

PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER

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 **California State Park Peace Officer**, in accordance with POST Commission Regulation 1953.
- Type or **neatly print** in ink responses to **all** items and questions. You may electronically complete the PHS by going to <http://www.parks.ca.gov/PHSform/> and downloading the Word version of the form. The form cannot be submitted electronically. You must print the completed form to initial each page and sign.
- 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.
- It is your responsibility to obtain all pertinent information necessary for this Department to contact all your stated references.
- If you need more space for any response, use the continuation page of this form (page 32) and identify the additional information by the question number.
- You must initial all pages noted in the footer to indicate you have personally completed this form and have provided complete and accurate information.

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.

Applicant Signature: _____ ***Date:*** _____

SECTION 1: PERSONAL			
1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING MAIDEN NAME AND NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY <input type="checkbox"/> N/A			
3. ADDRESS WHERE YOU RESIDE			
NUMBER/STREET		APT/UNIT	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. E-MAIL ADDRESSES (CHECK BOX FOR PREFERRED CONTACT E-MAIL)			
<input type="checkbox"/> HOME		<input type="checkbox"/> BUSINESS	
7. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, are you a resident alien who is eligible and has applied for U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. BIRTH PLACE (CITY – COUNTY – STATE – COUNTRY)		9. BIRTHDATE (MM/DD/YYYY)	10. SOCIAL SECURITY NUMBER
		/ /	- -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NUMBER:	STATE:	EXP:	HEIGHT: ft. in. WEIGHT: lbs. HAIR COLOR: EYE COLOR:

SECTION 2: RELATIVES AND REFERENCES	
13. IMMEDIATE FAMILY	
<ul style="list-style-type: none"> • Provide all applicable information in the spaces below. • Mark N/A if a category is not applicable. • If relative is deceased, provide his/her name and check the "Deceased" box. • If more space is needed, continue your response on page 32. 	

A. Spouse / Registered Domestic Partner		<input type="checkbox"/> Deceased <input type="checkbox"/> N/A
NAME	HOME ADDRESS (NUMBER – STREET – APT)	CITY STATE ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY STATE ZIP
WORK PHONE ()	CELL PHONE ()	E-MAIL
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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

B. Former Spouse / Registered Domestic Partner		<input type="checkbox"/> Deceased <input type="checkbox"/> N/A
NAME	HOME ADDRESS (NUMBER – STREET – APT)	CITY STATE ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY STATE ZIP
WORK PHONE ()	CELL PHONE ()	E-MAIL
DATE OF MARRIAGE/REGISTRATION (MM/YYYY) /	DATE OF DISSOLUTION (MM/YYYY) /	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

C. Fiancé / Fiancée / Significant Other					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME	HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP	
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	E-MAIL				
WEDDING DATE IF KNOWN (MM/YYYY) /			Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

D. Parents / Guardians / Parental In-Laws

List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, parental in-laws, etc.

D-1. Relationship:					<input type="checkbox"/> Deceased	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Father In-Law <input type="checkbox"/> Mother In-Law <input type="checkbox"/> Other: _____						
NAME	HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP	
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	E-MAIL				

D-2. Relationship:					<input type="checkbox"/> Deceased	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Father In-Law <input type="checkbox"/> Mother In-Law <input type="checkbox"/> Other: _____						
NAME	HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP	
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	E-MAIL				

D-3. Relationship:					<input type="checkbox"/> Deceased	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Father In-Law <input type="checkbox"/> Mother In-Law <input type="checkbox"/> Other: _____						
NAME	HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP	
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	E-MAIL				

D-4. Relationship:					<input type="checkbox"/> Deceased	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Father In-Law <input type="checkbox"/> Mother In-Law <input type="checkbox"/> Other: _____						
NAME	HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP	
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	E-MAIL				

D-5. Relationship:					<input type="checkbox"/> Deceased	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Father In-Law <input type="checkbox"/> Mother In-Law <input type="checkbox"/> Other: _____						
NAME	HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP	
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	E-MAIL				

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

E. Siblings N/A

List ALL LIVING siblings, including half-siblings, step-siblings, foster-siblings, etc. If you have no living siblings, mark N/A above.

E-1. Sibling: Sister Brother Half-Sister Half-Brother Other: _____

NAME	AGE	HOME ADDRESS (NUMBER – STREET – APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	E-MAIL			

E-2. Sibling: Sister Brother Half-Sister Half-Brother Other: _____

NAME	AGE	HOME ADDRESS (NUMBER – STREET – APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	E-MAIL			

E-3. Sibling: Sister Brother Half-Sister Half-Brother Other: _____

NAME	AGE	HOME ADDRESS (NUMBER – STREET – APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	E-MAIL			

E-4. Sibling: Sister Brother Half-Sister Half-Brother Other: _____

NAME	AGE	HOME ADDRESS (NUMBER – STREET – APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	E-MAIL			

F. 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 you have no children, mark N/A above.

F-1. Child: Daughter Son Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER – STREET - APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	E-MAIL		

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY (SECTION F. CHILDREN) *continued*

F-2. Child:		<input type="checkbox"/> Daughter		<input type="checkbox"/> Son		<input type="checkbox"/> Other: _____	
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)					
		ADDRESS (NUMBER – STREET - APT)		CITY		STATE ZIP	
		CONTACT NUMBER ()		E-MAIL			

F-3. Child:		<input type="checkbox"/> Daughter		<input type="checkbox"/> Son		<input type="checkbox"/> Other: _____	
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)					
		ADDRESS (NUMBER – STREET - APT)		CITY		STATE ZIP	
		CONTACT NUMBER ()		E-MAIL			

F-4. Child:		<input type="checkbox"/> Daughter		<input type="checkbox"/> Son		<input type="checkbox"/> Other: _____	
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)					
		ADDRESS (NUMBER – STREET - APT)		CITY		STATE ZIP	
		CONTACT NUMBER ()		E-MAIL			

G. Relatives Who Currently Work or Previously Worked for California State Parks

List name(s) and contact information, or select N/A.
 N/A – I have no relatives who currently work or previously worked for California State Parks.

G-1. Relative		<input type="checkbox"/> Former Employee		<input type="checkbox"/> Current Employee	
NAME	PHYSICAL HOME ADDRESS (NUMBER – STREET – APT) CITY STATE ZIP				
HOME PHONE ()	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT) CITY STATE ZIP				
WORK PHONE ()	CELL PHONE ()	E-MAIL		RELATIONSHIP	

G-2. Relative		<input type="checkbox"/> Former Employee		<input type="checkbox"/> Current Employee	
NAME	PHYSICAL HOME ADDRESS (NUMBER – STREET – APT) CITY STATE ZIP				
HOME PHONE ()	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT) CITY STATE ZIP				
WORK PHONE ()	CELL PHONE ()	E-MAIL		RELATIONSHIP	

SECTION 2: RELATIVES AND REFERENCES *continued*

14. REFERENCES

List 7–10 people who know you well, such as close personal relationships, social and family friends, co-workers, military colleagues, and/or teachers. **Do not list individuals listed elsewhere**, such as relatives, supervisors, co-workers, and housemates.

A) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
D) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

SECTION 2: RELATIVES AND REFERENCES *continued*

14. REFERENCES *continued*

G) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

H) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

I) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

J) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

SECTION 3: EDUCATION

• **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
 • **If more space is needed, continue your response on page 32 and reference the question number.**

15. Check applicable:

<input type="checkbox"/> High School Diploma	<u>MM/YYYY</u> /	<input type="checkbox"/> GED	<u>MM/YYYY</u> /	<input type="checkbox"/> California High School Proficiency Certificate	<u>MM/YYYY</u> /
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16. List all high schools attended:

A) NAME OF HIGH SCHOOL		FROM (MM/YYYY) /	TO (MM/YYYY) /	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (NUMBER – STREET)		CITY	STATE	ZIP
B) NAME OF HIGH SCHOOL		FROM (MM/YYYY) /	TO (MM/YYYY) /	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (NUMBER – STREET)		CITY	STATE	ZIP

SECTION 4: RESIDENCE *continued*

21. LIST OF RESIDENCES *continued*

E) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				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)				CONTACT NUMBER ()	
CITY	STATE	ZIP	E-MAIL		
Names of those with whom you lived:					
Reason for moving:					

F) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				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)				CONTACT NUMBER ()	
CITY	STATE	ZIP	E-MAIL		
Names of those with whom you lived:					
Reason for moving:					

G) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				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)				CONTACT NUMBER ()	
CITY	STATE	ZIP	E-MAIL		
Names of those with whom you lived:					
Reason for moving:					

Answers to Question 21 continued on page 33.

22. LIST OF HOUSEMATES
Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. **DO NOT** list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 32.

A) NAME	CONTACT NUMBER ()
CURRENT MAILING ADDRESS (NUMBER – STREET – APT #)	CITY STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	E-MAIL

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*
 25. JOB EXPERIENCE *continued*.

P) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	FROM (MM/YYYY) / /	TO (MM/YYYY) / /
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Q) NAME OF EMPLOYER OR MILITARY UNIT <input type="checkbox"/> Check if no longer in business				FROM (MM/YYYY) / /		TO (MM/YYYY) / /	
ADDRESS (NUMBER – STREET – SUITE – OR BASE)				SUPERVISOR			
CITY		STATE	ZIP	CONTACT NUMBER ()		EXT	
JOB TITLE / RANK				E-MAIL			
DUTIES/ASSIGNMENTS						<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1) _____ 2) _____				REASON FOR LEAVING			

R) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	FROM (MM/YYYY) / /	TO (MM/YYYY) / /
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S) NAME OF EMPLOYER OR MILITARY UNIT <input type="checkbox"/> Check if no longer in business				FROM (MM/YYYY) / /		TO (MM/YYYY) / /	
ADDRESS (NUMBER – STREET – SUITE – OR BASE)				SUPERVISOR			
CITY		STATE	ZIP	CONTACT NUMBER ()		EXT	
JOB TITLE / RANK				E-MAIL			
DUTIES/ASSIGNMENTS						<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1) _____ 2) _____				REASON FOR LEAVING			

T) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	FROM (MM/YYYY) / /	TO (MM/YYYY) / /
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U) NAME OF EMPLOYER OR MILITARY UNIT <input type="checkbox"/> Check if no longer in business				FROM (MM/YYYY) / /		TO (MM/YYYY) / /	
ADDRESS (NUMBER – STREET – SUITE – OR BASE)				SUPERVISOR			
CITY		STATE	ZIP	CONTACT NUMBER ()		EXT	
JOB TITLE / RANK				E-MAIL			
DUTIES/ASSIGNMENTS						<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1) _____ 2) _____				REASON FOR LEAVING			

V) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	FROM (MM/YYYY) / /	TO (MM/YYYY) / /
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Answers to Question 25 continued on page 34.

SECTION 5: EXPERIENCE AND EMPLOYMENT

40. LAW ENFORCEMENT AND / OR FIRE AGENCIES WHERE APPLIED FOR EMPLOYMENT *continued.*

D) NAME OF AGENCY				DATE APPLIED (MM/YYYY) /	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			E-MAIL		

Check each step in the process that you completed and your status:

- STEPS: Application Written Physical ~~exam~~ Oral Polygraph/CVSA Background Chief's oral Conditional job offer
 STATUS: Hired On Active Eligibility List On Expired Eligibility List Withdrawn Disqualified

E) NAME OF AGENCY				DATE APPLIED (MM/YYYY) /	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			E-MAIL		

Check each step in the process that you completed and your status:

- STEPS: Application Written Physical ~~exam~~ Oral Polygraph/CVSA Background Chief's oral Conditional job offer
 STATUS: Hired On Active Eligibility List On Expired Eligibility List Withdrawn Disqualified

F) NAME OF AGENCY				DATE APPLIED (MM/YYYY) /	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			E-MAIL		

Check each step in the process that you completed and your status:

- STEPS: Application Written Physical ~~exam~~ Oral Polygraph/CVSA Background Chief's oral Conditional job offer
 STATUS: Hired On Active Eligibility List On Expired Eligibility List Withdrawn Disqualified

G) NAME OF AGENCY				DATE APPLIED (MM/YYYY) /	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			E-MAIL		

Check each step in the process that you completed and your status:

- STEPS: Application Written Physical ~~exam~~ Oral Polygraph/CVSA Background Chief's oral Conditional job offer
 STATUS: Hired On Active Eligibility List On Expired Eligibility List Withdrawn Disqualified

Answers to Question 40 continued on page 35.

SECTION 8: LEGAL *continued*

74. INVOLVEMENT IN CRIMINAL ACTS – PART 2
At any time in your life have you **EVER** committed any of the following?
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.

1.	Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Blackmail or extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Child molestation (performing unlawful acts with a child, inappropriate touching of a child).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Elder abuse and/or neglect (physical and/or financial).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Forceible rape.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Fraudulent use of a credit, ATM, debit, and/or check card.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Grand theft (value of over \$950, or any firearm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Hit & run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Illegal sex acts with another	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Insurance fraud.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Murder, homicide, or attempted murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Perjury (lying under oath)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Possession of an explosive/destructive device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Stalking.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Theft of a vehicle and/or vehicle parts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 8: LEGAL *continued*

77. 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 medication? Yes No
 If YES, explain:

SECTION 9: MOTOR VEHICLE OPERATION

78. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE (MM/DD/YY) / /	NAME UNDER WHICH LICENSE WAS GRANTED
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79. 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

80. Have you ever been refused a driver's license by any state? Yes No
 If YES, explain (include when, where, and circumstances):

81. Has your driver's license ever been suspended or revoked? Yes No
 If YES, explain (include when, where, and circumstances):

82. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE		YEAR		VEHICLE LICENSE	
INSURANCE COMPANY				POLICY NUMBER				EXPIRES (MM/DD/YY) / /	
ADDRESS (NUMBER – STREET)			CITY		STATE		ZIP		CONTACT NUMBER ()
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE		YEAR		VEHICLE LICENSE	
INSURANCE COMPANY				POLICY NUMBER				EXPIRES (MM/DD/YY) / /	
ADDRESS (NUMBER – STREET)			CITY		STATE		ZIP		CONTACT NUMBER ()
C) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE		YEAR		VEHICLE LICENSE	
INSURANCE COMPANY				POLICY NUMBER				EXPIRES (MM/DD/YY) / /	
ADDRESS (NUMBER – STREET)			CITY		STATE		ZIP		CONTACT NUMBER ()
D) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE		YEAR		VEHICLE LICENSE	
INSURANCE COMPANY				POLICY NUMBER				EXPIRES (MM/DD/YY) / /	
ADDRESS (NUMBER – STREET)			CITY		STATE		ZIP		CONTACT NUMBER ()

SECTION 9: MOTOR VEHICLE OPERATION *continued*

83. Have you ever driven a vehicle without auto insurance, as required by law?..... Yes No

If YES, give reason:
 DATES: Month/Year ____ / ____ to Month/Year ____ / ____

84. Have you ever been refused automobile liability insurance or a bond, or had it cancelled? Yes No

If YES, give reason: INSURANCE COMPANY
 DATES: Month/Year ____ / ____ to Month/Year ____ / ____

85. List all traffic citations, excluding parking citations, you have received *within the past seven years*:

A) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
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DATE VIOLATION OCCURRED (MM/YYYY) /	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
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B) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
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DATE VIOLATION OCCURRED (MM/YYYY) /	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
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C) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
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DATE VIOLATION OCCURRED (MM/YYYY) /	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
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D) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
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DATE VIOLATION OCCURRED (MM/YYYY) /	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
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E) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
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DATE VIOLATION OCCURRED (MM/YYYY) /	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
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86. 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.)
 Yes, failed to appear Yes, failed to complete traffic school Yes, failed to pay the required fine No

If YES, explain circumstances:

21. LIST OF RESIDENCES *continued*

H) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				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)				CONTACT NUMBER ()	
CITY	STATE	ZIP	E-MAIL		
Names of those with whom you lived:					
Reason for moving:					
I) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				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)				CONTACT NUMBER ()	
CITY	STATE	ZIP	E-MAIL		
Names of those with whom you lived:					
Reason for moving:					
J) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				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)				CONTACT NUMBER ()	
CITY	STATE	ZIP	E-MAIL		
Names of those with whom you lived:					
Reason for moving:					
K) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				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)				CONTACT NUMBER ()	
CITY	STATE	ZIP	E-MAIL		
Names of those with whom you lived:					
Reason for moving:					

40. LAW ENFORCEMENT AND/OR FIRE AGENCIES WHERE APPLIED FOR EMPLOYMENT *continued*

H) NAME OF AGENCY				DATE APPLIED (MM/YYYY) /	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			E-MAIL		
Check each step in the process that you completed and your status: STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Active Eligibility List <input type="checkbox"/> On Expired Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

I) NAME OF AGENCY				DATE APPLIED (MM/YYYY) /	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			E-MAIL		
Check each step in the process that you completed and your status: STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Active Eligibility List <input type="checkbox"/> On Expired Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

J) NAME OF AGENCY				DATE APPLIED (MM/YYYY) /	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			E-MAIL		
Check each step in the process that you completed and your status: STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Active Eligibility List <input type="checkbox"/> On Expired Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

K) NAME OF AGENCY				DATE APPLIED (MM/YYYY) /	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			E-MAIL		
Check each step in the process that you completed and your status: STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Active Eligibility List <input type="checkbox"/> On Expired Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					