



## VOLUNTEER APPLICATION

### CITY OF RIDGECREST

100 W. California Avenue

Ridgecrest, CA 93555

(760) 499-5107

TODAY'S DATE: \_\_\_\_\_

#### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
(Street and Number)

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

(City) (State) (Zip)

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

Cell Phone: \_\_\_\_\_

Person to call in an emergency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### How did you hear about volunteer opportunities at the City of Ridgecrest?

\_\_\_ Friend \_\_\_ Association with the program \_\_\_ City of Ridgecrest Website \_\_\_ Other \_\_\_\_\_

#### EDUCATION AND SKILLS

Do you need community service hours for:  
(check if applicable)

\_\_\_ High School \_\_\_ College

List any special training, education, skills or hobbies that help us to better place you as a volunteer.

Bilingual Skills – Please indicate language(s) and if you speak, read and/or write the language.

#### WORK EXPERIENCE

Present or previous occupations (include volunteer work). Use separate sheet for additional employer information.

Employer Name and Address:	Phone:	Duties:
Dates: FROM: MM/YYYY TO: MM/YYYY	Reason for Leaving:	
Employer Name and Address:	Phone:	Duties:
Dates: FROM: MM/YYYY TO: MM/YYYY	Reason for Leaving:	
Employer Name and Address:	Phone:	Duties:
Dates: FROM: MM/YYYY TO: MM/YYYY	Reason for Leaving:	

Have you ever been discharged or forced to resign from any position? ___ Yes ___ No	Have you ever been convicted as an adult for any violation of the law? Provide dates, location(s) and penalties. Exclude traffic violations under \$150 and convictions more than two years old for violation of Health and Safety Codes 11357(b) or (c), 11360(b), 11364, 11365 and 11550 as related to marijuana. Conviction is not necessarily a bar to selection. Each case will be given individual consideration. Failure to list all convictions other than those excluded may disqualify you from further consideration (If Yes – Explain under Remarks) ___ Yes ___ No	Has your driver's license ever been suspended or revoked? ___ Yes ___ No
--	--	---

Remarks (attach additional sheets if necessary)



### PERSONAL REFERENCES

NAME	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

### VOLUNTEER INFORMATION

**PLEASE CHECK THE TYPE OF VOLUNTEER WORK YOU WOULD LIKE TO DO:**

*All potential volunteers 18 years of age and older are subject to a criminal background check*

<input type="checkbox"/> <b>P.A.C.T.</b> Police and Community Together	<input type="checkbox"/> <b>C.E.R.T.</b> Community Emergency Response Team	<input type="checkbox"/> <b>Animal Shelter</b>
---	---	--

Please state what days and times you are available to volunteer.

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME							

I understand that, as a volunteer, I am representing the City of Ridgecrest and will adhere to the guidelines set forth by the program. I acknowledge that the City of Ridgecrest does not take court referred volunteers.

Signature _____	Date _____
	MM/DD/YYYY



**CITY OF RIDGECREST  
VOLUNTEER INFORMATION FORM**

DATE: (MM/DD/YYYY)		DEPARTMENT:	
APPLICANT NAME:			
SOCIAL SECURITY NUMBER:		DATE OF BIRTH: (MM/DD/YYYY)	
ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE NUMBER:		EMERGENCY CONTACT	
		NAME:	
		PHONE:	

As a VOLUNTEER I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I work. I like them, assume certain responsibilities and expect to account for what I do in terms of what I am expected to do. I will keep confidential matters confidential.

I interpret "VOLUNTEER" to mean that I have agreed to work without compensation in money, but having been accepted as a worker, I expect to do my work according to standards as the paid staff expect to do their work.

I promise to take to my work an attitude of open-mindedness; to be willing to be trained for it; to bring to it interest and attention.

I believe that my attitude toward volunteer work should be professional. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done and to the public. Being eager to contribute all that I can to human betterment, I accept this code for the volunteer as my code to be followed carefully and cheerfully.

\_\_\_\_\_  
VOLUNTEER WORKER'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
DATE (MM/DD/YYYY)



## EMPLOYEE/VOLUNTEER STATEMENT FORM

### USE OF CLETS CRIMINAL JUSTICE INFORMATION AND DEPARTMENT OF MOTOR VEHICLES RECORD INFORMATION

As an employee/volunteer of RIDGECREST POLICE DEPARTMENT, you may have access to confidential criminal records, Department of Motor Vehicle records, or other criminal justice information, much of which is controlled by statute. All access of California Law Enforcement Telecommunications System (CLETS) related information is based on the "need to know" and the "right to know". Misuse of such information may adversely affect an individual's civil rights, and violates the law and/or CLETS policy.

Penal Code Section 502 prescribes the penalties relating to computer crimes. Penal Code Sections 11105 and 13300 identify who has access to criminal history information and under what circumstances it may be released. Penal Code Sections 11141-11143 and 13302-13304 prescribe penalties for misuse of criminal history information. Government Code Section 6200 prescribes the felony penalties for misuse of public record and CLETS information. California Vehicle Code Section 1808.45 prescribes the penalties relating to misuse of Department of Motor Vehicle record information. Penal Code Sections 11142 and 13303 state:

"Any person authorized by law to receive a record or information obtained from a record who knowingly furnishes the record or information to a person not authorized by law to receive the record or information is guilty of a misdemeanor."

Any employee/volunteer who is responsible for CLETS misuse is subject to immediate dismissal from employment. Violations of the law may result in criminal and/or civil action.

I HAVE READ THE ABOVE AND UNDERSTAND THE POLICY REGARDING MISUSE OF ALL CLETS ACCESSABLE INFORMATION.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_  
(MM/DD/YYYY)





# RIDGECREST POLICE DEPARTMENT

## ADVISEMENT TO CANDIDATE REGARDING FALSE STATEMENTS

CANDIDATE NAME:

The overall purpose of the pre-employment background investigation is to verify that your application and any statements you have made to your prospective employer concerning your qualifications are true.

The California courts have held that an employer has a legal duty to know the persons whom it employs. In some cases, California law may mandate a background investigation before employment, while in other cases it is merely a case of public policy or prudence before placing someone in a position of public trust.

Both State and Federal courts have also held that there is an absolute necessity for public employees to be truthful. You must understand that a lack of truthfulness or deception of any type on your part will automatically and irrevocably result in your application being rejected from further consideration.

For some people, there may be one or more incidents or occurrences in their background which they regret or over which they may feel some embarrassment. A prospective employer will not make inquiries into areas of a person's background that have no legitimate bearing on their qualifications for the job. You should understand that the mere presence of so-called "negative" information in your background is not automatically disqualifying. For example, an applicant may have engaged in petty thievery as a child, used illegal drugs, been fired from a job, or been convicted of a crime as an adult. While these things in and of themselves may not automatically remove that person from consideration for a job, lying about them will.

A pre-employment background investigation is not intended to be an intimidating experience or an unwarranted invasion into your privacy. Your background investigator will contact persons who know you, including present and/or former employers, and will examine official documents and records concerning you to assure that you have been honest in your application and to fulfill the legal mandates imposed by the courts and legislature. The more forthright you have been, the greater the likelihood that your background can be completed in a timely and successful manner.

### CERTIFICATION

***I understand that any false statement and/or deliberate misrepresentations, whether by omission or commission, will result in my application being automatically and irrevocably rejected from further consideration. I certify that I have read the above statement, understand its contents and have been furnished a copy of it.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# RIDGECREST POLICE DEPARTMENT

100 W. CALIFORNIA AVE. RIDGECREST, CA 93555 760.499.5100 FAX 760.371.1674

## AUTHORIZATION / ADVISEMENT

### INFORMED CONSENT RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA

CANDIDATE NAME: \_\_\_\_\_

I fully recognize that under California law, individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in the position of a peace officer. I further recognize that an employing agency must make reasonable efforts to ensure that any person employed as a peace officer will conform to the standards required by law.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness, and that such investigation will include contacting persons and/or organizations who have information relating to my fitness, including if I am or have been a peace officer in California, information protected under sections 832.7 of the Penal Code and 1043 of the Evidence Code. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless confidentiality of their information can be guaranteed on a permanent basis, which means I will not be permitted to access or review information communicated by those persons or organizations about my suitability for peace officer employment.

I further recognize that although some of the information contained in the background investigative report is a matter of public record, or may otherwise be accessible to me, this information may be inextricably interwoven with other confidential data to which I otherwise would not be privy. I have been informed that because this background investigation is mandated by law, responses from persons contacted, whether solicited or unsolicited, are privileged under California Civil Code §47 or other applicable provisions of law. Those persons must be able to communicate freely and openly with a background investigator about my qualifications and suitability for law enforcement employment without fear that their statements might subject them to liability or become known to me.

Therefore, I exonerate, release, and discharge the person contacted by my prospective employer, together with my prospective employer, and their officers, agents, or assigns, from any claim for liability or damages of any kind, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their communications about my suitability for employment, and for any refusal to make available to me any and all confidential information contained in this pre-employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person, and from any other compliance with this authorization or attempts to comply with it.

I have had adequate time to review this form, I understand its meaning and purpose and understand that I have the right to be furnished a signed copy of this form, upon request, pursuant to California Labor Code §432.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

**This release is valid for 120 days from the date of signature.**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy or validity of that document.

State of California  
County of KERN

Subscribed and sworn (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Seal



## INSTRUCTIONS TO THE APPLICANT

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for the position of **Volunteer**. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. The completion of this form is mandatory for a complete and thorough background investigation.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from employment.
4. All time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job of volunteer. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Completing item 36: You **must** list the arrest and/or conviction if you have received a release (per Section 1203.4 or 1203.4a of the Penal Code or Welfare and Institution Code Section 1179 or 1772) or a pardon (per Section 4852.16 of the Penal Code). You must also list any arrest within the last 5 years which resulted in you being placed in a diversion program, whether or not you successfully completed the diversion. However, you **need not** list an arrest and/or conviction when the record of such an incident has been sealed in accordance with Penal Code Section 1203.45, 851.7, or 851.8, nor if your record has been expunged or is expungeable pursuant to Health and Safety Code Section 11361.5 (provided that at least two years have passed since an arrest or conviction for an offense specified in Section 11361.5(a) or (b), or the conviction was under Health and Safety Code Section 11557 or its successor 11366 when that conviction was stipulated or designated to be a lesser included offense of the offense of possession of marijuana.

The *Americans With Disabilities Act* prohibits employers from making medically-related inquiries **prior** to a conditional offer of employment. Therefore, if you are completing this personal history statement before you have received a conditional offer of employment, **do not** divulge information concerning physical or medical conditions, either past or present.

Please print in ink or type your responses to this questionnaire. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the reverse side of the page and identify the additional information by question number.



# Personal History Statement

## Personal

The following information is requested of you for verification and contact purposes:

1. Your Name (Please print or type)				
Last		First		Middle
Other names (including nicknames) you have used or been known by:			Place Of Birth:	
2. Please list address at which you can be contacted.				
Number	Street	City	State	Zip Code
3. Please list the local telephone number(s) at which you can be contacted.		Hrs. you can be contacted:		Hrs. you can be contacted:
4. Birthdate (MM/DD/YYYY)	5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? ___ Yes ___ No			
6. Social Security Number	(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes and is to ensure that proper records are obtained)			
7. For the purposes of identification, please provide the following:				
Height	Ft.	In.	Weight	lbs.
			HairColor	Eye Color
Scars, tattoos, or other distinguishing marks				

## Relatives and References

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of volunteer. Inquiries will be confined to job-related matters.

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A".		
If living, name of your:	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
Father	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Mother	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Father-in-Law	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Mother-in-Law	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Spouse	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Former Spouse(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other



# Personal History Statement

## Relatives and References Continued

If living, name of your:	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
Brother(s) and Sister(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-mother	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-father	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-brother(s) and Step-sister(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Other relatives with whom you have a close personal relationship (including children).		
Relationship	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Relationship	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Relationship	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
9. Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15 <sup>th</sup> birthday.) Exclude family members.		
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other



# Personal History Statement

## Relatives and References Continued

10. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

Name	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

## Education

11. Please indicate your current situation with regards to your education by checking the appropriate option.

☐ I possess a high school diploma from a U.S. institution.

☐ I passed the G.E.D. (General Educational Development) test.

☐ I passed the California High School Proficiency Examination.

☐ I possess a two-year college degree.

☐ I possess a four-year college or university degree.

☐ I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:

When:

How:

12. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City & State)	Dates Attended		School References (teachers, counselors, etc.)
		From MM/YYYY	To MM/YYYY	



### Personal History Statement

## Education Continued

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and four-year colleges, universities, and business and vocational schools – any formal education beyond the high school level.) ☐ Yes ☐ No  
If "yes", please explain (include school, date, and circumstances)

## Residence

**Individuals who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for the background investigation.**

14. Please list all of your residences during the last 10 years (list no information prior to your 15<sup>th</sup> birthday). Begin with your most current address.

[illegible]



# Personal History Statement

## Experience and Employment

15. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, volunteer work should be included as employment) For identification and verification, please indicate the nature of the activity; i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in the spaces provided.					
Dates of Employment		Name and address of employer		Name of supervisor	
From MM/YYYY		To MM/YYYY			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone No: Title or duties (for identification purposes)		Name(s) of co-worker(s)	
Reason for leaving					
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed		From: MM/YYYY To: MM/YYYY	
Dates of Employment		Name and address of employer		Name of supervisor	
From MM/YYYY		To MM/YYYY			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone No: Title or duties (for identification purposes)		Name(s) of co-worker(s)	
Reason for leaving					
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed		From: MM/YYYY To: MM/YYYY	
Dates of Employment		Name and address of employer		Name of supervisor	
From MM/YYYY		To MM/YYYY			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone No: Title or duties (for identification purposes)		Name(s) of co-worker(s)	
Reason for leaving					
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed		From: MM/YYYY To: MM/YYYY	
Dates of Employment		Name and address of employer		Name of supervisor	
From MM/YYYY		To MM/YYYY			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone No: Title or duties (for identification purposes)		Name(s) of co-worker(s)	
Reason for leaving					
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed		From: MM/YYYY To: MM/YYYY	
Dates of Employment		Name and address of employer		Name of supervisor	
From MM/YYYY		To MM/YYYY			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone No: Title or duties (for identification purposes)		Name(s) of co-worker(s)	
Reason for leaving					
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed		From: MM/YYYY To: MM/YYYY	



## Personal History Statement

### Experience and Employment Continued

<b>Dates of Employment</b> From <small>MM/YYYY</small> To <small>MM/YYYY</small> _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<b>Name and address of employer</b> _____ Telephone No: _____ Title or duties (for identification purposes) _____	<b>Name of supervisor</b> _____ <b>Name(s) of co-worker(s)</b> _____ _____
Reason for leaving _____		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From: <small>MM/YYYY</small> To: <small>MM/YYYY</small>
<b>Dates of Employment</b> From <small>MM/YYYY</small> To <small>MM/YYYY</small> _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<b>Name and address of employer</b> _____ Telephone No: _____ Title or duties (for identification purposes) _____	<b>Name of supervisor</b> _____ <b>Name(s) of co-worker(s)</b> _____ _____
Reason for leaving _____		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From: <small>MM/YYYY</small> To: <small>MM/YYYY</small>
<b>Dates of Employment</b> From <small>MM/YYYY</small> To <small>MM/YYYY</small> _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<b>Name and address of employer</b> _____ Telephone No: _____ Title or duties (for identification purposes) _____	<b>Name of supervisor</b> _____ <b>Name(s) of co-worker(s)</b> _____ _____
Reason for leaving _____		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From: <small>MM/YYYY</small> To: <small>MM/YYYY</small>
<b>Dates of Employment</b> From <small>MM/YYYY</small> To <small>MM/YYYY</small> _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<b>Name and address of employer</b> _____ Telephone No: _____ Title or duties (for identification purposes) _____	<b>Name of supervisor</b> _____ <b>Name(s) of co-worker(s)</b> _____ _____
Reason for leaving _____		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From: <small>MM/YYYY</small> To: <small>MM/YYYY</small>
<b>Dates of Employment</b> From <small>MM/YYYY</small> To <small>MM/YYYY</small> _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<b>Name and address of employer</b> _____ Telephone No: _____ Title or duties (for identification purposes) _____	<b>Name of supervisor</b> _____ <b>Name(s) of co-worker(s)</b> _____ _____
Reason for leaving _____		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From: <small>MM/YYYY</small> To: <small>MM/YYYY</small>



# Personal History Statement

## Experience and Employment Continued

16. Would any problem result if your present employer was contacted during the course of the background investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" when should such contact be made?	
17. If you have no prior employment, please explain in the space below.	
18. Have you had any extended work absences for reasons other than earned vacations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain (include when, name of employer, why.)	
19. Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, circumstances)	
20. Have you ever been a successful or unsuccessful candidate for another position requiring volunteer powers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, name of agency, circumstances)	

## Military Service

21. If you are a male under age 26, please provide the following:				
Selective Service Number	Approximate Date of Registration	Address at Time of Registration		
22. Have you ever served in the armed forces, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please supply the following information:				
Branch of Service	Service Number	Dates of Service FROM: MM/YYYY    TO: MM/YYYY		Type of Discharge
23. Are you currently participating in any military reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include branch of service, when, where, circumstances).				
25. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.				
Name	Contact Address	Contact Telephone	Years Known From MM/YYYY    To MM/YYYY	



## Personal History Statement

### Financial

*The management of personal finances is relevant to an individual's qualification for a volunteer position with PACT. Please answer the following questions and explain any YES answers below.*

26. Have you ever filed or declared bankruptcy (Chapter 7, 11, or 13)? ☐ Yes ☐ No

27. Have any of your bills ever been turned over to a collection agency? ☐ Yes ☐ No

28. Have you ever had purchased goods repossessed? ☐ Yes ☐ No

29. Have your wages ever been garnished? ☐ Yes ☐ No

30. Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No

31. Have you ever had an employment bond refused? ☐ Yes ☐ No

32. Have you ever avoided paying any lawful debt by moving away? ☐ Yes ☐ No

33. Have you ever defaulted on (failed to pay) a loan? ☐ Yes ☐ No

34. Have you written three or more bad checks in a one-year period? ☐ Yes ☐ No

35. If you answered yes to any of Questions 26-34, explain (include when, where, and why; indicate corresponding number):



## Personal History Statement

### Legal

36. If you have ever been arrested or convicted for any crime (excluding traffic violations), please give the following information: *(An arrest resulting in participation in a diversion program, or the fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question. Please see Instructions to the Applicant on page 6.)*

Approx. Date	Police Agency	Circumstances

37. Have you ever been placed on court probation as an adult? ☐ Yes ☐ No If "yes", please give details (include when, where, why)

38. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? ☐ Yes ☐ No If "yes", please give details (include when, where, why)

39. Have you ever been reported to a law enforcement agency as a missing person or a runaway? ☐ Yes ☐ No  
If "yes", please give details (include date, law enforcement agency, circumstances).

40. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? ☐ Yes ☐ No  
If "yes" please give details (include when, where, name and location of court, circumstances)



## Personal History Statement

## Motor Vehicle Operation

*Operation of a motor vehicle is an integral part of the position of volunteer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.*

41. California Driver's License Number		Expiration Date (MM/DD/YYYY)	
42. Name under which license was granted			
43. Please list other states where you have been licensed to operate a motor vehicle.			
State:	State:	State:	State:
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted
Have you ever been refused a driver's license by any state ___ Yes ___ No If "yes", please explain (include when, where, why).			
44. California law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or deposit of \$35,000 with the Department of Motor Vehicles. Therefore, please list the current liability insurance you have with your motor vehicles.			
Company	Address	Policy Number	Date of Expiration
If you are bonded or have deposited \$35,000 to meet your motor vehicle financial responsibility, please indicate. ___ Bond ___ \$35,000			