

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.

Initial this page to indicate that you have read the instructions: _____

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

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

Initial this page to indicate that you have read the instructions: _____

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.

Signature: _____

Date: _____

SECTION 1: PERSONAL

1. YOUR FULL NAME				
LAST	FIRST	MIDDLE		
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)				<input type="checkbox"/> N/A
3. ADDRESS WHERE YOU LIVE				
NUMBER / STREET			APT / UNIT	
CITY			STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)				
5. CONTACT NUMBERS				
HOME ()	WORK ()	EXT	OTHER ()	<input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. CONTACT EMAIL		7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
8. CITIZENSHIP				
Are you a U.S. citizen?				<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, are you a permanent resident alien?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9. BIRTHPLACE (CITY / COUNTY / STATE / COUNTRY)				
10. BIRTHDATE (MM/DD/YYYY)		11. SOCIAL SECURITY NUMBER		12. DRIVER'S LICENSE
- -		- -		NUMBER: STATE: EXPIRES:
13. PHYSICAL DESCRIPTION				
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY						
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable. Mark "Deceased," if appropriate. If more space is needed, continue on page 32 – reference corresponding numbers. 						
14.A Spouse / Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
DATE OF MARRIAGE/JOINT RESIDENCY / (MM/YYYY)			Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
14.B Former Spouse / Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
DATE OF MARRIAGE/JOINT RESIDENCY / (MM/YYYY)		DATE OF DISSOLUTION / (MM/YYYY)	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 2: RELATIVES AND REFERENCES CONTINUED

14.C Parents / Guardians / In-laws

List **ALL** parents/guardians/in-laws living or deceased, including biological, adoptive, foster, step-parents, etc.

14.C.1 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
14.C.2 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
14.C.3 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
14.C.4 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
14.C.5 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
14.C.6 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			

Supplemental relatives' information included on page 32

SECTION 2: RELATIVES AND REFERENCES CONTINUED

14.D Brothers / Sisters

N/A

List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.

14.D.1 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
14.D.2 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
14.D.3 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
14.D.4 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

Supplemental relatives' information included on page 32

14.E Children

N/A

List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

14.E.1 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____					
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		
14.E.2 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____					
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

SECTION 2: RELATIVES AND REFERENCES CONTINUED

14.E.3 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____					
NAME		AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
ADDRESS (NUMBER / STREET / APT)			CITY	STATE	ZIP
CONTACT NUMBER		EMAIL			
()					

14.E.4 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____					
NAME		AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
ADDRESS (NUMBER / STREET / APT)			CITY	STATE	ZIP
CONTACT NUMBER		EMAIL			
()					

Supplemental relatives' information included on page 32

15. LIST OF REFERENCES

- List people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.

15.1	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	()						
	WORK PHONE		CELL PHONE		EMAIL		
()		()					
How do you know this person?					How long have you known this person?		

15.2	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	()						
	WORK PHONE		CELL PHONE		EMAIL		
()		()					
How do you know this person?					How long have you known this person?		

15.3	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	()						
	WORK PHONE		CELL PHONE		EMAIL		
()		()					
How do you know this person?					How long have you known this person?		

15.4	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	()						
	WORK PHONE		CELL PHONE		EMAIL		
()		()					
How do you know this person?					How long have you known this person?		

SECTION 3: EDUCATION

• If more space is needed, continue your response on page 32.

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> High School Equivalency Test:	/
		<input type="checkbox"/> California High School Proficiency Certificate:	/

17. LIST HIGH SCHOOL(S) ATTENDED				
17.1	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
	CITY		STATE	
17.2	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
	CITY		STATE	

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED					
18.1	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)				DEGREE EARNED
					<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:
	CITY		STATE	ZIP	MAJOR / AREA OF STUDY
18.2	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)				DEGREE EARNED
					<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:
	CITY		STATE	ZIP	MAJOR / AREA OF STUDY
18.3	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)				DEGREE EARNED
					<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:
	CITY		STATE	ZIP	MAJOR / AREA OF STUDY

19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED					
19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
			/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY		STATE	TYPE OF SCHOOL OR TRAINING	

Supplemental education information included on page 32

SECTION 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?..... Yes No

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? Yes No

IF YES, explain circumstances.

SECTION 4: RESIDENCE HISTORY

22. 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.*

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

SECTION 4: RESIDENCE HISTORY CONTINUED

22.2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	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:					
Reason for moving:					
22.3	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	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:					
Reason for moving:					
22.4	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	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:					
Reason for moving:					
22.5	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	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:					
Reason for moving:					

SECTION 4: RESIDENCE HISTORY CONTINUED

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

Reason for moving:

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

Reason for moving:

23.	Have you ever been evicted or asked to leave a residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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24.	Have you ever left a residence owing rent, utilities, or other household expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you answered "YES" to **Questions 23 and/or 24**, explain (include when, where, and circumstances):

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.*

25.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				()	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, explain: _____ _____ _____ _____ _____					

25.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

25.3	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				()	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	DUTIES / ASSIGNMENTS			REASON FOR LEAVING	
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		()			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		()			
2)		()			

25.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

SECTION 5: EXPERIENCE AND EMPLOYMENT CONTINUED

25.5	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				()	
	CITY		STATE	ZIP	EMAIL
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		()			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		()			
2)		()			

25.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

25.7	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				()	
	CITY		STATE	ZIP	EMAIL
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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 (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

25.9	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				()	
	CITY		STATE	ZIP	EMAIL
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		()			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		()			
2)		()			

SECTION 5: EXPERIENCE AND EMPLOYMENT CONTINUED

25.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

25.11	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				()	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		()			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		()			
2)		()			

25.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

25.13	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				()	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		()			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		()			
2)		()			

25.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

Supplemental employment information included on Page 32

26.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 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 *lawful* 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 *lawful* 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 numbers*).

Supplemental employment information included on Page 32

39. In the **past five years**, 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

- If you answered "YES" to Question 42, list **EVERY** agency you have applied to, **starting with the most recent**.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- *If more space is needed, continue your response on page 32.*

42.1	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)		
					/		
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)			
	CITY		STATE	ZIP	CONTACT NUMBER		EXT
					()		
POSITION APPLIED FOR				EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:							
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer							
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> List Expired <input type="checkbox"/> Disqualified – Reason for Disqualification (explain) _____							

SECTION 5: EXPERIENCE AND EMPLOYMENT CONTINUED

42.2	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> List Expired <input type="checkbox"/> Disqualified – Reason for Disqualification (explain) _____					

42.3	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> List Expired <input type="checkbox"/> Disqualified – Reason for Disqualification (explain) _____					

42.4	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> List Expired <input type="checkbox"/> Disqualified – Reason for Disqualification (explain) _____					

42.5	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> List Expired <input type="checkbox"/> Disqualified – Reason for Disqualification (explain) _____					

SECTION 5: EXPERIENCE AND EMPLOYMENT CONTINUED

42.6	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
	POSITION APPLIED FOR			EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:
 STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer
 STATUS: Hired On Eligibility List Withdrew List Expired Disqualified – Reason for Disqualification (explain) _____

42.7	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
	POSITION APPLIED FOR			EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:
 STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer
 STATUS: Hired On Eligibility List Withdrew List Expired Disqualified – Reason for Disqualification (explain) _____

Supplemental employment information is included on Page 32

SECTION 6: MILITARY EXPERIENCE

43. Are you required to register for the Selective Service? Yes No
 IF YES, have you registered? Yes No
 IF NO, explain: _____

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

45. If you answered "YES" to Question 44, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/
TYPE OF DISCHARGE		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		
Re-entry Code (1-4) if applicable – refer to your DD-214: _____		

46. Are you currently participating in one of the following?
 Military Reserve National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____

47. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No

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

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

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

Supplemental military information included on Page 32

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 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)? Yes No
 IF YES, explain each incident:

50.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			
50.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
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? Yes No
53. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? Yes No
54. Have the police ever been called to your home for any reason? Yes No
55. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
56. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? Yes No
57. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? Yes No
58. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? Yes No
59. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? Yes No
60. Have you ever filed a false insurance or workers' compensation claim? Yes 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 CONTINUED

► Involvement in Criminal Acts – Part 1

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

SECTION 8: LEGAL CONTINUED

62.15	Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62.16	Insurance fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62.17	Murder, homicide, attempted murder, or assault with intent to commit murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62.18	Perjury (lying under oath)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62.19	Possession of an explosive/destructive device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62.20	Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62.21	Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62.22	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62.23	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62.24	Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered "YES" to **ANY** of the item(s) in **Question 62**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 62.15) for each explanation.*
- *If more space is needed, continue your response on page 32.*

▶ Illegal 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 — **but not be limited to** — your use of any of the following:
 - ▶ Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*)
 - ▶ Barbiturates (*Downers*)
 - ▶ Cocaine / Crack Cocaine
 - ▶ Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*)
 - ▶ Fentanyl
 - ▶ GHB (*Date Rape Drug*)
 - ▶ Hallucinogens (*Peyote, LSD, Mushrooms*)
 - ▶ Heroin / Opium
 - ▶ Mescaline
 - ▶ Morphine
 - ▶ PCP / Angel Dust
 - ▶ Quaaludes
 - ▶ Steroids
 - ▶ Glue, paint, or any substance containing toluene

63. Have you **EVER** used any drug(s) as indicated above? Yes No

IF YES, give details including drug(s) used, most recent date used, total amount used per drug and circumstances:

SECTION 8: LEGAL CONTINUED

64. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, and/or prescription drugs without a prescription? Yes No **If YES, indicate which activities (mark all that apply):**

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.**

65. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications for the purpose of getting "high"? Yes No

IF YES, explain:

Supplemental drug information included on Page 32

SECTION 9: MOTOR VEHICLE INFORMATION

66. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

67. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

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

IF YES, explain (include when, where, and circumstances):

SECTION 9: MOTOR VEHICLE INFORMATION CONTINUED

69. Has your driver's license ever been suspended or revoked? Yes No
 IF YES, explain (include when, where, and circumstances):

70. List the current liability insurance on your vehicle(s).

70.1	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)	VEHICLE LICENSE	
	INSURANCE COMPANY			POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER ()	
70.2	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)	VEHICLE LICENSE	
	INSURANCE COMPANY			POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER ()	

71. Have you received any traffic citations, excluding parking citations, **within the past seven years**. Yes No **If YES, give details below.**

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

72. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):
 Failed to Appear Failed to Complete Traffic School Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

73. Have you been involved as the driver in a motor vehicle accident **within the past seven years**? Yes No
 IF YES, give details below.

SECTION 9: MOTOR VEHICLE INFORMATION CONTINUED

73.1	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
73.2	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
73.3	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

74. Have you ever driven a vehicle without auto insurance, as required by law? Yes No

IF YES, GIVE REASON	FROM (MM/YYYY) /	TO (MM/YYYY) /
---------------------	---------------------	-------------------

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

IF YES, GIVE REASON	DATE /
INSURANCE COMPANY	

Supplemental motor vehicle information included on page 32

SECTION 11: CERTIFICATION

76. 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 or omissions 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 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 ANGELES EMPLOYEE INFORMATION SHEET					
1. Last Name:		First Name:		Middle Name:	2. Social Security Number
3. Address (Residential):			City, State, Zip Code		Telephone Number(s): <input type="checkbox"/> Home: _____ <input type="checkbox"/> Cell: _____
Email: _____					
4. Emergency Notification/Relationship:			Telephone:		5. Do You Have A Relative Currently Employed By The County Of Los Angeles: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship: _____ Department: _____ _____ _____
6. Military Service in the Armed Forces of the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch:	From:	To:	
Serial Number:		Highest Rank/Rating:	Type of Discharge:		
7. Does the position for which your applying for require the operation of a vehicle on the job: <input type="checkbox"/> Yes <input type="checkbox"/> No		California Driver's License:		Expiration Date:	
8. Education (High School or Higher) Name and Location of School:			Last Grade Completed:	Date Completed:	College Major/Minor:
					Diploma / Degree Type:
9. Foreign Languages: <input type="checkbox"/> Yes <input type="checkbox"/> No		Language:		READ:	
		1. _____		1. _____	
		2. _____		2. _____	
		3. _____		3. _____	
				Write:	
				1. _____	
				2. _____	
				3. _____	
				Speak:	
				1. _____	
				2. _____	
				3. _____	
10: Professional or Technical Licenses, Permits, Etc. (Indicate State, County or City in which registered):					
11. HAVE YOU, AS A JUVENILE OR ADULT, EVER BEEN CONVICTED, FINED, IMPRISONED, OR PLACED ON PROBATION OR A SUSPENDED SENTENCE, OR HAVE YOU FORFEITED BAIL IN CONNECTION WITH ANY OFFENSE (EXCEPT FOR TRAFFIC TICKETS INVOLVING FAULTY EQUIPMENT, PARKING AND OR TRAFFIC SIGNALS OR SPEEDING) IN ANY CIVIL OR MILITARY COURT OR LAW? (include convictions, dismissed under penal code 1203.4, and any major traffic offenses resulting in warrants). <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide the following information for each offense:					
DATE:	CHARGE:		COURT OR POLICE DEPT.		DISPOSITION:
					AGE AT TIME OF OFFENSE:
12. Have you worked for Los Angeles County under a different name? If so, please explain:					
13. Have you EVER been convicted of a crime under a different name? If so, please explain:					
14. I am willing to work to the following shift(s): <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Swing <input type="checkbox"/> Weekend					



GUILLERMO VIERA ROSA
Chief Probation Officer

COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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



TATTOO DISCLOSURE FORM

APPLICANT'S NAME	
INVESTIGATOR	

SOCIAL SECURITY #	
DATE	

Instructions: Describe **ALL** tattoos in detail. Include tattoos that have been covered up, altered, or removed. This includes branding or other forms of body art. Describe in detail the origin and personal meaning of tattoos disclosed. **You must provide a photograph of all tattoos, body art and/or branding.**

I understand that the appearance and location of my tattoos and tattoo removal scars are subject to verification during my pre-placement medical examination. Failure to disclose any tattoo, branding or other forms of body art, whether it has or has not been removed, altered or covered up, will result in my disqualification or immediate dismissal if any appointment is made.

Applicant Signature: _____

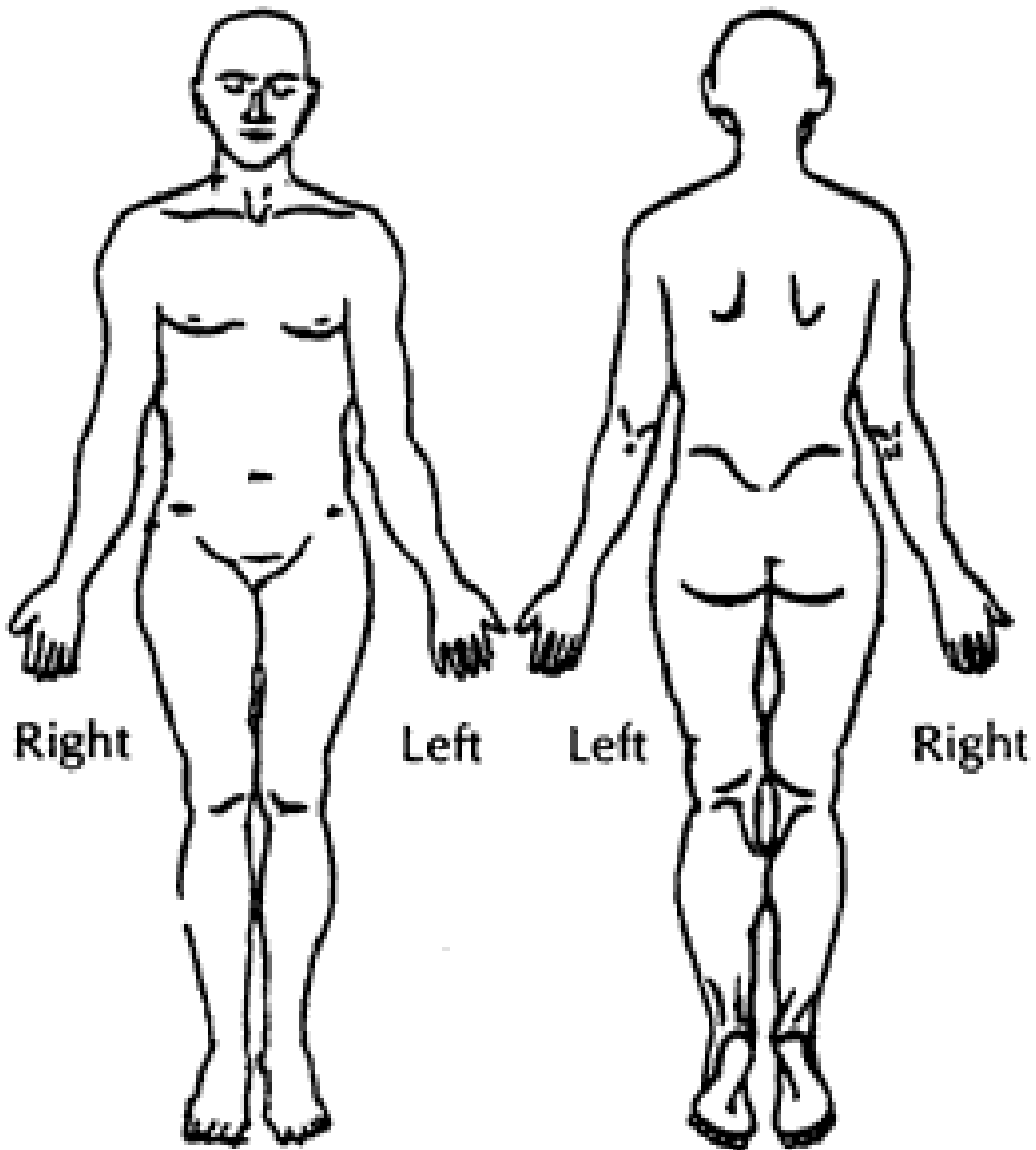
Date: _____

1. TATTOO LOCATION	
DATE / PLACE ACQUIRED	
DESCRIPTION OF TATTOO	
MEANING OF TATTOO	
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	

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).





COUNTY OF LOS ANGELES PROBATION DEPARTMENT

ADMINISTRATIVE SERVICES BUREAU
BACKGROUND INVESTIGATIONS UNIT
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(562) 940-2870



GUILLERMO VIERA ROSA

Chief Probation Officer

Prior County Service Form

LAST NAME		FIRST NAME		MIDDLE NAME	
-----------	--	------------	--	-------------	--

1. DO YOU NOW, OR HAVE YOU PREVIOUSLY WORKED FOR THE COUNTY OF LOS ANGELES ?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES	NAME OF LAST DEPARTMENT	
	EMPLOYEE NUMBER	
	DATE LAST WORKED	

2. HAVE YOU EVER APPLIED FOR RESERVE DEPUTY PROBATION OFFICER WITH THE COUNTY OF LOS ANGELES PROBATION DEPARTMENT?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES	DATE OF APPLICATION	

3. HAVE YOU EVER VOLUNTEERED FOR ANY LAW ENFORCEMENT AGENCY OR SOCIAL SERVICE AGENCY?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES	DEPARTMENT NAME OR AGENCY	
	DATES YOU VOLUNTEERED	FROM <input type="text"/> TO <input type="text"/>

Signature: _____

Date: _____



GUILLERMO VIERA ROSA
Chief Probation Officer

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ADMINISTRATIVE SERVICES BUREAU
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(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

