Instructions to the Applicant

- Volunteers play a very important role within the Tulare County Sheriff's Department and may have access to privileged
 information based on the duties assigned. Due to the varying levels of access, it is the policy of this department to
 subject all candidates to a background investigation regardless, of pay status. Volunteer applicants must submit a
 completed application, personal history statement, notarized waiver and submit fingerprints through livescan at our
 records division.
- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for a volunteer position with the Tulare County Sheriff's Department.
- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A"
 (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form (page 15) and identify the additional information by the question number.

Disqualification

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

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

Disclosure of Medically-Related Information

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

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SECTION 1:	PERSONAL										
1. YOUR FULL N	AME										
LAST				FIRST				MID	DLE		
2. OTHER NAME	S, INCLUDING NICKNAMES,	YOU HAVE I	USED OR BEEN KN	OWN BY							
3. ADDRESS WH	ERE YOU RESIDE										
NUMBER / STF	REET							AP	T / UNIT		
CITY								ST	ATE ZIP)	
4. MAILING ADDI	RESS, IF DIFFERENT FROM	ABOVE									
5. CONTACT NUI	MBERS						, ,				
HOME ()	WORK	()	EXT		OTHER	()		CELL	FAX	PAGER
6. EMAIL ADDRE	SS			_							
HOME					BUSINESS					1./	
7. Are you leg	ally authorized for perr	nanent en	npioyment in the	e United States?.					∟	_ Yes	□ No
-	(CITY/COUNTY/STATE	COUNTRY)					9. BIRTHDAT	E	10. SOCIAL SEC	CURITY NUI	MBER
									_	_	
11. DRIVER'S LIC	ENSE				12. PHYSIC	AL DESCR	IPTION				
NO.		STATE	EXP DATE		HEIGHT		WEIGHT	HAIR CO	DLOR	EYE COL	.OR
SECTION 2:	RELATIVES AND R	EFEREN	CES		·						
13.IMMEDIATE FA											
Provide	e all applicable inform	ation in th	ne spaces belo	w.							
Mark "N	I/A" if a category is no	t applicat	ole or if the indi	vidual is deceas	ed.						
			_								
□ N/A A.	Spouse / Registered	Domestic	HOME ADDRESS	/NII IMDED / STDEET	· / A DT\	CITY			STATE	ZIP	
INAIVIE			HOME ADDRESS	(NUMBER / STREET	/AFI)	CITT			SIAIE	ZIF	
	HOME PHONE		WORK ADDRESS	(NUMBER / STREET	/ APT)	CITY			STATE	ZIP	
	()										
	WORK PHONE		CELL PHONE		EMAIL						
	()		()								
	YEARS OF MARRIAGE	Is there	e, or has there	been, a restrai	nina or st	av-awav	order in e	ffect for th	is individual	l? □ Y€	es 🗆 No
			.,	,	J						
14. PERSONAL RI	<u> </u> EFERENCES										
	ole who know you wel			nily friends, and/	or military	acquain	tances. Do	not inclu	ıde relatives,	employe	ers, or
	es, or other individuals	s listed el									
A) NAME			HOME ADDRESS	,		CITY			ST	ATE	ZIP
	HOME PHONE		WORK ADDRESS	(NUMBER / STREE	ET / APT)	CITY			ST	TATE	ZIP
	WORK PHONE		CELL PHONE	Te	EMAIL						
	()		()								
	HOW DO YOU KNOW THIS	PERSON? (FOR EXAMPLE: FR	IEND, TEACHER, FAM	MILY FRIEND)			HOW	/ LONG HAVE YO	DU KNOWN	THIS PERSON?
B) NAME			HOME ADDRESS	(NUMBER / STREE	ET / APT)	CITY			ST	ATE	ZIP
	HOME PHONE		WORK ADDRESS	(NUMBER / STREE	ET / APT)	CITY			ST	ГАТЕ	ZIP

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SECT	TION 2:	RELATIVES AND REFERE	ENCES continued						
14. PEF	RSONAL RE	FERENCES continued							
		WORK PHONE	CELL PHONE	Ef	MAIL				
		()	()						
		HOW DO YOU KNOW THIS PER	RSON? (FOR EXAMPLE: FRIEND, TEA	ACHER, F	AMILY FRIEND, CO-	WORKER)	HOW LONG HAV	/E YOU KNOWN	THIS PERSON?
C) NAN	ИE		HOME ADDRESS (NUMBER /	STREET	(APT) CIT	Y		STATE	ZIP
		HOME PHONE ()	WORK ADDRESS (NUMBER	/ STREET	T / APT) CIT	Y		STATE	ZIP
	-	WORK PHONE	CELL PHONE ()	Ef	MAIL				
	-	HOW DO YOU KNOW THIS PERSON	N? (FOR EXAMPLE: FRIEND, TEACHI	ER, FAMII	LY FRIEND)		HOW LONG HAV	VE YOU KNOWN	THIS PERSON?
SEC	TION 3:	EDUCATION AND TRAIN	ING						
NOT	E: You	may be required to furn	ish transcripts or other p	oroof t	o support all	of your education	onal claims.		
15. Do	you have	e a high school diploma, GEI	D, or California High School P	roficien	cy Certificate?			🗌 Yes	□ No
16. Do	you pos	ses any training certificates re	elevant to the volunteer position	on you a	are applying for?	·		🗌 Yes	□ No
17.Ha	ive you e v	ver applied as a volunteer to	this or any other law enforcer	nent ag	ency (city, count	y, state or federal)	?		□ No
If y	es, were	you ever denied acceptance	as a volunteer?					🗌 Yes	□No
		ered yes to Questions 15 - 1 plied to including dates appli	17, explain (include school(s) ed):	and dat	es, certificate tit	les and dates obtai	ned [attach cop	oies of certific	cates], and
_									
_									
SECT	TION 4:	EXPERIENCE AND EMPL	OYMENT						
	B EXPERIE	NCE		_					
•			st 10 years , including part-timage 15, indicate the correspor					n your most o	current. If
•	•	•	ding reserve duty, enter your		, ,	•	,		
•	List ALL	periods of unemployment in	excess of 30 days.						
A) NAI	ME OF EMP	LOYER OR MILITARY UNIT				FR	ROM	ТО	
	ADDRESS	(NUMBER / STREET OR BASE)				SUPERVISOR			
}	CITY			STATE	ZIP	CONTACT NUMBER	<u> </u>	EXT	
	JOB TITLE				<u> </u>	EMAIL			
	DUTIES / A	SSIGNMENTS					— —		
		- -					□ F-T		☐ Temp
							∐ Self-	employed	☐ Volunteer

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	SECTION 4: EXPERIENCE AND EMPLOYMENT continued							
18. JOB EXPERIENCE (Section A) continued	JOB EXPERIENCE (Section A) continued							
NAMES OF CO-WORKERS	0)				REASON FOR L	EAVING		
1)	2)							
B) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs	Leave of ab	sence	☐ Travel ☐	Other	FROM		то	
C) NAME OF EMPLOYER OR MILITARY UNIT						ТО		
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISO	OR			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				00. 2				
CITY	STATE ZIP CONTACT NUMBER EXT						EXT	
JOB TITLE				EMAIL				
DUTIES / ASSIGNMENTS	DUTIES / ASSIGNMENTS F-T P-T Temp Self-employed Volunteer							
NAMES OF CO-WORKERS 1)	2)				REASON FOR L	EAVING		
D) PERIOD OF LINEMPLOYMENT					FROM		то	
D) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs	☐ Leave of ab	sence	☐ Travel ☐	Other	FROM		10	
E) NAME OF EMPLOYER OR MILITARY UNIT					FROM		ТО	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISO	OR			
CITY		STATE	ZIP	CONTACT (NUMBER		EXT	
JOB TITLE				EMAIL			l	
DUTIES / ASSIGNMENTS								
						☐ F-T ☐	-	
NAMES OF CO-WORKERS 1)	2)				REASON FOR L	EAVING		
E DEDICE OF UNE VOLUMENT	•				FROM		I-0	
F) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs	Leave of ab	sence	☐ Travel ☐	Other	FROM		ТО	
G) NAME OF EMPLOYER OR MILITARY UNIT					FROM		ТО	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISO	OR			
CITY		STATE	ZIP	CONTACT	NUMBER		EXT	
JOB TITLE EMAIL						1		
DUTIES / ASSIGNMENTS							DT	
F-T P-T Temp							·	
NAMES OF CO-WORKERS					REASON FOR L	L EAVING		
1)	2)							
H) PERIOD OF UNEMPLOYMENT					FROM		то	
Check applicable: ☐ Student ☐ Between jobs	Leave of ab	sence	☐ Travel ☐	Other				

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SECTION 4: EXPERIENCE AND EMPLOYMENT continued									
18. JOB EXPERIENCE continued									
I) NAME OF EMPLOYER OR MILITARY UNIT					FR	OM		ТО	
ADDRESS (NUMBER / STREET OR BASE) S			SUPERVIS	SUPERVISOR					
CITY		STATE	ZIP	CONTACT	Γ NUMBER			EXT	
JOB TITLE	l			EMAIL					
DUTIES / ASSIGNMENTS							☐ F-T ☐	P-T byed	☐ Temp ☐ Volunteer
NAMES OF CO-WORKERS 1)	2)				REASON	FOR L	EAVING		
								ı	
J) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs	Leave of abs	ence	☐ Travel	Other	FR	ОМ		ТО	
K) NAME OF EMPLOYER OR MILITARY UNIT					FR	ОМ		ТО	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVIS	SOR				
СІТУ		STATE	ZIP	CONTACT	Γ NUMBER			EXT	
JOB TITLE				EMAIL					
DUTIES / ASSIGNMENTS							□ F-T □	P-T	☐ Temp
					•		☐ Self-empl	oyed	□ Volunteer
NAMES OF CO-WORKERS 1)	2)				REASON	FOR L	EAVING		
L) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs	Leave of abs	ence	☐ Travel	☐ Other	FR	ОМ		ТО	
CECTION (EVERTIFICATION AND ENDI OVALENT									
NOTE: Please read each question carefully.		er eac	ch question		_	-	_	-	_
 Have you ever been disciplined at work? (This inclu suspensions, reductions in pay, reassignments or d 								Yes	□No
20. Have ever you ever been fired, released from probat	tion, or asked to re	esign fr	om any place	of employme	ent?			Yes	□No
21. Were you ever involved in a physical/verbal altercat	ion with a supervis	sor, co-	-worker, or cu	stomer?				Yes	□No
22. Have you ever quit without giving proper notice?								Yes	□No
23. Have you ever resigned in lieu of termination?								Yes	□No
24. Have you ever been accused of discrimination (sucl by a co-worker, superior, subordinate or customer?								Yes	□No
25. Were you ever the subject of a written complaint at	work?							Yes	□No
26. Have you ever been counseled at work due to laten	ess or absences?							Yes	□No
27. Did you ever receive an unsatisfactory performance	review?							Yes	□No

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SE	CTION 4: EXPERIENCE AND EMI	PLOYMENT continued					
NO	TE: Please read each question	carefully. You must answer each question.					
28. l	Have you ever sold, released, or give	n away legally confidential information?		🗌 Yes	□No		
29. l	29. Have you ever called in sick when you were neither sick nor caring for a sick family member?						
	If yes, how many sick days have you used in the past five years which were not due to illness?						
30. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?							
31.	Has your work performance ever bee	n affected by your use of alcohol or drugs?		🗌 Yes	□No		
	WHEN? NAME (DF EMPLOYER					
		n warned by an employer about your drinking or drug habits and th		🗌 Yes	□No		
		DF EMPLOYER					
	If you answered you to any of Question	une 10_32 explain (include when where and sireumstances). India	ate each correspond	ng number if a	nore space is		
	needed continue your response on pa	ons 19–32, explain (include when, where and circumstances). Indic age 15:	ate each correspondi	ng number, ir n	nore space is		
_							
_							
056	OTION F. MILITARY EXPERIENCE						
	Are you required to register for the Se	elective Service?		□ Ves	□No		
		Society Constant			□No		
	If no, explain:						
34. B	BRANCH OF SERVICE		5. DATES OF SERVICE From	То			
36. T	TYPE OF DISCHARGE: Entry Level	☐ Honorable ☐ General ☐ OTH (Other than Honorable)	☐ Bad Conduct	☐ Dishonora	able		
	Re-entry Code (1–4) if applicable – refer to your DD-214:					
37.	Are you currently participating in one	of the following? Military Reserve National Guard If	checked, date obligati	on ends:			
		y judicial or non-judicial disciplinary action (such as, court martial, o		🗌 Yes	□No		
39.	Were you ever denied a security clea	rance, or had a clearance revoked, suspended or downgraded?		🗌 Yes	□No		
	If you answered yes to Question 38 a continue your response on page 15:	and/or 39, explain (include dates and circumstances). Indicate each	n corresponding numb	per, if more spa	ace is needed		
_							
_							

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SECTION 6: FINANCIAL RESPO	NSIBILITIES						
40. Have you ever filed for or declare	d bankruptcy (Chapter 7, 11 or 13)?	□No					
41. Have any of your bills ever been t	turned over to a collection agency?	□No					
42. Have you ever had purchased go	ods repossessed?	□No					
43. Have your wages ever been garnished?							
44. Have you ever been delinquent on income or other tax payments?							
45. Have you ever failed to file income	e tax or cheated/lied on an income tax form?	□No					
46. Have you ever had an employmen	nt bond refused?	□No					
47. Have you ever avoided paying an	ny lawful debt by moving away? Yes	□No					
48. Have you ever defaulted on (failed	d to pay) a loan?	□No					
	o pay for a gambling debt?	□ No □ No					
50. Have you ever spent money for ill	legal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	□No					
51. Have you ever failed to make or b	peen late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	□No					
52. Have you written three or more ba	ad checks in a one-year period?	□No					
applicant for government e 1203.4. Consult with an att	se <u>any</u> criminal conviction(s) which has not been sealed or expunged by a court pursuant to law. employment, you are also required to disclose a criminal conviction expunged under Penal Code torney before failing to disclose a criminal conviction, as deliberate or significant omissions will repact is needed continue on page 15, indicate the corresponding letter (53-E, etc.) for each explain	Section esult in					
	ted of any misdemeanor or felony in this or any other state	□No					
If yes, list all offenses, includi	ing those punishable under the Uniform Code of Military Justice:						
If yes, explain each incident.							
A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY						
CHARGE							
DISPOSITION OR PENALTY B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY						
D) ALFINDAIWALL DATE	ARRESTING OR DETAINING AGENCT						

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	CTION 7: LEGAL continued	(Section B) continued				
	CHARGE					
	DISPOSITION OR PENALTY					
C) A	PPROXIMATE DATE	ARRESTING OR DETAINING AGENCY				
	CHARGE					
	DISPOSITION OR PENALTY					
D) A	PPROXIMATE DATE	ARRESTING OR DETAINING AGENCY				
	CHARGE					
	DISPOSITION OR PENALTY					
54.	Have you ever been placed on o	court probation as an adult?	Yes	□No		
55.	Were you ever required to appe as an adult? (You may answer "	ar before a juvenile court for an act which would have been a crime if committed no" if your juvenile record has been sealed or expunged by the juvenile court.)		□No		
56.	Have you ever been a party in a	civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity,		 □ No		
		d to your home for any reason?		□No		
58.	Have you or your spouse/partne	er ever been referred to Child Protective Services?	Yes	□No		
		of an emergency protective order/restraining order/stay-away order?		□No		
60.	Have you settled any civil suit in	which you, your insurance company, or anyone else on your behalf was				
		e other party?		□No		
		ived welfare, unemployment compensation, workers' compensation, or other	Yes	□No		
62.	Have you ever filed a false insur	rance or workers' compensation claim?	Yes	□No		
	f you answered yes to any of Qu f more space is needed continue	estions 54–62, explain (include court case or document, dates, and circumstances). your response on page 15:	Indicate each correspon	ding number,		
_						
_						
_						
_						
_						

PERSONAL HISTORY STATEMENT – VOLUNTEER Page 9 of 15		
SECTION 7: LEGAL continued		
63. UNDETECTED ACTS – PART 1 Within the past seven years OR at any time after you were first employed in law enforcement, have you ever commisdemeanors?	nitted any of the following	
A) Annoying / obscene phone calls	Yes	□No
B) Battery (use of force or violence upon another)	Yes	□No
c) Brandishing a weapon (any type of weapon)	Yes	□No
D) Carrying a concealed weapon without a permit	Yes	□No
E) Contributing to the delinquency of a minor	Yes	□No
F) Defrauding an innkeeper (not paying for food or room at a hotel/motel)	Yes	□No
G) Driving under the influence of alcohol and/or drugs	Yes	□No
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	Yes	□No
ı) Hit & run collision (no injuries)	Yes	□No
J) Hunting/fishing without a license	Yes	□No
к) Illegal gambling	Yes	□No
L) Impersonating a peace officer (pretending to be a police officer)	Yes	□No
M) Indecent exposure (including flashing or mooning)	Yes	□No
N) Joyriding (using a car or other vehicle without owner's permission)	Yes	□No
o) Petty theft (value up to \$400, including shoplifting/switching price tags)	Yes	□No
P) Possession of alcohol as a minor	Yes	□No
Possession of falsified or altered identification, including use of another person's id (for any reason)	Yes	□No
R) Possession of stolen property (including vehicles)	Yes	□No
s) Prostitution or soliciting a prostitute	Yes	□No
T) Resisting arrest (including running from the police)	Yes	□No
u) Trespassing	Yes	□No
v) Vandalism (including "tagging," malicious mischief and/or property damage)		□No

w) Intentionally writing a bad check.....

☐ No

☐ No

☐ No

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SE	ECTION 7: LEGAL continued						
63	. UNDETECTED ACTS – PART 1 continued						
	If you answered yes to <u>anv</u> item(s) in Question 63 , fully explain circumstances (include date(s), names of individuals involved, and resolution). Indicate the corresponding letter (63-A, etc.) for each explanation, if more space is needed continue on page 15.						
64	UNDETECTED ACTS – PART 2						
04.	At any time in your life have you <u>ever</u> committed any of the following?						
A)	Arson (intentionally destroying property by setting a fire)	□No					
B)	Assault with a deadly weapon	□No					
C)	Theft of a vehicle and/or vehicle parts	□No					
D)	Burglary (entering a structure or vehicle to commit theft or other crime)	□No					
E)	Child molestation (performing unlawful acts with a child)	□No					
F)	Accessing and/or possessing child pornography Yes	□No					
G)	Elder abuse/neglect	□No					
H)	Embezzlement (theft of money or other valuables entrusted to you)	□No					
I)	Felony drunk driving (involving injuries)	□No					
J)	Forcible rape or other act of unlawful intercourse	□No					
K)	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	□No					
L)	Hit & run (with injuries)	□No					
M)	Hate crime Yes	□No					
N)	Insurance fraud	□No					
O)	Grand theft (value of over \$400, or any firearm)□ Yes	□No					
P)	Murder, homicide, or attempted murder	□No					

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SECTION 7: LEGAL continued	
64. UNDETECTED ACTS – PART 2 continued	
Q) Perjury (lying under oath)	□No
R) Possession of an explosive/destructive device	□No
s) Robbery (theft from another person using a weapon, force, or fear)	□No
T) Stalking	□No
u) Blackmail or extortion Yes	□No
v) Any other act amounting to a felony	□No
If you answered yes to <u>anv</u> item(s) in Question 64 , fully explain circumstances (include date(s), names of individuals involved, and resoluted the corresponding letter (64-A, etc.) for each explanation, if more space is needed continue on page 15.	ition).

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SE	CTIO	N 7: LEGAL continued			
	unaut		and past recreational drug use. This covers -the-counter drugs. Your answers should in		
		 Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc) Barbiturates (Downers) Cocaine / Crack Cocaine Designer Drugs (Ecstasy, Synthetic Heroin, etc.) GHB (Date Rape Drug) 	 Glue Hallucinogens (Peyote, LSD, Mushrooms) Hashish / Hashish Oil Heroin / Opium Marijuana 	 Mescaline Morphine PCP / Angel Dust Quaaludes Steroids Tetrahydrocannabinal (THC) 	
65.	With	in the past six months, have you used a	any drug(s) as indicated above?	Yes No	
	-	s, give details (include <u>drug(s) used</u> and <u>c</u> corresponding number:	circumstances). If more space is needed co	ntinue your response on page 15, indicate	
66.	Prior	I have tried or used one or more drugs, I	example, experimentation, at parties,		
		concerts, special events, etc.). If checked, give details (include drug(s) response on page 15, indicate the correspondent of the corr		ances). If more space is needed continue your	
67.	Have		s listed below for drugs, narcotics or illegal s		
		☐ Sold☐ Manufactured	☐ Purchased ☐ Furnished	Cultivated	
	16	_	_	Carried or held for another	
If you checked any items above, give details (include <u>drug(s) involved</u> , over what <u>time period(s)</u> , and <u>circumstances</u>). If more spaneeded continue your response on page 15, indicate the corresponding number:					

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SEC	TION 8: MOTOR VEHICLE OF	PERATION						
68. C	URRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WH	IICH LICENSE W	AS GRANTED		
69. LI	ST OTHER STATES WHERE YOU HAVE E	BEEN LICENSED TO OP	ERATE A MOTOR VEHICL	.E:				
State	e of issue	Type of license	•	Name under v	which licens	e was granted and	license number	r, if known
<u></u>								
	ave you ever been refused a driv							□ No
lf	yes, explain (include when, where	e, and circumstand	es). If more space is	needed continu	ie your respo	nse on page 15, indi	cate the corresp	onding number:
_								
71. H	as your driver's license ever beer	n suspended or rev	oked?				🗌 Yes	☐ No
If	yes, explain (include when, where	e, and circumstand	es). If more space is	needed continu	ie your respo	nse on page 15, indi	cate the corresp	onding number:
_								
72. L	ist all traffic citations, excluding p	arking citations, yo	ou have received with	nin the past seve	en years. If m	ore space is needed	continue on pag	ge 15, indicate
	he corresponding letter (72-D, etc	c.) for each explana	ation.		LOCATION (STREET) C	ITY	STATE
A) 142	TORE OF VIOLATION				LOOAHON	STREET)	11.1	OTATE
		DATE VIOLATION OCC	URRED AC1	TION TAKEN				
		Month Y	ear 🗆	Not Guilty	☐ Fined	☐ Traffic School	Dismisse	ed
B) NA	ATURE OF VIOLATION				LOCATION (STREET) C	ITY	STATE
		DATE VIOLATION OCC		TION TAKEN				
		Month Y	′ear 📗	Not Guilty	Fined	☐ Traffic School	☐ Dismisse	ed
C) N	ATURE OF VIOLATION		-		LOCATION (STREET) C	ITY	STATE
		DATE VIOLATION OCC		TION TAKEN		П т «. о	□ D ''	1
		Month Y	ear L	Not Guilty	Fined	☐ Traffic School	☐ Dismisse	∍ a
73. F	Has a traffic citation ever resulted	in a warrant or cau	used your driver's lice	ense to be withh	eld due to the	e following? (Check	all that apply.)	
	☐ Failed to appear ☐ F	ailed to complete t	traffic school	Failed to pay th	ne required fi	ne		
	If checked, explain circumstance	es. If more space is	s needed continue yo	our response on	page 15, ind	licate the correspond	ling number:	
74. F	Have you ever driven a vehicle wi							□ No
	If yes, give reason. If more space	e is needed contin	ue your response on	n page 15, indica	ate the corres	ponding number:		
	DATE	LOCATION (NUMBE	ER / STREET / APT)	CITY	<i>(</i>		STA	ATE ZIP
	Month Year	,	,					

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SECTION 8: MOTOR VEHICLE OPERATION continued		
75. Have you ever been refused automobile liability insurance or a bond, or had them cancelled?		□No
If yes, give reason. If more space is needed continue your response on page 15, indicate the corresponding number:		
DATE ADDRESS (NUMBER / STREET / APT) CITY Month Year	S	STATE ZIP
Use this space for additional information you would like to include regarding your driving record.		
SECTION 9: OTHER TOPICS		
76. Have you ever been refused a permit to carry a concealed weapon?	🗌 Yes	□ No
77. 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
78. 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
79. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?		□No
80. Have you ever hit or physically overpowered a spouse or romantic partner?		□No
If you answered yes to any of Questions 76–80 , give details (include date(s) and circumstance(s). If more space is needed on page 15, indicate the corresponding number:	d continue you	r response
SECTION 10: CERTIFICATION		
81. I hereby certify that I have personally completed and initialed each page of this form and any supplemental all statements made are true and complete to the best of my knowledge and belief. I understand that any m may subject me to disqualification; or, if I have been appointed, may disqualify me from continued volunteer	isstatement o	
SIGNATURE IN FULL	DATE	

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ADDITIONAL SPACE		
•	Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., training, certificates, schools, employers, explanations to questions, etc.)	
•	Identify the corresponding question and specific item being referenced.	
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Updated 7-20-2017