**ORANGE COUNTY**

**PROBATION DEPARTMENT**

**Professional Standards Division**

**Background Investigation Unit**



***“A Safer Orange County Through Positive Change”***

**VOLUNTEER PROBATION OFFICER**

**Personal History Statement**

**Directions and Guidelines**

# CONFIDENTIAL

As an applicant for the position of Volunteer Probation Officer with the Orange County Probation Department, you are required to complete this Personal History Statement. You are admonished with the following:

I hereby certify all statements and answers made on this questionnaire are true and complete. I understand any misstatements of material facts will subject me to disqualification or dismissal, if an appointment has been made.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you understand this admonishment? | Yes |  | No |  |

|  |
| --- |
| Address: |
| Street Address |
| City |
| State & Zip |

**NOTE: ALL RESPONSES TO INQUIRIES ARE SUBJECT TO VERIFICATION.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Signed: |  | | | |
|  |  | | | | |
|  | Print: |  | |  |  |
|  |  | Last Name | | First Name | Middle Name |
|  |  | | | | |
|  | Other Names: | |  | | |
|  |  | | | | |
|  | (Include maiden name, other married names, nicknames, or names you have used or been known by) | | | | |
|  |  | | | | |
|  | Date of Birth: | |  | | |
|  |  | | | | |
|  | Social Security: | |  | | |
|  |  | | | | |
|  | Today's Date: | |  | | |
|  |  | | | | |

**ORANGE COUNTY PROBATION DEPARTMENT**

NOTICE:

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 Probation Officer.

FILLING OUT THE FORM:

1. The completion of this form is required. It is strongly suggested that you begin working on this form as soon as possible.
2. You must personally type or legibly print in black ink all required information.
3. Carefully read the directions to each question before answering. Respond to every question and DO NOT leave any blank spaces. Write “N/A” if a question does not apply to you.
4. Confirm all information before answering. All information provided is subject to verification.
5. You are responsible for the accuracy and completeness of all information on this form including, but not limited to, addresses (including zip codes) and telephone numbers (including area codes). Zip code information can be obtained from the U.S. Post Office and area code information can be found in the telephone directory.
6. Incomplete statements or deliberate inaccuracies may disqualify you from consideration for this position.
7. Account for ALL required time periods in your background.
8. Being fired from a job or having an arrest record will not automatically disqualify you. However, any negative factor in your background will be carefully examined and evaluated in terms of the relevance to the position.
9. Disclosure of Detentions, Arrests and Convictions: All convictions for misdemeanor offenses or infractions as well as ALL ARRESTS and DETENTIONS for any crime MUST be listed whether or not the arrest resulted in a conviction, an acquittal, dismissal, or placement on a program of pre-or post-trial diversion (per Section 432.7 of the Labor Code of the State of California). You must list an arrest or conviction even if you have earned a release under section 1203.4 or 1203.4(a) of the California Penal Code or Section 1179, 1172 or 3200 of the California Welfare and Institutions Code or a pardon under 4852.16 of the California Penal Code.
10. Civil Restraining Orders: Include information wherein you were a subject of a restraining order or sought a restraining order against an individual.
11. **Do not divulge information concerning physical or medical conditions either past or present. The Americans with Disabilities Act prohibits employers from making medically-related inquiries prior to a conditional offer of employment.**
12. Initial every page at the bottom right hand corner.
13. Bring this completed background form on the day of your interview.
14. In addition to this form you are also required to provide ORIGINAL or CERTIFIED copies of your:
    1. BIRTH CERTIFICATE (NO ABSTRACTS will be accepted), PASSPORTS (NO PASSPORTS from U.S. Territories American Samoa, Swains Islands or Northern Mariana Islands will be accepted), CERTIFICATE OF NATURALIZATION, or DOCUMENTATION OF ALIEN REGISTRATION STATUS. With your Alien Registration you must also include your letter from Citizenship and Immigration Services showing proof of application for U.S. Citizenship.
    2. HIGH SCHOOL TRANSCRIPTS, GED or CALIFORNIA HIGH SCHOOL PROFICIENCY TRANSCRIPTS WITH SCORES. (Transcripts must be in sealed envelopes issued by the school.)
    3. ALL OFFICIAL COLLEGE TRANSCRIPTS (Transcripts must be in sealed envelopes issued by the school.)
    4. You must arrange with your schools and colleges to provide you with the certified copies of the transcripts to bring the day of your interview or mail to: Orange County Probation Department, Attn: Background Unit, P.O. Box 10260, Santa Ana, CA 92711-0260.
    5. **IF THESE DOCUMENTS ARE NOT AVAILABLE AT THE TIME OF YOUR INTERVIEW, YOU WILL BE REQUIRED TO FURNISH A SATISFACTORY EXPLANATION INCLUDING THE DATE YOU EXPECT TO PRESENT THEM**.
15. The following documents must also be submitted at the time you bring in your Personal History Statement.
    1. Your ORIGINAL CALIFORNIA DRIVERS LICENSE.
    2. Your ORIGINAL SOCIAL SECURITY CARD.
    3. MILITARY DD214 (PAGE 4 ONLY) or PROOF OF DRAFT REGISTRATION (if applicable). You can secure a copy of your selective service registration by accessing http://www.sss.gov/regver/verification/.asp
    4. AUTO INSURANCE POLICY VERIFICATION. Your name, policy number, and dates of coverage must be listed on the document.
    5. Current Tuberculosis results (Must be within the last year).
    6. DIVORCE DECREE(S) (if applicable)
16. If there is insufficient space to list all information in the space provided use page 27 of the Personal History Statement and attach as many lined sheets of 8-1/2 x 11 paper as necessary. Be sure to clearly identify the question or item by number and subject.

**THE PERSONAL HISTORY STATEMENT AND THE INFORMATION IT CONTAINS, AS WELL AS ALL OTHER INFORMATION AND DOCUMENTS ACQUIRED DURING THE COURSE OF THIS INVESTIGATION, ARE AVAILABLE FOR INSPECTION ONLY BY DEPARTMENT EMPLOYEES WITH A NEED TO KNOW OR TO OTHERS AS AUTHORIZED BY LAW. OTHERWISE THE INFORMATION IS CONSIDERED CONFIDENTIAL.**

**FAILURE TO REPLY OPENLY AND HONESTLY TO THE INQUIRIES MAY RESULT IN YOUR DISQUALIFICATION AS A VOLUNTEER PROBATION OFFICER CANDIDATE.**

**VOLUNTEER PROBATION OFFICER BACKGROUND INVESTIGATION**

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 **Volunteer Probation Officer**.

* It is your responsibility to complete this form and provide all required information.
* Following instructions given by the hiring department, type or neatly print in black ink.
* You must respond to all items and questions. If a question does not apply to you , write “N/A” (not applicable) in the space provided for your response.
* If you need more space for any response, use the supplemental information page on the last page of this form (page 25) and identify the additional information by the question number.
* Following instructions given by the hiring department, provide the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

**Disqualification**

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

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

**Disclosure of Medically-Related Information**

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

I have read and I understand the above instructions.

Signature: Date:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1:** **PERSONAL** | | | | | | | | | | | | | | |
| **1.** YOUR FULL NAME | | | | | | | | | | | | | | |
| LAST | | | | FIRST | | | | MIDDLE | | | | | | |
| **2**. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | N/A |
| **3.** ADDRESS WHERE YOU LIVE | | | | | | | | | | | | | | |
| NUMBER / STREET | | | | | | | | APT / UNIT | | | | | | |
| CITY | | | | | | | | STATE | | | | | ZIP | |
| **4.** MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **5.** CONTACT NUMBERS | | | | | | | | | | | | | | |
| HOME PHONE (     ) | | | WORK (     ) | | | | EXT | OTHER(     ) | | | | | CELL  FAX | |
| **6.** CONTACT EMAIL | | | | | | **7.** LIST **ALL** OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS) | | | | | | | | |
|  | | | | | |  | | | | | | | | |
|  | | | | | |
| **8.** CITIZENSHIP | | | | | | | | | | | | | | |
| Are you a U.S. Citizen? IF NO, are you a resident alien who is eligible and has applied for U.S. Citizenship? | | | | | | | | | | | | Yes  No  Yes  No | | |
| **9.** BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **10.** BIRTHDATE (MM/DD/YYYY) | **11.** SOCIAL SECURITY NUMBER | | | | **12.** DRIVER’S LICENSE | | | | | | | | | |
|  | -     - | | | | NUMBER: | | | | STATE: | | EXPIRES: | | | |
| **13.** PHYSICAL DESCRIPTION | | | | | | | | | | | | | | |
| HEIGHT: | | WEIGHT: | | | | HAIR COLOR: | | | | EYE COLOR: | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 2: RELATIVES AND REFERENCES** | | | | | | | | |
| **14.** IMMEDIATE FAMILY | | | | | | | | |
| * Provide all applicable information in the spaces below. * Mark “N/A” if a category is not applicable. | | | * Mark “Deceased,” if appropriate. * *If more space is needed, continue on page 25 – reference corresponding numbers.* | | | | | |
| **14.A Spouse / Registered Domestic Partner** | | | | | | **Deceased** | | **N/A** |
| NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | | CITY | | STATE | ZIP |
|  | |  | | |  | |  |  |
| HOME PHONE | WORK ADDRESS (NUMBER / STREET / APT) | | | CITY | | STATE | ZIP |
| (     ) |  | | |  | |  |  |
| WORK PHONE | CELL PHONE | | EMAIL | | | | |
| (     ) | (     ) | |  | | | | |
| DATE OF MARRIAGE/REGISTRATION |  | | Is there, or has there ever been, a restraining or stay away  order in effect involving you and this individual?  Yes  No | | | | |
| /       (MM/YYYY) |
| **14.B Former Spouse / Registered Domestic Partner** | | | | | | **Deceased** | | **N/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 | | | | |
| (     ) | (     ) | |  | | | | |
| DATE OF MARRIAGE/REGISTRATION | DATE OF DISSOLUTION | | Is there, or has there ever been, a restraining or stay away  order in effect involving you and this individual?  Yes  No | | | | |
| /       (MM/YYYY) | /       (MM/YYYY) | |
| **SECTION 2: RELATIVES AND REFERENCES** *continued* | | | | | | | | |
| **14. C Parents / Guardians / In-Laws** | | | | | | | | |
| List **ALL** parents/guardians/in-laws living or deceased, including biological, adoptive, foster, step-parents, etc. | | | | | | | | |
| **14.C.1 Parent / Guardian / In-Law:** Mother  Father  Step-mother  Step-father  In-law  Other: | | | | | | | Deceased | |
| NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | | CITY | | STATE | ZIP |
|  | |  | | |  | |  |  |
| HOME PHONE | MAILING ADDRESS (IF DIFFERENT) | | | CITY | | STATE | ZIP |
| (     ) |  | | |  | |  |  |
| WORK PHONE | CELL PHONE | | EMAIL | | | | |
| (     ) | (     ) | |  | | | | |
| **14.C.2 Parent / Guardian / In-Law:** Mother  Father  Step-mother  Step-father  In-law  Other: | | | | | | | Deceased | |
| NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | | CITY | | STATE | ZIP |
|  | |  | | |  | |  |  |
| HOME PHONE | MAILING ADDRESS (IF DIFFERENT) | | | CITY | | STATE | ZIP |
| (     ) |  | | |  | |  |  |
| WORK PHONE | CELL PHONE | | EMAIL | | | | |
| (     ) | (     ) | |  | | | | |
| **14.C.3 Parent / Guardian / In-Law:** Mother  Father  Step-mother  Step-father  In-law  Other: | | | | | | | Deceased | |
| NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | | CITY | | STATE | ZIP |
|  | |  | | |  | |  |  |
| HOME PHONE | MAILING ADDRESS (IF DIFFERENT) | | | CITY | | STATE | ZIP |
| (     ) |  | | |  | |  |  |
| WORK PHONE | CELL PHONE | | EMAIL | | | | |
| (     ) | (     ) | |  | | | | |
| **14.C.4 Parent / Guardian / In-Law:** Mother  Father  Step-mother  Step-father  In-law  Other: | | | | | | | Deceased | |
| NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | | CITY | | STATE | ZIP |
|  | |  | | |  | |  |  |
| HOME PHONE | MAILING ADDRESS (IF DIFFERENT) | | | CITY | | STATE | ZIP |
| (     ) |  | | |  | |  |  |
| WORK PHONE | CELL PHONE | | EMAIL | | | | |
| (     ) | (     ) | |  | | | | |
| **14.C.5 Parent / Guardian / In-Law:** Mother  Father  Step-mother  Step-father  In-law  Other: | | | | | | | Deceased | |
| NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | | CITY | | STATE | ZIP |
|  | |  | | |  | |  |  |
| HOME PHONE | MAILING ADDRESS (IF DIFFERENT) | | | CITY | | STATE | ZIP |
| (     ) |  | | |  | |  |  |
| WORK PHONE | CELL PHONE | | EMAIL | | | | |
| (     ) | (     ) | |  | | | | |
| **14.C.6 Parent / Guardian / In-Law:** Mother  Father  Step-mother  Step-father  In-law  Other: | | | | | | | Deceased | |
| NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | | CITY | | STATE | ZIP |
|  | |  | | |  | |  |  |
| HOME PHONE | MAILING ADDRESS (IF DIFFERENT) | | | CITY | | STATE | ZIP |
| (     ) |  | | |  | |  |  |
| WORK PHONE | CELL PHONE | | EMAIL | | | | |
| (     ) | (     ) | |  | | | | |

***Supplemental relatives information included on page 25***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 2: RELATIVES AND REFERENCES** *continued* | | | | | | | | | |
| **14. D Brothers / Sisters** | | | | | | N/A | | |
| List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc. | | | | | | | | |
| **14.D.1 Sibling:** Brother  Sister  Half-Brother  Half-Sister  Other: | | | | | | | | |
| NAME | | AGE | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | | STATE | ZIP |
|  | |  |  | |  | |  |  |
| HOME PHONE | | MAILING ADDRESS (IF DIFFERENT) | | CITY | | STATE | ZIP |
| (     ) | |  | |  | |  |  |
| WORK PHONE | | CELL PHONE | EMAIL | | | | |
| (     ) | | (     ) |  | | | | |
| **14.D.2 Sibling:** Brother  Sister  Half-Brother  Half-Sister  Other: | | | | | | | | |
| NAME | | AGE | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | | STATE | ZIP |
|  | |  |  | |  | |  |  |
| HOME PHONE | | MAILING ADDRESS (IF DIFFERENT) | | CITY | | STATE | ZIP |
| (     ) | |  | |  | |  |  |
| WORK PHONE | | CELL PHONE | EMAIL | | | | |
| (     ) | | (     ) |  | | | | |
| **14.D.3 Sibling:** Brother  Sister  Half-Brother  Half-Sister  Other: | | | | | | | | |
| NAME | | AGE | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | | STATE | ZIP |
|  | |  |  | |  | |  |  |
| HOME PHONE | | MAILING ADDRESS (IF DIFFERENT) | | CITY | | STATE | ZIP |
| (     ) | |  | |  | |  |  |
| WORK PHONE | | CELL PHONE | EMAIL | | | | |
| (     ) | | (     ) |  | | | | |
| **14.D.4 Sibling:** Brother  Sister  Half-Brother  Half-Sister  Other: | | | | | | | | |
| NAME | | AGE | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | | STATE | ZIP |
|  | |  |  | |  | |  |  |
| HOME PHONE | | MAILING ADDRESS (IF DIFFERENT) | | CITY | | STATE | ZIP |
| (     ) | |  | |  | |  |  |
| WORK PHONE | | CELL PHONE | EMAIL | | | | |
| (     ) | | (     ) |  | | | | |

***Supplemental relatives information included on page 25***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **14. E Children** | | | | | | | N/A | |
| List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you. | | | | | | | | |
| **14.E.1 Child:** Son  Daughter  Other: | | | | | | | | |
| NAME | | AGE | CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) | | | | | |
|  | |  |  | | | | | |
|  | | ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | | ZIP |
|  | |  | |  |  | |  |
|  | | CONTACT NUMBER | EMAIL | | | | |
|  | | (     ) |  | | | | |
| **14.E.2 Child:** Son  Daughter  Other: | | | | | | | | |
| NAME | | AGE | CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) | | | | | |
|  | |  |  | | | | | |
|  | | ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | | ZIP |
|  | |  | |  |  | |  |
|  | | CONTACT NUMBER | EMAIL | | | | |
|  | | (     ) |  | | | | |
| **SECTION 2: RELATIVES AND REFERENCES** *continued* | | | | | | | | | |
| **14.E.3 Child:** Son  Daughter  Other: | | | | | | | | |
| NAME | | AGE | CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) | | | | | |
|  | |  |  | | | | | |
|  | | ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | | ZIP |
|  | |  | |  |  | |  |
|  | | CONTACT NUMBER | EMAIL | | | | |
|  | | (     ) |  | | | | |
| **14.E.4 Child:** Son  Daughter  Other: | | | | | | | | |
| NAME | | AGE | CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) | | | | | |
|  | |  |  | | | | | |
|  | | ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | | ZIP |
|  | |  | |  |  | |  |
|  | | CONTACT NUMBER | EMAIL | | | | |
|  | | (     ) |  | | | | |

***Supplemental relatives information included on page 25***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **15. LIST OF REFERENCES** | | | | | | |
| * List **7-10** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere. | | | | | | |
| **15.1** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP | |
|  |  | |  |  |  | |
| HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | | CITY | STATE | ZIP | |
| (     ) |  | |  |  |  | |
| WORK PHONE | CELL PHONE | EMAIL | | | | |
| (     ) | (     ) |  | | | | |
| How do you know this person? | | How long have you known this person? | | | | |
| **15.2** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP | |
|  |  | |  |  |  | |
| HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | | CITY | STATE | ZIP | |
| (     ) |  | |  |  |  | |
| WORK PHONE | CELL PHONE | EMAIL | | | | |
| (     ) | (     ) |  | | | | |
| How do you know this person? | | How long have you known this person? | | | | |
| **15.3** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP | |
|  |  | |  |  |  | |
| HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | | CITY | STATE | ZIP | |
| (     ) |  | |  |  |  | |
| WORK PHONE | CELL PHONE | EMAIL | | | | |
| (     ) | (     ) |  | | | | |
| How do you know this person? | | How long have you known this person? | | | | |
| **15.4** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP | |
|  |  | |  |  |  | |
| HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | | CITY | STATE | ZIP | |
| (     ) |  | |  |  |  | |
| WORK PHONE | CELL PHONE | EMAIL | | | | |
| (     ) | (     ) |  | | | | |
| How do you know this person? | | How long have you known this person? | | | | |
| **SECTION 2: RELATIVES AND REFERENCES** *continued* | | | | | | | |
| **15.5** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP | |
|  |  | |  |  |  | |
| HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | | CITY | STATE | ZIP | |
| (     ) |  | |  |  |  | |
| WORK PHONE | CELL PHONE | EMAIL | | | | |
| (     ) | (     ) |  | | | | |
| How do you know this person? | | How long have you known this person? | | | | |
| **15.6** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP | |
|  |  | |  |  |  | |
| HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | | CITY | STATE | ZIP | |
| (     ) |  | |  |  |  | |
| WORK PHONE | CELL PHONE | EMAIL | | | | |
| (     ) | (     ) |  | | | | |
| How do you know this person? | | How long have you known this person? | | | | |
| **15.7** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP | |
|  |  | |  |  |  | |
| HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | | CITY | STATE | ZIP | |
| (     ) |  | |  |  |  | |
| WORK PHONE | CELL PHONE | EMAIL | | | | |
| (     ) | (     ) |  | | | | |
| How do you know this person? | | How long have you known this person? | | | | |
| **15.8** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP | |
|  |  | |  |  |  | |
| HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | | CITY | STATE | ZIP | |
| (     ) |  | |  |  |  | |
| WORK PHONE | CELL PHONE | EMAIL | | | | |
| (     ) | (     ) |  | | | | |
| How do you know this person? | | How long have you known this person? | | | | |
| **15.9** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP | |
|  |  | |  |  |  | |
| HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | | CITY | STATE | ZIP | |
| (     ) |  | |  |  |  | |
| WORK PHONE | CELL PHONE | EMAIL | | | | |
| (     ) | (     ) |  | | | | |
| How do you know this person? | | How long have you known this person? | | | | |
| **15.10** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP | |
|  |  | |  |  |  | |
| HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | | CITY | STATE | ZIP | |
| (     ) |  | |  |  |  | |
| WORK PHONE | CELL PHONE | EMAIL | | | | |
| (     ) | (     ) |  | | | | |
| How do you know this person? | | How long have you known this person? | | | | |

***Supplemental references information included on page 25***

|  |  |
| --- | --- |
| **SECTION 3: EDUCATION** | |
| * **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.** * *If more space is needed, continue your response on page 25.* |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **16.** CHECK APPLICABLE | | MM/YYYY |  | | MM/YYYY |  | | | MM/YYYY |
| High School Diploma | | / | High School Equivalency Test | | / | California High School Proficiency Certificate | | | / |
| 1. LIST HIGH SCHOOL(S) ATTENDED | | | | | | | | | |
| **17.1** | NAME OF HIGH SCHOOL | | | | | | FROM (MM/YYYY) | TO (MM/YYYY) | |
|  | | | | | | / | / | |
| CITY | | | | STATE | |
|  | | | |  | |
| **17.2** | NAME OF HIGH SCHOOL | | | | | | FROM (MM/YYYY) | TO (MM/YYYY) | |
|  | | | | | | / | / | |
| CITY | | | | STATE | |
|  | | | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **18.** LIST ALL COLLEGES AND UNIVERSITIES ATTENDED | | | | | | | | |
| **18.1** | NAME OF COLLEGE/UNIVERSITY | FROM (MM/YYYY) | | TO (MM/YYYY) | | TOTAL UNITS COMPLETED | | |
|  | / | | / | |  | | QTR SYSTEM SEM SYSTEM |
| ADDRESS (NUMBER/STREET) | | | | DEGREE EARNED | | | |
|  | | | | YES NO TYPE: | | | |
| CITY | | STATE | | ZIP | | MAJOR/AREA OF STUDY | |
|  | |  | |  | |  | |
| **18.2** | NAME OF COLLEGE/UNIVERSITY | FROM (MM/YYYY) | | TO (MM/YYYY) | | TOTAL UNITS COMPLETED | | |
|  | / | | / | |  | | QTR SYSTEM SEM SYSTEM |
| ADDRESS (NUMBER/STREET) | | | | DEGREE EARNED | | | |
|  | | | | YES NO TYPE: | | | |
| CITY | | STATE | | ZIP | | MAJOR/AREA OF STUDY | |
|  | |  | |  | |  | |
| **18.3** | NAME OF COLLEGE/UNIVERSITY | FROM (MM/YYYY) | | TO (MM/YYYY) | | TOTAL UNITS COMPLETED | | |
|  | / | | / | |  | | QTR SYSTEM SEM SYSTEM |
| ADDRESS (NUMBER/STREET) | | | | DEGREE EARNED | | | |
|  | | | | YES NO TYPE: | | | |
| CITY | | STATE | | ZIP | | MAJOR/AREA OF STUDY | |
|  | |  | |  | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **19.** LIST **ALL** TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED | | | | | |
| **19.1** | NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE | FROM (MM/YYYY) | | TO (MM/YYYY) | DID YOU COMPLETE THE COURSE? |
|  | / | | / | Yes No |
| CITY | STATE | TYPE OF SCHOOL OR TRAINING | | |
|  |  |  | | |

***Supplemental education information included on page 25***

|  |  |  |  |
| --- | --- | --- | --- |
| LIST **ALL** POST BASIC COURSES ATTENDED | | | |
| 20. Have you ever taken a **PC832** (Arrest and/or Firearms) Course? Yes  No  IF YES, provide the following information: | | | |
| A. COURSE PRESENTER NAME | LOCATION (CITY/STATE) | |
|  |  | |
| B. COURSE COMPLETION | | COMPLETION DATE (MM/YYYY) |
| Did you successfully complete the course? Yes  No | | / |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECTION 3: EDUCATION** | | | | | |
| **21.** Have you ever attended a POST Basic Course/Academy: Regular, Modular, Specialized Investigators’, Reserve, or Dispatcher?  Yes  No  IF YES, provide the following information: | | | | | |
| **21.1** | NAME OF COURSE PRESENTER/ACADEMY | | FROM (MM/YYYY) | TO (MM/YYYY) | DID YOU PASS/GRADUATE? |
|  | | / | / | Yes No |
| LOCATION (CITY, STATE) | NAME OF TRAINING OFFICER / ACADEMY COORDINATOR | | | CONTACT NUMBER |
|  |  | | | (     ) |
| **21.2** | NAME OF COURSE PRESENTER/ACADEMY | | FROM (MM/YYYY) | TO (MM/YYYY) | DID YOU PASS/GRADUATE? |
|  | | / | / | Yes No |
| LOCATION (CITY, STATE) | NAME OF TRAINING OFFICER / ACADEMY COORDINATOR | | | CONTACT NUMBER |
|  |  | | | (     ) |

***Supplemental POST basic course information included on page 25***

|  |
| --- |
| **22.** Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion  from any high school(s), college/university, business, trade school, or POST basic course/academy? Yes No |
| IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or POST basic course academy. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances. |
| **23.** Since the age of 18, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in  cheating on any POST exam? Yes No |
| IF YES, explain circumstances. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 4: RESIDENCE HISTORY** | | | | | | | | |
| **24. LIST OF RESIDENCES** | | | | | | | |
| * List all residences **during the last 10 years or since age 15.** * Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). Do **NOT** use PO Boxes. * If the residence is a military base, identify name of base in address, nearest city, state, and zip code, Do **NOT** list military barracks mates unless you shared individual quarters. * *If more space is needed, continue your response on page 25.* | | | | | | | |
| **24.1** | ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT) | | | | FROM (MM/YYYY) | | TO (MM/YYYY) | |
|  | | | | / | | / | |
| CITY | STATE | ZIP | **IF RENTING:** PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | | | | |
|  |  |  |  | | | | |
| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET/ APT / PO BOX) | | | | | CONTACT NUMBER | | |
|  | | | | | (     ) | | |
| CITY | STATE | ZIP | EMAIL | | | | |
|  |  |  |  | | | | |
| Name(s) of those with whom you live: | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 4: RESIDENCE HISTORY** *continued* | | | | | | | |
| **24.2** | FORMER ADDRESS (NUMBER / STREET / APT) | | | | FROM (MM/YYYY) | | TO (MM/YYYY) |
|  | | | | / | | / |
| CITY | STATE | ZIP | **IF RENTING:** PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | | | |
|  |  |  |  | | | |
| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET/ APT / PO BOX) | | | | | CONTACT NUMBER | |
|  | | | | | (     ) | |
| CITY | STATE | ZIP | EMAIL | | | |
|  |  |  |  | | | |
| Name(s) of those with whom you lived: | | | | | | |
| Reason for moving: | | | | | | |
| **24.3** | FORMER ADDRESS (NUMBER / STREET / APT) | | | | FROM (MM/YYYY) | | TO (MM/YYYY) |
|  | | | | / | | / |
| CITY | STATE | ZIP | **IF RENTING:** PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | | | |
|  |  |  |  | | | |
| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET/ APT / PO BOX) | | | | | CONTACT NUMBER | |
|  | | | | | (     ) | |
| CITY | STATE | ZIP | EMAIL | | | |
|  |  |  |  | | | |
| Name(s) of those with whom you lived: | | | | | | |
| Reason for moving: | | | | | | |
| **24.4** | FORMER ADDRESS (NUMBER / STREET / APT) | | | | FROM (MM/YYYY) | | TO (MM/YYYY) |
|  | | | | / | | / |
| CITY | STATE | ZIP | **IF RENTING:** PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | | | |
|  |  |  |  | | | |
| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET/ APT / PO BOX) | | | | | CONTACT NUMBER | |
|  | | | | | (     ) | |
| CITY | STATE | ZIP | EMAIL | | | |
|  |  |  |  | | | |
| Name(s) of those with whom you lived: | | | | | | |
| Reason for moving: | | | | | | |
| **24.5** | FORMER ADDRESS (NUMBER / STREET / APT) | | | | FROM (MM/YYYY) | | TO (MM/YYYY) |
|  | | | | / | | / |
| CITY | STATE | ZIP | **IF RENTING:** PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | | | |
|  |  |  |  | | | |
| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET/ APT / PO BOX) | | | | | CONTACT NUMBER | |
|  | | | | | (     ) | |
| CITY | STATE | ZIP | EMAIL | | | |
|  |  |  |  | | | |
| Name(s) of those with whom you lived: | | | | | | |
| Reason for moving: | | | | | | |

***Supplemental residence information included on page 25***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 4: RESIDENCE HISTORY** *continued* | | | | | | | | |
| **25. LIST OF HOUSEMATES** | | | | | | | |
| * Provide contact information for all housemates listed in **Question 24** with whom you have resided **during the past 10 years** or **since age 15.** * Do **NOT** list anyone for whom you have already provided contact information. * *If more space is needed, continue your response on page 25.* | | | | | | | |
| **25.1** | NAME OF HOUSEMATE | | | | CONTACT NUMBER | | | |
|  | | | | (     ) | | | |
| CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | | | STATE | ZIP | |
|  |  | | |  |  | |
| NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | | EMAIL | | | | |
|  | |  | | | | |
| **25.2** | NAME OF HOUSEMATE | | | | CONTACT NUMBER | | | |
|  | | | | (     ) | | | |
| CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | | | STATE | ZIP | |
|  |  | | |  |  | |
| NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | | EMAIL | | | | |
|  | |  | | | | |
| **25.3** | NAME OF HOUSEMATE | | | | CONTACT NUMBER | | | |
|  | | | | (     ) | | | |
| CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | | | STATE | ZIP | |
|  |  | | |  |  | |
| NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | | EMAIL | | | | |
|  | |  | | | | |
| **25.4** | NAME OF HOUSEMATE | | | | CONTACT NUMBER | | | |
|  | | | | (     ) | | | |
| CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | | | STATE | ZIP | |
|  |  | | |  |  | |
| NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | | EMAIL | | | | |
|  | |  | | | | |
| **25.5** | NAME OF HOUSEMATE | | | | CONTACT NUMBER | | | |
|  | | | | (     ) | | | |
| CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | | | STATE | ZIP | |
|  |  | | |  |  | |
| NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | | EMAIL | | | | |
|  | |  | | | | |

***Supplemental housemate information included on page 25***

|  |
| --- |
| **26.** Have you ever been evicted or asked to leave a residence? Yes No |
| **27.** Have you ever left a residence owing rent, utilities, or other household expenses? Yes No |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 5: EXPERIENCE AND EMPLOYMENT** | | | | | | | | |
| **28. JOB EXPERIENCE** | | | | | | | |
| * List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent). * If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. * List **ALL** periods of unemployment in **excess of 30 days**. * *If more space is needed, continue your response on page 25.* | | | | | | | |
| **28.1** | NAME OF CURRENT EMPLOYER OR MILITARY UNIT | | | | | FROM (MM/YYYY) | TO (MM/YYYY) | |
|  | | | | | / | / | |
| ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | | CONTACT NUMBER | | EXT | |
|  | | | |  | |  | |
| CITY | | STATE | ZIP | EMAIL | | | |
|  | |  |  |  | | | |
| JOB TITLE /RANK | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) | | | | |
|  | | | FT  PT  Temp  Self-employed  Volunteer | | | | |
| DUTIES / ASSIGNMENTS | | | REASON FOR LEAVING | | | | |
|  | | |  | | | | |
| SUPERVISOR | CONTACT NUMBER | | EXT. | EMAIL | | | |
|  | (     ) | |  |  | | | |
| NAMES OF CO-WORKERS | CONTACT NUMBER | | EXT. | EMAIL | | | |
| 1) | (     ) | |  |  | | | |
| 2) | (     ) | |  |  | | | |
| Would there be a problem if we contact your current employer? Yes No  IF YES, explain: | | | | | | | |
| **28.2** | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | | | | | FROM (MM/YYYY) | TO (MM/YYYY) | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | / | / | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **28.3** | NAME OF CURRENT EMPLOYER OR MILITARY UNIT | | | | | FROM (MM/YYYY) | TO (MM/YYYY) |
|  | | | | | / | / |
| ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | | CONTACT NUMBER | | EXT |
|  | | | |  | |  |
| CITY | | STATE | ZIP | EMAIL | | |
|  | |  |  |  | | |
| JOB TITLE /RANK | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) | | | |
|  | | | FT  PT  Temp  Self-employed  Volunteer | | | |
| DUTIES / ASSIGNMENTS | | | REASON FOR LEAVING | | | |
|  | | |  | | | |
| SUPERVISOR | CONTACT NUMBER | | EXT. | EMAIL | | |
|  | (     ) | |  |  | | |
| NAMES OF CO-WORKERS | CONTACT NUMBER | | EXT. | EMAIL | | |
| 1) | (     ) | |  |  | | |
| 2) | (     ) | |  |  | | |
| **28.4** | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | | | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | / | / |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued* | | | | | | | | |
| **28.5** | NAME OF CURRENT EMPLOYER OR MILITARY UNIT | | | | | FROM (MM/YYYY) | | TO (MM/YYYY) |
|  | | | | | / | | / |
| ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | | CONTACT NUMBER | | | EXT |
|  | | | |  | | |  |
| CITY | | STATE | ZIP | EMAIL | | | |
|  | |  |  |  | | | |
| JOB TITLE /RANK | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) | | | | |
|  | | | FT  PT  Temp  Self-employed  Volunteer | | | | |
| DUTIES / ASSIGNMENTS | | | REASON FOR LEAVING | | | | |
|  | | |  | | | | |
| SUPERVISOR | CONTACT NUMBER | | EXT. | EMAIL | | | |
|  | (     ) | |  |  | | | |
| NAMES OF CO-WORKERS | CONTACT NUMBER | | EXT. | EMAIL | | | |
| 1) | (     ) | |  |  | | | |
| 2) | (     ) | |  |  | | | |
| **28.6** | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | | | | | FROM (MM/YYYY) | TO (MM/YYYY) | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | / | / | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **28.7** | NAME OF CURRENT EMPLOYER OR MILITARY UNIT | | | | | FROM (MM/YYYY) | TO (MM/YYYY) |
|  | | | | | / | / |
| ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | | CONTACT NUMBER | | EXT |
|  | | | |  | |  |
| CITY | | STATE | ZIP | EMAIL | | |
|  | |  |  |  | | |
| JOB TITLE /RANK | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) | | | |
|  | | | FT  PT  Temp  Self-employed  Volunteer | | | |
| DUTIES / ASSIGNMENTS | | | REASON FOR LEAVING | | | |
|  | | |  | | | |
| SUPERVISOR | CONTACT NUMBER | | EXT. | EMAIL | | |
|  | (     ) | |  |  | | |
| NAMES OF CO-WORKERS | CONTACT NUMBER | | EXT. | EMAIL | | |
| 1) | (     ) | |  |  | | |
| 2) | (     ) | |  |  | | |
| **28.8** | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | | | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | / | / |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **28.9** | NAME OF CURRENT EMPLOYER OR MILITARY UNIT | | | | | FROM (MM/YYYY) | | TO (MM/YYYY) |
|  | | | | | / | | / |
| ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | | CONTACT NUMBER | | EXT | |
|  | | | |  | |  | |
| CITY | | STATE | ZIP | EMAIL | | | |
|  | |  |  |  | | | |
| JOB TITLE /RANK | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) | | | | |
|  | | | FT  PT  Temp  Self-employed  Volunteer | | | | |
| DUTIES / ASSIGNMENTS | | | REASON FOR LEAVING | | | | |
|  | | |  | | | | |
| SUPERVISOR | CONTACT NUMBER | | EXT. | EMAIL | | | |
|  | (     ) | |  |  | | | |
| NAMES OF CO-WORKERS | CONTACT NUMBER | | EXT. | EMAIL | | | |
| 1) | (     ) | |  |  | | | |
| 2) | (     ) | |  |  | | | |
| **SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued* | | | | | | | | | |
| **28.10** | | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | | | | | FROM (MM/YYYY) | | TO (MM/YYYY) |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | / | | / |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **28.11** | NAME OF CURRENT EMPLOYER OR MILITARY UNIT | | | | | FROM (MM/YYYY) | TO (MM/YYYY) | |
|  | | | | | / | / | |
| ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | | | CONTACT NUMBER | | EXT |
|  | | | | |  | |  |
| CITY | | STATE | ZIP | EMAIL | | | |
|  | |  |  |  | | | |
| JOB TITLE /RANK | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) | | | | |
|  | | | FT  PT  Temp  Self-employed  Volunteer | | | | |
| DUTIES / ASSIGNMENTS | | | REASON FOR LEAVING | | | | |
|  | | |  | | | | |
| SUPERVISOR | CONTACT NUMBER | | EXT. | EMAIL | | | |
|  | (     ) | |  |  | | | |
| NAMES OF CO-WORKERS | CONTACT NUMBER | | EXT. | EMAIL | | | |
| 1) | (     ) | |  |  | | | |
| 2) | (     ) | |  |  | | | |
| **28.12** | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | | | | | FROM (MM/YYYY) | TO (MM/YYYY) | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | / | / | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **28.13** | NAME OF CURRENT EMPLOYER OR MILITARY UNIT | | | | | FROM (MM/YYYY) | TO (MM/YYYY) | |
|  | | | | | / | / | |
| ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | | | CONTACT NUMBER | | EXT |
|  | | | | |  | |  |
| CITY | | STATE | ZIP | EMAIL | | | |
|  | |  |  |  | | | |
| JOB TITLE /RANK | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) | | | | |
|  | | | FT  PT  Temp  Self-employed  Volunteer | | | | |
| DUTIES / ASSIGNMENTS | | | REASON FOR LEAVING | | | | |
|  | | |  | | | | |
| SUPERVISOR | CONTACT NUMBER | | EXT. | EMAIL | | | |
|  | (     ) | |  |  | | | |
| NAMES OF CO-WORKERS | CONTACT NUMBER | | EXT. | EMAIL | | | |
| 1) | (     ) | |  |  | | | |
| 2) | (     ) | |  |  | | | |
| **28.14** | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | | | | | FROM (MM/YYYY) | TO (MM/YYYY) | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | / | / | |

***Supplemental employment information included on page 25***

|  |  |
| --- | --- |
| **29.** Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling reprimands, suspensions, reductions in pay, reassignments, or demotions.) | Yes No |
| **30.** Have you ever been fired, released from probation, or asked to resign from any place of employment? | Yes No |
| **31.** Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? | Yes No |
| **32.** Have you ever quit without giving proper notice? | Yes No |
| **33.** Have you ever resigned in lieu of termination? | Yes No |
| **34.** Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, or customer? | Yes No |

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| **SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued* | | |
| **35.** Were you ever the subject of a written complaint at work that resulted in disciplinary action against you? | Yes No |
| **36.** Have you ever been counseled at work due to lateness or absences? | Yes No |
| **37.** Did you ever receive an unsatisfactory performance review? | Yes No |
| **38.** Have you ever sold, released, or given away legally confidential information? | Yes No |
| **39.** Have you ever called in sick when you were neither sick nor caring for a family member?  IF YES, how many sick days have you used in the past 5 years which were not due to illness?       Days | Yes No |
| **40.** While working (i.e. on duty), have you ever engaged in sexual intercourse or the unwarranted touching of the intimate body  parts of another person while working (i.e. on duty)? (NOTE: Do not include *lawful* contact such as pat searches in law  enforcement duties and/or training.) | Yes No |
| **41.** While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts,  to co-workers or other persons without prior authorization and/or consent? (NOTE: Do not include *lawful* exchange of  investigative content and/or evidence pursuant to official law enforcement investigations.) | Yes No |
| If you answered “YES” to any of **Questions 29-41**, explain (include when, where, and circumstances – *reference corresponding numbers*). | |

***Supplemental employment information included on page 25***

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| **42.** In the past three years, have you missed days or been late to work due to drug or alcohol consumption?  If YES, how often? | | | | | | Yes No | |
| **43.** Has your work performance ever been affected by your use of alcohol or drugs?  If YES, when?       Name of employer: | | | | | | Yes No | |
| **44.** *In the* ***past three years***, have you been warned by an employer about your drinking or drug habits and their impact  on your performance?  If YES, when?       Name of employer: | | | | | | Yes No | |
| **45.** Have you ***ever*** applied for ***any*** position at this or any other law enforcement agency (city, county, state, or federal)? | | | | | | Yes No | |
| * If you answered “YES” **to Question 45**, 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.* | | | | | | | | |
| **45.1** | NAME OF LAW ENFORCEMENT AGENCY | | | | DATE APPLIED (MM/YYYY) | | | | |
|  | | | | / | | | | |
| ADDRESS (NUMBER / STREET) | | | BACKGROUND INVESTIGATOR’S NAME (IF KNOWN) | | | | | |
|  | | |  | | | | | |
| CITY | STATE | ZIP | CONTACT NUMBER | | | EXT | | |
|  |  |  | (     ) | | |  | | |
| POSITION APPLIED FOR | | EMAIL | | | | | | |
|  | |  | | | | | | |
| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: | | | | | | | | |
| STEP: Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrew  Disqualified  List Expired  Other (explain) | | | | | | | | |
| **SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued* | | | | | | | | | |
| **45.2** | NAME OF LAW ENFORCEMENT AGENCY | | | | DATE APPLIED (MM/YYYY) | | | | |
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| ADDRESS (NUMBER / STREET) | | | BACKGROUND INVESTIGATOR’S NAME (IF KNOWN) | | | | | |
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| CITY | STATE | ZIP | CONTACT NUMBER | | | EXT | | |
|  |  |  | (     ) | | |  | | |
| POSITION APPLIED FOR | | EMAIL | | | | | | |
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| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: | | | | | | | | |
| STEP: Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrew  Disqualified  List Expired  Other (explain) | | | | | | | | |
| **45.3** | NAME OF LAW ENFORCEMENT AGENCY | | | | DATE APPLIED (MM/YYYY) | | | | |
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| ADDRESS (NUMBER / STREET) | | | BACKGROUND INVESTIGATOR’S NAME (IF KNOWN) | | | | | |
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| CITY | STATE | ZIP | CONTACT NUMBER | | | EXT | | |
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| POSITION APPLIED FOR | | EMAIL | | | | | | |
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| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: | | | | | | | | |
| STEP: Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrew  Disqualified  List Expired  Other (explain) | | | | | | | | |
| **45.4** | NAME OF LAW ENFORCEMENT AGENCY | | | | DATE APPLIED (MM/YYYY) | | | | |
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| ADDRESS (NUMBER / STREET) | | | BACKGROUND INVESTIGATOR’S NAME (IF KNOWN) | | | | | |
|  | | |  | | | | | |
| CITY | STATE | ZIP | CONTACT NUMBER | | | EXT | | |
|  |  |  | (     ) | | |  | | |
| POSITION APPLIED FOR | | EMAIL | | | | | | |
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| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: | | | | | | | | |
| STEP: Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrew  Disqualified  List Expired  Other (explain) | | | | | | | | |
| **45.5** | NAME OF LAW ENFORCEMENT AGENCY | | | | DATE APPLIED (MM/YYYY) | | | | |
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| ADDRESS (NUMBER / STREET) | | | BACKGROUND INVESTIGATOR’S NAME (IF KNOWN) | | | | | |
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| CITY | STATE | ZIP | CONTACT NUMBER | | | EXT | | |
|  |  |  | (     ) | | |  | | |
| POSITION APPLIED FOR | | EMAIL | | | | | | |
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| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: | | | | | | | | |
| STEP: Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrew  Disqualified  List Expired  Other (explain) | | | | | | | | |
| **SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued* | | | | | | | | | |
| **45.6** | NAME OF LAW ENFORCEMENT AGENCY | | | | DATE APPLIED (MM/YYYY) | | | | |
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| ADDRESS (NUMBER / STREET) | | | BACKGROUND INVESTIGATOR’S NAME (IF KNOWN) | | | | | |
|  | | |  | | | | | |
| CITY | STATE | ZIP | CONTACT NUMBER | | | EXT | | |
|  |  |  | (     ) | | |  | | |
| POSITION APPLIED FOR | | EMAIL | | | | | | |
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| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: | | | | | | | | |
| STEP: Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrew  Disqualified  List Expired  Other (explain) | | | | | | | | |
| **45.7** | NAME OF LAW ENFORCEMENT AGENCY | | | | DATE APPLIED (MM/YYYY) | | | | |
|  | | | | / | | | | |
| ADDRESS (NUMBER / STREET) | | | BACKGROUND INVESTIGATOR’S NAME (IF KNOWN) | | | | | |
|  | | |  | | | | | |
| CITY | STATE | ZIP | CONTACT NUMBER | | | EXT | | |
|  |  |  | (     ) | | |  | | |
| POSITION APPLIED FOR | | EMAIL | | | | | | |
|  | |  | | | | | | |
| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: | | | | | | | | |
| STEP: Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrew  Disqualified  List Expired  Other (explain) | | | | | | | | |

***Supplemental employment information included on page 25***

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| **SECTION 6: MILITARY EXPERIENCE** | | |
| **46.** Are you required to register for the Selective Service?  IF YES, have you registered?  IF NO, explain: | Yes  No  Yes  No |
| **47.** Have you ever served in the military? | Yes  No |

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| **48.** If you answered “YES” to Question 47, include the following service information: | | | |
| BRANCH OF SERVICE | FROM (MM/YYYY) | TO (MM/YYYY) |
|  | / | / |
| TYPE OF DISCHARGE | | |
| Entry Level Honorable  General  OTH (Other than Honorable)  Bad Conduct  Dishonorable  Re-entry Code (1-4) if applicable – *refer to your DD-214:* | | |

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| **49.** Are you currently participating in one of the following?  Military Reserve  National Guard IF CHECKED, date obligation ends (MM/DD/YY):    /   / | |
| **50.** 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 |
| **51.** Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? | Yes  No |
| **52.** Have you ever taken military property without permission for personal use, to sell, or to give away? | Yes  No |
| If you answered “YES” to any of **Questions 50-52**, explain (include dates and circumstances): | |

***Supplemental military information included on page 25***

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| **SECTION 7: FINANCIAL** | | | | | |
| **53. INCOME AND EXPENSES** | | | | |
| * For each of the following questions (**53A** and **B**), fill in the amounts to the nearest dollar. * For **Question 53A:** Provide your ***total*** monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.) * For **Question 53B:** Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas, and car maintenance, entertainment, etc., as well as any other obligations you may have. | | | | |
| A) What is your total monthly disposable income? | $       per month | |
| B) How much do you spend each month? | $       per month | |
| **54.** Have you ever filed for or declared bankruptcy (Chapter 7, 11, or 13)? | | | Yes  No |
| **55.** Have any of your bills ever been turned over to a collection agency? | | | Yes  No |
| **56.** Have you ever had purchased goods repossessed? | | | Yes  No |
| **57.** Have your wages ever been garnished? | | | Yes  No |
| **58.** Have you ever been delinquent on income or other tax payments? | | | Yes  No |
| **59.** Have you ever failed to file income tax or cheated/lied on an income tax form? | | | Yes  No |
| **60.** Have you ever had an employment bond refused? | | | Yes  No |
| **61.** Have you ever avoided paying any lawful debt by moving away? | | | Yes  No |
| **62.** Have you ever defaulted on (failed to pay) a loan? | | | Yes  No |
| **63.** Have you ever borrowed money to pay for a gambling debt?  IF YES, do you currently have any outstanding debts as a result of gambling? | | | Yes  No  Yes  No |
| **64.** Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? | | | Yes  No |
| **65.** Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? | | | Yes  No |
| **66.** Have you written three or more bad checks in a one-year period? | | | Yes  No |

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| If you answered “YES” to any of Questions **54-66**, explain (include when, where, and why – *reference corresponding numbers*). |

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| **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 Volunteer Probation 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.** * *If more space is needed, continue your response on page 25.* | | | |
| **67.** Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any  misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of  Military Justice)?  Yes  No  IF YES, explain each incident: | | | |
| **67.1** | CHARGE | APPROX DATE (MM/YYYY) | ARRESTING OR DETAINING AGENCY |
|  | / |  |
| DISPOSITION OR PENALTY | | |
|  | | |
| **67.2** | CHARGE | APPROX DATE (MM/YYYY) | ARRESTING OR DETAINING AGENCY |
|  | / |  |
| DISPOSITION OR PENALTY | | |
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***Supplemental disclosure information included on page 25***

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| **68.** Have you ever been placed on court probation? | | Yes  No | |
| **69.** 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 | |
| **70.** Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity,  support, etc)? | | Yes  No | |
| **71.** Have the police ever been called to your home for any reason? | | Yes  No | |
| **72.** Have you or your spouse/partner ever been referred to Child Protective Services? | | Yes  No | |
| **73.** Have you ever been the subject of an emergency protective order/restraining order/stay-away order? | | Yes  No | |
| **74.** 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 | |
| **75.** Have you ever fraudulently received welfare, unemployment compensation, workers’ compensation, or other state  or federal assistance? | | Yes  No | |
| **76.** Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal  assistance? | | Yes  No | |
| **77.** Have you ever filed a false insurance or workers’ compensation claim? | | Yes  No | |
| If you answered “YES” to any of **Questions 68-77**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). If more space is needed, continue your response on page 25. | | | |
| **SECTION 8: LEGAL** *continued* | | | | |
| **Involvement in Criminal Acts – Part 1** | | | | |
| **78.** Have you committed any of the following acts ***within the past seven (7) years***? (You do NOT have to report any acts committed ***prior to age 15.***) | | | | |
| * You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet. * **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.** | | | | |
| **78.1** | Animal abuse and/or neglect | | Yes  No | |
| **78.2** | Annoying, obscene, or harassing contacts by telephone or other electronic communication device | | Yes  No | |
| **78.3** | Battery (use of force or violence upon another) | | Yes  No | |
| **78.4** | Brandishing a weapon (any type of weapon) | | Yes  No | |
| **78.5** | Carrying a concealed weapon without a permit | | Yes  No | |
| **78.6** | Contributing to the delinquency of a minor | | Yes  No | |
| **78.7** | Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) | | Yes  No | |
| **78.8** | Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs | | Yes  No | |
| **78.9** | Drunk in public (being so intoxicated in a public place that you’re not able to care for yourself) | | Yes  No | |
| **78.10** | Filing a false police report | | Yes  No | |
| **78.11** | Hit & run collision (no injuries) | | Yes  No | |
| **78.12** | Illegal gambling | | Yes  No | |
| **78.13** | Illegal hunting and/or fishing (for example, without a license, out of season) | | Yes  No | |
| **78.14** | Impersonating a peace officer (pretending to be a police officer) | | Yes  No | |
| **78.15** | Indecent exposure and/or lewd or obscene conduct | | Yes  No | |
| **78.16** | Intentionally writing a bad check | | Yes  No | |
| **78.17** | Joyriding (using a car or other vehicle without owner’s permission) | | Yes  No | |
| **78.18** | Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone’s privacy) | | Yes  No | |
| **78.19** | Petty theft (value up to $950, including shoplifting/switching price tags) | | Yes  No | |
| **78.20** | Possession of alcohol as a minor (under the age of 21) | | Yes  No | |
| **78.21** | Possession of falsified or altered identification, including use of another person’s ID (for any reason) | | Yes  No | |
| **78.22** | Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) | | Yes  No | |
| **78.23** | Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors) | | Yes  No | |
| **78.24** | Reckless driving | | Yes  No | |
| **78.25** | Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police) | | Yes  No | |
| **78.26** | Trespassing | | Yes  No | |
| **SECTION 8: LEGAL** *continued* | | | | |
| **78.27** | Vandalism (including, but not limited to, “tagging,” malicious mischief, and/or property damage) | | Yes  No | |
| **78.28** | Any other act amounting to a misdemeanor | | Yes  No | |
| * If you answered “YES” to **ANY** of the item(s) in **Question 78**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 78.5) for each explanation*. * *If more space is needed, continue your response on page 25.* | | | | |
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***Supplemental legal information included on page 25***

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| **Involvement in Criminal Acts – Part 2** | | |
| **79. *At any time in your life,*** have you ***EVER*** committed any of the following acts? | | |
| **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.** | | |
| **79.1** | Arson (intentionally destroying property by setting a fire) | Yes  No |
| **79.2** | Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) | Yes  No |
| **79.3** | Blackmail or extortion | Yes  No |
| **79.4** | Burglary (entering a structure or vehicle to commit theft or other crime) | Yes  No |
| **79.5** | Child molestation (performing unlawful acts with a child, inappropriate touching of a child) | Yes  No |
| **79.6** | Elder abuse and/or neglect (physical and/or financial) | Yes  No |
| **79.7** | Embezzlement (theft of money or other valuables entrusted to you) | Yes  No |
| **79.8** | Felony drunk driving (involving injuries) | Yes  No |
| **79.9** | Felony illegal sex acts | Yes  No |
| **79.10** | Forcible rape | Yes  No |
| **79.11** | Forgery (falsifying any type of document, check certificate, license, currency, etc.) | Yes  No |
| **79.12** | Fraudulent use of a credit, ATM, debit, and/or check card | Yes  No |
| **79.13** | Grand theft (value of over $950, automobile, any firearm) | Yes  No |
| **79.14** | Hit & run (with injuries) | Yes  No |
| **79.15** | Hate crime | Yes  No |
| **79.16** | Insurance fraud | Yes  No |
| **79.17** | Murder, homicide, attempted murder, or assault with intent to commit murder | Yes  No |
| **79.18** | Perjury (lying under oath) | Yes  No |
| **79.19** | Possession of an explosive/destructive device | Yes  No |
| **79.20** | Robbery (theft from another person using a weapon, force, or fear) | Yes  No |
| **SECTION 8: LEGAL** *continued* | | |
| **79.21** | Stalking | Yes  No |
| **79.22** | Theft of a vehicle and/or vehicle parts | Yes  No |
| **79.23** | Viewing and/or possessing child pornography | Yes  No |
| **79.24** | Any other act amounting to a felony | Yes  No |
| * If you answered “YES” to **ANY** of the item(s) in **Question 79**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 79.3) for each explanation*. * *If more space is needed, continue your response on page 25.* | | |
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| **Illegal Use of Drugs** | |
| * For the purpose of responding to the following questions, “illegal drugs” include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.” * Your responses should include – ***but not be limited to*** – your use of any of the following: | |
| * Amphetamines / Methamphetamines *(Uppers, Speed, Crank, etc)* * Barbiturates *(Downers*) * Cocaine / Crack Cocaine * Designer Drugs *(Ecstasy, Synthetic Heroin, etc.)* * GHB *(Date Rape Drug)* * Hallucinogens *(Peyote, LSD, Mushrooms)* * Hashish / Hashish Oil * Heroin / Opium | * Marijuana *(with or without a prescription)* * Mescaline * Morphine * PCP / Angel Dust * Quaaludes * Steroids * Tetrahydrocannabinal (THC) * Glue, paint or any substance containing toluene |
| **80.** ***Within the past six months,*** have you used any drug(s) as indicated above?  Yes  No  IF YES, give details including ***drug(s) used, most recent date used***, and ***circumstances***: | |
| **81.** Prior to the past six months:  I have ***never*** used any drug recreationally.  I have tried or used one or more drugs, but only under ***limited*** circumstances (for example, experimentation, at parties, concerts,  special events, etc.)  IF YOU CHECKED BOX 2, give details including ***drug(s) used, most recent date used,*** and ***circumstances:*** | |
| **SECTION 8: LEGAL** *continued* | |
| **82.** Have you ***EVER*** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription?  Yes  No ***If YES, indicate which activities (mark all that apply):***  Sold  Manufactured  Purchased  Furnished  Cultivated Carried or Held for Another | |
| IF ANY ITEM IS CHECKED, give details including ***drug(s) involved, over what time period(s),*** and ***circumstances.*** | |
| **83**. During the ***past five years***, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? Yes  No  IF YES, explain: | |

***Supplemental drug information included on page 25***

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| **SECTION 9: MOTOR VEHICLE INFORMATION** | | | | | | | | | | | | | | | | | |
| **84.** Current Driver’s License: | | | | | | | | | | | | | | | | | |
| STATE OF ISSUE | | LICENSE NUMBER | | EXPIRATION DATE (MM/DD/YYYY) | | | | | NAME UNDER WHICH LICENSE WAS GRANTED | | | | | | | |
|  | |  | | /     / | | | | |  | | | | | | | |
| **85.** List other states where you have been licensed to operate a motor vehicle**:** | | | | | | | | | | | | | | | | | |
| STATE OF ISSUE | | LICENSE NUMBER (IF KNOWN) | | TYPE OF LICENSE | | | | | NAME UNDER WHICH LICENSE WAS GRANTED | | | | | | | |
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| **86.** Have you ever been refused a driver’s license by any state?  Yes  No  IF YES, explain (include when, where, and circumstances): | | | | | | | | | | | | | | | | | |
| **87.** Has your driver’s license ever been suspended or revoked?  Yes  No  IF YES, explain (include when, where, and circumstances): | | | | | | | | | | | | | | | | | |
| **SECTION 9: MOTOR VEHICLE INFORMATION** *continued* | | | | | | | | | | | | | | | | | |
| **88.** List your current liability insurance on your vehicle(s). | | | | | | | | | | | | | | | | | |
| **88.1** | | TYPE OF COVERAGE | | | | | VEHICLE MAKE | | | | | YEAR (YYYY) | | VEHICLE LICENSE | | | |
| Insured  Bonded  Cash Deposit | | | | |  | | | | |  | |  | | | |
| INSURANCE COMPANY | | | | | | | POLICY NUMBER | | | | | EXPIRATION DATE (MM/DD/YYYY) | | | |
|  | | | | | | |  | | | | | /     / | | | |
| ADDRESS (NUMBER/STREET) | | | | | CITY | | | | STATE | | ZIP | CONTACT NUMBER | | | |
|  | | | | |  | | | |  | |  | (     ) | | | |
| **88.2** | | TYPE OF COVERAGE | | | | | VEHICLE MAKE | | | | | YEAR (YYYY) | | VEHICLE LICENSE | | | |
| Insured  Bonded  Cash Deposit | | | | |  | | | | |  | |  | | | |
| INSURANCE COMPANY | | | | | | | POLICY NUMBER | | | | | EXPIRATION DATE (MM/DD/YYYY) | | | |
|  | | | | | | |  | | | | | /     / | | | |
| ADDRESS (NUMBER/STREET) | | | | | CITY | | | | STATE | | ZIP | CONTACT NUMBER | | | |
|  | | | | |  | | | |  | |  | (     ) | | | |
| **88.3** | | TYPE OF COVERAGE | | | | | VEHICLE MAKE | | | | | YEAR (YYYY) | | VEHICLE LICENSE | | | |
| Insured  Bonded  Cash Deposit | | | | |  | | | | |  | |  | | | |
| INSURANCE COMPANY | | | | | | | POLICY NUMBER | | | | | EXPIRATION DATE (MM/DD/YYYY) | | | |
|  | | | | | | |  | | | | | /     / | | | |
| ADDRESS (NUMBER/STREET) | | | | | CITY | | | | STATE | | ZIP | CONTACT NUMBER | | | |
|  | | | | |  | | | |  | |  | (     ) | | | |
| **89**. Have you received any traffic citations, excluding parking citations, ***within the past seven years***? Yes  No  ***If YES, give details below.*** | | | | | | | | | | | | | | | | | |
| **89.1** | | NATURE OF VIOLATION | | | | LOCATION (STREET) | | | | | | CITY | | | | | STATE |
|  | | | |  | | | | | |  | | | | |  |
| DATE VIOLATION OCCURRED | | | | ACTION TAKEN | | | | | | | | | | | |
| Month:       Year: | | | | Not Guilty  Fined  Traffic School  Dismissed | | | | | | | | | | | |
| **89.2** | | NATURE OF VIOLATION | | | | LOCATION (STREET) | | | | | | CITY | | | | | STATE |
|  | | | |  | | | | | |  | | | | |  |
| DATE VIOLATION OCCURRED | | | | ACTION TAKEN | | | | | | | | | | | |
| Month:       Year: | | | | Not Guilty  Fined  Traffic School  Dismissed | | | | | | | | | | | |
| **89.3** | | NATURE OF VIOLATION | | | | LOCATION (STREET) | | | | | | CITY | | | | | STATE |
|  | | | |  | | | | | |  | | | | |  |
| DATE VIOLATION OCCURRED | | | | ACTION TAKEN | | | | | | | | | | | |
| Month:       Year: | | | | Not Guilty  Fined  Traffic School  Dismissed | | | | | | | | | | | |
| **90**. 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: | | | | | | | | | | | | | | | | | |
| 91. Have you been involved as the driver in a motor vehicle accident ***within the past seven years***? Yes  No  If YES, give details below. | | | | | | | | | | | | | | | | | |
| **91.1** | | DATE OF ACCIDENT (MM/YYYY) | | LOCATION (STREET) | | | | | | | | CITY | | | | | STATE |
| / | |  | | | | | | | |  | | | | |  |
| POLICE REPORT | | LAW ENFORCEMENT AGENCY | | | | | | | | AT FAULT? | | WAS THE ACCIDENT? | | | |
| Yes  No | |  | | | | | | | | Yes  No | | Injury  Non-injury | | | |
| **91.2** | | DATE OF ACCIDENT (MM/YYYY) | | LOCATION (STREET) | | | | | | | | CITY | | | | | STATE |
| / | |  | | | | | | | |  | | | | |  |
| POLICE REPORT | | LAW ENFORCEMENT AGENCY | | | | | | | | AT FAULT? | | WAS THE ACCIDENT? | | | |
| Yes  No | |  | | | | | | | | Yes  No | | Injury  Non-injury | | | |
| **SECTION 9: MOTOR VEHICLE INFORMATION** *continued* | | | | | | | | | | | | | | | | | |
| **91.3** | | DATE OF ACCIDENT (MM/YYYY) | | LOCATION (STREET) | | | | | | | | CITY | | | | | STATE |
| / | |  | | | | | | | |  | | | | |  |
| POLICE REPORT | | LAW ENFORCEMENT AGENCY | | | | | | | | AT FAULT? | | WAS THE ACCIDENT? | | | |
| Yes  No | |  | | | | | | | | Yes  No | | Injury  Non-injury | | | |
| **92.** Have you ever driven a vehicle without auto insurance, as required by law? | | | | | | | | | | | | | | | | Yes  No | |
| IF YES, GIVE REASON | | | | | | | | | | FROM (MM/YYYY) | | | TO (MM/YYYY) | | |
| / | | | | | | | | | | / | | | / | | |
| **93.** Have you ever been refused automobile liability insurance or a bond, or had them cancelled? | | | | | | | | | | | | | | | | Yes  No | |
| IF YES, GIVE REASON | | | | | | | | | | | | | DATE (MM/YYYY) | | |
|  | | | | | | | | | | | | | / | | |
| INSURANCE COMPANY | | | | | | | | | |
|  | | | | | | | | | |

***Supplemental motor vehicle information included on page 25***

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| **SECTION 10: OTHER TOPICS** | |
| **94.** Have you ever been refused a permit to carry a concealed weapon? | Yes  No |
| **95.** 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 |
| **96.** Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you? | Yes  No |
| **97. *Since the age of 15***, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? | Yes  No |
| **98.** 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 |

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| If you answered “YES” to any of **Questions 94-98**, give details including dates and circumstances – *reference corresponding numbers*. |

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| **SECTION 11: CERTIFICATION** |
| **99.** *I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued service.*  **Signature in Full: Date:** |

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

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