LOS ANGELES COUNTY PROBATION DEPARTMENT NON-SWORN BACKGROUND INVESTIGATION PERSONAL HISTORY STATEMENT INSTRUCTIONS

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 Non-Sworn position with the Probation Department.

Instructions:

- 1. The completion of this PHS in accordance with the Probation Department 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 blue or black ink all required information. Provide one-sided originals only.
- 3. Read all 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).
- 6. Incomplete statements, deliberate omissions or fraudulent statements may bar or remove you from consideration for employment.
- 7. Account for all required time periods in your background, including periods of unemployment. Include all military assignments and locations within the last 10 years.
- 8. Being discharged from a job or having an arrest record will not automatically disqualify you from a position. However, any negative factor in your background will be examined carefully and evaluated in terms of the relevance to the position.
- 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 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 pardon under 4852.17 and 4853 of the California Penal Code.
- 10. Include information where you were a subject of 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 corner.
- 13. Bring your completed Personal History Statement including instructions and supplemental questionnaires/documents on the day of your interview.

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- 14. If there is insufficient space to list all information in the space provided, use page 32 in this packet and attach as many typed or lined sheets of 8 ½ 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 US PASSPORT, OR CERTIFICATE OF NATURALIZATION.
 - b. Your ORIGINAL VALID CALIFORNIA DRIVER LICENSE.
 - c. Your ORIGINAL SIGNED SOCIAL SECURITY CARD.
 - d. MILITARY DD214 (only Page 4), if you have served in the US Military.
 - e. Your Performance Evaluations for the past two (2) years, if currently employed by the County of Los Angeles.
 - f. Waiver to Release Information.
 - g. 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 YOU MUST CANCEL OR RESCHEDULE YOUR APPOINTMENT FOR ANY UNAVOIDABLE REASON, YOU MUST CONTACT THE BACKGROUND INVESTIGATIONS UNIT AT LEAST 48 HOURS PRIOR TO THE APPOINTMENT. YOU MAY BE RESCHEDULED FOR ONE OF THE FOLLOWING REASONS: RELIGIOUS BELIEFS, MILITARY SERVICE, LEGAL SUMMONS, SERIOUS ILLNESS OR INJURY AND PRE-PAID VACATION PLANS FOR WHICH MONEY HAS BEEN PAID AND WILL BE LOST.

The Personal History Statement and the information it contains, as well as all your information and documents acquired during 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

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 a **Non-Sworn Position** with the Probation Department.

- It is your responsibility to complete this form and provide all required information.
- Type or neatly print in black or blue 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. Do not leave any spaces blank.
- If you need more space for any response, use the supplemental information page on the last page of this form (page 32) and identify the additional information by the question number.
- Provide the completed form to your background investigator or the agency to which you are applying.

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.

Ciamatura	Defer
Signature:	Date:

SECTION	1: PERSONAL								
1. YOUR FUL	L NAME								
LAST			F	IRST			MIDDLE	Ē	
2. OTHER NA	AMES YOU HAVE USED OR	R BEEN KNOWN F	BY (INCLUDE MAIDE	N NAME AND	NICKNAMES)		,		
									□ N/A
3. ADDRESS	WHERE YOU LIVE								
NUMBER /	STREET						APT / U	NIT	
CITY							STATE	ZIP	
4. MAILING A	DDRESS, IF DIFFERENT F	ROM ABOVE (FC	OR EXAMPLE, PO BO	OX)					
5. CONTACT	NUMBERS								
HOME ()	WORK ()	EXT	0	THER ()		□ CELL □	FAX
6. CONTACT	EMAIL			7. LIST AL	L OTHER EMAIL ADD	RESSES (SEPARA	TED BY COMMAS)		
8. CITIZENSH									
	a U.S. citizen?		_					☐ Yes	
IF NO, a	re you a permanent re	esident alien?	? 					☐ Ye	s 🗆 No
9. BIRTHPLA	CE (CITY / COUNTY / STA	TE / COUNTRY)							
10. BIRTHDAT	E (MM/DD/YYYY) 11.	. SOCIAL SECUR	ITY NUMBER 1	12. DRIVER'S	LICENSE				
		_	_	NUMBER:			STATE:	EXPIRES:	
13. PHYSICAL	DESCRIPTION							•	
HEIGHT:		WEIGI	HT:		HAIR COLOR	::	EY	E COLOR:	
					HAIR COLOR	:	EY	E COLOR:	
SECTION	2: RELATIVES AN				HAIR COLOR	t:	EY	E COLOR:	
							EY	E COLOR:	
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SECT	ION 2: RELA	TIVES AND REF	ERENCES CONTI	NUED					
14.C P	arents / Guard	ians / In-laws							
Li	st ALL parents	s/guardians/in-laws	living or deceased,	including biolog	gical, adoptive, fo	ster, step-pa	arents, etc.		
14.C.1	Parent / Guar	dian / In-law:	Mother □ Father	☐ Step-mother	•	☐ In-law	☐ Other:	_	☐ Deceased
NAME			HOME ADDRESS	(NUMBER / STREE	T / APT)	CITY		STATE	ZIP
	HOME	PHONE	MAILING ADDRES	SS (IF DIFFERENT)		CITY		STATE	ZIP
	()		(
	WORK	PHONE	CELL PHONE	EN	MAIL				
	()	()						
14.C.2	Parent / Guar	dian / In-law:	Mother ☐ Father	☐ Step-mother	<u> </u>		☐ Other:	_	☐ Deceased
NAME			HOME ADDRESS	(NUMBER / STREE	I / API)	CITY		STATE	ZIP
	HOME	PHONE	MAILING ADDRES	SS (IF DIFFERENT)		CITY		STATE	ZIP
	()							
	WORK	PHONE	CELL PHONE	EN	MAIL				
	()	()						
14.C.3	Parent / Guar	dian / In-law:	Mother	☐ Step-mother	<u> </u>		Other:	STATE	☐ Deceased
NAME			HOME ADDRESS	(NUMBER / STREE	I/API)	CITY		STATE	ZIP
	HOME	PHONE	MAILING ADDRES	SS (IF DIFFERENT)		CITY		STATE	ZIP
	()							
	WORK	PHONE	CELL PHONE	EN	MAIL				
	()	()						<u> </u>
14.C.4 NAME	Parent / Guar	dian / In-law:	Mother	☐ Step-mother (NUMBER / STREE	<u> </u>	☐ In-law	Other:	STATE	☐ Deceased
INAIVIL			TIONIL ADDICESS	(NOMBER / STREE	I/AFI)	CITT		SIAIL	ZIF
	HOME	PHONE	MAILING ADDRES	SS (IF DIFFERENT)		CITY		STATE	ZIP
	()							
	WORK	PHONE	CELL PHONE	EN	MAIL			•	
	()	()						
14.C.5	Parent / Guar	dian / In-law:	Mother Father	☐ Step-mother (NUMBER / STREE		☐ In-law	Other:	STATE	☐ Deceased
INAIVIE			HOWE ADDRESS	(NOWBER / STREE	I/AFI)	CITY		STATE	ZIP
	HOME	PHONE	MAILING ADDRES	SS (IF DIFFERENT)		CITY		STATE	ZIP
	()							
	WORK	PHONE	CELL PHONE	EN	MAIL				
	()	()						
	Parent / Guar	dian / In-law:	Mother ☐ Father	☐ Step-mother	□ Step-father	☐ In-law	☐ Other:		☐ Deceased
NAME				(NILIMPED / OTDEE	T / ADT)	CITY		CTATE	ZID
				(NUMBER / STREE	T / APT)	CITY		STATE	ZIP
	HOME	PHONE	HOME ADDRESS	(NUMBER / STREE SS (IF DIFFERENT)	T / APT)	CITY		STATE	
	НОМЕ		HOME ADDRESS	•	T / APT)				
	(PHONE	HOME ADDRESS	SS (IF DIFFERENT)	T / APT)				

Supplemental relatives' information included on page 32 \square

SECT	ION 2:	RELATIVES A	AND REFERE	NCES CONTINUED				
14.D E	Brothers	/ Sisters						□ N/A
L	ist ALL I	LIVING siblings	s, including half-	-siblings, step-siblings, f	foster-siblings, etc.			
14.D.1	Sibling			Half-brother Half-				
NAME	O.D.III	. Browner		HOME ADDRESS (NUMBER		CITY	STATE	ZIP
		HOME PHONE		MAILING ADDRESS (IF DIFF	ERENT)	CITY	STATE	ZIP
		()						
		WORK PHONE		CELL PHONE	EMAIL			
		()		()				
14.D.2	Sibling	g: 🗌 Brother		Half-brother Half-		_		
NAME			AGE	HOME ADDRESS (NUMBER	/ STREET / APT)	CITY	STATE	ZIP
		· · · · · · · · · · · · · · · · · · ·						
		HOME PHONE		MAILING ADDRESS (IF DIFF	ERENI)	CITY	STATE	ZIP
		WORK PHONE		CELL PHONE	EMAIL			
		()		()	EWAIL			
		Π- "						
14.D.3 NAME	Sibling	g: Brother	Sister AGE	Half-brother Half-s HOME ADDRESS (NUMBER		CITY	STATE	ZIP
			7.02		, , , , , , , , , , , , , , , , , , , ,	0	0.7.1.2	
		HOME PHONE		MAILING ADDRESS (IF DIFF	ERENT)	CITY	STATE	ZIP
		()		,				
		WORK PHONE		CELL PHONE	EMAIL			
		()		()				
14.D.4	Sibling	: Brother	Sister	Half-brother Half-s	sister Other:			
NAME			AGE	HOME ADDRESS (NUMBER		CITY	STATE	ZIP
		HOME PHONE		MAILING ADDRESS (IF DIFF	ERENT)	CITY	STATE	ZIP
		()						
		WORK PHONE		CELL PHONE	EMAIL			
		()		()				
Supple	mental ı	relatives' inforn	nation included	on page 32 $\ \square$				
	Children							□ N/A
						de any other children wh	o reside with you. Pr	ovide the name
a				parent/guardian, if othe	r than you.			
14.E.1 NAME	Child:	☐ Son ☐	Daughter AGE	Other: CUSTODIAL PARENT/GUA	PDIAN /IE OTHER THAN V	(OII)		
INAIVIL			AGL	COSTODIAL FARENT/GOA	NDIAN (II OTTIEK TITAN I	100)		
				ADDRESS (NUMBER / STR	FFT / APT)	CITY	STATE	7IP
				, ibbridge (itomberry enr		5	5.7.12	
				CONTACT NUMBER	EMAIL			
				()				
14.E.2	Child:	Son	Daughter	Other:				
NAME			AGE	CUSTODIAL PARENT/GUA	RDIAN (IF OTHER THAN Y	/OU)		
<u> </u>				ADDRESS (NUMBER / STR	EET / APT)	CITY	STATE	ZIP
				CONTACT NUMBER	EMAIL	•	•	
				()				
					·	·		

SEC	TION 2:	RELATIVE	S AND REF	ERE	NCES CONTINUED				
14.E.3	Child:	Son	☐ Daughter	r 🔲	Other:				
NAME				AGE	CUSTODIAL PARENT/GUARDIAN (I	IF OTHER THAN YOU			
							Loury	LOTATE	T 710
					ADDRESS (NUMBER / STREET / AF	P1)	CITY	STATE	ZIP
					CONTACT NUMBER	EMAIL			
					()				
14.E.4	Child:	Son	☐ Daughter	r 🗆	Other:				
NAME	o i i i i		Daagnoo	AGE	CUSTODIAL PARENT/GUARDIAN (I	IF OTHER THAN YOU)		
					ADDRESS (NUMBER / STREET / AF	PT)	CITY	STATE	ZIP
					CONTACT NUMBER	EMAIL			
_					()				
Suppl	emental r	elatives' in	formation inc	luded	on page 32 □				
15 . LIS	ST OF REFE	RENCES							
•					as close personal relationship , employers, housemates, or a			tary colleagues, a	and/or
45.4	NAME OF F	REFERENCE			HOME ADDRESS (NUMBER / S	TREET / APT)	CITY	STATE	ZIP
15.1									
		HOME PHO	NE		WORK ADDRESS (NUMBER / S	TREET / SUITE)	CITY	STATE	ZIP
	() WORK PHONE				OF LA PLICATE	lessa.			
		()	NE		CELL PHONE	EMAIL			
		()			()				
		How do yo	u know this per	rson?			How long have you	known this person?	
	NAME OF F	REFERENCE			HOME ADDRESS (NUMBER / S	TREET / APT)	CITY	STATE	ZIP
15.2									
		HOME PHON	NE		WORK ADDRESS (NUMBER / S	TREET / SUITE)	CITY	STATE	ZIP
		()	NE		OF LA PLICATE	lessa.			
		WORK PHO	NE		CELL PHONE	EMAIL			
		()			()				
		How do yo	u know this per	rson?			How long have you	known this person?	
4.5.0	NAME OF F	REFERENCE			HOME ADDRESS (NUMBER / S	TREET / APT)	CITY	STATE	ZIP
15.3									
		HOME PHO	NE		WORK ADDRESS (NUMBER / S	TREET / SUITE)	CITY	STATE	ZIP
		()	NE		OF LA PLICATE	lessa.			
		()	NE		CELL PHONE	EMAIL			
		()			()				
		How do yo	u know this per	rson?			How long have you	known this person?	
	NAME OF F	REFERENCE			HOME ADDRESS (NUMBER / S	TREET / APT)	CITY	STATE	ZIP
15.4									
		HOME PHON	NE		WORK ADDRESS (NUMBER / S	TREET / SUITE)	CITY	STATE	ZIP
		()				1			
		WORK PHO	NE		CELL PHONE	EMAIL			
		()			[\				
		How do yo	u know this per	rson?			How long have you	known this person?	

SECTION 3: EDUCATION						
CECTION OF EDGGATION						
If more space is needed, conti	nue your response on page	32.				
16. CHECK APPLICABLE MM/Y	YYY	MM/YYYY				MM/YYYY
☐ High School Diploma: /	☐ High School Equiva	alency Test: /	☐ Calif	fornia Hig	h School Proficiency Cert	tificate: /
		·				
17. LIST HIGH SCHOOL(S) ATTENDED NAME OF HIGH SCHOOL					FROM (MM/YYYY)	TO (MM/YYYY)
17.1					/	/
	CITY					STATE
NAME OF HIGH SCHOOL					FROM (MM/YYYY)	TO (MM/YYYY)
17.2					1	/
	CITY					STATE
18. LIST ALL COLLEGES AND UNIVERSITIE	ES ATTENDED					
NAME OF COLLEGE/UNIVERSITY 18.1		ì ,	TO (MM/YY)	YY)	TOTAL UNITS COMPLETED	
ADDRESS (NUMBER / STF	DEET\	/	/		☐ ☐ QTR SYST	EM SEM SYSTEM
ADDRESS (NUMBER / STR	KEE1)				□ YES □ I	
CITY			STATE	ZIP	MAJOR / AREA	
NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YY)	YY)	TOTAL UNITS COMPLETED	
18.2		/	1		QTR SYST	EM SEM SYSTEM
ADDRESS (NUMBER / STF	REET)				DEGREE EARN	
					☐ YES ☐	
CITY			STATE	ZIP	MAJOR / AREA	A OF STUDY
NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YY)	VV)	TOTAL UNITS COMPLETED	
18.3		/	/ (IVIIVI) /	11)		EM SEM SYSTEM
ADDRESS (NUMBER / STF	REET)	,	•		DEGREE EAR	
					☐ YES ☐	NO TYPE:
CITY			STATE	ZIP	MAJOR / AREA	A OF STUDY
19. LIST ALL TRADE, VOCATIONAL, AND E	BUSINESS SCHOOLS / INSTITUT	ES ATTENDED				
NAME OF TRADE, VOCATIONAL, OR B			TO (MM/YY	YY)	DID YOU COMPLETE THE C	OURSE?
19.1		/	1		☐ YES	□ NO
CITY		8	STATE T	YPE OF SC	CHOOL OR TRAINING	

Supplemental education information included on page 32

SE	CTION 3: EDUCATION CONTINUED
20.	Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), 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 institution, or POST basic course academy. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.
21.	Since the age of 18, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any POST exam? No
	IF YES, explain circumstances.
	CTION 4: RESIDENCE HISTORY
	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/dormitory). 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 32.
	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT) FROM (MM/YYYY) TO (MM/YYYY)
22.1	resent
	CITY STATE ZIP IF RENTING: PROPERTY MANAGER OR RENT COLLECTOR
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX) CONTACT NUMBER
	CITY STATE ZIP EMAIL
	Name(s) and relationship(s) of those with whom you live:

SEC	TION 4: RESIDENCE HISTORY CONTINUED						
22.2	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	IM/YYYY)	TO (MM/YYYY)
22.2					/		1
	CITY	STATE	ZIP	IF RENTING: PRO	PERTY MA	ANAGER OR RENT	COLLECTOR
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWN!	ER (NUME	L BER / STREET / APT /	PO BOX)		CONTACT NUMB	ER
						()	
	CITY	STATE	ZIP	EMAIL			
	Name(s) and relationship(s) of those with whom you live:						
	Reason for moving:						
22.3	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	M/YYYY)	TO (MM/YYYY)
			1		/		/
	CITY	STATE	ZIP	IF RENTING: PROF	PERTY MA	NAGER OR RENT	COLLECTOR
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	D (NILIMD	ED / STREET / ART /	BO BOX)		CONTACT NUMBI	- D
	WAILING ADDICESS OF PROPERTY WANAGER, REINT COLLECTOR, OR OWNE	IV (NOIND	ER/SIREEI/AFI/	FO BOX)		()	
	CITY	STATE	ZIP	EMAIL		()	
	Name(s) and relationship(s) of those with whom you live:						
	Reason for moving:						
22.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	M/YYYY)	TO (MM/YYYY) /
	CITY	STATE	ZIP	IF RENTING: PROF	PERTY MA	NAGER OR RENT	COLLECTOR
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMBI	ER
			I			()	
	CITY	STATE	ZIP	EMAIL			
	Name(s) and relationship(s) of those with whom you live:						
	Reason for moving:						
22.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	M/YYYY)	TO (MM/YYYY)
					/		/
	CITY	STATE	ZIP	IF RENTING: PROF	'ERIY MA	NAGER OR RENT	COLLECTOR
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	D (NILIMD	ED / CTREET / ART /	DO BOY)		CONTACT NUMBE	-D
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	EK (NUMB	SER/SIREEI/API/	PO BOX)		CONTACT NUMB	=K
	CITY	STATE	ZIP	EMAIL		()	
	Name(s) and relationship(s) of those with whom you live:						
	Reason for moving:						

SEC	TION 4: RESIDENCE HISTORY CONTINUED							
22.6	FORMER ADDRESS (NUMBER / STREET / APT)					IM/YYYY)	TO (MM/YYYY))
	CITY	STATE	ZIP	IF RENTING: PROP	/	MACER OR BENT	COLLECTOR	
	CIT	SIAIE	ZIF	IF KENTING. PRO	FERT T IVIA	NAGER OR RENT	COLLECTOR	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	ER (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMBE	≣R	
						()		
	CITY	STATE	ZIP	EMAIL				
	Name(s) and relationship(s) of those with whom you live:							
	Reason for moving:							
22.7	FORMER ADDRESS (NUMBER / STREET / APT)					IM/YYYY)	TO (MM/YYYY	')
		07475	7ID	IE DENEMO DOO	/	ANA OED OD DENT	/	
	CITY	STATE	ZIP	IF RENTING: PRO	PERTY MA	ANAGER OR RENT	COLLECTOR	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	ER (NUME	SER / STREET / APT /	PO BOX)		CONTACT NUMB	ER	
				,		()		
	CITY	STATE	ZIP	EMAIL				
	Name(s) and relationship(s) of those with whom you live:							
	Reason for moving:							
23.	Have you ever been evicted or asked to leave a residence	?					□ Yes [□ No
24.	Have you ever left a residence owing rent, utilities, or other	r house	hold expenses?				.□ Yes	□ No
	If you answered "YES" to Questions 23 and/or 24, explain	(includ	e when, where, a	and circumstance	es):			

SECTION 5: EXPERIENCE AND EMPLOYMENT 25. JOB EXPERIENCE • List ALL jobs you have had, within the past ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.) • 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 32. FROM (MM/YYYY) TO (MM/YYYY) NAME OF CURRENT EMPLOYER OR MILITARY UNIT 25.1 ADDRESS (NUMBER / STREET / SUITE / OR BASE) CONTACT NUMBER EXT CITY STATE ZIP **EMAIL** JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) ☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer DUTIES / ASSIGNMENTS REASON FOR LEAVING SUPERVISOR CONTACT NUMBER EXT. EMAIL NAMES OF CO-WORKERS CONTACT NUMBER EXT. EMAIL 1) 2)) Would there be a problem if we contact your current employer? ☐ No IF YES, explain: PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY) 25.2 ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: NAME OF EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY) 25.3 CONTACT NUMBER ADDRESS (NUMBER / STREET / SUITE / OR BASE) EXT CITY STATE ZIP **EMAIL** JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) \Box FT $\ \Box$ PT $\ \Box$ Temp $\ \Box$ Self-employed $\ \Box$ Volunteer DUTIES / ASSIGNMENTS REASON FOR LEAVING SUPERVISOR CONTACT NUMBER EXT. EMAIL NAMES OF CO-WORKERS CONTACT NUMBER EXT. EMAIL

	PERIOD OF UNE	MPLOYMENT (CHECK AP	PLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
25.4	☐ Student	☐ Between jobs	☐ Leave of absence	☐ Travel	☐ Other:	 /	1

)

)

1)

2)

SEC	TION 5: EXPERIENCE AND EMPLOYN	IENT CONTINUED										
	NAME OF EMPLOYER OR MILITARY UNIT							FROM (MM/YYYY)	TO (N	IM/YYYY)		
25.5								1		1		
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)						CONTACT	L Γ NUMBER		EXT		
							()					
	CITY			STATE	ZI	P	EMAIL					
	JOB TITLE / RANK				<u> </u>	TYPE OF EMPI	OYMENT	(CHECK ALL THAT AF	PI Y)			
	JOS III EL / IV WIX							mp Self-employ		Volunteer		
	DUTIES / ASSIGNMENTS					REASON FOR LEAVING						
	DOTIES / NOTICINIENTS					TALFACORT OR	LLXVIIVO					
	SUPERVISOR	CONTACT NUMBER	EXT			EMAIL						
	SUFERVISOR	()	LAI			LIVIAIL						
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT			EMAIL						
			EXI			EMAIL						
	1)	()										
	2)	()										
25.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE							FROM (MM/YYYY)	TO (N	IM/YYYY)		
20.0	☐ Student ☐ Between jobs ☐ Lea	ve of absence ☐ Travel ☐	Oth	er:				/		/		
	NAME OF EMPLOYER OR MILITARY UNIT							FROM (MM/YYYY)	I TO (N	IM/YYYY)		
25.7	NAME OF EMPLOYERS WILLIAM ONLY							/	10 (10	/		
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)						CONTACT	Γ NUMBER	<u> </u>			
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)						CONTAC	INUMBER		EXT		
		STATE ZIP EMAIL										
	CITY			STATE	ZI	Р	EMAIL					
	JOB TITLE / RANK							(CHECK ALL THAT AF				
								mp Self-employ	red ∟	Volunteer		
	DUTIES / ASSIGNMENTS					REASON FOR LEAVING						
	SUPERVISOR	CONTACT NUMBER	EXT			EMAIL						
		()										
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT			EMAIL						
	1)	()										
	2)	()										
		,										
25.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE							FROM (MM/YYYY)	TO (N	IM/YYYY)		
23.0	☐ Student ☐ Between jobs ☐ Lea	ve of absence $\ \square$ Travel $\ \square$	Oth	er:				/		/		
	NAME OF EMPLOYER OR MILITARY UNIT							FROM (MM/YYYY)	L TO (N	IM/YYYY)		
25.9	NAME OF EMPLOYER OR MILITARY UNIT							/	10 (10	/ /		
								/				
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)							T NUMBER		EXT		
					_		()					
	CITY			STATE	ZI	P	EMAIL					
	JOB TITLE / RANK							(CHECK ALL THAT AP				
			_					mp 🗌 Self-employ	red [Volunteer		
	DUTIES / ASSIGNMENTS	REASON FOR	LEAVING									
	SUPERVISOR	CONTACT NUMBER	EXT			EMAIL						
		()										
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT		EMAIL							
	1)	()										
	2)	()										
	2)	()	1									

SEC	TION 5: EXP	ERIENCE AND EN	/IPLOYM	ENT C	ONTINUED								
25.10		EMPLOYMENT (CHECK A	,								FROM (MM/YYYY)	TO (MN	/YYYY)
23.10	☐ Student	☐ Between jobs	☐ Leave	e of abs	sence Travel	☐ Oth	er: 			_	/		/
	NAME OF EMPL	OYER OR MILITARY UNIT	Г								FROM (MM/YYYY)	TO (MM	/YYYY)
25.11											1		/
	ADDRESS (NUM	IBER / STREET / SUITE /	OR BASE)							CONTACT	NUMBER		EXT
										()			
	CITY						STATE	ZIP		EMAIL			
	JOB TITLE / RAN	NK									(CHECK ALL THAT A	,	. / - l t
	DUTIES / ASSIG	NMENTS							SON FOR		mp ⊔ Seir-emplo	yed 🗆	volunteer
	2011207710010							112710					
	SUPERVISOR			CONTAC	CT NUMBER	EXT	Г.	EMAI	IL				
				()								
	NAMES OF CO-	WORKERS		CONTAC	CT NUMBER	EXT	Г.	EMAI	IL				
	1)			()								
	2)			()								
	DEBIOD OF LINE	EMPLOYMENT (CHECK A	DDI ICARI E								FROM (MM/YYYY)	TO (MM	VVVV)
25.12		☐ Between jobs	,		sence	□ Oth	er.				/ (WIIWI/1111)	TO (IVIIVI)	
							_				,		
25.13	NAME OF EMPL	OYER OR MILITARY UNIT	Γ								FROM (MM/YYYY)	TO (MM	YYYY)
23.13											/	,	
	ADDRESS (NUM	IBER / STREET / SUITE / (OR BASE)							CONTACT	NUMBER		EXT
	CITY						STATE	7ID		() EMAIL			
	CITT						SIAIE	ZIF		EWAIL			
	JOB TITLE / RAN	NK						TYPE	E OF EMPI	OYMENT	(CHECK ALL THAT A	PPLY)	
									FT 🗆 F	т 🗆 Те	mp 🗆 Self-emplo	yed \square	Volunteer
	DUTIES / ASSIG	NMENTS						REAS	SON FOR	LEAVING			
	SUPERVISOR			CONTAC	CT NUMBER	EXT	Γ.	EMAI	IL				
	NAMES OF SOL	WORKERS		()	EV	-	EMAL					
	NAMES OF CO-1	WORKERS		CONTAC	CT NUMBER	EXT	١.	EMAI	IL				
	2)			()								
	PERIOD OF UNE	EMPLOYMENT (CHECK A	PPLICABLE))							FROM (MM/YYYY)	TO (MM	YYYY)
25.14	☐ Student	☐ Between jobs	☐ Leave	e of abs	sence Travel	☐ Oth	er:				/	,	′
Supp	olemental emp	loyment information	included	on Pag	re 32 □							•	
26.	Have you ever	been disciplined at	work? (Th	nis inclu	des written warning	as. forma	ıl letters	of coun	selina.				
		uspensions, reductio										☐ Yes	□ No
27	Have you ever	been fired, released	d from pro	hation	or asked to resign	from any	nlace o	of employ	vment?			☐ Yes	□ No
21.	Thave you even	been med, released	a nom pro	bation,	or asked to resign	nom any	place	or cripio	ymont:				
28.	Were you ever	r involved in a physic	cal/verbal	altercat	ion with a supervis	or, co-wo	orker, or	r custom	er?			☐ Yes	□ No
29.	Have you ever	quit without giving p	proper not	ice?								☐ Yes	□ No
30.	Have you ever	resigned in lieu of to	ermination	 1?								☐ Yes	□ No
<u> </u>													
		been accused of dis				ment, rad	cial bias	s, sexual	orientat	ion hara	issment, etc.)	□ Yes	□ No
	by a co-worker	r, superior, subordina	ate or cus	tomer?									

SEC	CTION 5: EXPERIENCE AND EMPLOYMENT CONTINUED		
32.	Were you ever the subject of a written complaint at work?	☐ Yes	□ No
33.	Have you ever been counseled at work due to lateness or absences?	☐ Yes	□ No
34.	Did you ever receive an unsatisfactory performance review?	☐ Yes	□ No
35.	Have you ever sold, released, or given away confidential information?	☐ Yes	□ No
36.	Have you ever called in sick when you were neither sick nor caring for a sick family member?	☐ Yes	□ No
36a.	. IF YES, how many sick days have you used in the past five years which were not due to illness?		_ Days
37.	While working (i.e. on duty), have you ever engaged in sexual intercourse or the unwarranted touching of the intimate body parts of another person (i.e. on duty)? (NOTE: Do not include <i>lawful</i> contact such as pat searches in law enforcement duties and/or training.)	☐ Yes	□ No
38.	While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? (NOTE: Do not include <i>lawful</i> exchange of investigative content and/or evidence pursuant to official law enforcement investigations.)	☐ Yes	□ No
	If you answered "YES" to any of Questions 26–38, explain (include when, where, and circumstances – reference corresponding	ng number	ട).
	plemental employment information included on Page 32		
39.	In the <i>past five years</i> , have you missed days or been late to work due to drug or alcohol consumption?	☐ Yes	□ No
	If YES, how often?		Days
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 five 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:		
42.	Have you ever applied for any position at this or any other law enforcement agency (city, county, state, or federal)?	□ Yes	□ No
72.	That's year applied for any people in at all of any other fair emercement agency (only, seatily, state, or leastlar).		
	 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 agen 	ncy.	
	If more space is needed, continue your response on page 32.		
42.1		.IED (MM/YY)	Y)
	ADDRESS (NUMBER / STREET) BACKGROUND INVESTIGATO	/ R'S NAME (IE	(KNOWN)
	Distribution by the contract of the contract o	it o iv ivic (ii	Turoviri)
	CITY STATE ZIP CONTACT NUMBER		EXT
	POSITION APPLIED FOR EMAIL		
	CHECK EACH STED IN THE DROCESS THAT YOU COMPLETED AND YOUR STATUS.		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral	Condition	al Offer
	STATUS: Hired On Eligibility List Withdrew List Expired Disqualified – Reason for Disqualification (explain)		

SECT	ION 5: EXPERIENCE AND EMPLOYMENT CONTINUED						
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	(Y)	
42.2					1		
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	 VESTIGATOR'S NAME (IF	KNOWN)	
					(
	CITY	STATE	7ID	CONTACT NUMBE	D	EXT	
	CIT	SIAIE	ZIF	, ,	-K	EXI	
				()			
	POSITION APPLIED FOR		EMAIL				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
	STEP: Application Written Physical Ability Oral Polygi	raph/CV	'SA ⊔ Backgro	ound	s Oral	al Offer	
	STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ List Expired ☐ ☐	Disqualifi	ied – Reason for	Disqualification	(explain)		
42.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	(Y)	
42.3					/		
	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:						
					0 1 0 1111		
	STEP: Application Written Physical Ability Oral Polygi	raph/CV	'SA □ Backgro	ound L Chief:	s Oral $\ igsquare$ Condition	al Offer	
	STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ List Expired ☐ ☐	Disqualifi	ed – Reason for	Disqualification	(explain)		
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	(Y)	
42.4					ì	,	
	ADDRESS (NUMBER / STREET)			BACKGROLIND IN	, VESTIGATOR'S NAME (IF	KNOWN)	
	ADDITEGO (NOMBERT OTREET)			BACKCI (COND II)	VEOTIONTORO IVAIVIE (II	(NOWIV)	
	CITY	STATE	ZID	CONTACT NUMBE	-D	EXT	
	CITY	SIAIE	ZIP	/ \	=K	EXI	
				()			
	POSITION APPLIED FOR		EMAIL				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
	STEP: Application Written Physical Ability Oral Polygi	raph/CV	'SA □ Backgro	ound Chief's	s Oral Condition	al Offer	
	STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ List Expired ☐ □	Disqualifi	ed – Reason for	Disqualification	(explain)		
		·			· · /		
						0.0	
42.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	(Y)	
					/		
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)	
	CITY	CONTACT NUMBE	R	EXT			
	POSITION APPLIED FOR			I			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
	STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygi	raph/CV	'SA □ Backgro	ound Chief's	s Oral	al Offer	
	STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ List Expired ☐ ☐	nsqualifi	eu – Reason for	Disquaiilication	(exhiaiii)		

SEC	TION 5: EXPERIENCE AND EMPLOYMENT CONTINUED									
40.0	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/Y)	YYY)				
42.6					1					
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF KNOWN)				
	OITV	CTATE	710	CONTACT NUMBE	-D	Leve				
	CITY	STATE	ZIP	()	=K	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									
	STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ List Expired ☐ Disqualified – Reason for Disqualification (explain)									
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/Y)	YYY)				
42.7					/					
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	I VESTIGATOR'S NAME (IF KNOWN)				
	CITY	STATE	ZIP	CONTACT NUMBE	R	EXT				
				()						
	POSITION APPLIED FOR		EMAIL							
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:									
	STEP: Application Written Physical Ability Oral Polyc	ranh/C\	/SA □ Backgr	ound Chief's	s Oral	nal Offer				
	STATUS: Hired On Eligibility List Withdrew List Expired I					nai Onci				
	STATOS. I Hilled I Off Eligibility List I Willidiew I List Expired I I	Disquaiii	ieu – Reason ioi	Disqualification	(explain)					
	Supplemental employment information is included on Page 32									
□ S	ECTION 6: MILITARY EXPERIENCE									
43.	Are you required to register for the Selective Service?					□ No				
	IF YES, have you registered?				🗆 Yes	□ No				
	IF NO, explain:									
44.	Have you ever served in the military?					□ No				
45.	If you answered "YES" to Question 44, include the following service information	tion:								
	BRANCH OF SERVICE			FROM (MM/YYY)	Y) TO (MM/Y	YYY)				
				1						
	TYPE OF DISCHARGE									
	☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other	than H	onorable) \Box	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	n ends ((MM/DD/YY):							
4-					naat					
47.	Have you ever been the subject of any judicial or non-judicial disciplinary ac office hours, company punishment)?	•		•		□ No				
	7									
48.	Were you ever denied a security clearance, or had a clearance revoked, sus	spended	l, or downgrade	d?		□ No				
49.	Have you ever taken military property without permission for personal use, to	o sell, o	r to give away?		□ Yes	□ No				
	If you answered "YES" to any of Questions 47-49, explain (include dates ar	nd circur	mstances).							
			•							

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 an applicant applying for a law enforcement agency, 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. 50. Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? ☐ No IF YES, explain each incident: APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY CHARGE 50.1 DISPOSITION OR PENALTY APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY CHARGE 50.2 / **DISPOSITION OR PENALTY** Supplemental disclosure information included on Page 32□ 51. Have you ever been placed on court probation? ☐ Yes □ No 52. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? □ No Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, Have the police ever been called to your home for any reason?□ Yes ☐ No Have you or your spouse/partner ever been referred to Child Protective Services?□ Yes ☐ No Have you ever been the subject of an emergency protective order/restraining order/stay-away order?□ Yes □ No 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 60. Have you ever filed a false insurance or workers' compensation claim? ☐ No If you answered "YES" to any of Questions 50-60, explain (include court case or document, dates, and circumstances - reference corresponding numbers). If more space is needed, continue your response on page 32.

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

SECTION 8: LEGAL CONTINUED

Lance of the		O-::	I A -4-	D

61. 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 detention, arrest, or conviction that arose from it. It is strongly recommended that you consult with an attorney before omitting any information.

61.1	Animal abuse and/or neglect	□ No
61.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	□ No
61.3	Battery (use of force or violence upon another) □ Yes	□ No
61.4	Brandishing a weapon (any type of weapon) □ Yes	□ No
61.5	Carrying a concealed weapon without a permit	□ No
61.6	Contributing to the delinquency of a minor	□ No
61.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) ☐ Yes	□ No
61.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs ☐ Yes	□ No
61.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) ☐ Yes	□ No
61.10	Filing a false police report	□ No
61.11	Hit & run collision	□ No
61.12	Illegal gambling	□ No
61.13	Illegal hunting and/or fishing (for example, without a license, out of season)□ Yes	□ No
61.14	Impersonating a peace officer (pretending to be a law enforcement officer)	□ No
61.15	Indecent exposure and/or lewd or obscene conduct (having sex in public places, such as the beach, a park or in a car) 🗆 Yes	□ No
61.16	Intentionally writing a bad check	□ No
61.17	Joyriding (using a car or other vehicle without owner's permission) □ Yes	□ No
61.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) \Box Yes	□ No
61.19	Petty theft (value up to \$950, including shoplifting/switching price tags)	□ No
61.20	Possession of alcohol as a minor (under the age of 21)	□ No
61.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	□ No
61.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	□ No
61.23	Prostitution or solicitation of prostitution (either in the United States or another country)	□ No
61.24	Reckless driving	□ No
61.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	□ No
61.26	Trespassing Yes	□ No

SECT	ION 8: LEGAL CONTINUED	
61.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)□ Yes	□ No
61.28	Any other act amounting to a misdemeanor — — Yes	□ No
•	If you answered "YES" to ANY item(s) in Question 61 , fully explain circumstances, including dates, names of individuals involved and resolution. Reference the corresponding number (e.g., 61.5) for each explanation. If more space is needed, continue your response on page 32.	,
_		
_		
_		
Suppl	emental legal information included on Page 32	
► Inv	volvement in Criminal Acts – Part 2	
62 /	At any time in your life, have you EVER committed any of the following acts?	
62. <i>F</i>	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal o law relieved you from reporting the detention, arrest, or conviction that arose from it. It is strongly recommended that you consult with an attorney before omitting any information.	
62.1	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal o law relieved you from reporting the detention, arrest, or conviction that arose from it. It is strongly recommended that you	ou
	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal o law relieved you from reporting the detention, arrest, or conviction that arose from it. It is strongly recommended that you consult with an attorney before omitting any information.	□ No
62.1	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal of law relieved you from reporting the detention, arrest, or conviction that arose from it. It is strongly recommended that you consult with an attorney before omitting any information. Arson (intentionally destroying property by setting a fire) Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily	□ No
62.1	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal of law relieved you from reporting the detention, arrest, or conviction that arose from it. It is strongly recommended that you consult with an attorney before omitting any information. Arson (intentionally destroying property by setting a fire) Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	No No
62.1 62.2 62.3	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or law relieved you from reporting the detention, arrest, or conviction that arose from it. It is strongly recommended that you consult with an attorney before omitting any information. Arson (intentionally destroying property by setting a fire) Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) Blackmail or extortion	No No
62.1 62.2 62.3 62.4	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or law relieved you from reporting the detention, arrest, or conviction that arose from it. It is strongly recommended that you consult with an attorney before omitting any information. Arson (intentionally destroying property by setting a fire) Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) Blackmail or extortion Burglary (entering a structure or vehicle to commit theft or other crime)	No No No
62.1 62.2 62.3 62.4 62.5	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or law relieved you from reporting the detention, arrest, or conviction that arose from it. It is strongly recommended that your consult with an attorney before omitting any information. Arson (intentionally destroying property by setting a fire) Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) Blackmail or extortion Burglary (entering a structure or vehicle to commit theft or other crime) Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	No No No No
62.1 62.2 62.3 62.4 62.5	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or law relieved you from reporting the detention, arrest, or conviction that arose from it. It is strongly recommended that you consult with an attorney before omitting any information. Arson (intentionally destroying property by setting a fire) Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) Blackmail or extortion Burglary (entering a structure or vehicle to commit theft or other crime) Child molestation (performing unlawful acts with a child, inappropriate touching of a child) Yes Elder abuse and/or neglect (physical and/or financial)	No No No No No No
62.1 62.2 62.3 62.4 62.5 62.6 62.7	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or law relieved you from reporting the detention, arrest, or conviction that arose from it. It is strongly recommended that you consult with an attorney before omitting any information. Arson (intentionally destroying property by setting a fire) Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) Blackmail or extortion Yes Child molestation (performing unlawful acts with a child, inappropriate touching of a child) Yes Elder abuse and/or neglect (physical and/or financial) Yes Embezzlement (theft of money or other valuables entrusted to you)	No No No No No No No No
62.1 62.2 62.3 62.4 62.5 62.6 62.7	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or law relieved you from reporting the detention, arrest, or conviction that arose from it. It is strongly recommended that you consult with an attorney before omitting any information. Arson (intentionally destroying property by setting a fire) Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) Blackmail or extortion Yes Burglary (entering a structure or vehicle to commit theft or other crime) Child molestation (performing unlawful acts with a child, inappropriate touching of a child) Yes Elder abuse and/or neglect (physical and/or financial) Yes Embezzlement (theft of money or other valuables entrusted to you) Yes	No No No No No No No No
62.1 62.2 62.3 62.4 62.5 62.6 62.7 62.8	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or law relieved you from reporting the detention, arrest, or conviction that arose from it. It is strongly recommended that you consult with an attorney before omitting any information. Arson (intentionally destroying property by setting a fire) Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) Blackmail or extortion Burglary (entering a structure or vehicle to commit theft or other crime) Child molestation (performing unlawful acts with a child, inappropriate touching of a child) Yes Elder abuse and/or neglect (physical and/or financial) Felony drunk driving (involving injuries) Yes Felony illegal sex acts (forcible rape, date rape, sexual battery, sodomy, oral copulation, etc.)	No No No No No No No No
62.1 62.2 62.3 62.4 62.5 62.6 62.7 62.8 62.9	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or law relieved you from reporting the detention, arrest, or conviction that arose from it. It is strongly recommended that you consult with an attorney before omitting any information. Arson (intentionally destroying property by setting a fire) Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) Blackmail or extortion Yes Child molestation (performing unlawful acts with a child, inappropriate touching of a child) Yes Elder abuse and/or neglect (physical and/or financial) Yes Felony drunk driving (involving injuries) Felony illegal sex acts (forcible rape, date rape, sexual battery, sodomy, oral copulation, etc.) Yes Pimping and Pandering Yes	No No No No No No No No
62.1 62.2 62.3 62.4 62.5 62.6 62.7 62.8 62.9 62.10	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or law relieved you from reporting the detention, arrest, or conviction that arose from it. It is strongly recommended that you consult with an attorney before omitting any information. Arson (intentionally destroying property by setting a fire) Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) Blackmail or extortion Yes Child molestation (performing unlawful acts with a child, inappropriate touching of a child) Yes Elder abuse and/or neglect (physical and/or financial) Embezzlement (theft of money or other valuables entrusted to you) Felony drunk driving (involving injuries) Felony illegal sex acts (forcible rape, date rape, sexual battery, sodomy, oral copulation, etc.) Yes Forgery (falsifying any type of document, check certificate, license, currency, etc.)	No

SEC	CTION 8: LEGAL CONTINUED		
62.15	Hate crime	□ Yes	□ No
62.16	Insurance fraud	□ Yes	□ No
62.17	Murder, homicide, attempted murder, or assault with intent to commit murde	r 🗆 Yes	□ No
62.18	Perjury (lying under oath)	□ Yes	□ No
62.19	Possession of an explosive/destructive device	□ Yes	□ No
62.20	Robbery (theft from another person using a weapon, force, or fear)	□ Yes	□ No
62.21	Stalking	□ Yes	□ No
62.22	Theft of a vehicle and/or vehicle parts	□ Yes	□ No
62.23	Viewing and/or possessing child pornography		□ No
62.24	Any other act amounting to a felony	□ Yes	□ No
•	If you answered "YES" to ANY of the item(s) in Question 62 , fully explain cir and resolution. Reference the corresponding number (e.g., 62.15) for each If more space is needed, continue your response on page 32.		lved,
63.	 ▶ Barbiturates (Downers) ▶ Cocaine / Crack Cocaine ▶ Designer Drugs (Ecstasy, Synthetic Heroin, etc.) ▶ Fentanyl 	the for the purpose of getting "high." the following: Mescaline Morphine PCP / Angel Dust Quaaludes Steroids Glue, paint, or any substance containing toluene	ions □ No

SEC	CTION 8: LEGA	L CONTINUED						
64.	Have you EVER prescription drug	engaged in any of the ac s without a prescription?	tivities listed below □ Yes □ No	involving drugs, naro o <i>If YES, indicate v</i>	cotics or illegal substantion substantial control cont	ances, and/or rk all that apply):		
	□ Sold	☐ Manufactured	☐ Purchased	☐ Furnished	☐ Cultivated	☐ Carried or He	leld for Another	
	IF ANY ITEM IS	CHECKED, give details in	ncluding drug(s) i n	nvolved, over what t	time period(s), and o	ircumstances.		
65.		five years , have you asso /or illegally used prescript				embers who have ill	egally used □ Yes	drugs □ No
Sup	plemental drug in:	formation included on Pa	ge 32 □					
		OR VEHICLE INFORMA	TION					
66.	Current Driver's	License: LICENSE NUMBER	EXPIRAT	TION DATE (MM/DD/YYYY)	NAME UNDER WHICH	LICENSE WAS GRANTED		
				1 1				
67.	List other states	where you have been lice	ensed to operate a	motor vehicle:				
	STATE OF ISSUE	LICENSE NUMBER (IF KNOWN	N) TYPE OF	FLICENSE	NAME UNDER WHICH	LICENSE WAS GRANTED		
68.	•	een refused a driver's lice					□ Yes	□ No

SEC	TION 9: MOTOR VEHICLE INFORMATION CONT	INUED								
69.	Has your driver's license ever been suspended or revol	ked?						□ Ye:	s 🗆 No	
	IF YES, explain (include when, where, and circumstance									
70.	List the current liability insurance on your vehicle(s).									
	TYPE OF COVERAGE	VEHICLE	MAKE		YEAR (Y	(YY)	VEHICLE LIG	CENSE		
70.1	☐ Insured ☐ Bonded ☐ Cash Deposit									
	INSURANCE COMPANY			POLICY NUMBER				EXPIRATION DATE	(MM/DD/YYYY)	
								/	/	
	ADDRESS (NUMBER/STREET)	CITY			STATE	ZIP		CONTACT	IUMBER	
								()		
	TYPE OF COVERAGE	VEHICLE	MAKE		YEAR (Y	(YY)	VEHICLE LIC	CENSE		
70.2	☐ Insured ☐ Bonded ☐ Cash Deposit									
	INSURANCE COMPANY			POLICY NUMBER				EXPIRATION DAT	E (MM/DD/YYYY)	
								/	1	
	ADDRESS (NUMBER/STREET)	CITY			STATE	ZIP		CONTACT N	IUMBER	
								()		
	Have you received any traffic citations, excluding parkir below.	ng citatior	ns, <i>within</i>	the past seven ye	ears. 🗆 `	⁄es	□ No <i>If</i> Y	YES, give o	letails	
74.4	NATURE OF VIOLATION		LOCATION	N (STREET)		CITY			STATE	
71.1										
	DATE VIOLATION OCCURRED Month: Year:	ION TAKEN Not		☐ Fined	□т	raffic S	School	☐ Disr	nissed	
	NATURE OF VIOLATION			N (STREET)		CITY			STATE	
71.2										
	DATE VIOLATION OCCURRED Month: Year:	ION TAKEN Not		☐ Fined	Пт	raffic S	School	☐ Disr	nissed	
	NATURE OF VIOLATION			N (STREET)		CITY			STATE	
71.3										
		ION TAKEN		□ Fined		e:- c	Daha al	□ Diag	-11	
	Month: Year:	☐ Not	Guilty	☐ Fined		rattic s	School	☐ Disr	nissea	
72.	Has a traffic citation ever resulted in a warrant or cause	ed your dr	iver's lice	ense to be withheld	due to the	follow	ring (check	all that app	y):	
	\Box Failed to Appear \Box Failed to	Complete	e Traffic S	School 🗆 Faile	ed to Pay	the Re	equired Fine	9		
	IF CHECKED, explain circumstances:									
73.	Have you been involved as the driver in a motor vehicle	accident	within th	ne past seven vear	's?			□ Ye:	s 🗆 No	
	F YES, give details below.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

SEC	TION 9: MOTOR VEHICLE	EINFORMATION CONTINUED		
	DATE OF ACCIDENT (MM/YYYY)		CITY	STATE
73.1	1	,		
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	□ YES □ NO		☐ YES ☐ NO	☐ Injury ☐ Non-injury
73.2	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	☐ YES ☐ NO		☐ YES ☐ NO	☐ Injury ☐ Non-injury
73.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
13.3	1			
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	☐ YES ☐ NO		☐ YES ☐ NO	☐ Injury ☐ Non-injury
74.	Have you ever driven a vehic	ele without auto insurance, as required by law?	🗆 Yes 🗆 No	
	IF YES, GIVE REASON		FR	OM (MM/YYYY) TO (MM/YYYY) /
75.	Have you ever been refused	automobile liability insurance or a bond, or had them cancelled	? □ Yes □ No	
	IF YES, GIVE REASON			DATE
				1
		INSURANCE COMPANY		
Supp	olemental motor vehicle infor	mation included on page 32 🛚		
0-0				
SEC	TION 11: CERTIFICATION			
	all statements made are tru	personally completed and initialed each page of this form and eand complete to the best of my knowledge and belief. I under to disqualification; or, if I have been appointed, may disquare	derstand that any m	isstatement of material fact
	Signature in Full: ▶		Date:	

Use the following page to continue your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding question/item numbers.

PLEASE TYPEWRITE OR PRINT INK

COUNTY OF	- LOS A	NGEL	ES EMPL	OYEE I	NFC	ORMA	TION	SHEE	ΞT				
1. Last Name:			I	First Nan	ne:			Mi	ddle Na	lle Name: 2.		2. Social Security Number	
3. Address (Residential): Email:						City,	State, Z	ip Co	de		Teleph □ Home		mber(s):
Email:											ı		
4. Emergency Notification/Relationship:				Tele	phone	9:			5. Do You Have A Relative Currently Employed B The County Of Los Angeles:				
6. Military Service in the Armed Forces of the United States:			Froi	om: To:				□ No Name: Relationship:					
Serial Number:	:	High	est Rank/R	ating:	Тур	e of Di	ischarge	9:	Depar	tment:			
7. Does the position for which your applying for require the operation of a vehicle on the job: Yes No			Driver's	•	Expira	ation Da	te:						
8. Education (H Location of Sci		ool or Hi	gher) Name	and	Last Grade Date Completed: Com		pleted				Diploma / Degree Type:		
_													
0. 5		1				DEAD				Write:		0	
9. Foreign Languages: □ Yes □ No	,	Langua 1.					READ: 1.			1 2			
		2.				2.		3		2.			
		3.				3.					3.		
10: Professiona	al or Tech	nnical L	icenses, Pe	rmits, Et	tc. (Ir	ndicate	State,	Count	y or Cit	 y in which regis	stered):		
11. HAVE YOU, A SUSPENDED TICKETS INVOI COURT OR LAY warrants).	SENTEN DLVING FA W? (inclu	ICE, OR AULTY E Ide conv	HAVE YOU	J FORFE Γ, PARKI smissed	ITED ING A unde	BAIL AND O er pena	IN CON R TRAF al code	NECT FIC SI 1203.4	ION WIT GNALS I, and ar	TH ANY OFFEN OR SPEEDING ny major traffic	SE (EXC i) IN ANY	EPT FO	R TRAFFIC DR MILITARY
	HARGE:	1 163 ,	provide til			R POL			ISPOSI				AGE AT TIME
DATE: CHARGE: COURT OF												OF OFFENSE:	
	_				_						_		
12. Have you w	vorked for	r Los Ar	ngeles Cour	nty unde	r a d	ifferen	t name	? If so,	please	explain:			
13. Have you E	VER beei	n convid	cted of a cri	me unde	r a d	lifferer	nt name	? If so	, please	explain:			
14. I am willing	to work	to the fo	ollowing shi	ft(s):	□ D	ay	□Ni	ght		Swing 🗆	Weeke	nd	

PLEASE TYPEWRITE OR PRINT INK

positions, a	5. EMPLOYMENT HISTORY (Account for the past 10 years or past ten employers (include school, part-time and temporary ositions, as well as eriods of unemployment) List employers from current to past:										
From:	To:	Employer Name an	d Title or	Du	ties performed:	Reaso	n for Leaving:				
Mo – Yr	Mo – Yr	Address:	Occupation:								
a If T	orminated pla	ease provide details									
• If T	erminated, pie	ease provide details	•								
		All State	ments made herein by	me are true	to the best of my know	owledge:					
		Applicant	Signature;				Date:				
16 THIS SI	PACE FOR US	E BY INTERVIEWER	•								
10. 110 0.	AGE I GR GG		•								
Interview	ed by:										
Signature) <u>.</u>		Title:		Department:		Date:				
2.3	-										



ADMINISTRATIVE SERVICES BUREAU BACKGROUND INVESTIGATIONS UNIT 9150 Imperial Highway Downey, California 90242 (562) 940-2870



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? Explain:	□ YES □ NO
Have you ever attended a gathering of any street gang? Explain:	□ YES □ NO
Have you ever participated in any gang activity? Explain:	□ YES □ NO
	= \/E0 = \/E
Have you ever visited anyone in custody in a county jail, state and/or federal prison or juvenile institution? Explain:	□ YES □ 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 hereby certify all statements and answers made on this questionnaire are true and complete. I understand any material facts and omissions will subject me to disqualification.	nisstatements of
Signature: Date:	



ADMINISTRATIVE SERVICES BUREAU BACKGROUND INVESTIGATIONS UNIT 9150 Imperial Highway Downey, CA 90242 (562) 940-2870



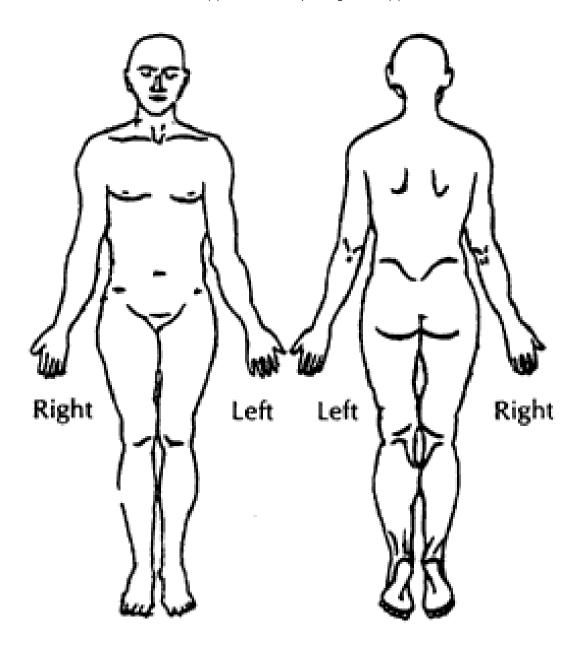
TATTOO DISCLOSURE FORM

APPLICANT'S NAME		SOCIAL SECURITY #	
INVESTIGATOR		DATE	
or other forms of body art. Des all tattoos, body art and/or b		f tattoos disclosed. You mus	t provide a photograph of
placement medical examination	rance and location of my tattoos and tattoo rel ion. Failure to disclose any tattoo, branding or o up, will result in my disqualification or immediate d	ther forms of body art, whet	her it has or has not been
Applicant Signature:		Date:	
1. TATTOO LOCATION			
DATE / PLACE ACQUIRED			
DESCRIPTION OF TATTO	O		
MEANING OF TATTOO			
2. TATTOO LOCATION			
DATE / PLACE ACQUIRED			
DESCRIPTION OF TATTOO	0		
MEANING OF TATTOO			
3. TATTOO LOCATION			
DATE / PLACE ACQUIRED			
DESCRIPTION OF TATTO			
MEANING OF TATTOO			
MEXITATE OF TAXABLE			
4. TATTOO LOCATION			
DATE / PLACE ACQUIRED			
DESCRIPTION OF TATTO	O		
MEANING OF TATTOO			
5. TATTOO LOCATION			
DATE / PLACE ACQUIRED			
DESCRIPTION OF TATTO	0		
MEANING OF TATTOO			

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

Attach additional sheets if needed

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





ADMINISTRATIVE SERVICES BUREAU BACKGROUND INVESTIGATIONS UNIT 9150 Imperial Highway Downey, CA 90242 (562) 940-2870



GUILLERMO VIERA ROSA

Chief Probation Officer

Prior County Service Form

LAST NAME			FIRST NAME		MIDDLE NAME	
	DO 1	YOU NOW, OR HAVE YOU	DDEWICHEL V	WORKED FOR THE COUNT	V 05	
1.		ANGELES ?	PREVIOUSLI	WORKED FOR THE COUNT	TOP	☐ YES ☐ NO
IF YES	NAI	ME OF LAST DEPARTMEN	IT			
	EMI	PLOYEE NUMBER				
	DA	TE LAST WORKED				
2.		E YOU EVER APPLIED FO NTY OF LOS ANGELES PI		EPUTY PROBATION OFFIC PARTMENT?	ER WITH THE	☐ YES ☐ NO
IF YES	DA.	TE OF APPLICATION				
			•			
3.		E YOU EVER VOLUNTEER VICE AGENCY?	RED FOR ANY	LAW ENFORCEMENT AGE	ICY OR SOCIAL	☐ YES ☐ NO
IF YES		PARTMENT NAME OR ENCY				
	DA	TES YOU VOLUNTEERED	FROM		то	
Signat	ure:			Date	:	



ADMINISTRATIVE SERVICES BUREAU BACKGROUND INVESTIGATIONS UNIT 9150 Imperial Highway Downey, CA 90242 (562) 940-2870



NON-SWORN APPLICANT WAIVER

APPLICANT'S NAME:
SOCIAL SECURITY #:
To Whom It May Concern:
I,, am an applicant with the Los Angeles County Probation Department, who needs to inquire into all areas of my background, which may affect my suitability to be employed. They have reason to believe that you may have information relevant to that purpose concerning me.
I hereby request, 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; 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.
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
Witness
Date

PERSONAL HISTORY STATEMENT - Non-Sworn

SUPPLEMENTAL INFORMATION 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.