NOTICE:

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 Peace Officer position as provided by Section 1031 of the Government Code of the State of California.

FILLING OUT THE PERSONAL HISTORY STATEMENT:

- 1. The completion of this PHS in accordance with Section 1002(a)(5) of the California POST Regulations is mandatory. It is strongly suggested that you begin working on it immediately as you will need to bring it to the interview completed.
- 2. You must personally type or legibly print in black ink all required information. Provide one-sided originals only.
- 3. Read the directions of each question carefully before answering. Leave no blanks and respond to each question. If a question does not apply to you, enter N.A. for "not applicable."
- 4. If you are not certain of the information, confirm it before answering. All information provided is subject to verification.
- 5. You are responsible for the accuracy and completeness of all information on this form including but not limited to, addresses (including zip codes) and telephone numbers (including area codes). Zip code information can be obtained from the U.S. Post Office and area code information can be found in the telephone directory.
- 6. Incomplete statements, deliberate omissions or fraudulent statements may bar or remove you from consideration for employment as a Peace Officer.
- Account for ALL REQUIRED TIME PERIODS IN YOUR BACKGROUND, INCLUDING PERIODS OF UNEMPLOYMENT. Include all
 military assignments and locations within the last 15 years.
- 8. Being discharged from a job or having an arrest record will not automatically disqualify you or result in release from a Peace Officer position. However, any negative factor in your background will be examined carefully and evaluated in terms of the relevance to the position of Peace Officer.
- 9. Disclosure of Detentions, Arrests and Convictions: All convictions for misdemeanor offenses or infractions as well as ALL ARRESTS and DETENTIONS for any crime MUST be listed whether or not the arrest resulted in a conviction, an acquittal, dismissal, or placement on a program of pre- or post-trial diversion (per Section 432.7 of the Labor Code of the State of California). You must list an arrest or conviction even if you have earned a release under Section 1203.4 or 1203.4(a) of the California Penal Code or Section 1179 or 3200 of the California Welfare and Institutions Code or a pardon under 4852.17 and 4853 of the California Penal Code.
- 10. Civil Restraining Orders. Include information where you were a subject of a restraining order or sought a restraining order against an individual.
- 11. Do not divulge information concerning physical or medical conditions either past or present. The Americans with Disabilities Act prohibits employers from making medically-related inquiries prior to a final offer of employment.
- 12. Initial every page at the bottom right hand corner.
- 13. Bring your completed Personal History Statement including the instructions and supplemental questionnaires/documents on the day of your interview.
- 14. If there is insufficient space to list all information in the space provided, use Page 27 in this packet and attach as many typed or lined sheets of 8-112 X 11 papers as necessary, making sure to identify the questions or item by number and subject.
- 15. In addition to your Personal History Statement, you are also required to provide ORIGINAL or CERTIFIED copies of the following:

a. BIRTH CERTIFICATE or CERTIFICATE OF NATURALIZATION.

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- b. **GSN CANDIDATES** HIGH SCHOOL TRASCRIPTS, GED OR CALIFORNIA HIGH SCHOOL PROFICIENCY TRANSCRIPTS WITH SCORES. Transcripts must be in a sealed envelope issued by your high school or school district. If you provided your sealed transcripts during the Exam process, your background investigator will obtain them from the Exam Unit.
- c. DSO AND DPO CANDIDATES ALL OFFICIAL COLLEGE TRANSCRIPTS. Transcripts must be certified and in a sealed envelope issued by your college or university. If you provided your sealed certified transcripts during the Exam process, your background investigator will obtain them from the Exam Unit.
- d. A <u>sealed copy</u> of your credit report from one of the following agencies: Trans Union (800-916-8800 or transunion.com); Experian (888-397-3742 or experian.com); or, Equifax (800-685-1111) or equifax.com). Bring the day of the interview or mail to:

Los Angeles County Probation Department, Attn. Background Investigations Unit, 9150 E. Imperial Highway, Room L-22, Downey, California, 90242. *NOTE:* ONLINE credit reporting will not be accepted.

- e. Your ORIGINAL VALID CALIFORNIA DRIVER LICENSE.
- Original Proof of Insurance and/or the insurance policy showing your name.
- g. Your ORIGINAL SIGNED SOCIAL SECURITY CARD.
- h. MILITARY DD214 (only Page 4) or PROOF OF DRAFT REGISTRATION (applies to males born after January 1, 1960). You can secure a copy of your selective service registration by accessing http://www.sss.gov
- i. Your Performance Evaluations and Master Payroll records for the past two (2) years, if currently employed by the County of Los Angeles.
- j. California Department of Motor Vehicle (DMV) driving record (H6). No online printouts.
- k. **NOTARIZED** Waiver to Release Information. It is the responsibility of the candidate to obtain a notary and the waiver must be signed and dated in front of the notary.
- I. Tattoo Disclosure is mandatory. You must complete the Tattoo Disclosure Form, providing all requested information (if applicable). Photographs of all tattoos must be submitted with the completed Personal History Statement.

IF THESE DOCUMENTS ARE NOT AVAILABLE AT THE TIME OF YOUR INTERVIEW, YOUR INTERVIEW MAY BE RESCHEDULED.

FAILURE TO RESPOND HONESTLY TO THE INQUIRIES POSED TO YOU OR TO ANSWER COMPLETELY, MAY RESULT IN YOU BEING DENIED EMPLOYMENT AS A PEACE OFFICER.

The Personal History Statement and the information it contains, as well as all other information and documents acquired during the course of this investigation, are available for inspection only by Department employees with a need to know or to others as authorized by law.

THIS IS NOT AN OFFER OF EMPLOYMENT

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Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **California Peace Officer**, in accordance with POST Commission Regulation 1953.

- It is your responsibility to complete this form and provide all required information.
- 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 27) and identify the additional information by the question number.
- Send the completed form to your background investigator or the agency to which you are applying. Do NOT send
 the form to POST.

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

I have read and I understand the above instructions.

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.

Signature:	Date:

SECTION '	1: PERSONAL								
1. YOUR FULI	L NAME								
LAST				FIRST			MIDDLE		
2. OTHER NA	MES YOU HAVE USE	D OR BEEN KNOWN	BY (INCLUDE MAID	EN NAME AND	NICKNAMES)				□ N/A
3. ADDRESS	WHERE YOU LIVE								
NUMBER / S	STREET						APT / UNIT		
CITY							STATE ZIP		
4. MAILING A	DDRESS, IF DIFFERE	ENT FROM ABOVE (F	FOR EXAMPLE, PO B	OX)					
5. CONTACT I			` `			, \			
HOME ()	WORK (.)	EXT	OTHER	()	CELL	FAX	
6. CONTACT I	EMAIL			7. LIST AL	L OTHER EMAIL ADDRESSE	S (SEPARATED BY CO	MMAS)		
8. CITIZENSH	IIP								
Are you a	a U.S. citizen?								☐ No
IF NO, ar	e you a resident	alien who is elig	ible and has app	lied for U.S.	. citizenship?				☐ No
9. BIRTH PLA	CE (CITY / COUNTY	/ STATE / COUNTRY)						
10. BIRTHDATE	E (MM/DD/YYYY)	11. SOCIAL SECU	RITY NUMBER	12. DRIVER'S	LICENSE				
		_	_	NUMBER:		STATE:	EXPIRES	:	
13. PHYSICAL	DESCRIPTION					·	•		
HEIGHT:		WEI	GHT:		HAIR COLOR:		EYE COLOR:		
0=0=1011									
	2: RELATIVES	S AND REFER	ENCES						
14. IMMEDIAT	TE FAMILY								
	vide all applicable				k "Deceased," if approp				
• Mari	k "N/A" if a categ	ory is not applic	able.	• If m	ore space is needed, co	ontinue on page 27	7 – reference corr	esponding	numbers.
	e / Registered D							eceased	□ N/A
NAME			HOME ADDRESS (N	UMBER / STRE	EET / APT)	CITY		STATE ZIP	
	HOME PHONE		WORK ADDRESS (N	IUMBER / STRE	EET / SUITE)	CITY		STATE ZIP	
	WORK PHONE		CELL PHONE		EMAIL				
	()		()		LIVIAIL				
	DATE OF MARRIAGE	E/REGISTRATION	,						
					Is there, or has there e				
	/	(MM/YYYY)			order in effect involving	g you and this indi	vidual?	∐ Ye	s No
	er Spouse / Forr	ner Registered					D	eceased	□ N/A
NAME			HOME ADDRESS (N	UMBER / STRE	ET / APT)	CITY		STATE ZIP	
	LIONE BLOCK		MODI/ + DDF = 22	III IMPER / SEC	CET (OUTE)	OITY		OTATE	
	HOME PHONE		WORK ADDRESS (N	IUMBER / STRE	EET / SUITE)	CITY		STATE ZIP	
	WORK PHONE		CELL PHONE		EMAIL				
	()		()		LIVIAIL				
	DATE OF MARRIAGE	F/REGISTRATION	DATE OF DISSOLUT	TON					
	/	(MM/YYYY)		(MM/YYYY)	Is there, or has there e				s 🗌 No

SECTI	ON 2:	RELATIVES	AND REF	ERE	NCES co	ontinued						
14.C P	arents /	Guardians										
Li	List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc.											
14.C.1	Parent	/ Guardian:	☐ Mother			☐ Step-mother		☐ In-la	w	Other:		Deceased
NAME					HOME AD	DRESS (NUMBER / ST	REET / APT)		CITY	(STATE	ZIP
		HOME PHONE			MAILING A	ADDRESS (IF DIFFEREI	NT)		CITY		STATE	ZIP
		()										
		WORK PHONE			CELL PHO	ONE	EMAIL					
		()			()							
14.C.2 NAME	Parent	/ Guardian:	☐ Mother			Step-mother ORESS (NUMBER / STE		☐ In-la		Other:	IOTATE.	Deceased
NAME					HOME AD	IDRESS (NUMBER / STE	REET / APT)		CITY		STATE	ZIP
		HOME PHONE			MAILING	ADDRESS (IF DIFFEREI	NT)		CITY	/	STATE	ZIP
		()					,					
		WORK PHONE			CELL PHO	ONE	EMAIL					
		()			()							
14.C.3	Parent	/ Guardian:	Mother		Father	☐ Step-mother	☐ Step-father	☐ In-la	w	Other:		Deceased
NAME			_			DRESS (NUMBER / ST			CITY		STATE	ZIP
		HOME PHONE			MAILING A	ADDRESS (IF DIFFEREI	NT)		CITY	/	STATE	ZIP
		()										
		WORK PHONE			CELL PHO	ONE	EMAIL					
		()			()							
14.C.4	Parent	/ Guardian:	Mother			Step-mother		☐ In-la		Other:	IOTATE.	Deceased
NAME					HOME AD	DRESS (NUMBER / STF	REET / APT)		CITY		STATE	ZIP
		HOME PHONE			MAILING	ADDRESS (IF DIFFEREI	NT)		CITY	/	STATE	ZIP
		()					,					
		WORK PHONE			CELL PHO	DNE	EMAIL					
		()			()							
14.D B	rothers	/ Sisters										□ N/A
1:	ot All I	IVINC aibline	ro including	, balf	oiblin ao	atan aiblings facts	or ciblings ato					_
						step-siblings, foste						
	Sibling	: Brothe	r Siste	r [Half-bro	ther Half-siste	er Other:		OIT	,	lor.r-	710
NAME				AGE	HOME AD	DRESS (NUMBER / STE	KEET/APT)		CITY		STATE	ZIP
		HOME PHONE			MAILING	ADDRESS (IF DIFFEREI	NT)		CITY	/	STATE	ZIP
		()					,		0		011112	
		WORK PHONE			CELL PHO	ONE	EMAIL					
		()			()							
14.D.2	Sibling	: Brothe	r Siste	er 🗆	Half-bro	ther Half-siste	er Other:					
NAME	5					DRESS (NUMBER / STE			CITY	/	STATE	ZIP
		HOME PHONE			MAILING A	ADDRESS (IF DIFFEREI	NT)		CITY	/	STATE	ZIP
		()										
		WORK PHONE			CELL PHO		EMAIL					
		()			()		1					

SECT	ION 2:	RELATIVE	S AND REF	EREI	NCES continued				
14.D.3	Sibling	: Brot	her Siste	er 🔲	Half-brother Half-sister	☐ Other:			
NAME				AGE	HOME ADDRESS (NUMBER / STRI	EET / APT)	CITY	STATE	ZIP
		HOME PHON	IE		MAILING ADDRESS (IF DIFFEREN	T)	CITY	STATE	ZIP
		WORK PHON	ΙE		CELL PHONE ()	EMAIL			
14.D.4	Sibling	ı: 🔲 Brot	her	er 🔲	Half-brother Half-sister	☐ Other:			
NAME				AGE	HOME ADDRESS (NUMBER / STRI		CITY	STATE	ZIP
						_			
		HOME PHON	lE .		MAILING ADDRESS (IF DIFFEREN	1)	CITY	STATE	ZIP
		WORK PHON	NE		CELL PHONE	EMAIL			
		()			()				
14.E C	Children								□ N/A
					ral, adopted, step, and/or fo parent/guardian, if other that		other children who reside with you. F	Provide	the name
14.E.1	Child:	☐ Son	☐ Daughter		Other:				
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	I (IF OTHER THAN YOU)			
					ADDRESS (NUMBER / STREET / ADDRESS)	ADT)	CITY	STATE	710
					ADDRESS (NOWIDER / STREET / A	AFI)	CITT	SIAIE	ZIF
					CONTACT NUMBER	EMAIL			
					()				
14.E.2	Child:	Son	☐ Daughter		Other:				
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)			
					ADDRESS (NUMBER / STREET / A	APT)	CITY	STATE	ZIP
					CONTACT NUMBER	EMAIL			
					()	LIVIALE			
14.E.3	Child:	Son	☐ Daughter		Other:				
NAME	Cillia.	☐ 30H	☐ Daugnter		CUSTODIAL PARENT/GUARDIAN	I (IF OTHER THAN YOU)			
					ADDRESS (NUMBER / STREET / A	APT)	CITY	STATE	ZIP
					CONTACT NUMBER	EMAIL			
					()				
	Child:	Son	☐ Daughter		Other:	LUE OTHER THAN YOU			
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	T(IF OTHER THAN YOU)			
					ADDRESS (NUMBER / STREET / ADDRESS)	APT)	CITY	STATE	ZIP
					CONTACT NUMBER	EMAIL			
					()				

SEC	TION 2: F	RELATIVES AND REFERENCE	CES continued						
15. LI	ST OF REFER	RENCES							
•	List 7 –1 co-work	10 people who know you well, suers. Do NOT include relatives, e	uch as close personal relationship imployers, housemates, or any in	os, social and far dividuals listed e	mily friends, teachers, military colleacelsewhere.	jues, ar	nd/or		
45.4	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.1									
		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 R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.2									
	l	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?				
45.0	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.3									
	l .	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 R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.4									
	•	HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP		
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		WORK PHONE	CELL PHONE	EMAIL					
		()	()						
		How do you know this person?			How long have you known this person?				
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.5									
		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?				
45.0	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.6									
		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?				

SEC	TION 2:	RELATIVES AND REFERE	NCES c	ontinued						
	NAME OF R	REFERENCE	НОМ	E ADDRESS (NUMBER / STREET	/ APT)	CITY		STATE	ZIP	
15.7										
		HOME PHONE	WOR	K ADDRESS (NUMBER / STREET	/ SUITE)	CITY		STATE	ZIP	
		()								
		WORK PHONE	CELL	_ PHONE	EMAIL					
		()	()						
		How do you know this person?	'			How long hav	ve you known this person?			
15.8	NAME OF R	REFERENCE	HOM	E ADDRESS (NUMBER / STREET	/ APT)	CITY		STATE	ZIP	
		HOME PHONE	WOR	RK ADDRESS (NUMBER / STREET	/ CLUTE\	CITY		STATE	ZID	
		/ \	WOR	IN ADDRESS (NUMBER / STREET	/ 30ITE)	CITT		SIAIE	ZIF	
		WORK PHONE	CELL	_ PHONE	EMAIL					
		/ \	(\	LIVIAIL					
		()	()						
		How do you know this person?				How long hav	ve you known this person?			
15.9	NAME OF R	REFERENCE	НОМ	E ADDRESS (NUMBER / STREET	/ APT)	CITY		STATE	ZIP	
13.3										
		HOME PHONE	WOR	RK ADDRESS (NUMBER / STREET	/ SUITE)	CITY		STATE	ZIP	
		()								
		WORK PHONE	CELL	PHONE	EMAIL					
		()	()						
		How do you know this person?		Ho			How long have you known this person?			
	NAME OF R	REFERENCE	НОМ	E ADDRESS (NUMBER / STREET	/ APT)	CITY		STATE	ZIP	
15.10										
		HOME PHONE	WOR	RK ADDRESS (NUMBER / STREET	/ SUITE)	CITY		STATE	ZIP	
		()								
		WORK PHONE	CELL	PHONE	EMAIL					
		()	()						
		How do you know this person?				How long hav	ve you known this person?			
						1				
SEC	CTION 3:	EDUCATION								
•		You will be required to furn space is needed, continue yo			upport all of yo	our educatio	nal claims in Section 3	3.		
16 0	HECK APPL	ICABLE MM/Y	/ ///	MAAAAA					IM/VVV	
10. C			111	MM/YYYY			15 (1)		M/YYYY	
	⊢	High School Diploma: /		☐ GED: /	☐ Califor	nıa High Scho	ool Proficiency Certificate:		/	
17. I	IST HIGH SC	CHOOL(S) ATTENDED								
		IIGH SCHOOL					FROM (MM/YYYY)	TO (MM/Y	YYY)	
17.1							/		/	
	1		CIT	Υ				STATE		
	NAME OF H	IIGH SCHOOL					FROM (MM/YYYY)	TO (MM/Y	YYY)	
17.2							/	,	1	
			CIT	Υ				STATE		

SEC	TION 3:	EDUCATION continued						
18. LI	-	LEGES AND UNIVERSITIES ATTENDED	_		,			
18.1	NAME OF C	COLLEGE/UNIVERSITY	FROM (MM/Y)	YY)	TO (M	M/YYYY)	TOTA	L UNITS COMPLETED
10.1			/			/	l —	QTR SYSTEM SEM SYSTEM
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY		S	TATE	ZIP		MAJOR / AREA OF STUDY
			<u></u>		-			
18.2	NAME OF C	OLLEGE/UNIVERSITY	FROM (MM/Y)	YY)	TO (M	M/YYYY)	ТОТА	L UNITS COMPLETED
			/				<u> </u>	QTR SYSTEM SEM SYSTEM
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY		Ic	TATE	ZIP		MAJOR / AREA OF STUDY
		CITT		3	IAIE	ZIF		MAJOR / AREA OF STUDY
	NAME OF C	COLLEGE/UNIVERSITY	FROM (MM/Y)	///\	TO (M	M/YYYY)	TOTA	L UNITS COMPLETED
18.3	INAIVIE OF C	JOLLEGE/UNIVERSITY	/ /	11)	TO (IVII	/ /	IOIA	QTR SYSTEM SEM SYSTEM
		ADDRESS (NUMBER / STREET)					l —	TYPE OF DEGREE EARNED
		ADDITION (NOMBLIN OTHER)						THE OF BESIDE EARNED
		CITY		Is	TATE	ZIP		MAJOR / AREA OF STUDY
	NAME OF C	L COLLEGE/UNIVERSITY	FROM (MM/Y)	YY)	TO (M	<u>I</u> M/YYYY)	TOTA	L UNITS COMPLETED
18.4			/	ŕ		1		☐ QTR SYSTEM ☐ SEM SYSTEM
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY		S	TATE	ZIP		MAJOR / AREA OF STUDY
19. LI	-	ADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENT TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		OM (MM	I/YYYY)	TO (MM/YY	YY)	DID YOU COMPLETE THE COURSE?
19.1				1	,	1	,	☐ Yes ☐ No
		CITY		STATE	E TY	PE OF SCHOOL	OR TRA	
	NAME OF T	I RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FR	ŌM (MM	I/YYŸY)	TO (MM/YY	YY)	DID YOU COMPLETE THE COURSE?
19.2				/		/		☐ Yes ☐ No
		CITY		STATE	E TY	PE OF SCHOOL	OR TRA	AINING
				I .				
20.	Have you	ever taken a PC832 (Arrest and/or Firearms) Course?						Yes No
	IF YES, p	rovide the following information:						
		A. COURSE PRESENTER NAME				LOCATION	(CITY /	STATE)
		B. COURSE COMPLETION					,	COMPLETION DATE (MM/YYYY)
		Did you successfully complete the course?				L \	res	□ No /

SEC	TION 3: EDUCATION continued						
21.	Have you ever attended a POST Basic Course/Academy: R	egular, Spe	ecialized Inv	estigators', Rese	erve, or Dispa	atcher?	Yes No
	IF YES, provide the following information:						
21.1	NAME OF ACADEMY		FROM	M (MM/YYYY)	TO (MM/YYYY)	DID Y	OU PASS/GRADUATE?
21.1				/	/		Yes No
	LOCATION (CITY, STATE)	NAME OF TR	RAINING OFFIC	CER / ACADEMY COC	ORDINATOR	CONT	FACT NUMBER
	NAME OF ACADEMY		FROM	// (MM/YYYY)	TO (MM/YYYY)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OU PASS/GRADUATE?
21.2	TO THE ST NOTICE IT		111011	/	/		☐ Yes ☐ No
	LOCATION (CITY, STATE)	NAME OF TR	RAINING OFFIC	CER / ACADEMY COC	ORDINATOR	CONT	FACT NUMBER
						()
	Have you ever been subject to any disciplinary action, includ from any high school(s), college/university, business, trade s	chool, or P	OST basic	course/academy	?		
	F YES, describe in detail below. Starting with high school, list POST basic course. Include when the disciplinary action(s) or						al institution, or
SEC	TION 4: RESIDENCE HISTORY						
23. L	ST OF RESIDENCES						
•	List all residences during the last 10 years or since age	15.					
•	Provide complete addresses (include markers such as St	reet, Drive,	Road, East	t, West, etc., and	d unit/apt nun	nber). Do NOT	use PO Boxes.
•	If the residence is a military base, identify name of base in unless you shared individual quarters.	address, r	earest city,	state, and zip co	ode. Do NOT	list military ba	rracks mates
		27					
	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (MM/YYYY)
23.1						/	Present
	CITY	STATE	ZIP	IF RENTING:	PROPERTY MA	ANAGER, RENT CO	OLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OV	WNER (NUMB	ER / STREET /	APT / PO BOX)		CONTACT NUME	BER
						()	
	CITY	STATE	ZIP	EMAIL			
	Name(s) of those with whom you live:						
23.2	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	MM/YYYY)	TO (MM/YYYY) /
	CITY	STATE	ZIP	IF RENTING:	PROPERTY MA	ANAGER, RENT C	OLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OV	A/NIED /NI IMB	ED / STDEET /	APT / PO BOX)		CONTACT NUME	BED
	WALLING ADDICES OF THE ENTENNAGEN, NEW TOOLEGOOD, ON OF	WINER (NOIME	LICTOTICETT	ALT / TO BOX		()	JEI (
	CITY	STATE	ZIP	EMAIL		, ,	
	Name(s) of those with whom you lived:						
	Reason for moving:						

SEC	TION 4: I	RESIDENCE HISTORY continued						
	FORMER AL	DDRESS (NUMBER / STREET / APT)				FROM (N	IM/YYYY)	TO (MM/YYYY)
23.3						/		/
	CITY		STATE	ZIP	IF RENTING: PRO	PERTY MA	NAGER, RENT CO	DLLECTOR, OR OWNER
	MAILING AD	DRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	L ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER
							()	
	CITY		STATE	ZIP	EMAIL			
·	Name(s)	of those with whom you lived:						
	Reason f	or moving:						
	FORMER AL	DDRESS (NUMBER / STREET / APT)				FROM (N	IM/YYYY)	TO (MM/YYYY)
23.4						/		/
	CITY		STATE	ZIP	IF RENTING: PRO	I PERTY MA	NAGER, RENT CO	DLLECTOR, OR OWNER
	MAILING AD	DRESS OF PROPERTY MANAGER. RENT COLLECTOR. OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER
							()	
	CITY		STATE	ZIP	EMAIL			
	Name(s)	of those with whom you lived:						
		or moving:						
23.5	FORMER AL	DDRESS (NUMBER / STREET / APT)				FROM (M	IM/YYYY)	TO (MM/YYYY)
						/		/
	CITY		STATE	ZIP	IF RENTING: PRO	PERTY MA	ANAGER, RENT CO	DLLECTOR, OR OWNER
			D (1) 11 15	ED (OTDEET (ABT.)	20 2010		001740711114	
	MAILING AL	DRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	K (NUMB	ER/SIREEI/API/	PO BOX)		CONTACT NUMB	BER
	CITY		STATE	ZIP	EMAIL		,	
	Name(s)	of those with whom you lived:						
	Reason f	or moving:						
24.	IST OF HOU	SEMATES						
•		contact information for all housemates listed in Ques			nave resided du	ring the	past 10 years	s or since age 15.
•	Do NO 1	list anyone for whom you have already provided con	itact info	ormation.				
•	If more	space is needed, continue your response on page 27	7.					
	NAME OF H	OUSEMATE					CONTACT NUMB	ER
24.1							()	
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY		S	STATE ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEN	D, HOUSE	EMATE ONLY, ETC.)	EMAIL			

SEC	TION 4:	RESIDENCES continued					
24.2	NAME OF H	OUSEMATE			CONTACT NU	JMBER	
24.2					()		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	·		STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			
	NAME OF H	I OUSEMATE			CONTACT NU	JMBER	
24.3					()		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	,	,	STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			
		\(\frac{\sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}					
	NAME OF L	 OUSEMATE			CONTACT NU	IMRED	
24.4	NAIVIE OF T	IOOSEWATE			()	NIDLI	
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	,	()	STATE	710
		CORRENT ADDRESS IF DIFFERENT (NUMBER / STREET / AFT)	CITT			SIAIE	ZIF
		NATURE OF RELATIONOUR (E.C. DELATIVE LANDI ORD FRIEND HOUSEMATE ONLY FTO.)		EMAIL			
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EWAIL			
	[
24.5	NAME OF H	OUSEMATE			CONTACT NU	JMBER	
					()		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			
24.6	NAME OF H	IOUSEMATE			CONTACT NU	JMBER	
24.6	NAME OF H	IOUSEMATE			CONTACT NU	JMBER	
24.6	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		CONTACT NU	JMBER STATE	ZIP
24.6	NAME OF H		CITY		CONTACT NU		ZIP
24.6	NAME OF H		CITY	EMAIL	CONTACT NU		ZIP
24.6	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		CONTACT NU		ZIP
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		CONTACT NU	STATE	ZIP
24.6		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	СІТҮ		()	STATE	ZIP
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	CITY	EMAIL	()	STATE	
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE		EMAIL	()	STATE	
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE		EMAIL	()	STATE	
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		EMAIL	()	STATE	
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		EMAIL	()	STATE	
24.7	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	CITY	EMAIL	CONTACT NU	STATE STATE STATE	ZIP
24.7	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence?	CITY	EMAIL	CONTACT NU	STATE MBER STATE	ZIP Yes No
24.7	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	CITY	EMAIL	CONTACT NU	STATE MBER STATE	ZIP Yes No
24.7 25. 26.	NAME OF H Have you Have you	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence?	СІТУ	EMAIL	CONTACT NU	STATE MBER STATE	ZIP Yes No
24.7 25. 26.	NAME OF H Have you Have you	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence?	СІТУ	EMAIL	CONTACT NU	STATE MBER STATE	ZIP Yes No
24.7 25. 26.	NAME OF H Have you Have you	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence?	СІТУ	EMAIL	CONTACT NU	STATE MBER STATE	ZIP Yes No
24.7 25. 26.	NAME OF H Have you Have you	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence?	СІТУ	EMAIL	CONTACT NU	STATE MBER STATE	ZIP Yes No
24.7 25. 26.	NAME OF H Have you Have you	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence?	СІТУ	EMAIL	CONTACT NU	STATE MBER STATE	ZIP Yes No
24.7 25. 26.	NAME OF H Have you Have you	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence?	СІТУ	EMAIL	CONTACT NU	STATE MBER STATE	ZIP Yes No
24.7 25. 26.	NAME OF H Have you Have you	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence?	СІТУ	EMAIL	CONTACT NU	STATE MBER STATE	ZIP Yes No
24.7 25. 26.	NAME OF H Have you Have you	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) ever been evicted or asked to leave a residence?	СІТУ	EMAIL	CONTACT NU	STATE MBER STATE	ZIP Yes No

SEC	TION 5: EXPERIENCE AND EMPLOY	MENT					
27. J	OB EXPERIENCE						
•	List ALL jobs you have had, including pa	rt-time, temporary, self-employmen	t. and v	olunteer. (E	seain with vo	ur most current.)	
	If you have military experience, including				-		
	List ALL periods of unemployment in ex o		130, a331	grimonis, c	i unit or ass	griment.	
ľ		•					
•	If more space is needed, continue your r	esponse on page 27.					
	NAME OF CURRENT EMPLOYER OR MILITARY UNIT	-				FROM (MM/YYYY)	TO (MM/YYYY)
27.1	TWINE OF CONCERN EIN ECTER CHANGE THE CHANGE					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERV	/ ISOR	,
	ABBRESS (NOMBER / STREET / SOITE / SIX BASE)				OOI LIKV		
	CITY		STATE	ZIP	CONTAC	T NUMBER	EXT
			OTATE	211	(LXI
	JOB TITLE / RANK				EMAIL		
	JOB TITLE / KANK				LIVIAIL		
	DUTIES / ASSIGNMENTS			TVPE OF	EMPLOVMENT	(CHECK ALL THAT APP	I V)
	DOTIED//IGGIORIMENTO					Temp Self-emp	,
	NAMES OF CO-WORKERS				FOR WANTING		loyed Volunteer
	1)	2)		112710011		10 22/112	
	-,	-/					
	Would there be a problem if we contact y	our current employer?					🗌 Yes 🔲 No
	JE VEO						
	IF YES, explain:						
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE	:)				FROM (MM/YYYY)	TO (MM/YYYY)
27.2	☐ Student ☐ Between jobs ☐ Lea	ve of absence	ther:			/	/
27.3	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
						/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERV	SOR	
	CITY		STATE	ZIP	, ,	T NUMBER	EXT
					()		
	JOB TITLE / RANK				EMAIL		
	DUTIES / ASSIGNMENTS					(CHECK ALL THAT APP	
						Temp Self-emp	loyed Volunteer
	NAMES OF CO-WORKERS	1		REASON	FOR LEAVING		
	1)	2)					
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE					FROM (MMANANA)	TO (MM/VV)()
27.4	Student	,	ul			FROM (MM/YYYY)	TO (MM/YYYY)
	i i i suudent i libetween lons. Il II ea	ve oransence Litravel Litra	mer'			1 /	1 /

1/YYYY) T	TO (MMADOOO)		
	TO (MM/YYYY)		
	/		
	EXT		
THAT APPLY)			
Self-employe	ed Volunteer		
M/YYYY) []	TO (MM/YYYY)		
,	/		
	,		
I/YYYY) [1	TO (MM/YYYY)		
	/		
FACT NUMBER EXT			
NT (CHECK ALL THAT APPLY)			
T (CHECK ALL THAT APPLY) Temp Self-employed Volunteer			
Self-employe	ed U Volunteer		
M/YYYY) 1	TO (MM/YYYY)		
,	/		
J/YYYY) 1	TO (MM/YYYY)		
	/		
	LEVE		
	EXT		
THAT APPLY)			
· · · · · · · · · · · · · · · · · · ·	ed Volunteer		
Con omploye	- Counted		
M/YYYY)	TO (MM/YYYY)		
'	/		
	M/YYYY) THAT APPLY) Self-employe M/YYYY) THAT APPLY) Self-employe		

SEC	TION 5: EXPERIENCE AND EMPLOYN	IENT continued							
	NAME OF EMPLOYER OR MILITARY UNIT						TO (N	MM/YYYY)	
27.11						/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SOR	_		
	CITY		STATE	ZIP	CONTACT	NTACT NUMBER EXT			
					())			
	JOB TITLE / RANK				EMAIL				
	DUTIES / ASSIGNMENTS					(CHECK ALL THAT APPL			
						Temp Self-emplo	oyed		
	NAMES OF CO-WORKERS	2)		REASON FOR	LEAVING				
	1)	2)							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE))				FROM (MM/YYYY)	TO (N	MM/YYYY)	
27.12	☐ Student ☐ Between jobs ☐ Leav	ve of absence	her:			/		/	
	•						I		
27.13	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (N	MM/YYYY)	
					Tau	/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVI	SOR			
	CITY		STATE	ZID	CONTACT	Γ NUMBER		EXT	
	CITT		SIAIE	ZIF	()			EXI	
	JOB TITLE / RANK				EMAIL				
	JOB TITLE / TOWN				LIVITUE				
	DUTIES / ASSIGNMENTS			TYPE OF EMP	LOYMENT	(CHECK ALL THAT APPL	_Y)		
				□FT	PT	Temp Self-emple	oyed	Volunteer	
	NAMES OF CO-WORKERS			REASON FOR		· —			
	1)	2)							
						r	_		
27.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (N	MM/YYYY)	
	Student Between jobs Leav	ve of absence	her:			/		/	
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (N	MM/YYYY)	
27.15						/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVI	SOR			
	CITY		STATE	ZIP	CONTACT	Γ NUMBER		EXT	
					()				
	JOB TITLE / RANK				EMAIL				
	DUTIES / ASSIGNMENTS					(CHECK ALL THAT APPL			
						Temp Self-emple	oyed		
	NAMES OF CO-WORKERS	2)		REASON FOR	LEAVING				
	1)	2)							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (N	MM/YYYY)	
27.16	☐ Student ☐ Between jobs ☐ Leav	ve of absence	her:			1		1	
							1		

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued							
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (N	IM/YYYY)
27.17						/		/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR		
	CITY	STATE	ZI	P	CONTACT	NUMBER		EXT
					()			
	JOB TITLE / RANK				EMAIL			
	305 M.E./ 1888				211111112			
	DUTIES / ASSIGNMENTS			TYPE OF EMPL	OVMENT /	CHECK ALL THAT APPL	V	
	DUTIES / ASSIGNMENTS				,		,	7.V-1t
	NAMES OF SO WORKERS			REASON FOR L		Temp Self-emplo	byed L	volunteer
	NAMES OF CO-WORKERS			REASON FOR L	EAVING			
	1) 2)							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (N	IM/YYYY)
27.18		Other:				/	- (.v	/
	Student	Julei.		-		,		
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (N	IM/YYYY)
27.19						/		/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR		
	· ·							
	CITY	STATE	T 71	P	CONTACT	NUMBER		EXT
	5	0.7.1.2			()	TO ME LIVE		
	JOB TITLE / RANK				EMAIL			
	SOB TITLE / INAINC				LIVIAIL			
	DUTIES / ASSIGNMENTS			TYPE OF EMPI	OVMENT (CHECK ALL THAT APPL	V/\	
	DUTIES / ASSIGNMENTS					_		
	NAMES OF SO WORKERS					Temp Self-emplo	yed L	volunteer
	NAMES OF CO-WORKERS			REASON FOR L	EAVING			
	1) 2)							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (N	IM/YYYY)
27.20		Other:				1	,	1
	Cludent Detweenjobs Decaye of absence Triavel	Juici		_		,		
28.	Have you ever been disciplined at work? (This includes written warnings, for	mal letters	s of	counseling.				
	reprimands, suspensions, reductions in pay, reassignments, or demotions.) .					[Yes	s 🗌 No
						Г	٦.,	
29.	Have you ever been fired, released from probation, or asked to resign from a	ny place	ot e	employment?		L	Yes	s ∐ No
						Г	٦.,	
30.	Were you ever involved in a physical/verbal altercation with a supervisor, co-	worker, o	r cu	istomer?		L	Yes	s ∐ No
						Г	٦,,	
31.	Have you ever quit without giving notice?		••••			L	Yes	s No
						Г	٦,,	
32.	Have you ever resigned in lieu of termination?		••••			L	Yes	s No
33.	Have you ever been accused of discrimination (such as sexual harassment,	racial bias	s, s	exual orientat	tion hara	ssment, etc.)		
	by a co-worker, superior, subordinate or customer?		•				Yes	s 🗌 No
	When you are the subject of a s					г	7,,	
34.	Were you ever the subject of a written complaint at work?		••••			L	Yes	s No
						F	٦,,	
35.	Have you ever been counseled at work due to lateness or absences?		••••			L	Yes	s ∐ No

SEC	CTION 5: EXPERIENCE AND EMPLOYMENT continued						
36.	Did you ever receive an unsatisfactory performance review?				Yes	☐ No	
37.	Have you ever sold, released, or given away legally confidential inform	ation?			Yes	☐ No	
38.	Have you ever called in sick when you were neither sick nor caring for	a sick family ı	member?		Yes	☐ No	
	IF YES, how many sick days have you used in the past five years which	h were not du	e to illness?	Days			
	If you answered "YES" to any of Questions 28–38, explain (include when the second seco	nen, where, a	nd circumstance	es – reference c	orresponding numbers	3).	
39.	In the past three years, have you missed days or been late to work du IF YES, how often?	ue to drug or a	alcohol consump	otion?	Yes	□No	
40.	Has your work performance ever been affected by your use of alcohol of	or drugs?				П No	
	IF YES, when? Name of en						
41.	In the past three years, have you been warned by an employer about on your performance?	your drinking				□No	
42	Have you ever applied for any position at another law enforcement and	ency (city, co.	inty state or fe	ideral\?	ПУас	П No	
74.	 2. Have you ever applied for any position at another law enforcement agency (city, county, state, or federal)?						
42.1	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY) /		
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF K	NOWN)	
	CITY	OTATE	מול	CONTACT AU INST		VT	
	CITY	STATE	ZIP	CONTACT NUMBE	:K E	XT	
	POSITION APPLIED FOR		EMAIL	<u>'</u>			
	DUFOK FACUATED IN THE PROOFS THAT YOU COME TO A 12 YOU						
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral STATUS: Hired On Eligibility List Withdrawn Disqualif			ground 🗌 Chie	ef's Oral	nal Offer	

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued					
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	Υ)
42.2					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	ER	EXT
				()		
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA Back	ground	ef's Oral	ional Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified			_	_	
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	Y)
42.3					/	.,
	ADDRESS (NUMBER / STREET)			BACKGROLIND IN	VESTIGATOR'S NAME (IF	KNO/MNI)
	ABBRESS (NOMBERY STREET)			BACKCHOOND III	VEOTION TOTO TO WILL (III	Tutovit,
	CITY	STATE	7ID	CONTACT NUMBE	P	EXT
	OHI	OTATE	211	()		LXI
	POSITION APPLIED FOR		EMAIL	,		
	TOUTION ALT LIEUTON		LIVIAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	/aranh/C	NSA D Back	ground D Chi	of's Oral Conditi	ional Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified	•		ground 🗀 Om	ers oral 🔲 conditi	onal Onei
	NAME OF LAW ENFORCEMENT AGENCY	LIST L	.xpiieu		DATE APPLIED (MM/YYY	^^
42.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MIN/TTT	1)
	ADDRESS (NUMBER / STREET)			BACKGBOI IND IN	VESTIGATOR'S NAME (IF	KNOWN
	ADDICESS (NOWIDER / STREET)			BACKGROONDIN	VESTIGATOR S NAME (II	KINOWIN)
	CITY	STATE	7IP	CONTACT NUMBE	R	EXT
	OH 1	OIME	211	()		EXT
	POSITION APPLIED FOR		EMAIL	,		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA □ Back	around \square Chi	ef's Oral	ional Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified	•				
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	Y)
42.5					/	-,
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)
	,				,	· ,
	CITY	STATE	ZIP	CONTACT NUMBE	ER	EXT
				()		
	POSITION APPLIED FOR		EMAIL	<u>'</u>		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA Back	ground	ef's Oral	ional Offer
	STATUS: Hired On Eligibility List Withdrawn Disqualified			_	_	
		_	•			

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued							
42.6	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIE	D (MM/YYYY)		
42.0						/		
	ADDRESS (NUMBER / STREET) BACKGF					S NAME (IF KNOWN)	1)	
	CITY	STATE	7ID	CONTACT NUMBI	ED	EXT		
	OH 1	STATE	ZIF	()				
	POSITION APPLIED FOR		EMAIL	,				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:							
	STEP: Application Written Physical Ability Oral Poly	/graph/C	CVSA Back	ground	ief's Oral	Conditional Off	ffer	
	STATUS: Hired On Eligibility List Withdrawn Disqualified [List E	Expired					
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIE	D (MM/YYYY)		
42.7						/		
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S	S NAME (IF KNOWN))	
	CITY	STATE	ZIP	CONTACT NUMBI	ER	EXT		
	POSITION APPLIED FOR		EMAIL	()				
	POSITION APPLIED FOR		EMAIL					
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:							
	·	/graph/C	CVSA ☐ Back	ground Chi	ief's Oral	Conditional Of	ffer	
	STATUS: Hired On Eligibility List Withdrawn Disqualified [
	STATUS. HITEG OH Eligibility List Withdrawh Disqualilled	LIST E	xpired					
	<u> </u>	LIST E	xpired					
SEC	TION 6: MILITARY EXPERIENCE		Expired					
	<u> </u>					Yes	No	
43.	TION 6: MILITARY EXPERIENCE						No No	
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?							
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?							
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?					Yes 🔲		
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?					Yes 🔲	No	
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?					Yes 🔲	No	
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?					Yes 🔲	No	
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain: Have you ever served in the military? If you answered "YES" to Question 44, include the following service informations and the service information of the ser					Yes	No	
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?	ion:		FROM (MM/YYY	Y) 1	Yes	No	
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?	ion:			Y) 1	Yes	No	
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?	ion:		FROM (MM/YYY	Y) 1	Yes Yes TO (MM/YYYY) /	No	
44.	Are you required to register for the Selective Service?	ion:		FROM (MM/YYY	Y) 1	Yes Yes TO (MM/YYYY) /	No	
44.	Are you required to register for the Selective Service?	ion:	Honorable)	FROM (MM/YYY	Y) 1	Yes Yes TO (MM/YYYY) /	No	
43.	Are you required to register for the Selective Service?	ion: ner than	Honorable)	FROM (MM/YYY / Bad Cond	Y) 1	Yes Yes TO (MM/YYYY) /	No	
43. 44. 45.	Are you required to register for the Selective Service?	ion: ner than on ends	Honorable) (MM/DD/YY):	FROM (MM/YYY / Bad Cond	Y) Induct	Yes	No	
43. 44. 45.	Are you required to register for the Selective Service?	ion: ner than on ends	Honorable) (MM/DD/YY):	FROM (MM/YYY / Bad Cond	Y) Induct	Yes	No	
43. 44. 45.	Are you required to register for the Selective Service?	ion: ner than on ends ion (suc	Honorable) (MM/DD/YY):	FROM (MM/YYY / Bad Cond Ttial, captain's m	Y) 1	Yes	No	

SECTION 6: MILITARY EXPERIENCE continued	
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) From your employer(s), what is your take-home monthly income?	
B) Do you have other sources of income? (IF YES, fill in amount and explain.)	
Explain:	
C) How much do you spend each month?\$ per month	
C) How much do you spend each month?	
51. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	
52. Have any of your bills ever been turned over to a collection agency?	
53. Have you ever had purchased goods repossessed?	
54. Have your wages ever been garnished?	
55. Have you ever been delinquent on income or other tax payments?	
56. Have you ever failed to file income tax or cheated/lied on an income tax form?	
57. Have you ever had an employment bond refused?	
58. Have you ever avoided paying any lawful debt by moving away?	
59. Have you ever defaulted on (failed to pay) a loan?	
60. Have you ever borrowed money to pay for a gambling debt?	
IF YES, do you currently have any outstanding debts as a result of gambling?	
61. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes	
62. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	
63. Have you written three or more bad checks in a one-year period?	
If you answered "YES" to any of Questions 51–63 , explain (include when, where, and why – reference corresponding numbers).	
in you answered TEO to any or waeshous 31-03, explain (moldde when, where, and why - reference corresponding humbers).	

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SECTION 8: LEGAL

- ► Disclosure of Arrests and Convictions
 - This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. It is strongly recommended that you consult with an attorney before omitting any information.

•	If more space is needed, continue your response on page 27.				
	Have you EVER been detained by law enforcement for investigation misdemeanor or felony offense in this state or any other legal jurisor of Military Justice)? IF YES, explain each incident:	diction (including offenses	s in the Uniform Code	es	□No
	· •	TARRED V RATE (AMANGO)	ADDECTIVE OF PETANNING ACENION		
64.1	CHARGE	APPROX DATE (MM/YYYY) /	ARRESTING OR DETAINING AGENCY		
	DISPOSITION OR PENALTY				
	CHARGE	IADDDOV DATE (MANADADA)	ADDECTING OF DETAINING ACENICY		
64.2	CHARGE	APPROX DATE (MM/YYYY) /	ARRESTING OR DETAINING AGENCY		
	DISPOSITION OR PENALTY	/			
64.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY		
04.3		/			
	DISPOSITION OR PENALTY				
65.	Have you ever been placed on court probation?		Y	es	□No
	Were you ever required to appear before a juvenile court for an ac committed as an adult?			es	□No
	Have you ever been a party in a civil lawsuit (e.g., small claims act support, etc.)?			es	□No
68.	Have the police ever been called to your home for any reason?		Y	es	☐ No
69.	Have you or your spouse/partner ever been referred to Child Prote	ective Services?		es	□No
70.	Have you ever been the subject of an emergency protective order/	restraining order/stay-awa	ay order? Y	es	☐ No

SEC	TION 8: LEGAL continued	
	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?	□No
	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	□No
	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	□No
74.	Have you ever filed a false insurance or workers' compensation claim?	□No
	If you answered "YES" to any of Questions 65–74, explain (include court case or document, dates, and circumstances – reference correspumbers).	sponding
▶ Ir	nvolvement 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 19	5.)
•	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 relieved you from reporting the detention, arrest, or conviction that arose from it.	e law
75.1	Animal abuse and/or neglect Yes	□No
75.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	□No
75.3	Battery (use of force or violence upon another)	□No
75.4	Brandishing a weapon (any type of weapon)	□No
75.5	Carrying a concealed weapon without a permit	□No
75.6	Contributing to the delinquency of a minor	□No
75.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	□No
75.8	Driving under the influence of alcohol and/or drugs	□No
75.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	□No
75.10	Filing a false police report	□No
75.11	Hit & run collision (no injuries)	□No
75.12	Illegal gambling	□No
75.13	Illegal hunting and/or fishing (for example, without a license, out of season)	□No

SECT	TION 8: LEGAL continued	
75.14	Impersonating a peace officer (pretending to be a police officer)	□No
75.15	Indecent exposure and/or lewd or obscene conduct Yes	□No
75.16	Intentionally writing a bad check	□No
75.17	Joyriding (using a car or other vehicle without owner's permission)	□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)	□No
75.20	Possession of alcohol as a minor	□No
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	□No
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	□No
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	□No
75.24	Reckless driving	□No
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	□No
75.26	Trespassing Yes	□No
75.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	□No
75.28	Any other act amounting to a misdemeanor	□No
_		
•	If you answered "YES" to ANY of the item(s) in Question 75 , fully explain circumstances, including dates, names of individuals involve and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 27.	d,
•	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation.	d,
•	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation.	d,
• In	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 27.	d,
► In 76. A	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 27. Volvement in Criminal Acts – Part 2	
► In 76. A	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 27. Volvement in Criminal Acts – Part 2 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	
► In 76. A	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 27. Volvement in Criminal Acts – Part 2 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 elieved you from reporting the detention, arrest, or conviction that arose from it.	law

SECT	ION 8: LEGAL continued	
76.4	Burglary (entering a structure or vehicle to commit theft or other crime)	□No
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	□No
76.6	Elder abuse and/or neglect (physical and/or financial)	□No
76.7	Embezzlement (theft of money or other valuables entrusted to you)	□No
76.8	Felony drunk driving (involving injuries)	□No
76.9	Forcible rape	□No
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	□No
76.11	Fraudulent use of a credit, ATM, debit, and/or check card	☐ No
76.12	Grand theft (value of over \$950, or any firearm)	□No
76.13	Hit & run (with injuries)	☐ 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	☐ No
76.18	Perjury (lying under oath)	☐ No
76.19	Possession of an explosive/destructive device	□No
76.20	Robbery (theft from another person using a weapon, force, or fear)	□No
76.21	Stalking	☐ No
76.22	Theft of a vehicle and/or vehicle parts	☐ No
76.23	Viewing and/or possessing child pornography	☐ No
76.24	Any other act amounting to a felony	□No
•	If you answered "YES" to ANY of the item(s) in Question 76 , fully explain circumstances, including dates, names of individuals involve and resolution. Reference the corresponding number (e.g., 76.3) for each explanation. If more space is needed, continue your response on page 27.	d,

SEC	CTION 8: LEGAL continued
▶ I	llegal Use of 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 substance for the purpose of getting "high." Your responses should include — <i>but not be limited to</i> — your use of any of the following: Amphetamines / Methamphetamines (<i>Uppers, Speed, Crank, etc</i>) Marijuana (<i>with or without a prescription</i>) Mescaline
	► Cocaine / Crack Cocaine
	'
	► Designer Drugs (Ecstasy, Synthetic Heroin, etc.) ► PCP / Angel Dust ► CUB (Data Page Drug)
	► GHB (Date Rape Drug) ► Quaaludes ► Classide
	► Hallucinogens (Peyote, LSD, Mushrooms) ► Steroids Takehigh (Hashigh Oil
	► Hashish / Hashish Oil
	► Heroin / Opium
77.	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 circumstances:
	TEO, give details including drag(s) used, most recent date used, and oncumstances.
78.	Prior to the past six months:
	☐ I have <i>never</i> used any drug recreationally.
	I have tried or used one or more drugs, but only under <i>limited</i> circumstances (for example, experimentation, at parties, concerts, special events, etc.)
	IF YOU CHECKED BOX 2, give details including drug(s) used, most recent date used, and circumstances:
	3
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:
	☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or Held for Another
	IF ANY ITEM IS CHECKED, give details including drug(s) involved, over what time period(s), and circumstances.
	ANT THE WITO OTHEORED, give details including drug(s) involved, over what time period(s), and circumstances.
80.	During the <i>past five years</i> , have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?
	IF YES, explain:

SEC	CTION 9: MOTOR VEHICLE INFORMAT	TON					
81.	Current Driver's License:						
	STATE OF ISSUE LICENSE NUMBER	EXPIRATION DATE (MM	//DD/YYYY) NAME UND	ER WHICH L	ICENSE	WAS GRANTE	:D
		/ /					
82.	List other states where you have been licer STATE OF ISSUE LICENSE NUMBER (IF KNOWN)			ED WILICILL	ICENICE	WAS CDANTE	
	STATE OF ISSUE LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UND	ER WHICH L	ICENSE	WAS GRANTE	U:
83.	Have you ever been refused a driver's licer	nse by any state?					
	IF YES, explain (include when, where, and						
	ii 126, explair (illoidde when, where, and	ondaniotanioos).					
-							
_							
-							
84.	Has your driver's license ever been susper	nded or revoked?					Yes No
	IF YES, explain (include when, where, and						
	ii 120, explair (illelade when, where, and	circumstances).					
_							
_							
_							
85.	List your current liability insurance on your	vehicle(s).					
	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (YY	YY)	VEHICLE LIC	ENSE
85.1	☐ Insured ☐ Bonded ☐ Cash	n Deposit					
	INSURANCE COMPANY	<u>.</u>	POLICY NUMBER	•			EXPIRATION DATE (MM/DD/YYYY)
							/ /
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER
						F	()
85.2	TYPE OF COVERAGE Insured Bonded Cash	vehicle Make		YEAR (YY	YY)	VEHICLE LIC	ENSE
	INSURANCE COMPANY	Deposit	POLICY NUMBER				EXPIRATION DATE (MM/DD/YYYY)
	INCOMMOD COMM 7441		T GEIGT HOMBER				/ /
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER
	,						()
	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (YY	YY)	VEHICLE LIC	1
85.3				,			
	INSURANCE COMPANY		POLICY NUMBER			I	EXPIRATION DATE (MM/DD/YYYY)
							/ /
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER
							()

SEC	TION 9: MOTOR VEHICL	E OPERATION conti	inued						
86.	List all traffic citations, exclu	ding parking citations,	you have rece	eived <i>within the</i>	past seven ye	ars.			
	NATURE OF VIOLATION			LOCATION (STREE	ET)	CITY			STATE
86.1									
	DATE VIOLATION OCCURRED	Voor	ACTION TAKEN		☐ Fined	□ Tro#:	a Cabaal	□ Diamina	
	Month: NATURE OF VIOLATION	Year:		Not Guilty		CITY	c School	Dismiss	STATE
86.2	NATURE OF VIOLATION			LOCATION (STREET	-1)	CITT			SIAIE
	DATE VIOLATION OCCURRED		ACTION TAKEN						
	Month:	Year:		Not Guilty	Fined	Traffi	c School	Dismiss	ed
00.0	NATURE OF VIOLATION	•	-	LOCATION (STREE	T)	CITY			STATE
86.3									
	DATE VIOLATION OCCURRED Month:	Year:	ACTION TAKEN	l Not Guilty	Fined	☐ Traffi	o Cobool	Dismiss	od
	WORLER:	rear:		NOT GUILTY	Fined	Паш	C SCHOOL	☐ DISIIIISS	eu
87.	Has a traffic citation ever res	sulted in a warrant or c	aused your dr	river's license to	be withheld due	to the followi	ng (check all	that apply):	
	☐ Failed	to Appear F	ailed to Comp	lete Traffic Scho	ol 🗌 Fail	ed to Pay the	Required Fin	е	
	IF CHECKED, explain circui					•	·		
	0.1201121, 0.1p.a 0.10a.								
_									
_									
88. l	Have you been involved as t	he driver in a motor ve	hicle accident	within the pass	seven years?			Yes	☐ No
	F YES, give details below.								
00.4	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)			Cl	TY			STATE
88.1	/								
	POLICE REPORT Yes No	LAW ENFORCEMENT AG	ENCY		AT	FAULT?		E ACCIDENT? Injury Nor	inium
	YesNo	LOCATION (STREET)			Cl		40 L	Injury Nor	n-injury
88.2	/	LOCATION (STREET)			CI	11			SIAIL
	POLICE REPORT	LAW ENFORCEMENT AG	ENCY		AT	FAULT?	WAS THI	E ACCIDENT?	
	☐ Yes ☐ No					Yes I	No 🗆	Injury Nor	ı-injury
	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)			Cl	TY			STATE
88.3	/								
	POLICE REPORT	LAW ENFORCEMENT AG	ENCY			FAULT?		ACCIDENT?	
	Yes No					Yes 1	NO L	Injury Nor	i-injury
80	Have you ever driven a vehi	cle without auto insura	ince as requir	ed by law?					□No
JJ.	IF YES, GIVE REASON	olo miliout auto ilioula	oo, as requir	od by law:			FROM (MM/Y	_	_
	II TES, SIVE REASON						/	,	/
							,		<u>'</u>
90.	Have you ever been refused	l automobile liability ins	surance or a b	ond, or had ther	n cancelled?			\(\text{Yes}	П No
L.,	IF YES, GIVE REASON	The second secon		, -:				DATE (MI	_
									/
		ļi	INSURANCE COM	1PANY					

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SE	CTION 10: OTHER TOPICS
91.	Have you ever been refused a permit to carry a concealed weapon?
92.	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?
93.	Have you ever hit or physically overpowered a spouse or romantic partner?
94.	Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?
95.	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?
	If you answered "YES" to any of Questions 91–95 , give details including dates and circumstances – reference corresponding numbers).
SE	CTION 11: CERTIFICATION
96.	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.

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.	

PLEASE TYPEWRITE OR PRINT INK

1. LAST NAME		FIRST NAME		MIDDLE	NAME	NAME 2. SOCIAL SECURITY NUMB		JRITY NUMBER			
3. ADDRESS (I	RESIDENTIAL)	CIT	Y, STATE,	ZIP CODE				TELEPHONE NU	MBER(S	S):	
								□ HOME □ CELL	()		
1 EMERGENO	Y NOTIFICATION/RELATIONSHIP			TELEPHONE					()		
4. LINEROLINO	T NOTIFICATION/RELATIONSHII							()			
	VE A RELATIVE CURRENTLY EMPL		JNTY OF L			□ YES	S □ NO				
NAME		RELATIONSHIP		DEPART	MENI						
	ERVICE IN THE ARMED FORCES ED STATES ☐ YES ☐ NO	BRANCH	FRC	ом то)		SERIAL UMBER	HIGHEST RANK/RATING		TYPE OF DISCHARGE	
7. DOES THE F A VEHICLE ON	POSITION FOR WHICH YOUR APPL' I THE JOB: ☐ YES ☐ NO	I YING FOR REQUIR	E THE OPI	ERATION ()F	CALII	FORNIA DRI\	/ER'S LICENSE	EXPI	RATION DATE	
	I (HIGH SCHOOL OR HIGHER) LOCATION OF SCHOOL	LAST GRADE COMPLETED		DATE CC	MPLET	ΓED	COLLEGE	MAJOR/MINOR	DIPLO	OMA / DEGREE TYPE	
								1			
9. FOREIGN LA	ANGUAGES □ YES □ NO	LANGUAGE			READ)		WRITE		SPEAK	
2. 3.											
	ONAL OR TECHNICAL LICENSES, P	L ERMITS, ETC. (Ind	icate state,	county or c	ity in wh	hich re	egistered).				
HAVE YOU OR TRAFF	I, AS A JUVENILE OR ADULT, EVER I FORFEITED BAIL IN CONNECTION IC SIGNALS OR SPEEDING) IN ANY Invictions, dismissed under penal code	WITH ANY OFFEN CIVIL OR MILITAR	NSE (EXCE	PT FOR TI	RAFFIC	TICH	KETS INVOLV				
□ YES □	NO If "YES", provide the following in	formation for each o	offense:								
DATE	CHARGE	COURT OR POLI	ICE DEPT.		DISF	POSITI	ON		AGE A	AT TIME OF OFFENSE	
12. HAVE YOU	WORKED FOR LOS ANGELES COL	JNTY UNDER A DIF	FERENT N	IAME? IF S	O, PLE	ASE	EXPLAIN:				
13. HAVE YOU	EVER BEEN CONVICTED OF A CRI	ME UNDER A DIFF	ERENT NA	AME? IF SC), PLEA	SE E	XPLAIN:				
14. I AM WILLII	NG TO WORK TO THE FOLLOWING	SHIFT(S):									
□ DAY	□ NIGHT □ SWING □ WEEK	END									
15. REMARKS	(IDENTIFY BY BOX NUMBER):										

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PLEASE TYPEWRITE OR PRINT INK

16. EMPLOYI	MENT HISTOR oyers from curr	Y (Account for the past 10 years o	r past ten employers, includir	g school, part-time and temporary	positions, as well	as periods of unemployment)
FROM:		EMPLOYER NAME AND ADDRESS	TITLE OR OCCUPATION	DUTIES PERFORMED	SALARY	REASON FOR LEAVING
MONTH-YEAR	TO: MONTH-YEAR	EMPLOYER NAME AND ADDRESS	ITTLE OR OCCUPATION	DOTIES PERFORMED	SALARY	REASON FOR LEAVING
IF TERMINAT	TED, PLEASE I	PROVIDE DETAILS:				
		ALL STATEMENTS MA	DE HEREIN BY ME ARE TR	UE TO THE BEST OF MY KNOW	LEDGE:	
				<u></u>		
		APPLI	CANT SIGNATURE	DATE:		
17. THIS SPA	ACE FOR USE	BY INTERVIEWER:				
INTERVIEWE	ED BY:	L TITLE	l pre	MENT		DATE
SIGNATURE		TITLE	DEPART	IVIEIVI		
						DATE

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COUNTY OF LOS ANGELES PROBATION DEPARTMENT

PROFESSIONAL STANDARDS BUREAU BACKGROUND INVESTIGATIONS UNIT 9150 East Imperial Highway Downey, California 90242



ASSOCIATION QUESTIONNAIRE

It is the policy of the Probation Department that employees shall not knowingly establish or maintain any personal, social, or business associations with identified criminal street or prison gang members or organizations, incarcerated individuals, registered sex offenders, and/or felons who are on parole or formal probation, unless expressed written permission is received from the employee's Bureau Chief.

1. Have you, or any member of your family, or associate of yours now or ever been a member or an associate of a gang?	☐ YES	□ NO
Explain:		
Have you ever attended a gathering of any street gang? Explain:	☐ YES	□ NO
Ехріані.		
	E 1/50	
3. Have you ever participated in any gang activity? Explain:	☐ YES	□NO
Едріані.		
4. House you ever corried a wagner for protection?	- VEC	
4. Have you ever carried a weapon for protection? Explain:	☐ YES	LI NO
5. Have any of your immediate family members defined as grandparents, parent, legal spouse, siblings, or any child for whom		
you are a parent, step parent or legal guardian, domestic partner or significant other ever been charged and convicted of a		
felony?	☐ YES	□ NO
If yes, provide name, relationship, approximate date of occurrence and whether or not the person is still on probation:		
Explain:		
6. Are any of your immediate family members defined as grandparents, parent, legal spouse, siblings, or any child for whom you are a parent, step parent or legal guardian, domestic partner or significant other currently on probation or parole?	□ YES	□ NO
Explain:		
Additional Comments:		
I am aware any false statement or omission made on this questionnaire may cause my name to be removed from be cause for immediate dismissal if an appointment has been made.	the eligibili	ity list, o
Signature: Date:		
Orginator C Date		



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

PROFESSIONAL STANDARDS BUREAU BACKGROUND INVESTIGATIONS UNIT 9150 East Imperial Highway Downey, California 90242



TATTOO DISCLOSURE FORM

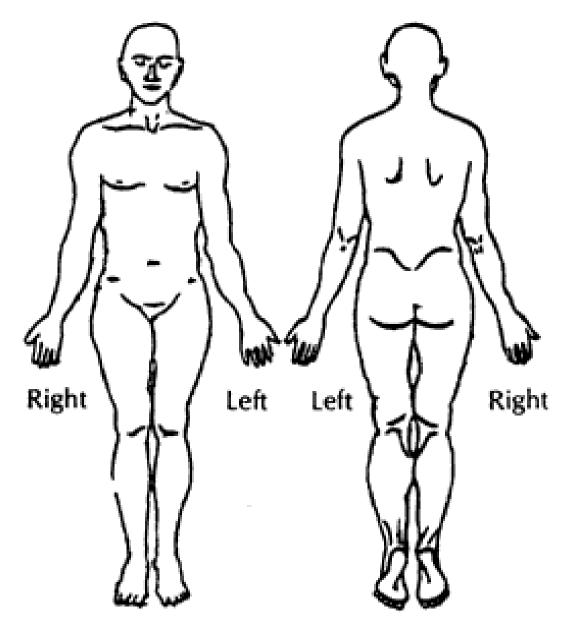
APPLICANT'S NAME	SOCIAL SECURITY #
INVESTIGATOR	DATE
INVESTIGATION	DATE
Instructions: Describe ALL tattoos in detail. Include tattoos that had or other forms of body art. Describe in detail the origin and personal the tattoos, body art and/or branding that is located in areas that are I understand that the appearance and location of my tattoos and	I meaning of tattoos disclosed. You must provide a photograph of not visible.
placement medical examination. Failure to disclose any tattoo, brai removed, altered or covered up, will result in my disqualification or in	nding or other forms of body art, whether it has or has not been
Applicant Signature:	Date:
1. TATTOO LOCATION	
DATE / PLACE ACQUIRED	
DESCRIPTION OF TATTOO	
MEANING OF TATTOO	
2 TATTOOLOGATION	
2. TATTOO LOCATION	
DATE / PLACE ACQUIRED	
DESCRIPTION OF TATTOO	
MEANING OF TATTOO	
3. TATTOO LOCATION	
DATE / PLACE ACQUIRED	
DESCRIPTION OF TATTOO	
MEANING OF TATTOO	
4. TATTOO LOCATION	
DATE / PLACE ACQUIRED	
DESCRIPTION OF TATTOO	
MEANING OF TATTOO	
5. TATTOO LOCATION	
DATE / PLACE ACQUIRED	
DESCRIPTION OF TATTOO	
MEANING OF TATTOO	

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6.	TATTOO LOCATION	
	DATE / PLACE ACQUIRED	
	DESCRIPTION OF TATTOO	
	MEANING OF TATTOO	
7.	TATTOO LOCATION	
7.	TATTOO LOCATION DATE / PLACE ACQUIRED	
7.		
7.	DATE / PLACE ACQUIRED	
7.	DATE / PLACE ACQUIRED DESCRIPTION OF TATTOO	

Attach additional sheets if needed

On the diagram below, indicate the location of tattoo(s) with the corresponding number(s).



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COUNTY OF LOS ANGELES PROBATION DEPARTMENT

PROFESSIONAL STANDARDS BUREAU BACKGROUND INVESTIGATIONS UNIT 9150 East Imperial Highway Downey, California 90242



PRIOR COUNTY SERVICE

LAST N	IAME	FIRST NAME MIDDLE NAM	E	
1. DO	YOU NOW, OR HAVE YOU PREVI	OUSLY WORKED FOR THE COUNTY OF LOS ANGELES?	□ YES	□NO
IF YES	NAME OF LAST DEPARTMENT EMPLOYEE NUMBER			
	DATE LAST WORKED			
	VE YOU EVER APPLIED FOR RES GELES PROBATION DEPARTMEN	ERVE DEPUTY PROBATION OFFICER WITH THE COUNTY OF LOS T?	□ YES	□NO
IF YES	WHEN			
3. HA\	DEPARTMENT NAME OR	R ANY LAW ENFORCEMENT AGENCY OR SOCIAL SERVICE AGENCY?	□ YES	□ NO
IF YES	AGENCY DATES YOU VOLUNTEERED	FROM TO		
	SATE TO VOLUME LEED	· · · · · · · · · · · · · · · · · · ·		
Ciana - to		Date:		
Signature	e:	Date:		

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COUNTY OF LOS ANGELES PROBATION DEPARTMENT

PROFESSIONAL STANDARDS BUREAU BACKGROUND INVESTIGATIONS UNIT 9150 East Imperial Highway Downey, California 90242



APPLICANT'S NAME
SOCIAL SECURITY #
To Whom It May Concern:
I,, am an applicant for a position of Peace Officer with the Los Angeles County Probation Department. Under California Law, Government Code § 1031.1 and Code of Regulations § 1002(a) (3), my prospective employer is required to conduct an investigation into my personal, medical and psychological fitness to serve in this capacity.
My prospective employer, Los Angeles County Probation Department, needs to inquire into all areas of my background, which may affect my suitability to be employed as a peace officer. They have reason to believe that you may have information relevant to that purpose concerning me.
I hereby direct you, your organization, its Custodian of Records, and/or persons in your employ to release any and all information which you may have concerning me, including information which may be confidential, privileged and/or derogatory nature, including but not limited to: employment information, official employment documents, employment performance data, character reference information, educational records and transcripts (pursuant to Public Law 93-380), post-employment medical, surgical, psychological and dental records if I am offered employment with the Los Angeles County Probation Department (pursuant to the Medical Information Act, Civil Code § 56 et seq. And 29 C.F.R. 1630), credit and financial information (pursuant to the Banking Privacy and Fair Credit Reporting Acts), local criminal history information (pursuant to Penal Code § 13300 (b) (10), and/or any other information which you may possess. And I exonerate, release and discharge you, your organization, its officers, agents, and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by the bearer of this authorization form. Because law mandates this background investigation, your responses have absolute privilege pursuant to Civil Code § 47 and will be shared only with governmental agencies or their agents. You may retain this form for your files.
I certify that I have read this authorization form, understand its meaning and purpose, and have received a copy of it. I may revoke this authorization at any time by delivering, in writing, such revocation to you/your organization.
Signature of Applicant Date
THIS RELEASE EXPIRES 365 DAYS FROM DATE OF SIGNATURE STATE OF CALIFORNIA, COUNTY OF LOS ANGELES}
On this the day of 20, before me,, personally appeared, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, to the entity upon behalf of which the person acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS MY HAND AND OFFICIAL SEAL
OFFICIAL SEAL(Notary's Signature)

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