



**COUNTY OF DEL NORTE
Office of the Sheriff - Coroner**

650 5th 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: _____

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

Address:

Street Address _____ **Apartment/Unit #** _____

City _____ **State** _____ **ZIP Code** _____

Phone: Email:

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

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

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? _____

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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	
Have you ever been refused a driver's license?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your driver's license ever been suspended or revoked?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received any traffic citations, excluding parking citations in the past seven years?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been involved as the driver in a motor vehicle accident within the last seven years?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused insurance for any reason other than failure to pay a premium?			<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).**Legal**

Have you ever been detained by law enforcement for investigation, arrested, indicted, charged or <u>convicted of any misdemeanor or felony offense in the state or any other legal jurisdiction</u>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been placed on court probation as an adult?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last seven years, have you committed any act amounting to a misdemeanor?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever committed any act amount to a felony?			<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).**If you answered "yes" to any questions, give details including dates and circumstances.**

Y
e
s
N
o

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:

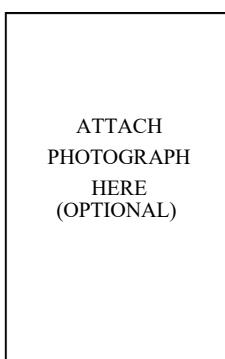
DISASTER SERVICE WORKER VOLUNTEER REGISTRATION

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



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: _____

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

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;

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

2nd Party: _____ (2nd Party), with a mailing address of
_____.

The 1st 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 2nd 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 2nd Party.

III. The Purpose of this Agreement is specifically related to the Del Norte County Sheriff's Office and the 2nd 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, 2nd Party could be discharged from duties as it pertains to the Del Norte County Sheriff's Office Search & Rescue. 2nd 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
2ND PARTY