

FULL LEGAL NAME	FIRST:	MIDDLE:	LAST:	LAST 5 OF SSN:	DATE:
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PERSONAL HISTORY STATEMENT

PHS INSTRUCTIONS

1. Familiarize yourself with this form and carefully read all instructions. You may find it helpful to review this form multiple times.
2. You may find it helpful to print out this form so that you can make handwritten notes on it. This will serve as a rough draft before you enter your responses.
3. Save this form on your computer. Be sure to save the final, completed version as well.
4. Carefully enter the information asked – you must answer every single inquiry to the best of your ability. If an item does not apply to you, enter “NA” (Not Applicable). If you cannot remember or obtain with reasonable diligence, please indicate so in your response.
5. Be sure that you have completed the Certification section on Page 30.
6. **To fill out this document you will need to download the most current version of [Adobe Reader](#).**
7. Please ensure that the form is completed to your full satisfaction before you upload!

The information you provide in this Personal History Statement (PHS) will be used in the investigation into your background to assist in determining your suitability for a public safety position that you have applied for.

Please fill out the ENTIRE questionnaire completely, accurately and truthfully.

Keep in mind that:

1. The entire completion of this form is mandatory.
2. All statements are subject to verification.
3. Deliberate inaccuracies or omissions may bar or remove you from further testing and employment.
4. All time periods in your background must be accounted for.
5. Deliberate untruthfulness, omissions or misrepresentation of information constitutes grounds for disqualification from further testing or employment. You are encouraged to be completely truthful, detailed and accurate completing this form and throughout all phases of the background investigation process.

It is to your advantage to respond fully and factually. Any perceived negative factor in your background will be evaluated in light of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job you are applying for. For example, being fired from a job or having an arrest record is not in itself necessarily grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

If a question does not apply to you, write “N/A” (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the continuation sheet on Page 31 and identify the additional information with the question number. Follow carefully and completely subsection instructions, particularly in subsection 14 (References) and subsection 25 (Job Experience). (Ex.)

If you have any questions about completing this form, please call Public Safety Testing at 425.776.9615, or email info@publicsafetytesting.com

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities 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.

SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST FIRST MIDDLE

2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY

N/A

3. ADDRESS WHERE YOU RESIDE

NUMBER / STREET

CITY STATE ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE PO BOX)

5. CONTACT NUMBERS

HOME () WORK () EXT OTHER () CELL PAGER

6. PRIMARY EMAIL ADDRESSES

PERSONAL BUSINESS

7. LIST ALL EMAIL ADDRESSES USED IN THE LAST 5 YEARS.

8. If you were born outside of the United States, are you a U.S. citizen? Yes No N/A
 If no, are you a resident alien who is eligible and has applied for U.S. citizenship? Yes No N/A

9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY) 10. BIRTHDATE 11. SOCIAL SECURITY NUMBER

12. DRIVER'S LICENSE NO. STATE EXP

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 or if the individual is deceased.
- If more space is needed, continue your response on page 31.

N/A **A. Father**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

SECTION 2: RELATIVES AND REFERENCES - CONTINUED

14. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A					B. Step-father				
NAME			HOME ADDRESS (NUMBER / STREET / APT)		CITY		STATE	ZIP	
HOME PHONE ()			WORK ADDRESS (NUMBER / STREET / APT)		CITY		STATE	ZIP	
WORK PHONE ()			CELL PHONE ()		EMAIL				

<input type="checkbox"/> N/A					C. Mother				
NAME			HOME ADDRESS (NUMBER / STREET / APT)		CITY		STATE	ZIP	
HOME PHONE ()			WORK ADDRESS (NUMBER / STREET / APT)		CITY		STATE	ZIP	
WORK PHONE ()			CELL PHONE ()		EMAIL				

<input type="checkbox"/> N/A					D. Step-mother				
NAME			HOME ADDRESS (NUMBER / STREET / APT)		CITY		STATE	ZIP	
HOME PHONE ()			WORK ADDRESS (NUMBER / STREET / APT)		CITY		STATE	ZIP	
WORK PHONE ()			CELL PHONE ()		EMAIL				

<input type="checkbox"/> N/A					E. Spouse / Registered Domestic Partner				
NAME			HOME ADDRESS (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 there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No						

<input type="checkbox"/> N/A					F. Father-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				

<input type="checkbox"/> 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				

SECTION 2: RELATIVES AND REFERENCES *continued*

14. IMMEDIATE FAMILY *continued*

N/A **H. Former Spouse(s) / Former Registered Domestic Partner(s)**

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

N/A **I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.**

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		

2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		

3) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		

4) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		

SECTION 2: RELATIVES AND REFERENCES *continued*

14. IMMEDIATE FAMILY – **SIBLINGS** *continued*

5) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		

14. IMMEDIATE FAMILY (Section J. Children) *continued*

N/A **J. Children**

List all of your 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 or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> OTHER	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	DEFINE OTHER (NIECE, NEPHEW, ETC.)		CONTACT NUMBER ()	EMAIL	
	2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)		
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> OTHER	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	DEFINE OTHER (NIECE, NEPHEW, ETC.)		CONTACT NUMBER ()	EMAIL	
	3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)		
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> OTHER	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	DEFINE OTHER (NIECE, NEPHEW, ETC.)		CONTACT NUMBER ()	EMAIL	
	4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)		
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> OTHER	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	DEFINE OTHER (NIECE, NEPHEW, ETC.)		CONTACT NUMBER ()	EMAIL	

SECTION 2: RELATIVES AND REFERENCES *continued*

14. IMMEDIATE FAMILY (Section J. Children) *continued*

5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)				
<input type="checkbox"/> SON	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> DAUGHTER						
<input type="checkbox"/> OTHER	DEFINE OTHER (NIECE, NEPHEW, ETC.)	CONTACT NUMBER ()		EMAIL		
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)				
<input type="checkbox"/> SON	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> DAUGHTER						
<input type="checkbox"/> OTHER	DEFINE OTHER (NIECE, NEPHEW, ETC.)	CONTACT NUMBER ()		EMAIL		

15. REFERENCES

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

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION		
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*

15. REFERENCES - *CONTINUED*

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

D) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		OCCUPATION	
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*

15. REFERENCES - *CONTINUED*

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

I) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			OCCUPATION	
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 eventually be required to furnish transcripts or other proof to support all of your educational claims in section 3

16. Check applicable: High School Diploma from an accredited U.S. institution GED

17. List high schools attended:

A) NAME	DATE FROM	DATE TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		
B) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

18. List all colleges or universities attended:

A) NAME	FROM	TO	MAJOR/DEGREE EARNED	TOTAL UNITS EARNED
CITY	STATE			<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
B) NAME	FROM	TO	MAJOR/DEGREE EARNED	TOTAL UNITS EARNED
CITY	STATE			<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
C) NAME	FROM	TO	MAJOR/DEGREE EARNED	TOTAL UNITS EARNED
CITY	STATE			<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

SECTION 3: EDUCATION - Continued

19. List ALL trade, vocational, or business schools/institutes attended:

A) NAME		FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE		
B) NAME		FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE		
C) NAME		FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE		

20. Have you ever attended a Basic Law Enforcement, or Fire Service Academy?..... Yes No
If yes, provide the following information:

A) ACADEMY NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CELL PHONE ()	
B) ACADEMY NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CELL PHONE ()	

21. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, academy, business or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

22. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. 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 on page 31.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				DATE FROM	TO
					Present
CITY	STATE	ZIP	CITY		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
				()	
CITY	STATE	ZIP	CITY		

Names of those with whom you live:

B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
				()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you lived:

Reason for moving:

C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
				()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you lived:

Reason for moving:

SECTION 4: RESIDENCE *continued*

22. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
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CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
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ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER ()
---	-----------------------

CITY	STATE	ZIP	EMAIL
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Names of those with whom you lived:

Reason for moving:

E) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
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CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
------	-------	-----	--

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER ()
---	-----------------------

CITY	STATE	ZIP	EMAIL
------	-------	-----	-------

Names of those with whom you lived:

Reason for moving:

F) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
---	--	--	------	----

CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
------	-------	-----	--

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER ()
---	-----------------------

CITY	STATE	ZIP	EMAIL
------	-------	-----	-------

Names of those with whom you lived:

Reason for moving:

SECTION 4: RESIDENCE *continued*

22. LIST OF RESIDENCES *continued*

G) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
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CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
------	-------	-----	--

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER ()
---	-----------------------

CITY	STATE	ZIP	EMAIL
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Names of those with whom you lived:

Reason for moving:

23. Provide contact information for all housemates listed in Question 22 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 31.

A) NAME	CONTACT NUMBER ()
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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
--	-------

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	CONTACT NUMBER ()
---------	-----------------------

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE ZIP	ZIP
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NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
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SECTION 4: RESIDENCE *continued*

22. LIST OF RESIDENCES *continued*

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		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

24. Have you ever been evicted or asked to leave a residence?..... Yes No

25. Have you ever left a residence owing rent, utilities, or other household expenses? Yes No

If you answered yes to **Questions 24 and/or 25**, explain (include when, where and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

26. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (**Begin with your most current.** If more space is needed continue your response on page 31.)
- 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.
- List your current (or most recent) supervisor for each job.
- List two (2) coworkers that would best know you and your work habits, productivity, behavior, etc.

A) NAME OF EMPLOYER OR MILITARY UNIT		DATE FROM	DATE TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER ()
JOB TITLE		SUPERVISOR EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	CONTACT NUMBER ()	EMAIL	

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

26. JOB EXPERIENCE *continued*

NAME 2)		CONTACT NUMBER ()		EMAIL	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:		REASON FOR WANTING TO LEAVE	
B) 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	TO
C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE				EMAIL	
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		CONTACT NUMBER ()		EMAIL	
NAME 2)		CONTACT NUMBER ()		EMAIL	
REASON FOR LEAVING					
D) 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	TO
E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE				EMAIL	
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		CONTACT NUMBER ()		EMAIL	
NAME 2)		CONTACT NUMBER ()		EMAIL	
REASON FOR LEAVING					
F) 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	TO

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

26. JOB EXPERIENCE *continued*

G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		CONTACT NUMBER ()		EMAIL	
NAME 2)		CONTACT NUMBER ()		EMAIL	
REASON FOR LEAVING					

H) PERIOD OF UNEMPLOYMENT				FROM	TO
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					

I) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		CONTACT NUMBER ()		EMAIL	
NAME 2)		CONTACT NUMBER ()		EMAIL	
REASON FOR LEAVING					

J) PERIOD OF UNEMPLOYMENT				FROM	TO
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					

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

26. JOB EXPERIENCE *continued*

K) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		CONTACT NUMBER ()		EMAIL	
NAME 2)		CONTACT NUMBER ()		EMAIL	
REASON FOR LEAVING					

L) PERIOD OF UNEMPLOYMENT				FROM	TO
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					

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		CONTACT NUMBER ()		EMAIL	
NAME 2)		CONTACT NUMBER ()		EMAIL	
REASON FOR LEAVING					

N) PERIOD OF UNEMPLOYMENT				FROM	TO
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					

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

26. JOB EXPERIENCE *continued*

JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer
NAMES OF CO-WORKERS 1)	CONTACT NUMBER ()	EMAIL	
NAME 2)	CONTACT NUMBER ()	EMAIL	
REASON FOR LEAVING			

P) PERIOD OF UNEMPLOYMENT
 Check applicable: Student Between jobs Leave of absence Travel Other

FROM	TO
------	----

Q) NAME OF EMPLOYER OR MILITARY UNIT

FROM	TO
------	----

ADDRESS (NUMBER / STREET OR BASE)

SUPERVISOR

CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
------	-------	-----	-------------------------	-----

JOB TITLE

EMAIL

DUTIES / ASSIGNMENTS

F-T P-T Temp
 Self-employed Volunteer

NAMES OF CO-WORKERS
1)

CONTACT NUMBER
()

EMAIL

NAME
2)

CONTACT NUMBER
()

EMAIL

REASON FOR LEAVING

27. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever been named as a defendant in a previously adjudicated work-related civil lawsuit (regardless of outcome)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Is there a work-related civil lawsuit pending in which you have been named as a defendant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

JOB EXPERIENCE *continued*

38. Do you have reason to believe a work-related lawsuit may be filed in the future in which you may be named as a defendant? Yes No

39. Have you ever sold, released, or given away legally confidential information? Yes No

40. 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? _____

40a. Have you ever viewed pornographic material at your workplace? Yes No

40b. Have you ever engaged in sexual activity at work in violation of your employer's policy? Yes No

If you answered YES to any of **Questions 27-40b**, explain (include when, where & circumstances; indicate corresponding number):

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

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

WHEN?	NAME OF EMPLOYER
-------	------------------

44. Have you **ever** applied to any other law enforcement, fire service, or public safety-type agency (city, county, state or federal)?..... Yes No

- If yes, list EVERY agency you have applied to **and have advanced BEYOND an oral board (e.g., initial background investigation, etc.)**, 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 31.

A) NAME OF AGENCY			DATE APPLIED	
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:

STEPS: Application Written Physical agility Oral Polygraph/CVSA Background Chief's oral Conditional job offer

STATUS: Hired On Eligibility List Withdrawn Disqualified List Expired

Other/Explain:

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

JOB EXPERIENCE *continued*

AGENCY NAME	APPROXIMATE DATE (Month/Year) OF TEST	CHECK ALL THE BOXES BELOW THAT APPLY TO ANY ORAL BOARD INVITATION YOU HAVE RECEIVED FROM THIS AGENCY
		<input type="checkbox"/> Did Not Attend Unknown
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend Unknown
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend Unknown
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend Unknown
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown
		<input type="checkbox"/> Did Not Attend Unknown
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Results Unknown

SECTION 6: MILITARY EXPERIENCE

46. Are you required to register for the Selective Service? Yes No
 If yes, have you registered? Yes No

If no, explain:

47. Have you ever served in the military? Yes No

48. BRANCH OF SERVICE

DATES OF SERVICE

From To

49. 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:

50. Are you currently participating in one of the following? Military Reserve National Guard

If checked, date obligation ends:

51. 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

52. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? Yes No

53. Have you ever taken military property without permission for personal use, to sell, or to give away?..... Yes No

If you answered yes to **Questions 51 and/or 52**, explain (include dates and circumstances):

SECTION 7: FINANCIAL

54. INCOME AND EXPENSES

For each of the following questions fill in the amounts to the nearest dollar. *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 OBLIGATION(S) YOU MAY HAVE.*

A) From your employer(s), what is your take-home monthly income?\$ per month

B) Do you have income other than from your salary or wages (including spouse's income)? Yes No
 If yes, fill in amount:.....\$ per month

Explain:

C) Estimate your monthly living expenses, including housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have. How much do you spend each month?.....\$ per month

55. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?..... Yes No

56. Have any of your bills ever been turned over to a collection agency?..... Yes No

57. Have you ever had purchased goods repossessed?..... Yes No

58. Have your wages ever been garnished?..... Yes No

59. Have you ever been delinquent on income or other tax payments? Yes No

60. Have you ever failed to file income tax or cheated/lied on an income tax form? Yes No

61. Have you ever had an employment bond refused? Yes No

62. Have you ever avoided paying any lawful debt by moving away? Yes No

63. Have you ever defaulted on (failed to pay) a loan? Yes No

64. 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

65. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes No

66. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? Yes No

67. Have you written three or more bad checks in a one-year period? Yes No

If you answered **YES** to any of **Questions 55–67**, explain (include when, where, and why; indicate corresponding number):

Empty space for providing explanations for 'Yes' answers to questions 55-67.

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

Please disclose any of the following which occurred on or after your 15th birthday, *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 31.

68. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** Yes No

If yes, explain each incident. If more space is needed, continue on Page 31.

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

69. Have you ever been placed on court probation as an adult?..... Yes No

70. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? Yes No

71. Have you ever been a party in a non-work related civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.) as either a plaintiff or defendant? Yes No

72. Have the police ever been called to your home for any reason? Yes No

73. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No

74. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? Yes No

75. 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

SECTION 8: LEGAL *continued*

76. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? Yes No
77. Have you ever filed a false insurance or workers' compensation claim? Yes No
78. Other than those listed in Question #67 above, will your name appear in any police record system or police report as a VICTIM, WITNESS or SUSPECT? (Do not include when acting in the capacity of paid employment, such as an EMT or store loss prevention officer). Yes No
79. Are you currently, or have you ever within the past seven years, received unemployment benefits while also receiving other sources of income? Yes No

If you answered yes to any of **Questions 69–79**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

80. UNDETECTED ACTS – PART 1

Within the past **seven (7) years** **OR** at any time after you were first employed in law enforcement or the fire service, have you **ever** committed any of the following misdemeanors? **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.

- A) Annoying / obscene phone calls or text messages; cyber bullying 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; providing alcohol to minors Yes No
- F) Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)..... 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) Any hunting and/or fishing violations Yes No
- K) Illegal gambling; including online gambling Yes No
- L) Impersonating a peace officer (pretending to be a police officer) Yes No
- M) Indecent exposure (including flashing or mooning); sex within public view and/or lewd or obscene conduct Yes No
- N) Joyriding (using a car or other vehicle without owner's permission) Yes No

SECTION 8: LEGAL *continued*

- o) Petty theft (value up to \$750, including shoplifting/switching price tags)..... Yes No
- p) Possession of alcohol as a minor..... Yes No
- q) Possession of falsified or altered identification, including use of another person’s ID (for any reason) Yes No
- r) Possession of stolen property (including vehicles but not limited to vehicles, credit/debit cards, etc.)..... Yes No
- s) Prostitution or soliciting a prostitute (including but not limited to patronizing illegal massage parlors)..... Yes No
- t) Resisting arrest (including but not limited to running from the police and/or delaying or obstructing an officer)..... Yes No
- u) Trespassing..... Yes No
- v) Vandalism (including but not limited to “tagging,” malicious mischief and/or property damage) Yes No
- w) Intentionally writing a bad check Yes No
- x) Filing a false police report Yes No
- y) Any other act amounting to a misdemeanor within the past seven years..... Yes No
- z) Cruelty to animals, Animal abuse or neglect Yes No
- AA) Street racing, Reckless driving Yes No

If you answered yes to **any** item(s) in **Question 80**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (80-A, etc.) for each explanation.

81. UNDETECTED 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.

- A) Arson (intentionally destroying property by setting a fire) Yes No
- B) Assault with a deadly weapon..... Yes No
- C) Theft of a vehicle and/or vehicle parts..... Yes No
- D) Burglary (entering a structure or vehicle to commit theft or other crime) Yes No
- E) Child molestation (performing unlawful acts with a child, inappropriate touching of a child)..... Yes No

SECTION 8: LEGAL *continued*

- F) Accessing and/or possessing child pornography Yes No
- G) Elder abuse/neglect Yes No
- H) Embezzlement (theft of money or other valuables entrusted to you) Yes No
- I) Felony drunk driving (involving injuries) Yes No
- J) Forcible rape or other act of unlawful intercourse Yes No
- K) 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 \$750 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
- W. Copyright infringement (including illegally downloading or copying software, audio files, movies, digital files, etc.) Yes No
- X. Illegal sex acts Yes No
- Y. Fraudulent use of a credit, ATM, debit, and/or check card Yes No

If you answered **YES** to any item(s) in **Question 81**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (*81-A, etc.*) for each explanation.

SECTION 8: LEGAL *continued*

Questions 82 and 83 ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following 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 substances for the purpose of getting “high”.

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> • Amphetamines/Methamphetamines (Uppers, Speed, Crank, etc.) • Barbiturates (Downers) • Cocaine / Crack Cocaine • Designer Drugs (Ecstasy, Synthetic Heroin, etc.) • GHB (Date Rape Drug) • Prescription drug(s) not prescribed to you | <ul style="list-style-type: none"> • Glue, pain or any substance containing toluene • Hallucinogens (Peyote, LSD, Mushrooms) • Hashish / Hashish Oil • Heroin / Opium • Marijuana (with or without a prescription) • Prescription Drugs used for recreational purpose | <ul style="list-style-type: none"> • Mescaline • Morphine • PCP / Angel Dust • Quaaludes • Steroids • Tetrahydrocannabinol (THC) |
|---|---|--|

82. **Within the past six months**, have you used any drug(s) as indicated above? Yes No

Most recent date used : _____

If yes, give details, including drug(s) used and circumstances:

83. **Prior to the past six months** (check all that apply):

- I have **never** used, or experimented with, any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*).

If checked, give details including drug(s) used, most recent date used, and circumstances.

SECTION 8: LEGAL *continued*

84. Have you **ever** engaged in any of the activities listed below for drugs, prescription drugs, narcotics or illegal substances, including marijuana (check all that apply)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Sold | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished / Shared | <input type="checkbox"/> Carried or held for another |
| <input type="checkbox"/> Present when illegal drugs were being used | <input type="checkbox"/> Loaned money to someone else to purchase illegal drugs | <input type="checkbox"/> Traded/Bartered |

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

85. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
-------------------------------------	----------------	-----------------	--------------------------------------

86. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	License Number, if known	Name under which license was granted

87. Have you ever been refused a driver's license by any state? Yes No

If yes, explain (include when, where, and circumstances):

88. Has your driver's license ever been suspended or revoked? Yes No

If yes, explain (include when, where, and circumstances):

89. 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
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
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
ADDRESS (NUMBER / STREET)	CITY	STATE	ZIP	CONTACT NUMBER ()

SECTION 9: MOTOR VEHICLE OPERATION

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
-------------------	---------------	---------

ADDRESS (NUMBER / STREET)	CITY	STATE	ZIP	CONTACT NUMBER ()
---------------------------	------	-------	-----	--------------------------

90. List all traffic citations, excluding parking citations, you have received within the past ten years. List the citation or infraction AS ORIGINALLY ISSUED. If the citation/infraction was reduced to a lesser violation for whatever reason, please explain in #93 below.

A) NATURE OF VIOLATION			LOCATION (STREET)		
CITY	STATE	DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

B) NATURE OF VIOLATION			LOCATION (STREET)		
CITY	STATE	DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

C) NATURE OF VIOLATION			LOCATION (STREET)		
CITY	STATE	DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

d) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)
 Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

91. Have you been involved as the driver in a motor vehicle accident/collision within the past ten years? Yes No
 If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
---------	----------------------------------	------	-------	-----

POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
---	------------------------	---	---

B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
---------	----------------------------------	------	-------	-----

POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
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C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
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POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
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92. Have you ever driven a vehicle without auto insurance, as required by law? Yes No

IF YES, GIVE REASON:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
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SECTION 9: MOTOR VEHICLE OPERATION

93. Have you ever been refused automobile liability insurance or a bond, or had either of them cancelled?..... Yes No

IF YES, GIVE REASON:

INSURANCE COMPANY

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
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94. Use this space for additional information you would like to include regarding your driving record.

SECTION 10: OTHER TOPICS

95. Have you ever been refused a permit to carry a concealed weapon? Yes No

96. 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

97. 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

98. Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No

99. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No

100. Have you ever been involved in a domestic violence act with a relative, spouse, significant other, romantic partner or domestic partner, including but not limited to, an act of violence, threats, infliction of emotional distress and/or property damage? Yes No

101. Do you know of any reason that would disqualify you from being appointed to this job or prevent you from performing the essential duties of the job?..... Yes No

102. Have you ever engaged in sexual abuse inside a prison, jail, juvenile facility, lockup or any other institution where there are inmates being held?..... Yes No

103. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, implied threats of force or coercion or if the victim did not or was unable to consent? Yes No

104. Have you ever been civilly or administratively adjudicated to have engaged in the activities listed in questions 101 or 102? Yes No

If you answered **YES** to any of **Questions 95–104**, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

CERTIFICATION

I hereby swear or affirm that there are no willful misrepresentations or omissions in, or falsifications of, the statements and answers in this Personal History Statement. I hereby certify that I have personally completed each page of this form and any supplemental pages(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I am aware that should an investigation disclose such misrepresentations, omissions, or falsifications in any documents I submit, or statements I make as part of the application, testing and/or hiring process, my application will be rejected and I will be disqualified from applying for any future position with the agency or agencies to which I have applied to. If, after my acceptance for employment, subsequent investigation should disclose misrepresentation, omission, or falsification, it will be just cause for my immediate dismissal. I understand that this is a continuing investigation and agree to notify the hiring agency of any information that may reflect any changes or additions in this Personal History Statement.

BY ENTERING YOUR FULL LEGAL NAME HERE, YOU ACKNOWLEDGE AND AGREE TO THE ABOVE CERTIFICATION: Name: _____ Date: _____

THE FOLLOWING SIGNATURE SECTION IS TO BE COMPLETED AT A LATER DATE IN THE PRESENCE OF A WITNESS/BACKGROUND INVESTIGATOR:

SIGNATURE IN FULL	DATE
WITNESS/BACKGROUND INVESTIGATOR:	DATE

ADDITIONAL 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. Example – Question 41.** _____

ADDITIONAL 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. Example – Question 41.** _____