**PERSONAL HISTORY STATEMENT – LAWA Security 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 **Security Officer.**

* It is your responsibility to complete this form and provide all required information. (including email addresses for your references)
* If you are filling out a printed copy of this form, neatly print in blue or black ink.
* You must respond to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response.
* If you need more space for any response, use the last page of this form (page 25) and identify the additional information by the question number.

**Disqualification**

There are very few ***automatic*** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, ***deliberate misstatements or omissions*** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

***BOTTOM LINE*: *You are responsible for providing complete, accurate, and truthful responses.***

**Disclosure of Medically-Related Information**

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the California Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

***I have read and I understand the above instructions***.

**Signature**: **Date**:

|  |
| --- |
| **SECTION 1: PERSONAL** |
| **1.** YOUR FULL NAME |
|  | LAST |  |  |  | FIRST |  | MIDDLE |  |  |  |
| **2.** | OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES) |  |  |  |  | N/A |
|  |
| **3.** | ADDRESS WHERE YOU LIVE |  |  |  |  |  |  |  |  |  |  |
|  | NUMBER / STREET |  |  |  |  |  |  | APT / UNIT |  |  |
|  | CITY |  |  |  |  |  |  |  | STATE | ZIP |  |  |
| **4.** MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX) |
|  |
| **5.** CONTACT NUMBERS |
|  | HOME ( | ) |  | WORK ( | ) |  | EXT | OTHER ( | ) | CELL | FAX |  |
| **6.** | CONTACT EMAIL |  |  | **7.** LIST **ALL** OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS) |  |
|  |  |
|  |
| **8.** | LEGAL AUTHORIZATION FOR EMPLOYMENT |  |  |  |  |
|  | Are you legally authorized for permanent employment in the United States? ...................................................................................... |  |  |  | Yes | No |
|  | IF NO, explain fully:  |  |  |  |  |  |  |  |  |  |
| **9.** | BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY) |  |  |  |  |
|  |  |
| **10.** BIRTHDATE (MM/DD/YYYY) | **11.** SOCIAL SECURITY NUMBER | **12.** DRIVER’S LICENSE |  |
|  |  | – | – | NUMBER: |  | STATE: | EXPIRES: |  |  |
| **13.** | PHYSICAL DESCRIPTION |  |  |  |  |
|  | HEIGHT: |  |  | WEIGHT: |  |  | HAIR COLOR: | EYE COLOR: |  |  |

**14.A Spouse / Registered Domestic Partner**

NAME

HOME PHONE

( )

WORK PHONE

CELL PHONE

( ) ( )

/

(MM/YYYY)

Is there, or has there ever been, a restraining or stay-away

order in effect involving you and this individual? ....................... Yes

No

**14.B Former Spouse / Former Registered Domestic Partner**

NAME

Deceased

N/A

ZIP

HOME PHONE

CITY

ZIP

( )

WORK PHONE CELL PHONE EMAIL

( ) ( )

/

(MM/YYYY)

/

Is there, or has there ever been, a restraining or stay-away

(MM/YYYY) order in effect involving you and this individual? ....................... Yes

No

DATE OF DISSOLUTON

DATE OF MARRIAGE/REGISTRATION

STATE

WORK ADDRESS (NUMBER / STREET / SUITE)

STATE

CITY

HOME ADDRESS (NUMBER / STREET / APT)

DATE OF MARRIAGE/REGISTRATION

EMAIL

ZIP

STATE

CITY

WORK ADDRESS (NUMBER / STREET / SUITE)

ZIP

STATE

CITY

HOME ADDRESS (NUMBER / STREET / APT)

N/A

Deceased

* Mark “Deceased,” if appropriate.
* *If more space is needed, continue on page 25* – *reference corresponding numbers.*
* Provide all applicable information in the spaces below.
* Mark “N/A” if a category is not applicable.

**14.** IMMEDIATE FAMILY

**SECTION 2: RELATIVES AND REFERENCES**

|  |
| --- |
| **SECTION 2: RELATIVES AND REFERENCES** *continued* |
| **14.C Parents / Guardians** |
| * List **ALL** parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc.
* *If more space is needed, continue on page 25* – *reference corresponding numbers.*
 |
|  |  |  |  |  |  |  |  |
| **14.C.1** | **Parent / Guardian:** | Mother | Father | Step-mother | Step-father | In-law |  | Other: |  |  |  | Deceased |
| NAME | HOME ADDRESS (NUMBER / STREET / APT) |  | CITY | STATE | ZIP |
|  |  |  |  |  |
|  | HOME PHONE |  |  | MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP |
| ( | ) |  |  |
| WORK PHONE |  |  | CELL PHONE |  | EMAIL |
| ( | ) |  |  | ( | ) |  |
| **14.C.2** | **Parent / Guardian:** | Mother | Father | Step-mother | Step-father | In-law |  | Other: |  |  | Deceased |
| NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|  |  |  |  |  |
|  | HOME PHONE |  |  | MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP |
| ( | ) |  |  |
| WORK PHONE |  |  | CELL PHONE |  | EMAIL |
| ( | ) |  |  | ( | ) |  |
| **14.C.3** | **Parent / Guardian:** | Mother | Father | Step-mother | Step-father | In-law |  | Other: |  |  | Deceased |
| NAME | HOME ADDRESS (NUMBER / STREET / APT) |  | CITY | STATE | ZIP |
|  |  |  |  |  |
|  | HOME PHONE |  |  | MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP |
| ( | ) |  |  |
| WORK PHONE |  |  | CELL PHONE |  | EMAIL |
| ( | ) |  |  | ( | ) |  |
| **14.C.4** | **Parent / Guardian:** | Mother | Father | Step-mother | Step-father | In-law |  | Other: |  |  | Deceased |
| NAME | HOME ADDRESS (NUMBER / STREET / APT) |  | CITY | STATE | ZIP |
|  |  |  |  |  |
|  | HOME PHONE |  |  | MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP |
| ( | ) |  |  |
| WORK PHONE |  |  | CELL PHONE |  | EMAIL |
| ( | ) |  |  | ( | ) |  |
| **14.D Brothers / Sisters** |  |  |  | N/A |
| * List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.
* *If more space is needed, continue on page 25 – reference corresponding numbers.*
 |
| **14.D.1** | **Sibling:** | Brother | Sister | Half-brother | Half-sister | Other: |  |  |  |  |  |  |  |  |
| NAME | AGE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|  |  |  |  |  |  |
|  | HOME PHONE |  |  | MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP |
| ( | ) |  |  |
| WORK PHONE |  |  | CELL PHONE |  | EMAIL |
| ( | ) |  |  | ( | ) |  |
| **14.D.2** | **Sibling:** | Brother | Sister | Half-brother | Half-sister | Other: |  |  |  |  |  |  |  |  |
| NAME | AGE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|  |  |  |  |  |  |
|  | HOME PHONE |  |  | MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP |
| ( | ) |  |  |
| WORK PHONE |  |  | CELL PHONE |  | EMAIL |
| ( | ) |  |  | ( | ) |  |

## SECTION 2: RELATIVES AND REFERENCES *continued*

##### **Sibling:** Brother Sister Half-brother Half-sister Other:

NAME AGE HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

HOME PHONE MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP

# ( )

WORK PHONE CELL PHONE EMAIL

# ( ) ( )

##### **Sibling:** Brother Sister Half-brother Half-sister Other:

NAME AGE HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

HOME PHONE MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP

# ( )

WORK PHONE CELL PHONE EMAIL

# ( ) ( )

* 1. **Children** N/A

### List **ALL LIVING** children, including natural, adopted, step, and/or foster care.

* Include any other children who reside with you.
* Provide the name and contact information of the custodial parent/guardian, if other than you.

#### *If more space is needed, continue on page 25 – reference corresponding numbers.*

* + 1. **Child:** Son Daughter Other:

NAME AGE CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)

ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

CONTACT NUMBER EMAIL

# ( )

* + 1. **Child:** Son Daughter Other:

NAME AGE CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)

ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

CONTACT NUMBER EMAIL

# ( )

* + 1. **Child:** Son Daughter Other:

NAME AGE CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)

ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

CONTACT NUMBER EMAIL

# ( )

* + 1. **Child:** Son Daughter Other:

NAME AGE CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)

ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

CONTACT NUMBER EMAIL

# ( )

|  |
| --- |
| **SECTION 2: RELATIVES AND REFERENCES** *continued* |
| **15.** LIST OF REFERENCES |
| * List **5 –7** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers.
* Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.
* *If more space is needed, continue on page 25 – reference corresponding numbers.*
 |
| **15.1** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|  | HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
|  | ( | ) |  |  |  |  |
| WORK PHONE | CELL PHONE | EMAIL |
| ( | ) | ( | ) |
| How do you know this person? | How long have you known this person? |
|  | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| **15.2** |
|  | HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| ( | ) |
| WORK PHONE | CELL PHONE | EMAIL |
| ( | ) | ( | ) |
| How do you know this person? | How long have you known this person? |
|  | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| **15.3** |
|  | HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| ( | ) |
| WORK PHONE | CELL PHONE | EMAIL |
| ( | ) | ( | ) |
| How do you know this person? | How long have you known this person? |
|  | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| **15.4** |
|  | HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| ( | ) |
| WORK PHONE | CELL PHONE | EMAIL |
| ( | ) | ( | ) |
| How do you know this person? | How long have you known this person? |
| **15.5** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|  |  |  |  |  |
|  | HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
|  | ( | ) |  |  |  |  |
| WORK PHONE | CELL PHONE | EMAIL |
| ( | ) | ( | ) |
| How do you know this person? | How long have you known this person? |

|  |  |  |  |
| --- | --- | --- | --- |
| **16.** Do you have a high school diploma, GED, or California High School Proficiency Certificate? .......................................................... | Yes |  | No |
|  |  |  |  |
| **17.** LIST HIGH SCHOOL(S) ATTENDED |  |  |  |  |  |  |  |  |  |
| NAME OF HIGH SCHOOL |  | FROM (MM/YYYY) | TO (MM/YYYY) | DID YOU GRADUATE? |
| **17.1** |  |  |  |  |  |  |  |  |  |
|  |  |  |  | / | / |  | Yes |  | No |
|  | CITY |  |  |  |  |  |  |  | STATE |
|  |  |  |  |  |  |  |  |  |  |
| NAME OF HIGH SCHOOL |  | FROM (MM/YYYY) | TO (MM/YYYY) | DID YOU GRADUATE? |
| **17.2** |  |  |  |  |  |  |  |  |  |
|  |  |  |  | / | / |  | Yes |  | No |
|  | CITY |  |  |  |  |  |  |  | STATE |
|  |  |  |  |  |  |  |  |  |  |
| **18.** LIST ALL COLLEGES AND UNIVERSITIES ATTENDED |  |  |  |  |  |  |  |  |  |
| NAME OF COLLEGE/UNIVERSITY | FROM (MM/YYYY) | TO (MM/YYYY) | TOTAL UNITS COMPLETED |  |  |  |
| **18.1** |  |  |  |  |  |  |  |  |  |
|  | / |  |  | / | QTR SYSTEM | SEM SYSTEM |
| ADDRESS (NUMBER / STREET) |  |  |  |  | TYPE OF DEGREE EARNED |  |  |
|  |  |  |  |  |  |  |  |
| CITY |  | ST | ATE | ZIP | MAJOR / AREA OF STUD | Y |  |  |
| NAME OF COLLEGE/UNIVERSITY | FROM (MM/YYYY) | TO (MM/YYYY) | TOTAL UNITS COMPLETED |  |  |  |
| **18.2** |  |  |  |  |  |  |  |  |  |
|  | / |  | / |  | QTR SYSTEM | SEM SYSTEM |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| CITY |  | ST | ATE | ZIP | MAJOR / AREA OF STUD | Y |  |  |

|  |
| --- |
| **SECTION 2: RELATIVES AND REFERENCES** *continued* |
| **15.6** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|  | HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
|  | ( | ) |  |  |  |  |
| WORK PHONE | CELL PHONE | EMAIL |
| ( | ) | ( | ) |
| How do you know this person? | How long have you known this person? |
| **15.7** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|  | HOME PHONE | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
|  | ( | ) |  |  |  |  |
| WORK PHONE | CELL PHONE | EMAIL |
| ( | ) | ( | ) |
| How do you know this person? | How long have you known this person? |

|  |
| --- |
| **SECTION 3: EDUCATION** |
| * **NOTE: You may be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
* *If more space is needed, continue your response on page 25.*
 |

ADDRESS (NUMBER / STREET) TYPE OF DEGREE EARNED

|  |
| --- |
| **SECTION 3: EDUCATION** *continued* |
| **18.3** | NAME OF COLLEGE/UNIVERSITY | FROM (MM/YYYY) |  | TO (MM/YYYY) |  | TOTAL UNITS COMPLETED | SEM SYSTEM |
| / |  | / |  |  |  QTR SYSTEM |
|  | ADDRESS (NUMBER / STREET) |  |  |  | TYPE OF DEGREE EARNED |  |
|  |  |  |  |  |  |  |
| CITY |  | STATE | ZIP |  |  | MAJOR / AREA OF STUDY |  |
|  |  |  |  |  |  |  |
|  | NAME OF COLLEGE/UNIVERSITY | FROM (MM/YYYY) |  | TO (M | M/YYYY) | TOTAL UNITS COMPLETED |  |
| **18.4** |  | / |  |  | / |  QTR SYSTEM | SEM SYSTEM |
|  | ADDRESS (NUMBER / STREET) |  |  |  |  |  |  | TYPE OF DEGREE EARNED |  |
|  |  |  |  |  |
| CITY |  | STATE | ZIP |  |  | MAJOR / AREA OF STUDY |  |
|  |  |  |  |

1. LIST **ALL** TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE FROM (MM/YYYY) TO (MM/YYYY) DID YOU COMPLETE THE COURSE?

* 1. / / Yes No

CITY STATE TYPE OF SCHOOL OR TRAINING

NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE FROM (MM/YYYY) TO (MM/YYYY) DID YOU COMPLETE THE COURSE?

* 1. / / Yes No

CITY STATE TYPE OF SCHOOL OR TRAINING

NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE FROM (MM/YYYY) TO (MM/YYYY) DID YOU COMPLETE THE COURSE?

* 1. / / Yes No

CITY STATE TYPE OF SCHOOL OR TRAINING

**20.** Have you ever taken a **PC832** (Arrest and/or Firearms) Course? .................................................................................................... Yes No

IF YES, provide the following information:

|  |  |  |
| --- | --- | --- |
| A. COURSE PRESENTER NAME |  | LOCATION (CITY / STATE) |
|  |  |  |
| B. COURSE COMPLETION |  |  |
| Did you successfully complete the course? | ............................................................ | Yes No |

COMPLETION DATE (MM/YYYY)

# /

### Have you ever attended a **POST** Basic Course/Academy: Regular, Specialized Investigators’, Reserve, or Dispatcher? .............. Yes No IF YES, provide the following information:

NAME OF ACADEMY FROM (MM/YYYY) TO (MM/YYYY) DID YOU PASS/GRADUATE?

* 1. / / Yes No

LOCATION (CITY, STATE) NAME OF TRAINING OFFICER / ACADEMY COORDINATOR CONTACT NUMBER

# ( )

NAME OF ACADEMY FROM (MM/YYYY) TO (MM/YYYY) DID YOU PASS/GRADUATE?

* 1. / / Yes No

LOCATION (CITY, STATE) NAME OF TRAINING OFFICER / ACADEMY COORDINATOR CONTACT NUMBER

# ( )

|  |
| --- |
| **SECTION 3: EDUCATION** *continued* |
| **22.** Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion |  |  |
| from any high school, college/university, business, trade school, or POST basic course/academy? ................................................IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational i POST basic course. Include when the disciplinary action(s) occurred, name of school(s)/academy, and explanation of circumstanc | Yesnstitution, es. | Noor |

## SECTION 4: RESIDENCE HISTORY

1. LIST OF RESIDENCES
	* List all residences **during the last 10 years or since age 15**.
	* Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do **NOT** use PO Boxes.
	* If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.

#### *If more space is needed, continue your response on page 25*.

ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT) FROM (MM/YYYY) TO (MM/YYYY)

###### 23.1

/ **Present**

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

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

# ( )

CITY STATE ZIP EMAIL

### Name(s) of those with whom you live:

FORMER ADDRESS (NUMBER / STREET / APT) FROM (MM/YYYY) TO (MM/YYYY)

**23.2** / /

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

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

# ( )

CITY STATE ZIP EMAIL

### Name(s) of those with whom you lived:

Reason for moving:

FORMER ADDRESS (NUMBER / STREET / APT) FROM (MM/YYYY) TO (MM/YYYY)

**23.3** / /

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MAILING | ADDRESS | OF PROPERTY | MANAGER, | RENT | COLLECTOR, | OR | OWNER | (NUMBER / | STREET | / APT | / PO BOX) | CONTACT NUMBER |
|  | ( | ) |
| CITY | STATE | ZIP | EMAIL |  |

### Name(s) of those with whom you lived:

Reason for moving:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION 4: RESIDENCE HISTORY** *continued*FORMER ADDRESS (NUMBER / STREET / APT) |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
| **23.4** |  |  | / | / |
| CITY | STATE | ZIP | **IF RENTING:** PROPERTY MANAGER, RENT COLLECTOR, OR OWNER |
|  |  |  |  |
| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | (NUMBER / STREET / APT / PO BOX) | CONTACT NUMBER |
|  |  |  | ( | ) |
| CITY | STATE | ZIP | EMAIL |  |
|  |  |  |  |  |
| Name(s) of those with whom you lived: |  |  |  |  |
| Reason for moving: |  |  |  |  |
| FORMER ADDRESS (NUMBER / STREET / APT) |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
| **23.5** |  |  | / | / |
| CITY | STATE | ZIP | **IF RENTING:** PROPERTY MANAGER, RENT COLLECTOR, OR OWNER |
|  |  |  |  |
| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | (NUMBER / STREET / APT / PO BOX) | CONTACT NUMBER |
|  |  |  | ( | ) |
| CITY | STATE | ZIP | EMAIL |  |
|  |  |  |  |  |
| Name(s) of those with whom you lived: |  |  |  |  |
| Reason for moving: |  |  |  |  |

|  |
| --- |
| **24.** LIST OF HOUSEMATES |
| * Provide contact information for all housemates listed in **Question 23** with whom you have resided **during the past 10 years** or **since age 15**.
* Do **NOT** list anyone for whom you have already provided contact information.
* *If more space is needed, continue your response on page 25.*
 |
| **24.1** | NAME OF HOUSEMATE |  |  | CONTACT NUMBER |  |
|  |  |  |  | ( | ) |  |
|  |  | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY |  |  |  | STATE | ZIP |
|  |  |  |  |  |  |  |
| (OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, ETC.) |  | EMAIL |  |  |
|  |  |  |  |
| **24.2** | NAME OF HOUSEMATE |  |  | CONTACT NUMBER |  |
|  |  |  |  | ( | ) |  |
|  |  | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY |  |  |  | STATE | ZIP |
|  |  |  |  |  |  |  |
| (OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, ETC.) |  | EMAIL |  |  |
|  |  |  |  |
| **24.3** | NAME OF HOUSEMATE |  |  | CONTACT NUMBER |  |
|  |  |  |  | ( | ) |  |
|  |  | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY |  |  |  | STATE | ZIP |
|  |  |  |  |  |  |
| (OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, ETC.) | EMAIL |  |
|  |  |

|  |
| --- |
| **SECTION 4: RESIDENCES** *continued* |
| **24.4** | NAME OF HOUSEMATE | CONTACT NUMBER |  |
|  | ( | ) |  |  |  |
|  | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | STATE | ZIP |  |
|  |  |  |  |  |  |
| (OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, ETC.) | EMAIL |  |
| **24.5** | NAME OF HOUSEMATE | CONTACT NUMBER |  |
|  | ( | ) |  |  |  |
|  | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | STATE | ZIP |  |
|  |  |  |  |  |  |
| (OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, ETC.) | EMAIL |  |
| **24.6** | NAME OF HOUSEMATE | CONTACT NUMBER |  |
|  | ( | ) |  |  |  |
|  | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | STATE | ZIP |  |
|  |  |  |  |  |  |
| (OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, ETC.) | EMAIL |  |
| **24.7** | NAME OF HOUSEMATE | CONTACT NUMBER |  |
|  | ( | ) |  |  |  |
|  | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | STATE | ZIP |  |
|  |  |  |  |  |  |
| (OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, ETC.) | EMAIL |  |
| **24.8** | NAME OF HOUSEMATE | CONTACT NUMBER |  |
|  | ( | ) |  |  |  |
|  | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|  |  |  |  |  |
| (OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, ETC.) | EMAIL |
|  |
| **25.** Have you ever been evicted or asked to leave a residence? .......................................................................................................... |  |  |  |  |  | Yes | No |
| **26.** Have you ever left a residence owing rent, utilities, or other household expenses? ........................................................................ |  |  |  |  |  | Yes | No |

|  |
| --- |
| If you answered “YES” to **Questions 25 and/or 26**, explain (include when, where, and circumstances): |

|  |
| --- |
| **SECTION 5: EXPERIENCE AND EMPLOYMENT** |
| **27.** JOB EXPERIENCE |
| * List **ALL** jobs you have had ***within the past ten years***, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
* If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
* List **ALL** periods of unemployment in ***excess of 30 days***.
* *If more space is needed, continue your response on page 25.*
 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **27.1** | NAME OF CURRENT EMPLOYER OR MILITARY UNIT |  |  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
|  | / |  |  | / |
|  | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |  |  |  |  |  | SUPERVISOR |  |  |  |
|  |  |  |  |  |  |  |
| CITY |  |  | STATE | ZIP |  | CONTACT NUMBER |  | EXT |
|  |  |  |  |  |  | ( | ) |  |  |  |
| JOB TITLE / RANK |  |  |  |  |  | EMAIL |  |  |  |
|  |  |  |  |  |  |  |  |
| DUTIES / ASSIGNMENTS |  |  |  |  | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) |  |  |
|  |  |  |  |  | FT |  | PT | Temp | Self-employed |  | Volunteer |
| NAMES OF CO-WORKERS |  |  |  |  | REASON FOR WANTING TO LEAVE |  |  |  |
| 1) |  | 2) |  |  |  |  |
| Would there be a problem if we contact your current employ | er? .......................................................... | ......................................... |  |  |  |  |  |  |  |  | Yes | No |
| IF YES, explain: |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | PERIOD OF UNEMPLOYMENT (CHECK APPL | ICABLE) |  |  |  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
| **27.2** | Student | Between jobs | Leave of absence | Travel | Other: |  |  |  |  | / | / |
|  |  |  |  |  |  |  |  |
| **27.3** | NAME OF EMPLOYER OR MILITARY UNIT |  |  |  |  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
|  |  |  | / |  |  | / |
|  | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |  |  |  |  |  | SUPERVISOR |  |  |  |
|  |  |  |  |  |  |  |
| CITY |  |  | STATE | ZIP |  | CONTACT NUMBER |  | EXT |
|  |  |  |  |  |  | ( | ) |  |  |  |
| JOB TITLE / RANK |  |  |  |  |  |  | EMAIL |  |  |  |  |
|  |  |  |  |  |  |  |
| DUTIES / ASSIGNMENTS |  |  |  | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) |  |  |
|  |  |  |  |  | FT |  | PT | Temp | Self-employed |  | Volunteer |
| NAMES OF CO-WORKERS |  |  |  | REASON FOR LEAVING |  |  |  |  |
| 1) | 2) |  |  |  |  |
|  |  |  |  |  |
|  | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) |  |  |  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
| **27.4** | Student | Between jobs | Leave of absence | Travel | Other: |  |  |  |  |  |  |  | / | / |

|  |
| --- |
| **SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued* |
| **27.5** | NAME OF EMPLOYER OR MILITARY UNIT |  |  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
|  |  | / |  | / |
|  | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |  |  |  |  | SUPERVISOR |  |
|  |  |  |  |  |
| CITY |  | STATE | ZIP | CONTACT NUMBER | EXT |
|  |  |  |  | ( | ) |  |  |  |  |
| JOB TITLE / RANK |  |  |  |  | EMAIL |  |  |
|  |  |  |  |  |  |
| DUTIES / ASSIGNMENTS |  |  | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) |  |
|  |  |  |  | FT | PT | Temp | Self-employed | Volunteer |
| NAMES OF CO-WORKERS |  |  | REASON FOR LEAVING |  |  |  |
| 1) | 2) |  |  |  |  |
|  |  |  |  |  |
| **27.6** | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) |  |  |  |  |  | FROM (MM/YYYY) | TO | (MM/YYYY) |
| Student | Between jobs | Leave of absence | Travel | Other: |  |  |  | / |  | / |
|  |  |  |  |  |  |
| **27.7** | NAME OF EMPLOYER OR MILITARY UNIT |  |  |  |  |  | FROM (MM/YYYY) | TO | (MM/YYYY) |
|  |  | / | / |
|  | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |  |  |  |  | SUPERVISOR |  |
|  |  |  |  |  |
| CITY |  | STATE | ZIP | CONTACT NUMBER | EXT |
|  |  |  |  | ( | ) |  |  |  |  |
| JOB TITLE / RANK |  |  |  |  | EMAIL |  |  |
|  |  |  |  |  |  |
| DUTIES / ASSIGNMENTS |  |  | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) |  |
|  |  |  |  | FT | PT | Temp | Self-employed | Volunteer |
| NAMES OF CO-WORKERS |  |  | REASON FOR LEAVING |  |  |  |
| 1) | 2) |  |  |  |  |
|  |  |  |  |  |
| **27.8** | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) |  |  |  |  |  | FROM (MM/YYYY) | TO | (MM/YYYY) |
| Student | Between jobs | Leave of absence | Travel | Other: |  |  |  | / |  | / |
|  |  |  |  |  |  |
| **27.9** | NAME OF EMPLOYER OR MILITARY UNIT |  |  |  |  |  | FROM (MM/YYYY) | TO | (MM/YYYY) |
|  |  | / | / |
|  | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |  |  |  |  | SUPERVISOR |  |
|  |  |  |  |  |
| CITY |  | STATE | ZIP | CONTACT NUMBER | EXT |
|  |  |  |  | ( | ) |  |  |  |  |
| JOB TITLE / RANK |  |  |  |  | EMAIL |  |  |
|  |  |  |  |  |  |
| DUTIES / ASSIGNMENTS |  |  | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) |  |
|  |  |  |  | FT | PT | Temp | Self-employed | Volunteer |
| NAMES OF CO-WORKERS |  |  | REASON FOR LEAVING |  |  |  |
| 1) | 2) |  |  |
|  |  |  |
| **27.10** | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) |  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
| Student | Between jobs | Leave of absence | Travel | Other: |   |  |  |  | / | / |

|  |
| --- |
| **SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued* |
| **27.11** | NAME OF EMPLOYER OR MILITARY UNIT |  |  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
|  | / |  |  | / |
|  | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |  |  |  |  | SUPERVISOR |  |  |
|  |  |  |  |  |  |  |
| CITY |  | STATE | ZIP |  | CONTACT NUMBER |  | EXT |
|  |  |  |  |  | ( | ) |  |  |  |
| JOB TITLE / RANK |  |  |  |  | EMAIL |  |  |  |
|  |  |  |  |  |  |  |
| DUTIES / ASSIGNMENTS |  |  | TYPE OF EMPLOYMENT (CHECK ALL | THAT APPLY) |  |
|  |  |  |  | FT | PT |  | Temp | Self-employed | Volunteer |
| NAMES OF CO-WORKERS |  |  | REASON FOR LEAVING |  |  |  |
| 1) | 2) |  |  |  |  |
|  |  |  |  |  |
| **27.12** | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) |  |  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
| Student | Between jobs | Leave of absence | Travel | Other: |  |  |  | / | / |
|  |  |  |  |  |  |
| **27.13** | NAME OF EMPLOYER OR MILITARY UNIT |  |  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
|  | / |  |  | / |
|  | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |  |  |  |  | SUPERVISOR |  |  |
|  |  |  |  |  |  |  |
| CITY |  | STATE | ZIP |  | CONTACT NUMBER |  | EXT |
|  |  |  |  |  | ( | ) |  |  |  |
| JOB TITLE / RANK |  |  |  |  | EMAIL |  |  |  |
|  |  |  |  |  |  |  |
| DUTIES / ASSIGNMENTS |  |  | TYPE OF EMPLOYMENT (CHECK ALL | THAT APPLY) |  |
|  |  |  |  | FT | PT |  | Temp | Self-employed | Volunteer |
| NAMES OF CO-WORKERS |  |  | REASON FOR LEAVING |  |  |  |
| 1) | 2) |  |  |  |  |
|  |  |  |  |  |
| **27.14** | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) |  |  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
| Student | Between jobs | Leave of absence | Travel | Other: |  |  |  | / | / |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **27.15** | NAME OF EMPLOYER OR MILITARY UNIT |  |  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
|  | / |  |  | / |
|  | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |  |  |  |  | SUPERVISOR |  |  |
|  |  |  |  |  |  |  |
| CITY |  | STATE | ZIP |  | CONTACT NUMBER |  | EXT |
|  |  |  |  |  | ( | ) |  |  |  |
| JOB TITLE / RANK |  |  |  |  | EMAIL |  |  |  |
|  |  |  |  |  |  |  |
| DUTIES / ASSIGNMENTS |  |  | TYPE OF EMPLOYMENT (CHECK ALL | THAT APPLY) |  |
|  |  |  |  | FT | PT |  | Temp | Self-employed | Volunteer |
| NAMES OF CO-WORKERS |  |  | REASON FOR LEAVING |  |  |  |
| 1) | 2) |  |  |  |
|  |  |  |  |
| **27.16** | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) |  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
| Student | Between jobs | Leave of absence | Travel | Other: |   |  |  |  | / | / |

|  |
| --- |
| **SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued* |
| **28.** | 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 |
| **29.** | Have you ever been fired, released from probation, or asked to resign from any place of employment? ......................................... | Yes | No |
| **30.** | Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ............................................... | Yes | No |
| **31.** | Have you ever quit without giving notice? ....................................................................................................................................... | Yes | No |
| **32.** | Have you ever resigned in lieu of termination? ............................................................................................................................... | Yes | No |
| **33.** | 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 |
| **34.** | Were you ever the subject of a written complaint at work? .............................................................................................................. | Yes | No |
| **35.** | Have you ever been counseled at work due to lateness or absences? ........................................................................................... | Yes | No |
| **36.** Did you ever receive an unsatisfactory performance review? ......................................................................................................... | Yes | No |
| **37.** Have you ever sold, released, or given away legally confidential information? ............................................................................... | Yes | No |
| **38.** Have you ever called in sick when you were neither sick nor caring for a sick family member? ...................................................... | Yes | No |
|  | IF YES, how many sick days have you used in the past five years which were not due to illness? \_  | \_ Days |  |

|  |
| --- |
| If you answered “YES” to any of **Questions 28–38**, explain (include when, where, and circumstances – *reference corresponding numbers*). |

**39.**.*In the* ***past three years***, have you missed days or been late to work due to drug or alcohol consumption?

IF YES, how often?

Yes

No

**40.** Has your work performance ever been affected by your use of alcohol or drugs? ..........................................................................

Yes

No

IF YES, when?

Name of employer:

**41.** *In the* ***past three years***, have you been warned by an employer about your drinking or drug habits and their impact

on your performance? ....................................................................................................................................................................

Yes

No

IF YES, when?

Name of employer:

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

|  |  |  |
| --- | --- | --- |
| **42.** Have you ***ever*** applied for ***any*** position at another law enforcement agency (city, county, state, or federal)? ................................. | Yes | No |

* If you answered “YES” **to Question 42,** list **EVERY** agency you have applied to, starting with the most recent.

### Give complete and accurate addresses.

* **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**

#### *If more space is needed, continue your response on page 25.*

###### 42.1

NAME OF LAW ENFORCEMENT AGENCY DATE APPLIED (MM/YYYY)

# /

ADDRESS (NUMBER / STREET) BACKGROUND INVESTIGATOR’S NAME (IF KNOWN)

CITY STATE ZIP CONTACT NUMBER EXT

# ( )

POSITION APPLIED FOR EMAIL

###### 42.2

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief’s Oral Conditional Offer STATUS: Hired On Eligibility List Withdrawn Disqualified List Expired

NAME OF LAW ENFORCEMENT AGENCY DATE APPLIED (MM/YYYY)

# /

ADDRESS (NUMBER / STREET) BACKGROUND INVESTIGATOR’S NAME (IF KNOWN)

CITY STATE ZIP CONTACT NUMBER EXT

# ( )

POSITION APPLIED FOR EMAIL

###### 42.3

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief’s Oral Conditional Offer STATUS: Hired On Eligibility List Withdrawn Disqualified List Expired

NAME OF LAW ENFORCEMENT AGENCY DATE APPLIED (MM/YYYY)

# /

CITY STATE ZIP CONTACT NUMBER EXT

# ( )

POSITION APPLIED FOR EMAIL

###### 42.4

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief’s Oral Conditional Offer STATUS: Hired On Eligibility List Withdrawn Disqualified List Expired

NAME OF LAW ENFORCEMENT AGENCY DATE APPLIED (MM/YYYY)

# /

CITY STATE ZIP CONTACT NUMBER EXT

# ( )

POSITION APPLIED FOR EMAIL

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

##### STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief’s Oral Conditional Offer STATUS: Hired On Eligibility List Withdrawn Disqualified List Expired

|  |
| --- |
| **SECTION 6: MILITARY EXPERIENCE** |
| **43.** | Are you required to register for the Selective Service? ................................................................................................................... | Yes | No |
|  | IF YES, have you registered? ......................................................................................................................................................... | Yes | No |
|  | IF NO, explain:  |  |  |
| **44.** | Have you ever served in the military? .......................................................................................................................................... | Yes | No |

|  |
| --- |
| **45.** If you answered “YES” to Question 44, include the following service information: |
|  | BRANCH OF SERVICE |  | FROM (MM/YYYY) | TO (MM/YYYY) |  |
|  | / | / |
| TYPE OF DISCHARGE |  |  |  |  |  |  |
| Entry Level | Honorable | General | OTH (Other than Honorable) | Bad Conduct | Dishonorable |  |
| Re-entry Code (1–4) if applicable – *refer to your DD-214:*  |  |  |  |
|  |
| **46.** | Are you currently participating in one of the following? |  |  |  |  |
|  | Military Reserve | National Guard | IF CHECKED, date obligation ends (MM/DD/YY): |   |  |  |
| **47.** | 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 |
| **48.** | Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? | ...................................... | Yes | No |
|  |  |  |  |  |
| **49.** | Have you ever taken military property without permission for personal use, to sell, or to give away? ........................................... |  | Yes | No |

|  |
| --- |
| If you answered “YES” to any of **Questions 47–49**, explain (include dates and circumstances). |

|  |
| --- |
| **SECTION 7: FINANCIAL** |
| **50.** INCOME AND EXPENSES |
| * For each of the following questions (**50A, B, C**), fill in the amounts to the nearest dollar.
* For **Question 50C:** Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.
 |
|  | ..............................................................A)Fromyouremployer(s),whatisyourtake-homemonthlyincome? |  |  | $  | per month |
| B) Do you have other sources of income? (IF YES, fill in amount and explain.) .................... | Yes | No | $  | per month |
| Explain: |  |  |  |  |
| C) How much do you spend each month? ....................................................................................................... |  |  | $  | per month |
|  |
| **51.** | Have you ever filed for or declared bankruptcy (Chapter7, 11 or 13)? |  |  |  | Yes | No |
| **52.** | Have any of your bills ever been turned over to a collection agency? .......................................................................................... |  |  |  | Yes | No |
| **53.** | Have you ever had purchased goods repossessed? .................................................................................................................... |  |  |  | Yes | No |

|  |
| --- |
| **SECTION 7: FINANCIAL** *continued* |
| **54.** | Have your wages ever been garnished? ...................................................................................................................................... | Yes | No |
| **55.** | Have you ever been delinquent on income or other tax payments? ............................................................................................. | Yes | No |
| **56.** | Have you ever failed to file income tax or cheated/lied on an income tax form? ........................................................................... | Yes | No |
| **57.** | Have you ever had an employment bond refused? ...................................................................................................................... | Yes | No |
| **58.** | Have you ever avoided paying any lawful debt by moving away? ................................................................................................ | Yes | No |
| **59.** | Have you ever defaulted on (failed to pay) a loan? ...................................................................................................................... | Yes | No |
| **60.** | 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 |
| **61.** | Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? ........ | Yes | No |
| **62.** | Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ............... | Yes | No |
| **63.** | Have you written three or more bad checks in a one-year period? ............................................................................................... | Yes | No |

|  |
| --- |
| If you answered “YES” to any of **Questions 51–63**, explain (include when, where, and why – *reference corresponding numbers*). |

|  |
| --- |
| **SECTION 8: LEGAL** |
|  **Disclosure of Arrests and Convictions** |
|  |

**63. Have you ever been convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?**

Yes

No

IF YES, explain each incident:

CHARGE

**64.1**

APPROX DATE (MM/YYYY)

/

ARRESTING OR DETAINING AGENCY

DISPOSITION OR PENALTY

**SECTION 8: LEGAL** *continued*

CHARGE

**64.2**

APPROX DATE (MM/YYYY)

/

DISPOSITION OR PENALTY

CHARGE

**64.3**

APPROX DATE (MM/YYYY)

/

ARRESTING OR DETAINING AGENCY

DISPOSITION OR PENALTY

ARRESTING OR DETAINING AGENCY

|  |  |  |  |
| --- | --- | --- | --- |
| **65.** | ..........................................................................................................................Haveyoueverbeenplacedoncourtprobation? | Yes | No |
| **66.** | Were you ever required to appear before a juvenile court for an act which would have been a crime if |  |  |
|  | committed as an adult? (You may answer “no” if your juvenile record has been sealed or expunged by juvenile court.) .............. | Yes | No |
| **67.** | Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, |  |  |
|  | support, etc.)? ............................................................................................................................................................................. | Yes | No |
| **68.** | Have the police ever been called to your home for any reason? .................................................................................................. | Yes | No |
| **69.** | Have you or your spouse/partner ever been referred to Child Protective Services? ..................................................................... | Yes | No |
| **70.** | Have you ever been the subject of an emergency protective order/restraining order/stay-away order? ........................................ | Yes | No |
| **71.** | 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 |
| **72.** | Have you ever fraudulently received welfare, unemployment compensation, workers’ compensation, or other |  |  |
|  | state or federal assistance? ......................................................................................................................................................... | Yes | No |
| **73.** | Have you ever been required to repay any welfare payments, unemployment compensation, or other state or |  |  |
|  | federal assistance? ...................................................................................................................................................................... | Yes | No |
| **74.** | Have you ever filed a false insurance or workers’ compensation claim? ...................................................................................... | Yes | No |

|  |
| --- |
| If you answered “YES” to any of **Questions 65–74**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). |

|  |
| --- |
| **SECTION 8: LEGAL** *continued* |
|  **Involvement in Criminal Acts – Part 1** |
| **75.** Have you committed any of the following acts ***within the past 10 years***? (You do NOT have to report any acts committed ***prior to age 15***.) |
| * You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/ Police Cadet.
* **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it**.
 |
| **75.1** | Animal abuse and/or neglect | Yes | No |
| **75.2** | Annoying, obscene, or harassing contacts by telephone or other electronic communication device | Yes | No |
| **75.3** | Battery (use of force or violence upon another) | Yes | No |
| **75.4** | Brandishing a weapon (any type of weapon) | Yes | No |
| **75.5** | Carrying a concealed weapon without a permit | Yes | No |
| **75.6** | Contributing to the delinquency of a minor | Yes | No |
| **75.7** | Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) | Yes | No |
| **75.8** | Driving under the influence of alcohol and/or drugs | Yes | No |
| **75.9** | Drunk in public(being so intoxicated in a public place that you’re not able to care for yourself) | Yes | No |
| **75.10** | Filing a false police report | Yes | No |
| **75.11** | Hit & run collision (no injuries) | Yes | No |
| **75.12** | Illegal gambling | Yes | No |
| **75.13** | Illegal hunting and/or fishing (for example, without a license, out of season) | Yes | No |
| **75.14** | Impersonating a peace officer (pretending to be a police officer) | Yes | No |
| **75.15** | Indecent exposure and/or lewd or obscene conduct | Yes | No |
| **75.16** | Intentionally writing a bad check | Yes | No |
| **75.17** | Joyriding (using a car or other vehicle without owner’s permission) | Yes | No |
| **75.18** | Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone’s privacy) | Yes | No |
| **75.19** | Petty theft (value up to $950, including shoplifting/switching price tags) | Yes | No |
| **75.20** | Possession of alcohol as a minor | Yes | No |
| **75.21** | Possession of falsified or altered identification, including use of another person’s ID (for any reason) | Yes | No |
| **75.22** | Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) | Yes | No |
| **75.23** | Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors) | Yes | No |
| **75.24** | Reckless driving | Yes | No |
| **75.25** | Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police) | Yes | No |

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| **SECTION 8: LEGAL** *continued* |
| **75.26** | Trespassing | Yes | No |
| **75.27** | Vandalism (including, but not limited to, “tagging”, malicious mischief, and/or property damage) | Yes | No |
| **75.28** | Any other act amounting to a misdemeanor | Yes | No |

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| * If you answered “YES” to **ANY** of the item(s) in **Question 75**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 75.5) for each explanation.*
* *If more space is needed, continue your response on page 25.*
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|  **Involvement in Criminal Acts – Part 2** |
| **76. *At any time in your life***, have you ***EVER*** committed any of the following acts*?* |
| **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the conviction that arose from it**. |
| **76.1** | Arson (intentionally destroying property by setting a fire) | Yes | No |
| **76.2** | Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily |  |
| injury or death) | Yes | No |
| **76.3** | Blackmail or extortion | Yes | No |
| **76.4** | Burglary (entering a structure or vehicle to commit theft or other crime) | Yes | No |
| **76.5** | Child molestation (performing unlawful acts with a child, inappropriate touching of a child) | Yes | No |
| **76.6** | Elder abuse and/or neglect (physical and/or financial) | Yes | No |
| **76.7** | Embezzlement (theft of money or other valuables entrusted to you) | Yes | No |
| **76.8** | Felony drunk driving (involving injuries) | Yes | No |

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| **SECTION 8: LEGAL** *continued* |
| **76.9** | .........................................................................................................................................................................Forciblerape | Yes | No |
| **76.10** | Forgery (falsifying any type of document, check certificate, license, currency, etc.) | Yes | No |
| **76.11** | Fraudulent use of a credit, ATM, debit, and/or check card | Yes | No |
| **76.12** | Grand theft (value of over $950, or any firearm) | Yes | No |
| **76.13** | Hit & run (with injuries) | Yes | No |
| **76.14** | Hate crime | Yes | No |
| **76.15** | Illegal sex acts | Yes | No |
| **76.16** | Insurance fraud | Yes | No |
| **76.17** | Murder, homicide, or attempted murder | Yes | No |
| **76.18** | Perjury (lying under oath) | Yes | No |
| **76.19** | Possession of an explosive/destructive device | Yes | No |
| **76.20** | Robbery (theft from another person using a weapon, force, or fear) | Yes | No |
| **76.21** | Stalking | Yes | No |
| **76.22** | Theft of a vehicle and/or vehicle parts | Yes | No |
| **76.23** | Viewing and/or possessing child pornography | Yes | No |
| **76.24** | Any other act amounting to a felony | Yes | No |

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| * If you answered “YES” to **ANY** of the item(s) in **Question 76**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 76.3) for each explanation*
* *If more space is needed, continue your response on page 25.*
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| --- | --- | --- | --- | --- | --- |
| Sold | Manufactured | Purchased | Furnished | Cultivated | Carried or Held for Another |

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| **SECTION 8: LEGAL** *continued* |
|  **Illegal Use of Drugs** |
| * For the purpose of responding to the following questions, “illegal drugs” inclu or over-the-counter drugs; it also includes the illegal use of any other substan
* Your responses should include — ***but not be limited to*** — your use of any o

 Amphetamines / Methamphetamines *(Uppers, Speed, Crank, etc)* | de the unauthorized or illegal use of prescription medications ce for the purpose of getting “high.”f the following: Marijuana *(with or without a prescription)* |  |
|  Barbiturates (*Downers)* |  Mescaline |  |
|  Cocaine / Crack Cocaine |  Morphine |  |
|  Designer Drugs *(Ecstasy, Synthetic Heroin, etc.)* |  PCP / Angel Dust |  |
|  GHB *(Date Rape Drug)* |  Quaaludes |  |
|  Hallucinogens *(Peyote, LSD, Mushrooms)* |  Steroids |  |
|  Hashish / Hashish Oil |  Tetrahydrocannabinal (THC) |  |
|  Heroin / Opium |  Glue, paint, or any substance containing toluene |  |
| 1. ***Within the past six months***, have you used any drug(s) as indicated above? IF YES, give details including ***drug(s) used***, ***most recent date used***, and ***cir***
2. ***Prior to the past six months:***

I have ***never*** used any drug recreationally.I have tried or used one or more drugs, but only under ***limited*** circumstan*events, etc.)*IF YOU CHECKED BOX 2, give details including ***drug (s) used***, ***most recent*** | ............................................................................ Yes***cumstances***:ces *(for example, experimentation, at parties, concerts, spec****date used***, and ***circumstances*:** | No*ial* |

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| **79.** Have you ***EVER*** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription: IF ANY ITEM IS CHECKED, give details including ***drug (s) involved***, ***over what time period (s)***, and ***circumstances***. |

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| --- | --- | --- |
| **80.** During the ***past five years***, have you associated with friends, acquaintances, housemates, or family members who |  |  |
| have illegally used drugs or narcotics, and/or illegally used prescription medications? .................................................................. | Yes | No |
| IF YES, explain: |  |  |

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| **SECTION 9: MOTOR VEHICLE INFORMATION** |
| **81.** Current Driver’s License: |
|  | STATE OF ISSUE | LICENSE NUMBER | EXPIRATION DATE (MM/DD/YYYY) | NAME UNDER WHICH LICENSE WAS GRANTED |
|  |  | / / |  |

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| **82.** 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 |
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| **83.** Have you ever been refused a driver’s license by any state? ........................................................................................................ | Yes | No |
| IF YES, explain (include when, where, and circumstances): |  |  **\_** |

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| --- | --- | --- |
| **84.** Has your driver’s license ever been suspended or revoked? ........................................................................................................IF YES, explain (include when, where, and circumstances): | Yes | No |

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| **85.** List all traffic citations, excluding parking citations, you have received ***within the past seven years***. |
| **85.1** | NATURE OF VIOLATION |  | LOCATION (STREET) |  | CITY |  | STATE |
|  |  |  |  |  |  |  |
|  | DATE VIOLATION OCCURRED | ACTION TAKEN |
|  | Month: | Year: | Not Guilty | Fined | Traffic School | Dismissed |
| **85.2** | NATURE OF VIOLATION | LOCATION (STREET) | CITY | STATE |
|  |  |  |  |
|  | DATE VIOLATION OCCURRED | ACTION TAKEN |
|  | Month: | Year: |  | Not Guilty | Fined | Traffic School | Dismissed |

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| **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):  Failed to Appear þÿ Failed to Complete Traffic School þÿ Failed to Pay the Required FineIF CHECKED, explain circumstances: |

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| --- | --- | --- | --- |
| **87.**Have you ever driven a vehicle without auto insurance, as required by law? |  | Yes | No |
|  | IF YES, GIVE REASON | FROM (MM/YYYY) | TO (MM/YYYY) |
|  | / | / |

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| **SECTION 9: MOTOR VEHICLE OPERATION** *continued* |
| **88.** Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ..................................................... | Yes | No |
|  | IF YES, GIVE REASON | DATE (MM/YYYY) |
|  | / |
|  | INSURANCE COMPANY |
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| * Use this space for additional information you would like to include regarding your driving record*.*
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| **SECTION 10: OTHER TOPICS** |
| **89.** Have you ever been refused a permit to carry a concealed weapon? ............................................................................................. | Yes | No |
| **90.** 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 |
| **91.** Have you ever hit or physically overpowered a spouse or romantic partner? .................................................................................. Yes No |
| **92. *Since the age of 15***, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ........... Yes No |
| **93.** 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, ethnicorigin, nationality, gender, sexual preference, or disability? ............................................................................................................ Yes No |

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| If you answered “YES” to any of **Questions 89–93**, give details including dates and circumstances – *reference corresponding numbers*). |

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| **SECTION 11: CERTIFICATION** |
| **94.** I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.Signature in Full:  Date: |

**Use the following page to continue any of your responses.**

**Be sure to reference corresponding numbers.**

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| **ADDITIONAL COMMENTS** |
| * Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.*
* You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.
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