Commission on   
Peace Officer Standards and Training (**POST**)  
860 Stillwater Road, Suite 100  
West Sacramento, CA 95605-1630

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 **Public Safety Dispatcher**, in accordance with POST Commission Regulation 1959.

• 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 23) 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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 (     ) | | | WORK (     ) | | | | | | | EXT | | | OTHER (     ) | | | | | | cELL  FAX | | | | | | | | |
| **6.** contact EMAIL | | | | | | | | **7.** LIST **ALL** OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |
| **8.** legal authorization for employment | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you legally authorized for permanent employment in the United States?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If no, explain fully: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 23* – *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 / suite) | | | | | | | | | city | | | | | | | | | state | zip | | |
| (     ) | | | |  | | | | | | | | |  | | | | | | | | |  |  | | |
| work phone | | | | cell phone | | | | | | email | | | | | | | | | | | | | | | |
| (     ) | | | | (     ) | | | | | |  | | | | | | | | | | | | | | | |
| date of marriage/registration | | | |  | | | | | |  | | | | | | | | | | | | | | | |
| /      (MM/YYYY) | | | |  | | | | | | Is there, or has there ever been, a restraining or stay-away  order in effect involving you and this individual?  Yes  No | | | | | | | | | | | | | | | |
| 14.B Former Spouse / Former Registered Domestic Partner | | | | | | | | | | | | | | | | | | | | | Deceased | | | | N/A | | |
| name | | | | | home address (number / street / apt) | | | | | | | | | city | | | | | | | | | state | zip | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | |  |  | | |
| home phone | | | | work address (number / street / suite) | | | | | | | | | city | | | | | | | | | state | zip | | |
| (     ) | | | |  | | | | | | | | |  | | | | | | | | |  |  | | |
| work phone | | | | cell phone | | | | | | email | | | | | | | | | | | | | | | |
| (     ) | | | | (     ) | | | | | |  | | | | | | | | | | | | | | | |
| date of marriage/registration | | | | date of dissoluton | | | | | |  | | | | | | | | | | | | | | | |
| /      (MM/YYYY) | | | | /      (MM/YYYY) | | | | | | Is there, or has there ever been, a restraining or stay-away  order in effect involving you and this individual?  Yes  No | | | | | | | | | | | | | | | |

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| 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.  • *If more space is needed, continue on page 23* – *reference corresponding numbers.* | | | | | | | |
| **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*** ***23*** | | | | | | |

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| SECTION 2: RELATIVES AND REFERENCES *continued* | | | | | | | | | | | | | | | | |
| **14.D Brothers / Sisters** | | | | | | | | | | | | | | N/A | | |
| • List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.  • *If more space is needed, continue on page 23 – reference corresponding numbers.* | | | | | | | | | | | | | | | | |
| **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*** ***23*** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **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.  • *If more space is needed, continue on page 23 – reference corresponding numbers.* | | | | | | | | | | | | | | | | |
| **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 | | | | | | | |
|  | | | (     ) | |  | | | | | | | |

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| SECTION 2: RELATIVES AND REFERENCES *continued* | | | | | | | | | |
| **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 | | | | |
|  | (     ) |  | | | | |
| **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*** ***23*** | | | | | | | | |

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| 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.  • *If more space is needed, continue on page 23 – reference corresponding numbers.* | | | | | | | |
| **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? | | |

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| SECTION 2: RELATIVES AND REFERENCES *continued* | | | | | | | | |
| **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? | | | |
| **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*** ***23*** | | | | | | | |

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| SECTION 3: EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | |
| • **NOTE: You may 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 23.* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **16.** Do you have a high school diploma, High School Equivalency Certificate, or California High School Proficiency Certificate?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **17.** LIST high school(s) attended | | | | | | | | | | | | | | | | | | | | | | | | | |
| **17.1** | | name of high school | | | | | | | | | from (mm/yyyy) | | | | | | to (mm/yyyy) | | | | | did you graduate? | | | |
|  | | | | | | | | | / | | | | | | / | | | | | Yes  No | | | |
|  | | | | | | | city | | | | | | | | | | | | | | | | state | | |
|  | | | | | | | | | | | | | | | |  | | |
| **17.2** | | name of high school | | | | | | | | | from (mm/yyyy) | | | | | | to (mm/yyyy) | | | | | did you graduate? | | | |
|  | | | | | | | | | / | | | | | | / | | | | | Yes  No | | | |
|  | | | | | | | 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*** ***23*** | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | / | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |

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| SECTION 3: EDUCATION *continued* | | | | | |
| **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 courses information included on Page*** ***23***

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| **22.** Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school, 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. Include when the disciplinary action(s) occurred, name of school(s)/academy, 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 23*. | | | | | | | |
| **24.1** | address where you now live (number / street / apt) | | | | from (mm/yyyy) | | to (mm/yyyy) |
|  | | | | / | | **Present** |
| 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*** ***23***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 23.* | | | | | | | | | |
| **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 | | | | |
|  | |  | | | | |
| **25.6** | | 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*** ***23*** | | | | | | | | |
| **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 ***within the past ten years***, 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 23.* | | | | | | | | | | |
|  | | | | | | | | | | |
| **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 wanting to leave | | | | |
|  | | | | |  | | | | |
| 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 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 | | | | | | | | | | | | |
| **28.5** | name of 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 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 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) | (     ) |  | | |  | | | | | | |
|  |  |  | | |  | | | | | | |
| **28.10** | 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* | | | | | | | | | | | | | | |
| **28.11** | name of 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 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* *23*

|  |
| --- |
| **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 |
| **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 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 5: EXPERIENCE AND EMPLOYMENT *continued* | | | | | | | | |
| **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 sick family member?  Yes  No  If yes, how many sick days have you used in the past five years which were not due to illness? \_   \_ Days | | | | | | | |
| **40.** 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 29–40**, explain (include when, where, and circumstances – *reference corresponding numbers*). | | | | | | | |
| *Supplemental employment information included on Page* *23* | | | | | | | |
| **41.** *In the* ***past three years***, have you missed days or been late to work due to drug or alcohol consumption?  Yes  No  If yes, how often? | | | | | | | |
| **42.** Has your work performance ever been affected by your use of alcohol or drugs?  Yes  No | | | | | | | |
| If yes, when? | | Name of employer: | | | | | |
| **43.** *In the* ***past three years***, have you been warned by an employer about your drinking or drug habits and their impact  on your performance?  Yes  No | | | | | | | |
| If yes, when? | | Name of employer: | | | | | |
|  | | | | | | | |
| **44.** 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 44,** 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 23.* | | | | | | | |
| **44.1** | 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) | | | | | | |
| **44.2** | 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) | | | | | | |

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| SECTION 5: EXPERIENCE AND EMPLOYMENT *continued* | | | | | | | | | | | | |
| **44.3** | 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) | | | | | | | | | | |
| **44.4** | 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 is included on Page*** ***23***  , or POST basic course. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances. | | | | | | | | | | | |
| SECTION 6: MILITARY EXPERIENCE | | | | | | | | | | | |
| **45.** Are you required to register for the Selective Service?  Yes  No  If yes, have you registered?  Yes  No | | | | | | | | | | | |
| If no, explain: | | |  | | | | | | | | |
| **46.** Have you ever served in the military?  Yes  No | | | | | | | | | | | |
| **47.** If you answered “YES” to Question 46, 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:* | | | | | | | | | |
|  | | | | | | | | | | | |
| **48.** Are you currently participating in one of the following?  Military Reserve  National Guard If checked, date obligation ends (MM/DD/YY): | | | | | | | | | | | |
| **49.** 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 | | | | | | | | | | | |
| **50.** Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?  Yes  No | | | | | | | | | | | |
| **51.** 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 49–51** explain (include dates and circumstances). | | | | | | | | | | |
| ***Supplemental military information included on Page*** ***23*** | | | | | | | | | | |

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| SECTION 7: FINANCIAL | | | |
| **52.** INCOME AND EXPENSES | | | |
| • For each of the following questions (**52A** and **B**), fill in the amounts to the nearest dollar.  • For **Question 52A:** Provide your ***total*** monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.  • For **Question 52B:**  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 | |
|  | | | |
| **53.** Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?  Yes  No | | | |
| **54.** Have any of your bills ever been turned over to a collection agency?  Yes  No | | | |
| **55.** Have you ever had purchased goods repossessed?  Yes  No | | | |
| **56.** Have your wages ever been garnished?  Yes  No | | | |
| **57.** Have you ever been delinquent on income or other tax payments?  Yes  No | | | |
| **58.** Have you ever failed to file income tax or cheated/lied on an income tax form?  Yes  No | | | |
| **59.** Have you ever had an employment bond refused?  Yes  No | | | |
| **60.** Have you ever avoided paying any lawful debt by moving away?  Yes  No | | | |
| **61.** Have you ever defaulted on (failed to pay) a loan?  Yes  No | | | |
| **62.** Have you ever borrowed money to pay for a gambling debt?  Yes  No  If yes, do you currently have any outstanding debts as a result of gambling?  Yes  No | | | |
| **63.** Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?  Yes  No | | | |
| **64.** Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?  Yes  No | | | |
| **65.** Have you written three or more bad checks in a one-year period?  Yes  No | | | |
|  | | | |
| If you answered “YES” to any of **Questions 53–65**, explain (include when, where, and why – *reference corresponding numbers*). | | |
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| SECTION 8: LEGAL | | | | |
| ▶ Disclosure of Arrests and Convictions | | | | |
| • If you are applying for a dispatcher position at a criminal justice agency (as defined in Penal Code 13101), you are required to report detentions, arrests, and convictions (per Labor Code 432.7), except where sealed or expunged by law. If you are applying for a dispatcher position at a non-criminal justice agency, you are not required to disclose arrests or detentions that did not result in a conviction. **It is recommended that you consult with an attorney if you have any questions regarding disclosure.**  • *If more space is needed, continue your response on page 23.* | | | | |
|  | | | | |
| **66. Have you ever been convicted of (and, for criminal justice agency applicants, detained by law enforcement for investigation, arrested, indicted, or charged with) 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: | | | | |
| **66.1** | charge | approx date (MM/YYYY) | arresting or detaining agency | |
|  | / |  | |
| disposition or penalty | | | |
|  | | | |
| **66.2** | charge | approx date (MM/YYYY) | arresting or detaining agency | |
|  | / |  | |
| disposition or penalty | | | |
|  | | | |
| ***Supplemental disclosure information included on Page*** ***23*** | | | | |
| **67.** Have you ever been placed on court probation?  Yes  No | | | | |
| **68.** Were you ever required to appear before a juvenile court for an act which would have been a crime if  committed as an adult? (You may answer “no” if your juvenile record has been sealed or expunged by juvenile court.)  Yes  No | | | | |
| **69.** Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity,  support, etc.)?  Yes  No | | | | |
| **70.** Have the police ever been called to your home for any reason?  Yes  No | | | | |
| **71.** Have you or your spouse/partner ever been referred to Child Protective Services?  Yes  No | | | | |
| **72.** Have you ever been the subject of an emergency protective order/restraining order/stay-away order?  Yes  No | | | | |
| **73.** 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 | | | | |
| **74.** Have you ever fraudulently received welfare, unemployment compensation, workers’ compensation, or other state or federal assistance?  Yes  No | | | | |
| **75.** Have you ever been required to repay any welfare payments, unemployment compensation, or other state or  federal assistance?  Yes  No | | | | |
| **76.** Have you ever filed a false insurance or workers’ compensation claim?  Yes  No | | | | |
|  | | | | |
| If you answered “YES” to any of **Questions 67–76**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). *If more space is needed, continue your response on page 23.* | | | |

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| SECTION 8: LEGAL *continued* | |
|  | |
| ▶ Involvement in Criminal Acts – Part 1 | |
| **77.** 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**. | |
| **77.1** | Animal abuse and/or neglect  Yes  No |
| **77.2** | Annoying, obscene, or harassing contacts by telephone or other electronic communication device  Yes  No |
| **77.3** | Battery (use of force or violence upon another)  Yes  No |
| **77.4** | Brandishing a weapon (any type of weapon)  Yes  No |
| **77.5** | Carrying a concealed weapon without a permit  Yes  No |
| **77.6** | Contributing to the delinquency of a minor  Yes  No |
| **77.7** | Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)  Yes  No |
| **77.8** | Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs  Yes  No |
| **77.9** | Drunk in public (being so intoxicated in a public place that you’re not able to care for yourself)  Yes  No |
| **77.10** | Filing a false police report  Yes  No |
| **77.11** | Hit & run collision (no injuries)  Yes  No |
| **77.12** | Illegal gambling  Yes  No |
| **77.13** | Illegal hunting and/or fishing (for example, without a license, out of season)  Yes  No |
| **77.14** | Impersonating a peace officer (pretending to be a police officer)  Yes  No |
| **77.15** | Indecent exposure and/or lewd or obscene conduct  Yes  No |
| **77.16** | Intentionally writing a bad check  Yes  No |
| **77.17** | Joyriding (using a car or other vehicle without owner’s permission)  Yes  No |
| **77.18** | Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone’s privacy)  Yes  No |
| **77.19** | Petty theft (value up to $950, including shoplifting/switching price tags)  Yes  No |
| **77.20** | Possession of alcohol as a minor (under the age of 21)  Yes  No |
| **77.21** | Possession of falsified or altered identification, including use of another person’s ID (for any reason)  Yes  No |
| **77.22** | Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)  Yes  No |
| **77.23** | Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)  Yes  No |
| **77.24** | Reckless driving  Yes  No |
| **77.25** | Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)  Yes  No |
| **77.26** | Trespassing  Yes  No |

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| SECTION 8: LEGAL *continued* | |
| **77.27** | Vandalism (including, but not limited to, “tagging,” malicious mischief, and/or property damage)  Yes  No |
| **77.28** | Any other act amounting to a misdemeanor  Yes  No |
| • If you answered “yes” to **ANY** of the item(s) in **Question 77**, fully explain circumstances, including dates, names of individuals involved,  and resolution. *Reference the corresponding number (e.g., 77.5) for each explanation.*  • *If more space is needed, continue your response on page 23.* | |
|  | |
| ***Supplemental legal information included on Page*** ***23*** | |
| ▶ Involvement in Criminal Acts – **Part 2** | |
| **78. *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**. | |
| **78.1** | Arson (intentionally destroying property by setting a fire)  Yes  No |
| **78.2** | Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)  Yes  No |
| **78.3** | Blackmail or extortion  Yes  No |
| **78.4** | Burglary (entering a structure or vehicle to commit theft or other crime)  Yes  No |
| **78.5** | Child molestation (performing unlawful acts with a child, inappropriate touching of a child)  Yes  No |
| **78.6** | Elder abuse and/or neglect (physical and/or financial)  Yes  No |
| **78.7** | Embezzlement (theft of money or other valuables entrusted to you)  Yes  No |
| **78.8** | Felony drunk driving (involving injuries)  Yes  No |
| **78.9** | Felony illegal sex acts  Yes  No |
| **78.10** | Forcible rape  Yes  No |
| **78.11** | Forgery (falsifying any type of document, check certificate, license, currency, etc.)  Yes  No |
| **78.12** | Fraudulent use of a credit, ATM, debit, and/or check card  Yes  No |
| **78.13** | Grand theft (value of over $950, automobile, any firearm)  Yes  No |
| **78.14** | Hit & run (with injuries)  Yes  No |
| **78.15** | Hate crime  Yes  No |
| **78.16** | Insurance fraud  Yes  No |
| **78.17** | Murder, homicide, attempted murder, or assault with intent to commit murder  Yes  No |
| **78.18** | Perjury (lying under oath)  Yes  No |
| **78.19** | Possession of an explosive/destructive device  Yes  No |
| **78.20** | Robbery (theft from another person using a weapon, force, or fear)  Yes  No |

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| SECTION 8: LEGAL *continued* | |
| **78.21** | Stalking  Yes  No |
| **78.22** | Theft of a vehicle and/or vehicle parts  Yes  No |
| **78.23** | Viewing and/or possessing child pornography  Yes  No |
| **78.24** | Any other act amounting to a felony  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., 78.3) for each explanation*  • *If more space is needed, continue your response on page 23.* | |
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***Supplemental legal information included on Page*** ***23***

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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 | | ⯈ Mescaline  ⯈ Morphine  ⯈ PCP / Angel Dust  ⯈ Quaaludes  ⯈ Steroids  ⯈ Glue, paint, or any substance containing toluene |
| **79.** | ***Within the past six months***, excluding the use of cannabis off the job and away from the workplace, 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***: | | |
| **80.** | ***Prior to the past six months:*** | |
| I have ***never*** used any drug recreationally. (You may mark this box, if the only drug you have used recreationally was cannabis.)        **Excluding any use of cannabis**, 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*:** | | |
|  | | |
| **81.** Have you ***EVER*** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including prescription drugs without a prescription, excluding the use of cannabis off the job and away from the workplace?  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***. | | |

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| SECTION 8: LEGAL *continued* | | | | | |
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| **82.** 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, excluding the use of cannabis off the job and away from the workplace?  Yes  No                  If yes, explain: | | | | | |
| ***Supplemental drug information included on Page*** ***23*** | | | | |
| SECTION 9: MOTOR VEHICLE INFORMATION | | | | | |
| **83.** Current Driver’s License: | | | | | |
| STATE OF ISSUE | LICENSE NUMBER | EXPIRATION DATE (mm/dd/yyyy) | NAME UNDER WHICH LICENSE WAS GRANTED | |
|  |  | /    / |  | |
|  | | | | | |
| **84.** 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 | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  | | | | | |
| **85.** Have you ever been refused a driver’s license by any state?  Yes  No  If yes, explain (include when, where, and circumstances): | | | | | |
|  | | | | | |
| **86.** Has your driver’s license ever been suspended or revoked?  Yes  No        If yes, explain (include when, where, and circumstances): | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **87.** Have you received any traffic citations, excluding parking citations, ***within the past seven years***.  Yes  No ***If YES, give details below.*** | | | | | | |
| **87.1** | NATURE of VIOLATION | | | LOCATION (street) | city | state |
|  | | |  |  |  |
|  | DATE VIOLATION OCCURRED | | ACTION TAKEn | | | |
| Month: | Year: | Not Guilty  Fined  Traffic School  Dismissed | | | |
| **87.2** | NATURE of VIOLATION | | | LOCATION (street) | city | state |
|  | | |  |  |  |
|  | DATE VIOLATION OCCURRED | | ACTION TAKEn | | | |
| Month: | Year: | Not Guilty  Fined  Traffic School  Dismissed | | | |

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| SECTION 9: MOTOR VEHICLE INFORMATION | | | | | | | | | |
| **88.** 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: | | | | | | | | | | |
| *Supplemental motor vehicle information included on Page* *23* | | | | | | | | | | |
| **89.** 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) | | | | |
|  | | | / | / | | | | |
| **90.** 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 | | | | | | |
|  | | | | | | |
|  | | | | | | | | |
| • Use this space for additional information you would like to include regarding your driving record*.* | | | | | | | | |
|  | | | | | | | | |
| ***Supplemental motor vehicle information included on Page*** ***23*** | | | | | | | |
| SECTION 10: OTHER TOPICS | | | | | | | | |
| **91.** Have you ever been refused a permit to carry a concealed weapon?  Yes  No | | | | | | | | |
| **92.** 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 | | | | | | | | |
| **93.** 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 | | | | | | | | |
| **94. *Since the age of 15***, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?  Yes  No | | | | | | | | |
| **95.** 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 | | | | | | | | |
| If you answered “YES” to any of **Questions 91-95**, give details including dates and circumstances – *reference corresponding numbers*). | | | | | | | | |
| ***Supplemental other topics information included on Page*** ***23*** | | | | | | | |
|  | | | | | | | | |
| SECTION 11: CERTIFICATION | | | | | | | | |
| **96.** *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 employment.* | | | | | | | | |
| **Signature in Full:** ▶ | | | **Date:** | | | | | |
|  | | | | | | | | |
|  | **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.** | | | | | |  | |

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| 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. |