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 a non sworn 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 24) 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	NAME						
LAST			RST			MIDDLE	
2. OTHER NAM	MES, INCLUDING NICKNAMES, YO	DU HAVE USED OR BEEN KNO	WN BY				
3. ADDRESS W	HERE YOU RESIDE						
NUMBER / S	TREET					APT / UNIT	
CITY						STATE	ZIP
4. MAILING AD	DRESS, IF DIFFERENT FROM AE	OVE					
5. CONTACT N	IUMBERS						
номе ()	WORK ()	EXT	ОТН	ER ()	CEL	L FAX PAGER
6. EMAIL ADDF	RESS						
HOME			Е	BUSINESS			
7. Are you le	egally authorized for perma	anent employment in the	United States?.				🗌 Yes 🔲 No
If no, exp	lain fully:						
8. BIRTH PLAC	CE (CITY/COUNTY/STATE/C	OUNTRY)			9. BIRTHDATE	10. SOCIAL	SECURITY NUMBER
11. DRIVER'S L	ICENSE			12. PHYSICAL DES	CRIPTION		
NO.	S	TATE EXP DATE		HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
	: RELATIVES AND REI	FERENCES					
13.IMMEDIATE		ion in the anges helev					
	de all applicable informat "N/A" if a category is not	•		and			
	re space is needed, continu			eu.			
If mor	e space is needed, continu	de your response on pag	e 24.				
□ N/A A	. Father						
NAME		HOME ADDRESS (N	IUMBER / STREET /	APT) CIT	′	STATE	ZIP
	T						
	HOME PHONE	WORK ADDRESS (N	IUMBER / STREET /	APT) CITY	(STATE	ZIP
	WORK PHONE	CELL PHONE	E	EMAIL			
	()	()					
□ N/A B .	. Step-father	LUOME ADDRESS (A	ILIMBED / CTDEET /	ADT) CITY	,	CTATE	710
INAIVIE		HOME ADDRESS (N	IUMBER/SIREEI/	APT) CIT		STATE	ZIP
	HOME PHONE	WORK ADDRESS (N	NUMBER / STREET /	APT) CIT	<i>(</i>	STATE	ZIP
	()						
	WORK PHONE	CELL PHONE	E	EMAIL			
	()	()					
□ N/A C	. Mother						
NAME		HOME ADDRESS (N	IUMBER / STREET /	APT) CIT	,	STATE	ZIP
		Ì					
	HOME PHONE	WORK ADDRESS (N	IUMBER / STREET /	APT) CIT	′	STATE	ZIP
	() WORK PHONE	CELL PHONE	Г	EMAIL			
	()	()					
	` '	\ /					

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SECTIO	ON 2:	RELATIVES AND R	EFERE	NCES continue	d					
13.IMMED	IATE F	AMILY continued								
□ N/A	D.	Step-mother								
NAME	J			HOME ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
		HOME PHONE		WORK ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
		WORK PHONE		CELL PHONE		EMAIL				
		()		()						
□ N/A	F	Spouse / Registered	Domesti	c Partner						
NAME] -	openeo, regioneria			(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
		HOME PHONE		WORK ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
		WORK PHONE		CELL PHONE		EMAIL				
		YEARS OF MARRIAGE	Is ther	e, or has there	been, a restrai	ning or s	stay-away orde	r in effect for this	individual?	☐ Yes ☐ No
□ N/A	F.	Father-in-law		·	,					
NAME]	Tunoi in luw		HOME ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
		HOME PHONE		WORK ADDRESS	(NUMBER / STREET	<u> </u>		(CITY)		(STATE / ZIP)
		WORK PHONE		CELL PHONE		EMAIL				
		()		()						
□ N/A	G.	Mother-in-law								
NAME	_			HOME ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
		HOME PHONE		WORK ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
		WORK PHONE		CELL PHONE		EMAIL				
□ N/A	П	Former Spouse(s) / F	armar D	agistared Dame	notic Doutney(c)	•				
NAME	<u> </u>	ronner spouse(s) / r	Offiler K		(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
		HOME PHONE		WORK ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
		WORK PHONE		CELL PHONE		EMAIL				
		()	1	()						
		YEAR OF DISSOLUTION	Is there	e. or has there	been, a restrair	nina or s	tav-awav orde	r in effect for this	individual?	□ Yes □ No
NAME					(NUMBER / STREET		CITY		STATE	ZIP
		HOME PHONE		WORK ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP
		()		CELL DUONE		I FMA''				
		WORK PHONE		CELL PHONE		EMAIL				
		YEAR OF DISSOLUTION		1 ' '		1				
			Is ther	e, or has there	been, a restrai	ning or s	stay-away orde	r in effect for this	individual?	☐ Yes ☐ No

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SECTION 2: RELATIVES AND REFERENCES continued 13.IMMEDIATE FAMILY continued

☐ N/A I. Brot	hers and S	isters - list all liv	ring siblings, in	cluding half-sibling	ngs, ste	ep-siblings, foster siblings, et	c.	
1) NAME			HOME ADDRESS	S (NUMBER / STRE	ET / APT	T) CITY	STATE	ZIP
M F	HOME PHON	E	WORK ADDRES	S (NUMBER / STRE	EET / AP	T) CITY	STATE	ZIP
UNDER AGE 18	WORK PHON	E	CELL PHONE		EMAIL			
	()		()					
2) NAME	,		HOME ADDRESS	S (NUMBER / STRE	ET / APT	CITY	STATE	ZIP
				,		•		
 M □ F	HOME PHON	E	WORK ADDRES	S (NUMBER / STRE	EET / AP	T) CITY	STATE	ZIP
UNDER AGE 18	WORK PHON	E	CELL PHONE		EMAIL			
_	()		()					
3) NAME	l		HOME ADDRESS	S (NUMBER / STRE	ET / APT	r) CITY	STATE	ZIP
M F	HOME PHONI	E	WORK ADDRES	S (NUMBER / STRE	EET / AP	T) CITY	STATE	ZIP
UNDER AGE 18	WORK PHON	E	CELL PHONE		EMAIL			
	()		()					
4) NAME			HOME ADDRESS	S (NUMBER / STRE	ET / APT	r) CITY	STATE	ZIP
☐ M ☐ F	HOME PHONI	E	WORK ADDRESS	S (NUMBER / STRE	EET / APT	r) CITY	STATE	ZIP
UNDER AGE 18	WORK PHON	E	CELL PHONE		EMAIL			
	()		()					
5) NAME			HOME ADDRESS	S (NUMBER / STRE	ET / APT	T) CITY	STATE	ZIP
м ғ	HOME PHON	E	WORK ADDRES	S (NUMBER / STRE	EET / AP	T) CITY	STATE	ZIP
UNDER AGE 18	WORK PHON	E	CELL PHONE		EMAIL			
6) NAME	l		HOME ADDRESS	S (NUMBER / STRE	ET / APT	CITY	STATE	ZIP
M	HOME PHON	E	WORK ADDRES	S (NUMBER / STRE	EET / AP	T) CITY	STATE	ZIP
☐ F	WORK PHON		CELL PHONE		EMAIL			
UNDER AGE 18	()		()		LIVIAIL			
□ N/A J. Chi	ldren							
		ren, including na ation of the custo					ren who reside with you. Prov	vide the
1) NAME			CUSTODIAL I	PARENT OR GUARDI	AN (IF O	THER THAN YOU)		
M		CHILD'S AGE	ADDRESS	(NUMBER / STREET	/ APT)	CITY	STATE	ZIP
F			CONTACT NU	JMBER		EMAIL		
2) NAME			CUSTODIAL I	PARENT OR GUARDI	AN (IF O	THER THAN YOU)		
M		CHILD'S AGE	ADDRESS	(NUMBER / STREET /	/ APT)	CITY	STATE	ZIP
F			CONTACT NU	JMBER		EMAIL		
			()					

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SECTION 2: R	ELATIVES AND R	EFERENCE	=5 continuea							
13.IMMEDIATE FAMIL	Y (Section J. Children) co	ontinued								
3) NAME			CUSTODIAL PA	RENT OR GUARDIA	N (IF OTHER TI	HAN YOU)				
M	CHILD'S	S AGE	ADDRESS (N	UMBER / STREET / A	APT)	CITY			STATE	ZIP
F			0011740741111	DED.	l =					
			CONTACT NUM	BEK	EMAIL					
4) NAME			CUSTODIAL PA	RENT OR GUARDIA	N (IF OTHER TI	HAN YOU)				
☐ M	CHILD'S	S AGE	ADDRESS (N	UMBER / STREET / /	APT)	CITY			STATE	ZIP
ш'			CONTACT NUM	BER	EMAIL					
			, ,							
5) NAME				RENT OR GUARDIA		HAN YOU)				
☐ M ☐ F	CHILD'S	SAGE	ADDRESS (N	UMBER / STREET / /	APT)	CITY			STATE	ZIP
			CONTACT NUM	BER	EMAIL					
6) NAME				RENT OR GUARDIA	N (IF OTHER TI	HAN YOU)				
	Louine	105	1000000 (1)	WARER COTREET (• D.T.\	OUT			07.475	710
☐ M ☐ F	CHILD'S	S AGE	ADDRESS (N	UMBER / STREET / /	API)	CITY			STATE	ZIP
			CONTACT NUM	BER	EMAIL					
					I					
	le who know you w s, or other individu			imily friends, co	o-workers, r	nilitary acquaint	tances.	Do not include	<u>e</u> relatives,	employers
A) NAME		H	HOME ADDRESS	(NUMBER / STREE	T / APT)	CITY			STATE	ZIP
	HOME PHONE	V	WORK ADDRESS	(NUMBER / STREE	ET / APT)	CITY			STATE	ZIP
	WORK PHONE	C	CELL PHONE	1	EMAIL					
	()	(.)							
	HOW DO YOU KNOW	THIS PERSON?	(FOR EXAMPLE:	FRIEND, TEACHER,	FAMILY FRIEN	ID, CO- WORKER)		HOW LONG HAV	E YOU KNOW!	N THIS PERSON?
B) NAME	1	Н	HOME ADDRESS	(NUMBER / STREE	T / APT)	CITY			STATE	ZIP
	HOME PHONE	V	WORK ADDRESS	(NUMBER / STREE	ET / APT)	CITY			STATE	ZIP
	(/		SELL BUIGNE							
	WORK PHONE	(CELL PHONE	ľ	EMAIL					
	HOW DO YOU KNOW	THIS PERSON?	(FOR EXAMPLE:	FRIEND, TEACHER,	FAMILY FRIEN	D, CO- WORKER)		HOW LONG HAV	/E YOU KNOW!	N THIS PERSON?
C) NAME		Тн	HOME ADDRESS	(NUMBER / STREE	T / APT)	CITY			STATE	ZIP
•				•	,					
	HOME PHONE	V	WORK ADDRESS	(NUMBER / STREE	ET / APT)	CITY			STATE	ZIP
	WORK PHONE	C	CELL PHONE	1	EMAIL					
	HOW DO YOU KNOW	THIS PERSON?	(FOR EXAMPLE:	FRIEND, TEACHER,	FAMILY FRIEN	D, CO- WORKER)		HOW LONG HAV	/E YOU KNOW!	N THIS PERSON?

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SECTION 2:	RELATIVES AND REF	ERENCES continued						
D) NAME		HOME ADDRESS (N	UMBER / ST	TREET / APT)	CITY		STATE	ZIP
	HOME PHONE	WORK ADDRESS (N	UMBER / S	TREET / APT)	CITY		STATE	ZIP
	()							
	WORK PHONE	CELL PHONE		EMAIL				
	()	()						
	HOW DO YOU KNOW TH	IS PERSON? (FOR EXAMPLE: FRIE	END, TEACH	HER, FAMILY FRIE	END, CO- WORKER)	HOW LO	ONG HAVE YOU KN	OWN THIS PERSON?
E) NAME		HOME ADDRESS (N	UMBER / ST	TREET / APT)	CITY		STATE	ZIP
	HOME PHONE	WORK ADDRESS (N	IUMBER / S	TREET / APT)	CITY		STATE	ZIP
	()	WORK NEEDE (IV	IOMBEIT? O	11(2217741)	0111		OIME	2
	WORK PHONE	CELL PHONE		EMAIL				
	()	()						
		IS PERSON? (FOR EXAMPLE: FRIE	END, TEACH	HER, FAMILY FRIE	END, CO- WORKER)	HOW LO	ONG HAVE YOU KN	IOWN THIS PERSON?
F) NAME		HOME ADDRESS (N	UMBER / ST	TREET / APT)	CITY		STATE	ZIP
I / TV WIL		TIOME ABBRESS (IV	OWIDER() O	11(2217741)	3111		OTATE	2
	HOME PHONE	WORK ADDRESS (N	IUMBER / S	TREET / APT)	CITY		STATE	ZIP
	()							
	WORK PHONE	CELL PHONE		EMAIL				
	()	()						
	HOW DO YOU KNOW TH	IS PERSON? (FOR EXAMPLE: FRI	END, TEAC	HER, FAMILY FRII	END, CO- WORKER)	HOW LO	ONG HAVE YOU KN	IOWN THIS PERSON?
G) NAME		HOME ADDRESS (N	UMBER / ST	TREET / APT)	CITY		STATE	ZIP
	HOME PHONE	WORK ADDRESS (N	IIMDED / C	TREET / ART)	CITY		STATE	ZIP
	()	WORK ADDRESS (N	UNIDEK / 3	IREEI/AFI)	CITT		SIAIE	ZIF
	WORK PHONE	CELL PHONE		EMAIL				
	()	()		LIVIAIL				
	HOW DO YOU KNOW TH	IS PERSON? (FOR EXAMPLE: FRI	END. TEAC	HER. FAMILY FRI	END. CO- WORKER)	HOW LO	NG HAVE YOU KN	OWN THIS PERSON?
			,	,	, ,	now Ex	71011/112 100111	OWN THIS I ENGOLY.
SECTION 3:	EDUCATION							
			_					
NOTE: You	may be required to	furnish transcripts or c	ther pro	oof to suppo	ort all of your edu	cational cla	ims.	
15 Do you have	e a high school diploma	GED, or California High Sc	hool Prof	ficiency Certific	cate?		П Уе	s 🗆 No
16. List high sc	hools attended:							
A) NAME					FROM	ТО		DID YOU GRADUATE?
								☐ Yes
l		CIT	Υ		<u> </u>	l l	STATE	☐ No
B) NAME		-			FROM	ТО		DID YOU GRADUATE?
								☐ Yes
		CIT	Υ				STATE	☐ No
17 List all collec	ges or universities attend	ded:						
A) NAME	goo or anniversation attent			FROM	ТО	I TOTA	L UNITS EARNED	TYPE OF DEGREE
A) NAIVIE				1 IXOW		IOIA	L GINITO L'ARINED	EARNED
I		CIT	Υ	1	I	1	STATE	1
		<u> </u>					l .	1

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SECTIO	DN 3: EDUCATION continued						
17. List a	ll colleges or universities attended continued						
B) NAME			FROM	ТО	TOTA	L UNITS EARNED	TYPE OF DEGREE EARNED
		CITY				STATE	LANNED
C) NAME			FROM	ТО	TOTA	L UNITS EARNED	TYPE OF DEGREE EARNED
		CITY	•		•	STATE	
						L	
	ny trade, vocational, or business schools/institutes	attended:		Tenou	1-0		L DID VOU COMPLETE
A) NAME				FROM	ТО		DID YOU COMPLETE THE COURSE?
	TYPE OF SCHOOL OR TRAINING	CITY				STATE	□ No
B) NAME				FROM	ТО		DID YOU COMPLETE THE COURSE?
	TYPE OF SCHOOL OR TRAINING	CITY				STATE	☐ Yes
					<u> </u>		□ No
C) NAME				FROM	ТО		DID YOU COMPLETE THE COURSE? Yes
	TYPE OF SCHOOL OR TRAINING	CITY		<u> </u>		STATE	□ Yes □ No
	e you ever attended a POST Public Safety Dispatch	ner Basic Cours	e?			Ye	es 🗌 No
-	s, provide the following information: ING PRESENTER				FROM	ТО	
ŕ							
	OCATION (CITY/STATE)			Did you cor	mplete the o	course? 🗌 Ye	es 🗌 No
B) TRAIN	NG PRESENTER				FROM	ТО	
L	OCATION (CITY/STATE)			Did you cor	nnloto the	course?	es 🗆 No
				Dia you coi	iipiete tile t	ouise:	55 🔲 110
	e you ever been placed on academic discipline, sus ness or trade school?						s 🔲 No
whe	s, describe in detail below. Starting with high schoon the disciplinary action occurred, name of school, a	and explanation	il disciplinary actions of circumstances.	received in any	scnool or e	ducational instit	ution. Include

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SECT	ION 4: RESIDENCE						
21. LIS	T OF RESIDENCES						
•	List all residences <u>during the last ten years</u> or since age 15. Pr West, etc., and unit or apartment number). Do not use P.O. Box	ovide <i>co</i> xes.	omplete addresse	es (include marke	ers su	ich as Street, Drive	, Road, East,
•	If the residence is a military base, identify name of base in addryou shared individual quarters.	ess, nea	arest city, state a	nd zip code. DO	NOT	LIST military barra	cks mates unless
•	If more space is needed continue on page 24.						
A) ADD	RESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FRO	M	TO Present
	CITY	STATE	ZIP	IF RENTING: PROP	ERTY	MANAGER, RENT COLL	ECTOR, OR OWNER
Ī	ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMB	ER / STRE	ET / APT)			CONTACT NUMBER	
-	CITY	STATE	ZIP	EMAIL		()	
L							
	Names of those with whom you live:						
B) FOR	MER ADDRESS (NUMBER / STREET / APT)				FRO	M	ТО
	CITY	STATE	ZIP	IF RENTING: PROP	ERTY	MANAGER, RENT COLL	ECTOR, OR OWNER
Ī	ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMB	ER / STRE	EET / APT)			CONTACT NUMBER	
-	CITY	STATE	ZIP	EMAIL		,	
	Names of those with whom you lived:						
	Reason for moving:						
C) FOR	MER ADDRESS (NUMBER / STREET / APT)				FRO	М	ТО
	CITY	STATE	ZIP	IF RENTING: PROP	ERTY	MANAGER, RENT COLL	ECTOR, OR OWNER
Ī	ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMB	ER / STRE	ET / APT)			CONTACT NUMBER	
Ī	CITY	STATE	ZIP	EMAIL		· · ·	
	Names of those with whom you lived:	•					
	Reason for moving:						
D) FOR	MER ADDRESS (NUMBER / STREET / APT)				FRO	M	ТО
	CITY	STATE	ZIP	IF RENTING: PROP	ERTY	MANAGER, RENT COLL	ECTOR, OR OWNER
Ţ	ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER	ER / STRE	ET / APT)			CONTACT NUMBER ()	
Ì	CITY	STATE	ZIP	EMAIL	I		
<u> </u>	Names of those with whom you lived:						
Ī	Reason for moving:						

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SEC	TION 4: RESIDENCE continued						
21.LIS	T OF RESIDENCES continued						
E) FOR	RMER ADDRESS (NUMBER / STREET / APT)				FROI	М	ТО
	CITY	STATE	ZIP	IF RENTING: PROP	ERTY	MANAGER, RENT COLI	LECTOR, OR OWNER
	ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER	ER / STRE	ET / APT)			CONTACT NUMBER ()	
	CITY	STATE	ZIP	EMAIL			
1	Names of those with whom you lived:						
	Reason for moving:						
F) FOR	MER ADDRESS (NUMBER / STREET / APT)				FROI	М	ТО
	CITY	STATE	ZIP	IF RENTING: PROP	ERTY	MANAGER, RENT COLI	LECTOR, OR OWNER
	ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBE	R / STRE	ET / APT)			CONTACT NUMBER	
	CITY	STATE	ZIP	EMAIL			
I)	Names of those with whom you lived:	•					
	Reason for moving:						
G) FOI	RMER ADDRESS (NUMBER / STREET / APT)				FROI	М	ТО
	CITY	STATE	ZIP	IF RENTING: PROP	ERTY	MANAGER, RENT COLI	LECTOR, OR OWNER
	ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBE	R / STRE	ET / APT)			CONTACT NUMBER	
	CITY	STATE	ZIP	EMAIL			
	Names of those with whom you lived:						
	Reason for moving:						
H) FOR	MER ADDRESS (NUMBER / STREET / APT)				FROI	М	ТО
,	CITY	STATE	ZIP	IF RENTING: PROP	ERTY	MANAGER, RENT COLI	LECTOR, OR OWNER
	ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBE	R / STRE	ET / APT)			CONTACT NUMBER ()	
	CITY	STATE	ZIP	EMAIL			
I.	Names of those with whom you lived:	•					
	Reason for moving:						

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SECTION 4: RESIDENCE continued			
22. Provide contact information for all housemates listed in Question 21 with whom you have r DO NOT list anyone for whom you have already provided contact information.	esided during the past 10	0 years, or since the age	of 15.
A) NAME		CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL		
B) NAME		CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL		
TATIONE OF REPUTIONOS III (FOR EXAMINE EE: REPUTIVE, BUIDEONO, FRIEND, FOODE III/RE ONE TO	EW) (IE		
C) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL		
D) NAME	<u> </u>	CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL		
E) NAME		CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL		
F) NAME	<u> </u>	CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL		
23. Have you ever been evicted or asked to leave a residence?		Yes	□ No
24. Have you ever left a residence owing rent?		Yes	□ No
If you answered yes to Questions 23 and/or 24, explain (include when, where and circums	stances):		

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SEC	FION 5: EXPERIENCE AND EMPLOYMENT											
25. JC	DB EXPERIENCE											
•	List <u>ALL</u> jobs you have had, including part-time, to continue your response on page 24.)	emporary, self-er	mploym	ent and volunteer.	. (Begin wi	ith your most	current. If more	space is needed				
•	If you have military experience, including reserve	duty, enter your	military	base, assignment	s, or unit o	of assignment						
•	List ALL periods of unemployment in excess of 30	<u>) days</u> .										
Δ) NΔ	ME OF EMPLOYER OR MILITARY UNIT					FROM		то				
A) INC	INIC OF EMPLOYER OR WILLTARY ONLY					I KOW		10				
	ADDRESS (NUMBER / STREET OR BASE)				SUPERVIS	OR						
	CITY		STATE	ZIP	CONTACT	NUMBER		EXT				
	JOB TITLE				()							
	SOB TITLE				LIVIAIL							
	DUTIES / ASSIGNMENTS				1			P-T Temp				
							☐ Self-emplo	yed				
	NAMES OF CO-WORKERS REASON FOR WANTING TO LEAVE											
	1)	2)										
	Would there be a problem if we contact your current employer?											
	☐ Yes ☐ No											
	PERIOD OF UNEMPLOYMENT FROM TO											
Cł	neck applicable: Student Between jobs	Leave of ab	sence	☐ Travel ☐ 0	Other							
C) NA	ME OF EMPLOYER OR MILITARY UNIT					FROM		то				
	ADDRESS (NUMBER / STREET OR BASE)				SUPERVIS	OR						
	OUTV		T	T	CONTACT	AU IMPED		LEVE				
	СІТУ		STATE	ZIP	CONTACT	NUMBER		EXT				
	JOB TITLE				EMAIL							
	DUTIES / ASSIGNMENTS				•		□ F-T □ F	P-T Temp				
							☐ Self-emplo	•				
		T					•	yea				
	NAMES OF CO-WORKERS 1)	2)				REASON FOR L	EAVING					
	1)	2)										
,	RIOD OF UNEMPLOYMENT					FROM		то				
Cł	neck applicable: Student Between jobs	Leave of ab	sence	☐ Travel ☐ 0	Other							
E) NA	ME OF EMPLOYER OR MILITARY UNIT					FROM		ТО				
,												
	ADDRESS (NUMBER / STREET OR BASE)				SUPERVIS	OR						
	CITY		STATE	ZIP	CONTACT	NUMBER		EXT				
	JOB TITLE				()							
	333				LIVIAIL							
	DUTIES / ASSIGNMENTS				<u> </u>			D.T				
	□ F-1 □ P-1 □ 1emp											
							☐ Self-emplo	yed				
	NAMES OF CO-WORKERS					REASON FOR L	EAVING					
	1)	2)										

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SECTION 5: EXPERIENCE AND EMPLOYMENT	continued							
25. JOB EXPERIENCE continued								
F) PERIOD OF UNEMPLOYMENT					FRC	M		то
Check applicable: Student Between jobs	Leave of ab	sence	☐ Travel ☐	Other				
G) NAME OF EMPLOYER OR MILITARY UNIT					FRC	M		ТО
ADDRESS (NUMBER / STREET OR BASE)				SUPERVIS	OR			
CITY			T	CONTACT	NUMBER			EXT
CITY		STATE	ZIP	()	NUMBER			EXI
JOB TITLE			•	EMAIL				
DUTIES / ASSIGNMENTS							□ F-T □	P-T Temp
								oyed ☐ Volunteer
NAMES OF CO-WORKERS					REASON	FOR L	•	<u>*</u>
1)	2)							
H) PERIOD OF UNEMPLOYMENT					FRC	M		то
Check applicable: Student Between jobs	Leave of ab	sence	☐ Travel ☐	Other				
I) NAME OF EMPLOYER OR MILITARY UNIT					FRC	M		ТО
ADDRESS (NUMBER / STREET OR BASE)				SUPERVIS	OR			
CITY		07.75	T-10	CONTACT	NIIMDED			EXT
CITY		STATE	ZIP	()	NUMBER			EXI
JOB TITLE				EMAIL				
DUTIES / ASSIGNMENTS							□ F-T □	P-T Temp
							☐ Self-emplo	-
NAMES OF CO-WORKERS					REASON	FOR L	EAVING	
1)	2)							
J) PERIOD OF UNEMPLOYMENT				1 0.1	FRC	M		ТО
Check applicable: Student Between jobs	Leave of ab	sence	∐ I ravel _	Other				
K) NAME OF EMPLOYER OR MILITARY UNIT					FRC	M		ТО
ADDRESS (NUMBER / STREET OR BASE)				SUPERVIS	OR			
CITY		STATE	ZIP	CONTACT	NUMBER			EXT
		OTATE	Zii	()				
JOB TITLE				EMAIL				
DUTIES / ASSIGNMENTS							□ F-T □	P-T Temp
							☐ Self-emplo	·
NAMES OF CO-WORKERS					REASON	FOR L	EAVING	
1)	2)							
L) PERIOD OF UNEMPLOYMENT				1 0.1	FRC	M		то
Check applicable: ☐ Student ☐ Between jobs	Leave of ab:	sence	☐ Travel ☐] Other				

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SECTION 5: EXPERIENCE AND EMPLOYMENT continued										
25. JOB EXPERIENCE continued										
M) NAME OF EMPLOYER OR MILITARY UNIT				FROM		то				
IN) NAME OF EMPLOYER ON MILITARY ONT				T KOW						
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISO	DR .		1				
CITY	STATE	ZIP	CONTACT N	IUMBER		EXT				
IOD TITLE			()							
JOB TITLE			EMAIL							
DUTIES / ASSIGNMENTS					☐ F-T ☐		☐ Temp ☐ Volunteer			
NAMES OF CO-WORKERS				REASON FOR L	EAVING					
1) 2)										
N) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of all	osence	☐ Travel ☐ 0	Other	FROM		то				
O) NAME OF EMPLOYER OR MILITARY UNIT				FROM		ТО				
O) NAME OF EMPLOTER OR MILITARY UNIT				PROW		10				
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISO	PR						
CITY	STATE	ZIP	CONTACT N	IUMBER		EXT				
JOB TITLE	•		EMAIL			•				
DUTIES / ASSIGNMENTS					☐ F-T ☐		☐ Temp ☐ Volunteer			
NAMES OF CO-WORKERS 1) 2)				REASON FOR L	EAVING					
P) PERIOD OF UNEMPLOYMENT				FROM		то				
Check applicable: ☐ Student ☐ Between jobs ☐ Leave of at	osence	☐ Travel ☐ 0	Other							
Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM		ТО				
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISO	PR						
CITY	STATE	ZIP	CONTACT N	IUMBER		EXT				
JOB TITLE			EMAIL							
DUTIES / ASSIGNMENTS					☐ F-T ☐		☐ Temp ☐ Volunteer			
NAMES OF CO-WORKERS 1) 2)				REASON FOR L	EAVING					
26. Have you ever been disciplined at work? (This includes written warm						Voc	□No			
suspensions, reductions in pay, reassignments or demotions) 27. Have ever you ever been fired, released from probation, or asked to							□ No			
28. Were you ever involved in a physical/verbal altercation with a super-							□ No			

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SE	CTION 5: EXPERIENCE AN	D EMPLOYMENT continued				
29.	Have you ever quit without giv	ring proper notice?			Yes	□No
30.	Have you ever resigned in lieu	u of termination?			Yes	□No
31.		of discrimination (such as sexual hordinate or customer?			Yes	□No
32.	Were you ever the subject of a	a written complaint at work?			Yes	□No
33.	Have you ever been counsele	d at work due to lateness or absen	nces?		Yes	□No
34.	Did you ever receive an unsat	isfactory performance review?			Yes	□No
35.	Have you ever sold, released,	or given away legally confidential	information?		Yes	□No
36.	Have you ever called in sick w	hen you were neither sick nor carir	ng for a sick family member?		Yes	□No
	If yes, how many sick days ha	ve you used in the past five years	which were not due to illness	5?		
	If you answered yes to any of 0	Questions 26–36, explain (include	when, where and circumstar	nces; indicate corresponding nun	nber):	
37.	In the past three years, have y If yes, how often?	ou missed days or been late to wo	ork due to drug or alcohol cor	nsumption?	Yes	□No
	If yes, how often?	you missed days or been late to wo	<u>-</u>			□ No
	If yes, how often?	·	<u>-</u>			
38.	If yes, how often? Has your work performance er WHEN? In the past three years, have y	ver been affected by your use of al	Icohol or drugs?	abits and their impact on	Yes	
38.	If yes, how often? Has your work performance er WHEN? In the past three years, have y	ver been affected by your use of all NAME OF EMPLOYER you been warned by an employer a	Icohol or drugs?	abits and their impact on	Yes	□ No
38.	If yes, how often? Has your work performance er WHEN? In the past three years, have your performance?	ver been affected by your use of all NAME OF EMPLOYER you been warned by an employer a	Icohol or drugs?	abits and their impact on	Yes	□ No
39.	If yes, how often? Has your work performance et WHEN? In the past three years, have your performance?	ver been affected by your use of all NAME OF EMPLOYER you been warned by an employer a	lcohol or drugs?about your drinking or drug ha	abits and their impact on	Yes	□ No
39.	If yes, how often? Has your work performance et WHEN? In the past three years, have your performance?	ver been affected by your use of all NAME OF EMPLOYER you been warned by an employer a	about your drinking or drug hatty, county, state or federal)? .	abits and their impact on te and accurate addresses).	Yes	□ No
39.	If yes, how often? Has your work performance et WHEN? In the past three years, have your performance?	ver been affected by your use of all NAME OF EMPLOYER You been warned by an employer a NAME OF EMPLOYER other law enforcement agency (cit you have applied to, starting with the starting with	about your drinking or drug hatty, county, state or federal)? .	abits and their impact on te and accurate addresses).	Yes	□ No
39.	If yes, how often? Has your work performance et WHEN? In the past three years, have your performance?	ver been affected by your use of all NAME OF EMPLOYER You been warned by an employer a NAME OF EMPLOYER other law enforcement agency (cit you have applied to, starting with the starting with	about your drinking or drug hatty, county, state or federal)? .	abits and their impact on te and accurate addresses). boxes that apply for each agen	Yes	□ No
39.	If yes, how often? Has your work performance et WHEN? In the past three years, have your performance?	ver been affected by your use of all NAME OF EMPLOYER You been warned by an employer a NAME OF EMPLOYER other law enforcement agency (cit you have applied to, starting with the starting with	about your drinking or drug hatty, county, state or federal)? .	abits and their impact on te and accurate addresses). boxes that apply for each agen	Yes	□ No
39.	If yes, how often? Has your work performance et WHEN? In the past three years, have your performance?	ver been affected by your use of all NAME OF EMPLOYER You been warned by an employer a NAME OF EMPLOYER other law enforcement agency (cit you have applied to, starting with the starting with	about your drinking or drug hatty, county, state or federal)? .	abits and their impact on te and accurate addresses). boxes that apply for each agen	Yes	□ No
39.	Has your work performance et WHEN? In the past three years, have your performance?	ver been affected by your use of all NAME OF EMPLOYER You been warned by an employer a NAME OF EMPLOYER other law enforcement agency (cit you have applied to, starting with the starting with	about your drinking or drug habout your drinking or drinking or drug habout your drinking or dr	abits and their impact on te and accurate addresses). boxes that apply for each agen DATE APPLIED BACKGROUND INVESTIGATOR'S NAM	Yes Yes Yes Yes Cy.	□ No
39.	Has your work performance et WHEN? In the past three years, have your performance?	ver been affected by your use of all NAME OF EMPLOYER You been warned by an employer a NAME OF EMPLOYER other law enforcement agency (cit you have applied to, starting with the starting with	about your drinking or drug habout your drinking or drin	te and accurate addresses). boxes that apply for each agen DATE APPLIED BACKGROUND INVESTIGATOR'S NAM CONTACT NUMBER ()	Yes Yes Yes Yes Cy.	□ No
39.	Has your work performance et WHEN? In the past three years, have your performance?	ver been affected by your use of all NAME OF EMPLOYER You been warned by an employer a NAME OF EMPLOYER other law enforcement agency (cit you have applied to, starting with the sted regardless of the outcome of	about your drinking or drug habout your drinking or drinking or drug habout your drinking or drug habout your drinking or drug habout your drinking or drink	te and accurate addresses). boxes that apply for each agen DATE APPLIED BACKGROUND INVESTIGATOR'S NAM CONTACT NUMBER ()	Yes Yes Yes	□ No

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SECTION 5: EXPERIENCE AND EMPLOYMENT continued						
40. Have you ever applied to any other law enforcement agency c	ontinued					
B) NAME OF AGENCY DATE APPLIED						
ADDRESS (NUMBER / STREET)			BACKGROUND	INVESTIGATOR'S NAME (IF	KNOWN)	
CITY	TOTATE	ZIP	CONTACT NUM	חרם	EXT	
CHY	STATE	ZIP	()	ВЕК	EXI	
POSITION APPLIED FOR	1	<u>. I</u>	EMAIL		1	
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR S	STATUS:					
STEPS: Application Written Physical agility		Polygraph/CVSA	☐ Backgroun	nd □ Chief's oral □	☐ Conditional job offer	
STATUS: Hired On List Withdrawn Disqualifi		orygrapi, 5 v 5.	Daongress	Пи 🗀 отполо ота.	_ Conditional job one.	
C) NAME OF AGENCY				DATE APPLIED		
ADDRESS (NUMBER/STREET)			TBACKGROUND	INVESTIGATOR'S NAME (IF	KNOWN)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			B. 101101121	(,	
CITY	STATE	ZIP	CONTACT NUMI	BER	EXT	
POSITION APPLIED FOR			() EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR S	STATUS:					
STEPS: Application Written Physical agility	Oral 🗌 F	Polygraph/CVSA	☐ Backgrour	nd	☐ Conditional job offer	
STATUS: Hired On List Withdrawn Disqualifi	ied					
OFFICE AND TARY EVER DIENOF						
SECTION 6: MILITARY EXPERIENCE 41. Are you required to register for the Selective Service?				Г] Yes 🔲 No	
If yes, have you registered?						
If no, explain:				_	_	
42. BRANCH OF SERVICE			43. D	ATES OF SERVICE		
			Fi	rom	То	
44. TYPE OF DISCHARGE: Entry Level Honorable Gene	eral 🗌 C	OTH (Other than H	lonorable) [Bad Conduct	Dishonorable	
Re-entry Code (1–4) if applicable – refer to	your DD-21	4:				
45. Are you currently participating in one of the following? Milita	ary Reserve	☐ National Gua	ard If ched	cked, date obligation e	nds:	
46. Have you ever been the subject of any judicial or non-judicial dis	ciplinary ac	ction (such as, cou	rt martial, capt	ain's mast,		
office hours, company punishment)?] Yes	
47. Were you ever denied a security clearance, or had a clearance r	evoked, su	spended or downg	ıraded?] Yes 🔲 No	
If you answered yes to Questions 46 and/or 47, explain (include	dates and	circumstances):				

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SECTION 7: FINANCIAL					
48. INCOME AND EXPENSES For each of the following questions fill in the amounts to the nearest dollar.					
A) From your employer(s), what is your take-home monthly income?					
B) Do you have income other than from your salary or wages?					
If yes, fill in amount:\$ per month					
Explain:					
C) How much do you spend each month?					
49. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?					
50. Have any of your bills ever been turned over to a collection agency?					
51. Have you ever had purchased goods repossessed? ☐ No					
52. Have your wages ever been garnished?					
53. Have you ever been delinquent on income or other tax payments? Yes No					
54. Have you ever failed to file income tax or cheated/lied on an income tax form?					
55. Have you ever had an employment bond refused?					
56. Have you ever avoided paying any lawful debt by moving away?					
57. Have you ever defaulted on (failed to pay) a loan?					
58. Have you ever borrowed money to pay for a gambling debt? \to No If yes, do you currently have any outstanding debts as a result of gambling? \to No					
59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? ☐ Yes ☐ No					
60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?					
61. Have you written three or more bad checks in a one-year period?					
If you answered yes to any of Questions 49–61, explain (include when, where, and why; indicate corresponding number):					

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SECTION 8: LEGAL		
applicant for government of 1203.4. Consult with an at	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 repace is needed, continue on page 24.	Section
or country?	ted of any misdemeanor or felony in this or any other state Yes ling those punishable under the Uniform Code of Military Justice:	□ No
If yes, explain each incident.		
A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY	
CHARGE		
DISPOSITION OR PENALTY		
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY	
CHARGE		
DISPOSITION OR PENALTY		
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY	
CHARGE		
DISPOSITION OR PENALTY		
D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY	
CHARGE		
DISPOSITION OR PENALTY		
-	ar before a juvenile court for an act which would have been a crime if committed	□No
as an adult? (You may answer "	no" if your juvenile record has been sealed or expunged by the juvenile court.)	□No
	civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity,	□No
66. Have the police ever been calle	d to your home for any reason?	□No
67. Have you or your spouse/partne	er ever been referred to Child Protective Services?	□No

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SE	CTION 8: LEGAL continued		
68.	Have you ever been the subject of an emergency protective order/restraining order/stay-away order?] Yes	□No
69.	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
70.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?] Yes	□ No
71.	Have you ever filed a false insurance or workers' compensation claim?] Yes	□No
	If you answered yes to any of Questions 63–71 , explain (include court case or document, dates, and circumstances; indicate corres	sponding nu	mber):
72.	UNDETECTED ACTS – PART 1 Within the past seven years OR at any time after you were first employed in law enforcement, have you ever committed any of the misdemeanors?	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
I)	Hit & run collision (no injuries)] Yes	□ No
J)	Hunting/fishing without a license	Yes	□ No
K)	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

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SECTION 8: LEGAL continued	
72. UNDETECTED ACTS – PART 1 continued	
Possession of falsified or altered identification, including use of another person's ID (for any reason)	es 🗌 No
R) Possession of stolen property (including vehicles)	es 🗌 No
s) Prostitution or soliciting a prostitute	es 🗌 No
T) Resisting arrest (including running from the police)	es 🗌 No
U) Trespassing	es 🗌 No
v) Vandalism (including "tagging," malicious mischief and/or property damage)	es 🗌 No
w) Intentionally writing a bad check	es 🗌 No
x) Filing a false police report	es 🗌 No
Y) Any other act amounting to a misdemeanor within the past seven years	es 🗌 No
If you answered yes to <u>any</u> item(s) in Question 72 , fully explain circumstances, including date(s), names of individuals involved, and re	esolution.
Indicate the corresponding letter (72-A, etc.) for each explanation.	
73. UNDETECTED ACTS – PART 2 At any time in your life have you ever committed any of the following?	
A) Arson (intentionally destroying property by setting a fire)	es 🔲 No
B) Assault with a deadly weapon	es 🗌 No
c) Theft of a vehicle and/or vehicle parts	es
D) Burglary (entering a structure or vehicle to commit theft or other crime)	es 🗌 No
E) Child molestation (performing unlawful acts with a child)	es 🗌 No
F) Accessing and/or possessing child pornography	es 🗌 No

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SECTION 8: LEGAL (Question 73) continued		
G) Elder abuse/neglect	Yes	□No
H) Embezzlement (theft of money or other valuables entrusted to you)	Yes	□No
ı) Felony drunk driving (involving injuries)	Yes	□No
J) Forcible rape or other act of unlawful intercourse	Yes	□No
к) Forgery (falsifying any type of document, check certificate, license, currency, etc.)	Yes	□No
L) Hit & run (with injuries)	Yes	□No
M) Hate crime	Yes	□No
N) Insurance fraud	Yes	□ No
o) Grand theft (value of over \$400, or any firearm)	Yes	□ No
P) Murder, homicide, or attempted murder	Yes	□ No
Q) Perjury (lying under oath)	Yes	□No
R) Possession of an explosive/destructive device	Yes	□ No
s) Robbery (theft from another person using a weapon, force, or fear)	Yes	□ No
T) Stalking	Yes	□No
u) Blackmail or extortion	Yes	□No
v) Any other act amounting to a felony	Yes	□No
If you answered yes to <u>any</u> item(s) in Question 73 , fully explain circumstances, including date(s), names of individuals invalidate the corresponding letter (73-A, etc.) for each explanation.	volved, and resoluti	ion.

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SE	CTION	8: LEGAL continued		
	unautl		nt and past recreational drug use. This covers ver-the-counter drugs. Your answers should ir	
		 Amphetamines / Methamphetamine (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)
74.	Withi	in the past six months, have you use	ed any drug(s) as indicated above?	Yes No
	If yes	, give details, including <u>drug(s) used</u> a	and <u>circumstances</u> :	
75.	Prior	to the past six months (check all tha	at apply):	
		I have <u>never</u> used any drug recreation	onally.	
		I have tried or used one or more drug concerts, special events, etc.).	gs, but only under <u>limited</u> circumstances (for a	example, experimentation, at parties,
		If checked, give details including drug	g(s) used, most recent date used, and circums	stances.
76.	Have	you ever engaged in any of the activit	ties listed below for drugs, narcotics or illegal	substances, including marijuana?
		Sold	☐ Purchased	☐ Cultivated
		☐ Manufactured	☐ Furnished	☐ Carried or held for another
	If you	checked any items above, give details	s including <u>drug(s) involved</u> , over what <u>time per</u>	eriod(s), and circumstances.
				_
1				
1				

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SEC	FION 9: MOTOR VEHICLE O	PERATION						
77. C	URRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHI	ICH LICENSE W	/AS GRANTED		
78. LI	ST OTHER STATES WHERE YOU HAVE	BEEN LICENSED TO O	PERATE A MOTOR VEHIC	LE:				
State	e of issue	Type of licens	e	Name under w	vhich licens	se was granted and lie	cense number.	if known
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-				,	,
	ave you ever been refused a driv						□ Yes [□ No
— —	yes, explain (include when, whe	re, and circumstar	ices):					
80. H	as your driver's license ever bee	n suspended or re	voked?				Yes [□ No
— —	yes, explain (include when, whe	re, and circumstar	ices):					
81. L	ist all traffic citations, excluding	parking citations, ye	ou have received with	hin the past seve	n years:			
	TURE OF VIOLATION			·	LOCATION (STREET) CIT	Υ	STATE
		DATE VIOLATION OCC	CURRED AC	TION TAKEN				
		Month	Year 🗆	Not Guilty	Fined	☐ Traffic School	☐ Dismissed	d
B) NA	TURE OF VIOLATION		'		LOCATION (STREET) CIT	Υ	STATE
		DATE VIOLATION OCC		TION TAKEN Not Guilty	☐ Fined	☐ Traffic School	☐ Dismissed	d
C) NA	ATURE OF VIOLATION				LOCATION (STREET) CIT	Υ	STATE
		DATE VIOLATION OCC	CURRED AC	TION TAKEN				
		Month `	Year 🗆	Not Guilty	Fined	☐ Traffic School	☐ Dismissed	d
D) Ha	as a traffic citation ever resulted Failed to appear	n a warrant or cau	-	nse to be withhel Failed to pay th			that apply.)	
	If checked, explain circumstance		_		<u> </u>			
82. H	lave you ever driven a vehicle w	ithout auto insuran	ice, as required by la	w?			Yes [□ No
	If yes, give reason:							
	DATE	LOCATION (NUMB	SER / STREET / APT)	CITY			STATI	E ZIP
	Month Year							

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SE	CTION 9: MOTOR VEHICLE O	PERATION continued				
83.	Have you ever been refused auto	omobile liability insurance or a bond, or h	ad them cancelle	ed?	Yes	□ No
	If yes, give reason:			INSURANCE COMPANY		
	DATE Month Year	ADDRESS (NUMBER / STREET / APT)	CITY			STATE ZIP
	Use this space for additional inform	nation you would like to include regardin	g your driving rec	cord.		
e i	ECTION 10: OTHER TOPICS					
		ermit to carry a concealed weapon?				□ No
85.	that advocates violence against ir	een, a member or associate of a crimina ndividuals because of their race, religion ability?	, political affiliatio	n, ethnic origin, nationality,		□ No
86.	Do you have, or have you ever ha street gang, or any other group th	ad, a tattoo signifying membership in, or nat advocates violence against individual ationality, gender, sexual preference, or	affiliation with, a	criminal enterprise, ir race, religion,		□ No
87.	Since the age of 16, have you eve	er been involved in an anger-provoked p	hysical fight, con	frontation or other		□ No
88.		verpowered a spouse or romantic partne				□ No
	If you answered yes to any of Que	stions 84–88, give details including date	es and circumsta	nces; indicate corresponding i	number.	
	L boroby cortify that I have not	rsonally completed and initialed eac	h page of this f	orm and any supplemental	Lpago(s) atta	chad, and that
89.	all statements made are true a	and complete to the best of my knowation; or, if I have been appointed, m	wledge and beli	ief. I understand that any n	nisstatement o	
SIG	NATURE IN FULL				DATE	

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ADI	DITIONAL SPACE
•	Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)
•	Identify the corresponding question and specific item being referenced.
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