_\_\_ Date of Dissolution: \_\_\_\_\_

### Parents/Guardian/In-laws/Step-parents

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Brothers/Sisters/Half-siblings/Step-siblings

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Personal References** List 5 – 7 people who know you well, but not listed elsewhere.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ How long have you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ How long have you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ How long have you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ How long have you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ How long have you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ How long have you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ How long have you know this person? \_\_\_\_\_

**Child/ren** List all living children, including natural, adopted, step, and/or foster care.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Son ☐ Daughter

Address: _____	Phone: _____
Custodial Parent/Guardian (if other than you): _____	Email: _____

  

Name: _____	Age: _____	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
Address: _____	Phone: _____		
Custodial Parent/Guardian (if other than you): _____	Email: _____		

  

Name: _____	Age: _____	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
Address: _____	Phone: _____		
Custodial Parent/Guardian (if other than you): _____	Email: _____		

  

Name: _____	Age: _____	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
Address: _____	Phone: _____		
Custodial Parent/Guardian (if other than you): _____	Email: _____		

**Residence History** List all residences during the last 5 years. Include complete addresses.

Current Address _____	From: _____	To: Present
If renting: Property Manager/Rent Collector or Owner: Name: _____		
Mailing Address _____	Phone: _____	
	Email: _____	

Name(s) of those with whom you live: \_\_\_\_\_

Address _____	From: _____	To: _____
If renting: Property Manager/Rent Collector or Owner: Name: _____		
Mailing Address _____	Phone: _____	
Reason for Moving? _____	Email: _____	

Name(s) of those with whom you lived: \_\_\_\_\_

Address _____	From: _____	To: _____
If renting: Property Manager/Rent Collector or Owner: Name: _____		
Mailing Address _____	Phone: _____	
Reason for moving? _____	Email: _____	

Name(s) of those with whom you lived: \_\_\_\_\_

Have you ever been evicted or asked to leave a residence? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever left a residence owing rent, utilities, or other household expenses? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "yes" to the previous questions, explain on page 7 (include when, where, and circumstances).

**Employment History**

Current Employer: _____	Phone: _____
Address: _____	Supervisor: _____
Job Title: _____	

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your supervisor for a reference?

YES

NO

Type of Employment (Check all that apply)

☐ FT

☐ PT

☐ Temp

☐ Self-Employed

☐ Volunteer

Period of Unemployment (Check Applicable)

From

To

Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other ☐

Employer:

Phone:

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

Type of Employment (Check all that apply)

☐ FT

☐ PT

☐ Temp

☐ Self-Employed

☐ Volunteer

Period of Unemployment (Check Applicable)

From

To

Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other ☐

Employer:

Phone:

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

Type of Employment (Check all that apply)

☐ FT

☐ PT

☐ Temp

☐ Self-Employed

☐ Volunteer

Have you ever been fired or asked to resign from any place of employment?

☐ Yes

☐ No

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

Have you had any extended work absences for reasons other than earned vacations?

☐ Yes

☐ No

Has your work performance ever been affected by your use of alcohol or drugs?

☐ Yes

☐ No

If you answered "yes" to the previous questions, explain on page 7 (include when, where, and circumstances).

### Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

### Motor Vehicle Information

**Current Driver's License:**

State	License Number	Expiration Date	Name Under Which License Was Granted
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Have you ever been refused a driver's license? ☐ Yes ☐ No

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

Have you received any traffic citations, excluding parking citations in the past seven years? ☐ Yes ☐ No

Have you been involved as the driver in a motor vehicle accident within the last seven years? ☐ Yes ☐ No

Have you ever been refused insurance for any reason other than failure to pay a premium? ☐ Yes ☐ No

**If you answered "yes" to the previous questions, explain on page 7 (include when, where, and circumstances).**

**Legal**

Have you ever been detained by law enforcement for investigation, arrested, indicted, charged or convicted of any misdemeanor or felony offense in the state or any other legal jurisdiction? ☐ Yes ☐ No

Have you ever been placed on court probation as an adult? ☐ Yes ☐ No

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? ☐ Yes ☐ No

In the last seven years, have you committed any act amounting to a misdemeanor? ☐ Yes ☐ No

Have you ever committed any act amount to a felony? ☐ Yes ☐ No

**If you answered "yes" to the previous questions, explain on page 7 (include when, where, and circumstances).**

**If you answered "yes" to any questions, give details including dates and circumstances.**

☐ Yes  
☐ No

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. On the right side, there are small, dark marks that appear to be staple indentations or punch holes. The paper is otherwise blank, with no text or other markings.

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature:

Date:

# DISASTER SERVICE WORKER VOLUNTEER REGISTRATION

## LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

TYPE OR PRINT IN INK:

### SHADED AREAS REQUIRED BY PROGRAM REGULATIONS

ATTACH  
PHOTOGRAPH  
HERE  
(OPTIONAL)

**This block completed ONLY by Accredited Disaster Council, designated government agency or jurisdiction.**

**CLASSIFICATION:** \_\_\_\_\_ **SPECIALTY:** \_\_\_\_\_

**REGISTERING AGENCY OR JURISDICTION:** \_\_\_\_\_

**SIGNATURE OF AUTHORIZED PERSON:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**REGISTRATION DATE:** \_\_\_\_\_ **RENEWAL DATES:** \_\_\_\_\_

**EXPIRATION DATE:\*** \_\_\_\_\_ **DSW CARD ISSUED?:** NO? YES? #: \_\_\_\_\_

**PROCESSED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TO CENTRAL FILES:** \_\_\_\_\_

<b>NAME:</b> <b>LAST</b>		<b>FIRST</b>	<b>MI</b>	<b>SSN:</b>	
<b>ADDRESS:</b>		<b>CITY:</b>		<b>STATE</b>	<b>ZIP:</b>
<b>COUNTY:</b>		<b>HOME PHONE:</b>		<b>WORK PHONE:</b>	
<b>CELL PHONE:</b>		<b>E-MAIL:</b>		<b>DATE OF BIRTH: (optional)</b>	
<b>DRIVER LICENSE NUMBER: (if applicable)</b>		<b>DRIVER LICENSE CLASSIFICATION: A, B, or C</b>		<b>LICENSE EXPIRATION DATE:</b>	
<b>IN CASE OF EMERGENCY, CONTACT:</b>				<b>EMERGENCY PHONE:</b>	
<b>PHYSICAL IDENTIFICATION:</b>	<b>HAIR:</b>	<b>EYES:</b>	<b>HEIGHT:</b>	<b>WEIGHT: (optional)</b>	<b>BLOOD TYPE: (optional)</b>
<b>COMMENTS:</b>					

### PARENT/LEGAL GUARDIAN CONSENT FOR MINOR

As the parent or legal guardian of \_\_\_\_\_, a minor, I hereby give my full consent and approval for the minor to participate as a DSW volunteer. I understand there may be risks of serious bodily injury inherent in DSW volunteer activities, as well as in traveling and other related activities incidental to his/her participation, and I hereby assume these risks on behalf of the minor.

\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN**

\_\_\_\_\_  
**DATE**

### Based On Government Code (GC) §3108-3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which the person knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison for two, three, or four years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony, and is punishable by imprisonment in the state prison.

### **LOYALTY OATH OR AFFIRMATION** (GC §3102) **If SELF-CERTIFICATION approved by ADC, official's signature and title not required.**

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the

**PRINT NAME**

Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed on \_\_\_\_\_ in \_\_\_\_\_, California.

**DATE**

**City**

**COUNTY**

**SIGNATURE OF VOLUNTEER**

**DATE**

**SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH**

**TITLE**

\*Registration for the active DSW Volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event, the expiration date is at the discretion of the Accredited Disaster Council but not to exceed one year. (See GC



# NON-DISCLOSURE AGREEMENT (NDA)

I. THE PARTIES. This Non-Disclosure Agreement created on \_\_\_\_\_, 20\_\_\_\_ is by and between;

1<sup>st</sup> Party **Del Norte County Sheriff's Office** (1<sup>st</sup> Party), with a mailing address of 650 5<sup>th</sup> Street, Crescent City, CA, and

2<sup>nd</sup> Party: \_\_\_\_\_ (2<sup>nd</sup> Party), with a mailing address of  
\_\_\_\_\_.

The 1<sup>st</sup> Party and 2nd Party are each referred to herein as a "Party" and, collectively, as the "Parties."

This Agreement is made by the Parties to prevent the unauthorized disclosure of confidential information. The Parties agree as follows:

- II. This is a Unilateral Agreement. Therefore, the Del Norte County Sheriff's Office shall have sole ownership of the Confidential Information, and the 2<sup>nd</sup> Party shall be prohibited from disclosing confidential information that is or has been released by the Del Norte County Sheriff's Department or any of their representatives to the 2<sup>nd</sup> Party.
- III. The Purpose of this Agreement is specifically related to the Del Norte County Sheriff's Office and the 2<sup>nd</sup> Party acting on behalf of the Del Norte County Sheriff's Department Search & Rescue.
- IV. CONFIDENTIAL INFORMATION. For the purposes of this Agreement, the term "Confidential Information" shall include, but not be limited to, documents, records, information and data (whether verbal, written or electronic), drawing, models, sketches, photographs, video, plans, technical and logistical procedures. This Confidential Information is deemed to be such even if it is not expressly designated as CONFIDENTIAL. The Information obtain should be considered sensitive and not disclosed, discussed or shared in any capacity without express written consent from the Del Norte County Sheriff's Office.
- V. Understanding: If there is a violation of the Agreement, 2<sup>nd</sup> Party could be discharged from duties as it pertains to the Del Norte County Sheriff's Office Search & Rescue. 2<sup>nd</sup> Party could also potentially face criminal charges if their act of disclosing confidential information meets the elements of a criminal statute.

EXECUTED AS OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PRINTED NAME & SIGNATURE  
DEL NORTE SHERIFF'S OFFICE REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

PRINTED NAME & SIGNATURE  
2<sup>ND</sup> PARTY