

PERSONAL HISTORY STATEMENT – POLICE VOLUNTEER

SECTION 1: PERSONAL			
1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
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. EMAIL ADDRESS			
HOME		BUSINESS	
7. Are you legally authorized for permanent employment in the United States?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, explain fully:			
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER - -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP DATE	HEIGHT WEIGHT 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 or if the individual is deceased. If more space is needed, continue your response on page 19.

<input type="checkbox"/> 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

<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

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – POLICE VOLUNTEER

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

<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)	(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		

<input type="checkbox"/> N/A H. Former Spouse(s) / Former Registered Domestic Partner(s)					
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				

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				

PERSONAL HISTORY STATEMENT – POLICE VOLUNTEER

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> 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		
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. REFERENCES
 List 5–8 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, 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		
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		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 2: RELATIVES AND REFERENCES *continued*

14. REFERENCES CONTINUED

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			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

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			
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			
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			
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			
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 may be required to furnish transcripts or other proof to support all of your educational claims.

15. Do you have a high school diploma, GED, or California High School Proficiency Certificate? Yes No

16. List high schools attended:

A) NAME	FROM	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		

SECTION 3: EDUCATION *continued*

17. List all colleges or universities attended *continued*

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	CITY		STATE	
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	CITY		STATE	
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	CITY		STATE	

18. List any trade, vocational, or business schools/institutes attended:

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

19. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, 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 occurred, name of school, and explanation of circumstances.

SECTION 4: RESIDENCE

20. 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 19.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO
					Present
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 live:					

B) 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:					

C) 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*

20. LIST OF RESIDENCES *continued*

D) 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:					

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E) 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:					

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:					

G) 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*

21. 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.

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

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

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	

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT - *continued*

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)		2)		REASON FOR LEAVING	

D) 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					

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)		2)		REASON FOR LEAVING	

F) 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					

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)		2)		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
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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25. JOB EXPERIENCE *continued*

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)		2)		REASON FOR LEAVING	

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

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

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)		2)		REASON FOR LEAVING	

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

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

- 25. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) Yes No
- 26. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? Yes No
- 27. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes No
- 28. Have you ever quit without giving proper notice? Yes No
- 29. Have you ever resigned in lieu of termination? Yes No
- 30. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? Yes No
- 31. Were you ever the subject of a written complaint at work? Yes No
- 32. Have you ever been counseled at work due to lateness or absences? Yes No
- 33. Did you ever receive an unsatisfactory performance review? Yes No
- 34. Have you ever sold, released, or given away legally confidential information? Yes No
- 35. 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?

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

24. JOB EXPERIENCE *continued*

If you answered yes to any of **Questions 25–35**, explain (include when, where and circumstances; indicate corresponding number):

36. 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?

37. Has your work performance ever been affected by your use of alcohol or drugs? Yes No

WHEN?	NAME OF EMPLOYER
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38. 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
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SECTION 6: LEGAL

Disclosure of Convictions

You are required to disclose **any** criminal conviction(s) which has not been sealed or expunged by a court pursuant to law. As an applicant for government employment, you are also required to disclose a criminal conviction expunged under Penal Code Section 1203.4. Consult with an attorney before failing to disclose a criminal conviction, as deliberate or significant omissions will result in disqualification. If more space is needed, continue on page 19.

39. **Have you ever been convicted of any misdemeanor or felony in this or any other state or country?** Yes No

If yes, list all offenses, including those punishable under the Uniform Code of Military Justice:

If yes, explain each incident.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

SECTION 6: LEGAL - CONTINUED

49. UNDETECTED ACTS – PART 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

- A) Annoying / obscene phone calls..... Yes No
- B) Battery (use of force or violence upon another) Yes No
- C) Brandishing a weapon (any type of weapon) Yes No
- D) Carrying a concealed weapon without a permit Yes No
- E) Contributing to the delinquency of a minor..... Yes No
- F) Defrauding an innkeeper (not paying for food or room at a hotel/motel)..... Yes No
- G) Driving under the influence of alcohol and/or drugs Yes No
- H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes No
- I) Hit & run collision (no injuries)..... Yes No
- J) Hunting/fishing without a license Yes No
- K) Illegal gambling..... Yes No
- L) Impersonating a peace officer (pretending to be a police officer) Yes No
- M) Indecent exposure (including flashing or mooning) Yes No
- N) Joyriding (using a car or other vehicle without owner's permission) Yes No
- O) Petty theft (value up to \$400, including shoplifting/switching price tags)..... Yes No
- P) Possession of alcohol as a minor Yes No
- 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)..... Yes No
- S) Prostitution or soliciting a prostitute Yes No
- T) Resisting arrest (including running from the police)..... Yes No
- U) Trespassing Yes No
- V) Vandalism (including "tagging," malicious mischief and/or property damage) 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

Initial this page to indicate that you have provided complete and accurate information: _____

50. UNDETECTED ACTS – PART 2 - CONTINUED

*At any time in your life have you **ever** committed any of the following?*

T) Stalking Yes No

U) Blackmail or extortion Yes No

V) Any other act amounting to a felony Yes No

SECTION 7: LEGAL *continued*

Questions 51 and 52 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:

- Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc)
- Barbiturates (Downers)
- Cocaine / Crack Cocaine
- Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
- GHB (Date Rape Drug)
- Glue
- Hallucinogens (Peyote, LSD, Mushrooms)
- Hashish / Hashish Oil
- Heroin / Opium
- Marijuana
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)

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

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

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

- I have **never** used 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.

53. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished
- Carried or held for another

SECTION 8: MOTOR VEHICLE OPERATION

54. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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55. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

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

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

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

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

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

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:

59. 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 8: MOTOR VEHICLE OPERATION *continued*

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

If yes, give reason:		INSURANCE COMPANY		
DATE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
Month	Year			

Use this space for additional information you would like to include regarding your driving record.

SECTION 9: OTHER TOPICS

61. Have you ever been refused a permit to carry a concealed weapon? Yes No
62. 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
63. 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
64. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No
65. Have you ever hit or physically overpowered a spouse or romantic partner?..... Yes No

If you answered yes to any of **Questions 61–65**, give details including dates and circumstances; indicate corresponding number.

SECTION 10: CERTIFICATION

66. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL	DATE
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