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 recommended that you begin working on it immediately, as you will need to bring the completed PHS to your Backgrounds Records review appointment.

2. You must personally type or clearly print all required information in black ink, providing **one-sided** originals only. Carefully read all directions before answering and ensure that no questions are left blank. Respond to each question. If a question does not apply to you, enter "N/A" for "not applicable." Confirm any information you are unsure about, as all information is subject to verification.

3. You are responsible for the accuracy and completeness of all information including but not limited to, addresses and telephone numbers. Incomplete statements, deliberate omissions, or fraudulent statements may bar or remove you from consideration for employment. Be sure to account for all required periods in your background, including periods of unemployment and military assignments within the last 10 years.

4. Being discharged from a job or having an arrest record will not automatically disqualify you. However, any negative factor in your background will be examined carefully and evaluated in terms of the relevance to the position.

5. 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 include any arrest or conviction even if you have earned a release under Sections 1203.4 or 1203.4(a) of the California Penal Code, or under Sections 1179 or 3200 of the California Welfare and Institutions Code or if you have obtained a pardon under Sections 4852.17 and 4853 of the California Penal Code. Additionally, include information if you were a subject of a restraining order against an individual.

6. Avoid disclosing information about past or present medical conditions, as the Americans with Disabilities Act prohibits employers from making medically related inquiries prior to a final offer of employment.

7. Initial every page at the bottom right corner and bring your completed PHS including instructions and supplemental questionnaires/documents to your Background Records review appointment.

If there is insufficient space to list all information in the provided space, use page 28 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 items by number and subject.

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

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

Required Documents:

In addition to your Personal History Statement (PHS), you are also required to provide ORIGINAL or CERTIFIED copies of the following:

1. **ORIGINAL U.S. BIRTH CERTIFICATE, CERTIFICATE OF NATURALIZATION, U.S. PASSPORT, or PERMANENT RESIDENT CARD are acceptable**. An original or certified copy of U.S. Birth Certificate is required. An abstract of the U.S. Birth Certificate is not acceptable.

2. **ORIGINAL SIGNED SOCIAL SECURITY CARD**

3. **ORIGINAL VALID CALIFORNIA DRIVER LICENSE.**

4. **MILITARY DD214** (only Page 4), If you have served in the US Military

5. If currently employed by the County of Los Angeles, your Performance Evaluations for the past two (2) years.

6. **WAIVER** to Release Information.

7. **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: _____

Los Angeles County Probation Department
9150 Imperial Hwy.
Downey, CA 90242

Please download PDF and save it, before filling out. *Adobe Acrobat Reader* is the preferred program to use.

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**, in accordance with POST Commission Regulation 1959.

- It is your responsibility to complete this form and provide all required information.
- Following instructions provided by the hiring department, type or neatly print in black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the supplemental information page on the last page of this form (page 28) and identify the additional information by the question number.
- Following instructions given by the hiring department, provide the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

Disqualification

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

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

Disclosure of Medically-Related Information

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

I have read and I understand the above instructions.

Signature: _____ **Date:** _____

SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST FIRST MIDDLE

2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES) ☐ N/A

3. ADDRESS WHERE YOU LIVE

NUMBER / STREET APT / UNIT

CITY STATE ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)

5. CONTACT NUMBERS

HOME ( ) WORK ( ) EXT OTHER ( ) ☐ CELL ☐ FAX

6. CONTACT EMAIL

7. LIST **ALL** OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)

8. LEGAL AUTHORIZATION FOR EMPLOYMENT

Are you legally authorized for permanent employment in the United States? ☐ Yes ☐ No

IF NO, explain fully: _____

9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)

10. BIRTHDATE (MM/DD/YYYY)

11. SOCIAL SECURITY NUMBER - -

12. DRIVER'S LICENSE NUMBER: STATE: EXPIRES:

13. PHYSICAL DESCRIPTION

HEIGHT: WEIGHT: HAIR COLOR: EYE COLOR:

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY

- 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 28 – reference corresponding numbers.*

14.A Spouse / Domestic Partner ☐ Deceased ☐ N/A

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

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

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? ☐ Yes ☐ No

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

SECTION 2: RELATIVES AND REFERENCES *continued*

14.B Former Spouse / Former Domestic Partner

☐ Deceased ☐ N/A

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

HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

DATE OF MARRIAGE/JOINT RESIDENCY	DATE OF DISSOLUTION	
/ (MM/YYYY)	/ (MM/YYYY)	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? ☐ Yes ☐ No

14.C Parents / Guardians / In-laws

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

If more space is needed, continue on page 28 – reference corresponding numbers.

14.C.1 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

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

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.C.2 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

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

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.C.3 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

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

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.C.4 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

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

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

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

SECTION 2: RELATIVES AND REFERENCES *continued*

14.C Parents / Guardians / In-laws *continued*

14.C.5 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

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

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.C.6 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

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

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

Supplemental relatives information included on Page 28 ☐

14.D Brothers / Sisters ☐ N/A

- List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.
- *If more space is needed, continue on page 28 – reference corresponding numbers.*

14.D.1 Sibling: ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: _____

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

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.D.2 Sibling: ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: _____

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

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.D.3 Sibling: ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: _____

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

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

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

SECTION 2: RELATIVES AND REFERENCES *continued*

14.D.4 Sibling: ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: _____

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

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

Supplemental relatives information included on Page 28 ☐

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.
- *If more space is needed, continue on page 28 – reference corresponding numbers.*

14.E.1 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE

CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

CONTACT NUMBER	EMAIL

14.E.2 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE

CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

CONTACT NUMBER	EMAIL

14.E.3 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE

CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

CONTACT NUMBER	EMAIL

14.E.4 Child: ☐ Son ☐ Daughter ☐ 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 28 ☐

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

SECTION 2: RELATIVES AND REFERENCES *continued*

15. LIST OF REFERENCES

- List **5** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers.
- Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.
- *If more space is needed, continue on page 28 – reference corresponding numbers.*

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

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

SECTION 3: EDUCATION

- **If more space is needed, continue your response on Page 28.**

16. Do you have a high school diploma, High School Equivalency Certificate, or California High School Proficiency Certificate?..... ☐ YES ☐ NO

17. LIST HIGH SCHOOL(S) ATTENDED

	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
17.1		/	/	☐ YES ☐ NO
	CITY			STATE
17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
		/	/	☐ YES ☐ NO
	CITY			STATE

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
18.1		/	/	_____ ☐ QTR SYSTEM ☐ SEM SYSTEM
	ADDRESS (NUMBER / STREET)			DEGREE EARNED
				☐ YES ☐ NO TYPE:
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	_____ ☐ QTR SYSTEM ☐ SEM SYSTEM
	ADDRESS (NUMBER / STREET)			DEGREE EARNED
				☐ YES ☐ NO TYPE:
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	_____ ☐ QTR SYSTEM ☐ SEM SYSTEM
	ADDRESS (NUMBER / STREET)			DEGREE EARNED
				☐ YES ☐ NO TYPE:
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

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

	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE TRAINING?
19.1		/	/	☐ YES ☐ NO
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	

Supplemental education information included on Page 28 ☐

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

SECTION 3: EDUCATION *continued*

LIST **ALL** POST BASIC COURSES ATTENDED

20. Have you ever taken a **PC832** (Arrest and/or Firearms) Course? ..... ☐ YES ☐ NO

IF YES, provide the following information:

A. COURSE PRESENTER NAME	LOCATION (CITY / STATE)

B. COURSE COMPLETION	COMPLETION DATE (MM/YYYY)
Did you successfully complete the course?..... ☐ YES ☐ NO	/

21. Have you ever attended a **POST** Basic Course/Academy: Regular, Modular, Specialized Investigators', Reserve, or Dispatcher? ☐ YES ☐ NO

IF YES, provide the following information:

21.1	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/ GRADUATE?
		/	/	☐ YES ☐ NO

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

21.2	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/ GRADUATE?
		/	/	☐ YES ☐ NO

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

Supplemental POST basic course information included on Page 28 ☐

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school, college/university, business, trade school, or POST basic course/academy? ..... ☐ 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.

23. 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.

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

SECTION 4: RESIDENCE HISTORY

24. 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 28.***

24.1

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

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

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

CITY	STATE	ZIP	EMAIL

Name(s) of those with whom you live:

24.2

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

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

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

CITY	STATE	ZIP	EMAIL

Name(s) of those with whom you lived:

Reason for moving:

24.3

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

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

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

CITY	STATE	ZIP	EMAIL

Name(s) of those with whom you lived:

Reason for moving:

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

SECTION 4: RESIDENCE HISTORY *continued*

24.4

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

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

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

CITY	STATE	ZIP	EMAIL

Name(s) of those with whom you lived:

Reason for moving:

24.5

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

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

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

CITY	STATE	ZIP	EMAIL

Name(s) of those with whom you lived:

Reason for moving:

Supplemental residence information included on Page 28 ☐

25. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 24** with whom you have resided **during the past 10 years** or **since age 15.**
- Do **NOT** list anyone for whom you have already provided contact information.
- *If more space is needed, continue your response on Page 28.*

25.1

NAME OF HOUSEMATE	CONTACT NUMBER
	( )

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL

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

SECTION 4: RESIDENCE HISTORY *continued*

25.2	NAME OF HOUSEMATE			CONTACT NUMBER ( )
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL		
25.3	NAME OF HOUSEMATE			CONTACT NUMBER ( )
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL		
25.4	NAME OF HOUSEMATE			CONTACT NUMBER ( )
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL		
25.5	NAME OF HOUSEMATE			CONTACT NUMBER ( )
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL		

Supplemental housemate information included on Page 28 ☐

26. Have you ever been evicted or asked to leave a residence? ☐ YES ☐ NO

27. Have you ever left a residence owing rent, utilities, or other household expenses? ☐ YES ☐ NO

If you answered "YES" to **Questions 26 and/or 27**, explain (include when, where, and circumstances):

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

SECTION 5: EXPERIENCE AND EMPLOYMENT

28. 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 28.***

28.1

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)	
			☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE	

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? ..... ☐ YES ☐ NO

IF YES, explain:

28.2

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:_____	/	/

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

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

28.3

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)	
			☐ 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)	( )		

28.4

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:_____	/	/

28.5

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)	
			☐ 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)	( )		

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

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

28.6

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:_____	/	/

28.7

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)
	☐ 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)	( )		

28.8

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:_____	/	/

28.9

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)
	☐ 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)	( )		

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

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

28.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:_____	/	/

28.11	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)
	☐ 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)	( )		

28.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:_____	/	/

28.13	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)
	☐ 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)	( )		

28.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:_____	/	/

Supplemental employment information included on Page 28 ☐

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

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

29. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.) ☐ YES ☐ NO

30. Have you ever been fired, released from probation, or asked to resign from any place of employment? ☐ YES ☐ NO

31. Were you ever been involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ☐ YES ☐ NO

32. Have you ever quit without giving proper notice? ☐ YES ☐ NO

33. Have you ever resigned in lieu of termination? ☐ YES ☐ NO

34. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, or customer? ☐ YES ☐ NO

35. Were you ever the subject of a written complaint at work that resulted in disciplinary action against you? ☐ YES ☐ NO

36. Have you ever been counseled at work due to lateness or absences? ☐ YES ☐ NO

37. Did you ever receive an unsatisfactory performance review? ☐ YES ☐ NO

38. Have you ever sold, released, or given away legally confidential information? ☐ YES ☐ NO

39. Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ YES ☐ NO

IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days

40. 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 29–40, explain (include when, where, and circumstances – *reference corresponding numbers*).

Supplemental employment information included on Page 28 ☐

41. *In the* ***past three years***, have you missed days or been late to work due to drug or alcohol consumption? ☐ YES ☐ NO

If YES, how often? _____

42. Has your work performance ever been affected by your use of alcohol or drugs? ☐ YES ☐ NO

IF YES, when? _____ Name of employer: _____

43. *In the* ***past three years***, have you been warned by an employer about your drinking or drug habits and their impact on your performance? ☐ YES ☐ NO

IF YES, when? _____ Name of employer: _____

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

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

44. 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 44**, list **EVERY** agency you have applied to, **starting with the most recent.**
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- Give complete and accurate addresses.
- ***If more space is needed, continue your response on Page 28.***

44.1

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: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) _____

44.2

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: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) _____

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

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

44.3

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: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) _____

44.4

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: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) _____

Supplemental employment information included on Page 28 ☐

SECTION 6: MILITARY EXPERIENCE

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

46. Have you ever served in the military? ☐ YES ☐ NO

47. If you answered "YES" to Question 46, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

TYPE OF DISCHARGE

☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable

Re-entry Code (1–4) if applicable – *refer to your DD-214:* _____

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

SECTION 6: MILITARY EXPERIENCE *continued*

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

49. 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

50. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? ..... ☐ YES ☐ NO

51. 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 49-51**, explain (include dates and circumstances).

Supplemental military information included on Page 28 ☐

SECTION 7: FINANCIAL

52. INCOME AND EXPENSES

For each of the following questions (**52A** and **B**), fill in the amounts to the nearest dollar.

- For **Question 52A**: Provide your ***total*** monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For **Question 52B**: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

A)	What is your total monthly disposable income?	$ _____ per month
B)	How much do you spend each month?	$ _____ per month

53. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? ..... ☐ YES ☐ NO

54. Have any of your bills ever been turned over to a collection agency? ..... ☐ YES ☐ NO

55. Have you ever had purchased goods repossessed? ..... ☐ YES ☐ NO

56. Have your wages ever been garnished? ..... ☐ YES ☐ NO

57. Have you ever been delinquent on income or other tax payments? ..... ☐ YES ☐ NO

58. Have you ever failed to file income tax or cheated/lied on an income tax form? ..... ☐ YES ☐ NO

59. Have you ever had an employment bond refused? ..... ☐ YES ☐ NO

60. Have you ever avoided paying any lawful debt by moving away? ..... ☐ YES ☐ NO

61. Have you ever defaulted on (failed to pay) a loan? ..... ☐ YES ☐ NO

62. Have you ever borrowed money to pay for a gambling debt? ..... ☐ YES ☐ NO
IF YES, do you currently have any outstanding debts as a result of gambling? ..... ☐ YES ☐ NO

63. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .. ☐ YES ☐ NO

64. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ..... ☐ YES ☐ NO

65. Have you you written three or more bad checks in a one-year period? ..... ☐ YES ☐ NO

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

SECTION 7: FINANCIAL *continued*

If you answered "YES" to any of Questions 53-65, explain (include when, where, and why – *reference corresponding numbers*).

Supplemental financial information included on Page 28 ☐

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 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 if you have any questions regarding disclosure.**
- *If more space is needed, continue your response on Page 28.*

66. Have you ever been convicted of (and, for criminal justice agency applicants, detained by law enforcement for investigation, arrested, indicted, or charged with) any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? ☐ YES ☐ NO

IF YES, explain each incident:

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
66.1		/	
	DISPOSITION OR PENALTY		
66.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
	DISPOSITION OR PENALTY		

Supplemental disclosure information included on Page 28 ☐

67. Have you ever been placed on court probation? ☐ YES ☐ NO

68. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? (You may answer "no" if your juvenile record has been sealed or expunged by juvenile court.) ☐ YES ☐ NO

69. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ☐ YES ☐ NO

70. Have the police ever been called to your home for any reason? ☐ YES ☐ NO

71. Have you or your spouse/partner ever been referred to Child Protective Services? ☐ YES ☐ NO

72. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? ☐ YES ☐ NO

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

SECTION 8: LEGAL *(continued)*

73.	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
74.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	☐ YES ☐ NO
75.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	☐ YES ☐ NO
76.	Have you ever filed a false insurance or workers' compensation claim?	☐ YES ☐ NO

If you answered "YES" to any of Questions 67-76, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). *If more space is needed, continue your response on Page 28.*

Supplemental legal information included on Page 28 ☐

► Involvement in Criminal Acts – Part 1

77. Have you committed any of the following acts ***within the past seven (7) years***? (You do NOT have to report any acts committed ***prior to age 15***.)

- You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet.
- **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

77.1	Animal abuse and/or neglect	☐ YES ☐ NO
77.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	☐ YES ☐ NO
77.3	Battery (use of force or violence upon another)	☐ YES ☐ NO
77.4	Brandishing a weapon (any type of weapon)	☐ YES ☐ NO
77.5	Carrying a concealed weapon without a permit	☐ YES ☐ NO
77.6	Contributing to the delinquency of a minor	☐ YES ☐ NO
77.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	☐ YES ☐ NO
77.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	☐ YES ☐ NO
77.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	☐ YES ☐ NO
77.10	Filing a false police report	☐ YES ☐ NO
77.11	Hit & run collision (no injuries)	☐ YES ☐ NO
77.12	Illegal gambling	☐ YES ☐ NO
77.13	Illegal hunting and/or fishing (for example, without a license, out of season)	☐ YES ☐ NO

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

SECTION 8: LEGAL *(continued)*

77.14	Impersonating a peace officer (pretending to be a police officer)	☐ YES	☐ NO
77.15	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
77.16	Intentionally writing a bad check	☐ YES	☐ NO
77.17	Joyriding (using a car or other vehicle without owner's permission)	☐ YES	☐ NO
77.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	☐ YES	☐ NO
77.19	Petty theft (value up to $950, including shoplifting/switching price tags)	☐ YES	☐ NO
77.20	Possession of alcohol as a minor (under the age of 21)	☐ YES	☐ NO
77.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	☐ YES	☐ NO
77.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	☐ YES	☐ NO
77.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	☐ YES	☐ NO
77.24	Reckless driving	☐ YES	☐ NO
77.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	☐ YES	☐ NO
77.26	Trespassing	☐ YES	☐ NO
77.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	☐ YES	☐ NO
77.28	Any other act amounting to a misdemeanor	☐ YES	☐ NO

- If you answered "YES" to **ANY** of the item(s) in **Question 77**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 77.5) for each explanation.*
- ***If more space is needed, continue your response on Page 28.***

Supplemental legal information included on Page 28 ☐

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

► Involvement in Criminal Acts – Part 2

78. ***At any time in your life,*** have you ***EVER*** committed any of the following acts?

NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

78.1	Arson (intentionally destroying property by setting a fire)	☐ YES	☐ NO
78.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	☐ YES	☐ NO
78.3	Blackmail or extortion	☐ YES	☐ NO
78.4	Burglary (entering a structure or vehicle to commit theft or other crime)	☐ YES	☐ NO
78.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	☐ YES	☐ NO
78.6	Elder abuse and/or neglect (physical and/or financial)	☐ YES	☐ NO
78.7	Embezzlement (theft of money or other valuables entrusted to you)	☐ YES	☐ NO
78.8	Felony drunk driving (involving injuries)	☐ YES	☐ NO
78.9	Felony illegal sex acts	☐ YES	☐ NO
78.10	Forcible rape	☐ YES	☐ NO
78.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	☐ YES	☐ NO
78.12	Fraudulent use of a credit, ATM, debit, and/or check card	☐ YES	☐ NO
78.13	Grand theft (value of over $950, automobile, any firearm)	☐ YES	☐ NO
78.14	Hit & run (with injuries)	☐ YES	☐ NO
78.15	Hate crime	☐ YES	☐ NO
78.16	Insurance fraud	☐ YES	☐ NO
78.17	Murder, homicide, attempted murder, or assault with intent to commit murder	☐ YES	☐ NO
78.18	Perjury (lying under oath)	☐ YES	☐ NO
78.19	Possession of an explosive/destructive device	☐ YES	☐ NO
78.20	Robbery (theft from another person using a weapon, force, or fear)	☐ YES	☐ NO
78.21	Stalking	☐ YES	☐ NO
78.22	Theft of a vehicle and/or vehicle parts	☐ YES	☐ NO
78.23	Viewing and/or possessing child pornography	☐ YES	☐ NO
78.24	Any other act amounting to a felony	☐ YES	☐ NO

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

SECTION 8: LEGAL *(continued)*

- If you answered "YES" to **ANY** of the item(s) in **Question 78**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 78.3) for each explanation.*
- ***If more space is needed, continue your response on Page 28.***

Supplemental legal information included on Page 28 ☐

► 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.)*
  - ► GHB *(Date Rape Drug)*
  - ► Hallucinogens *(Peyote, LSD, Mushrooms)*
  - ► Heroin / Opium
  - ► Mescaline
  - ► Morphine
  - ► PCP / Angel Dust
  - ► Quaaludes
  - ► Steroids
  - ► Glue, paint, aerosol, or any substance containing toluene

79. ***Have you EVER,*** excluding the use of cannabis off the job and away from the workplace, used any drug(s) as indicated above? ..... ☐ YES ☐ NO

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

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

SECTION 8: LEGAL *(continued)*

80. In reference to any illegal use of drug(s) as indicated above. Answer the following question*:*

☐ I have ***never*** used any drug recreationally. (You may mark this box, if the only drug you have used recreationally was cannabis.)

☐ **Excluding any use of cannabis**, I have tried or used one or more drugs, but only under ***limited*** circumstances *(for example, experimentation, at parties, concerts, special events, etc.)*

IF YOU CHECKED BOX 2, give details including ***drug(s) used, most recent date used***, and ***circumstances:***

81. Have you ***EVER*** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including prescription drugs without a prescription, excluding the use of cannabis off the job and away from the workplace? ☐ 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***.

82. 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, excluding the use of cannabis off the job and away from the workplace? ..... ☐ YES ☐ NO
IF YES, explain:

Supplemental drug information included on Page 28 ☐

SECTION 9: MOTOR VEHICLE INFORMATION

83. Current Driver's License:

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

84. 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

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

SECTION 9: MOTOR VEHICLE INFORMATION *(continued)*

85. Have you ever been refused a driver's license by any state? ☐ YES ☐ NO

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

86. Has your driver's license ever been suspended or revoked? ☐ YES ☐ NO

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

87. Have you received any traffic citations, excluding parking citations, ***within the past seven years?*** ☐ YES ☐ NO
If YES, give details below.

	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
87.1				
	DATE VIOLATION OCCURRED	ACTION TAKEN		
	Month: Year:	☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed		
	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
87.2				
	DATE VIOLATION OCCURRED	ACTION TAKEN		
	Month: Year:	☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed		
	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
87.3				
	DATE VIOLATION OCCURRED	ACTION TAKEN		
	Month: Year:	☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed		

88. 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:

Supplemental motor vehicle information included on Page 28 ☐

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

SECTION 9: MOTOR VEHICLE INFORMATION *(continued)*

89. 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)
	/	/

90. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ☐ YES ☐ NO

IF YES, GIVE REASON	DATE (MM/YYYY)
	/

INSURANCE COMPANY

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

Supplemental motor vehicle information included on Page 28 ☐

SECTION 10: OTHER TOPICS

91. Have you ever been refused a permit to carry a concealed weapon? ☐ YES ☐ NO

92. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ YES ☐ NO

93. Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you? ☐ YES ☐ NO

94. ***Since the age of 15***, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ☐ YES ☐ NO

95. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ YES ☐ NO

If you answered "YES" to any of **Questions 91-95**, give details including dates and circumstances – *reference corresponding numbers*.

Supplemental other topics information included on Page 28 ☐

SECTION 11: CERTIFICATION

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

Signature in Full: ► **Date:**

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

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

Provide 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.

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

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):
		☐ Home: _____ ☐ Cell: _____

Email:

4. Emergency Notification/Relationship:	Telephone:	5. Do You Have A Relative Currently Employed By The County Of Los Angeles: ☐ Yes ☐ No
		Name: Relationship: Department:

6. Military Service in the Armed Forces of the United States: ☐ Yes ☐ 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: ☐ Yes ☐ 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: ☐ Yes ☐ No	Language:	READ:	Write:	Speak:
	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	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).

☐ **Yes** ☐ **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): ☐ Day ☐ Night ☐ Swing ☐ Weekend

PLEASE TYPEWRITE OR PRINT INK

15. EMPLOYMENT HISTORY (Account for the past 10 years or past ten employers (include school, part-time and temporary positions, as well as periods of unemployment) List employers from current to past:

From: Mo – Yr	To: Mo – Yr	Employer Name and Address:	Title or Occupation:	Duties performed:	Reason for Leaving:

- **If Terminated, please provide details:**

All Statements made herein by me are true to the best of my knowledge:

_____ _____

Applicant Signature; Date:

16. THIS SPACE FOR USE BY INTERVIEWER:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Interviewed by:

Signature:	Title:	Department:	Date:

Revised 08/2025

GUILLERMO VIERA ROSA
Chief Probation Officer

COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

INTERNAL AFFAIRS 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? ☐ YES ☐ NO

Explain: _____

2. Have you ever attended a gathering of any street gang? ☐ YES ☐ NO

Explain: _____

3. Have you ever participated in any gang activity? ☐ YES ☐ NO

Explain: _____

4. Have you ever visited anyone in custody in a county jail, state and/or federal prison or juvenile institution? ☐ YES ☐ NO

Explain: _____

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 misstatements of material facts and omissions will subject me to disqualification.

Signature: _____ Date: _____

COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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

GUILLERMO VIERA ROSA
Chief Probation Officer

TATTOO DISCLOSURE FORM

APPLICANT'S NAME		**SOCIAL SECURITY #**	
INVESTIGATOR		**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.

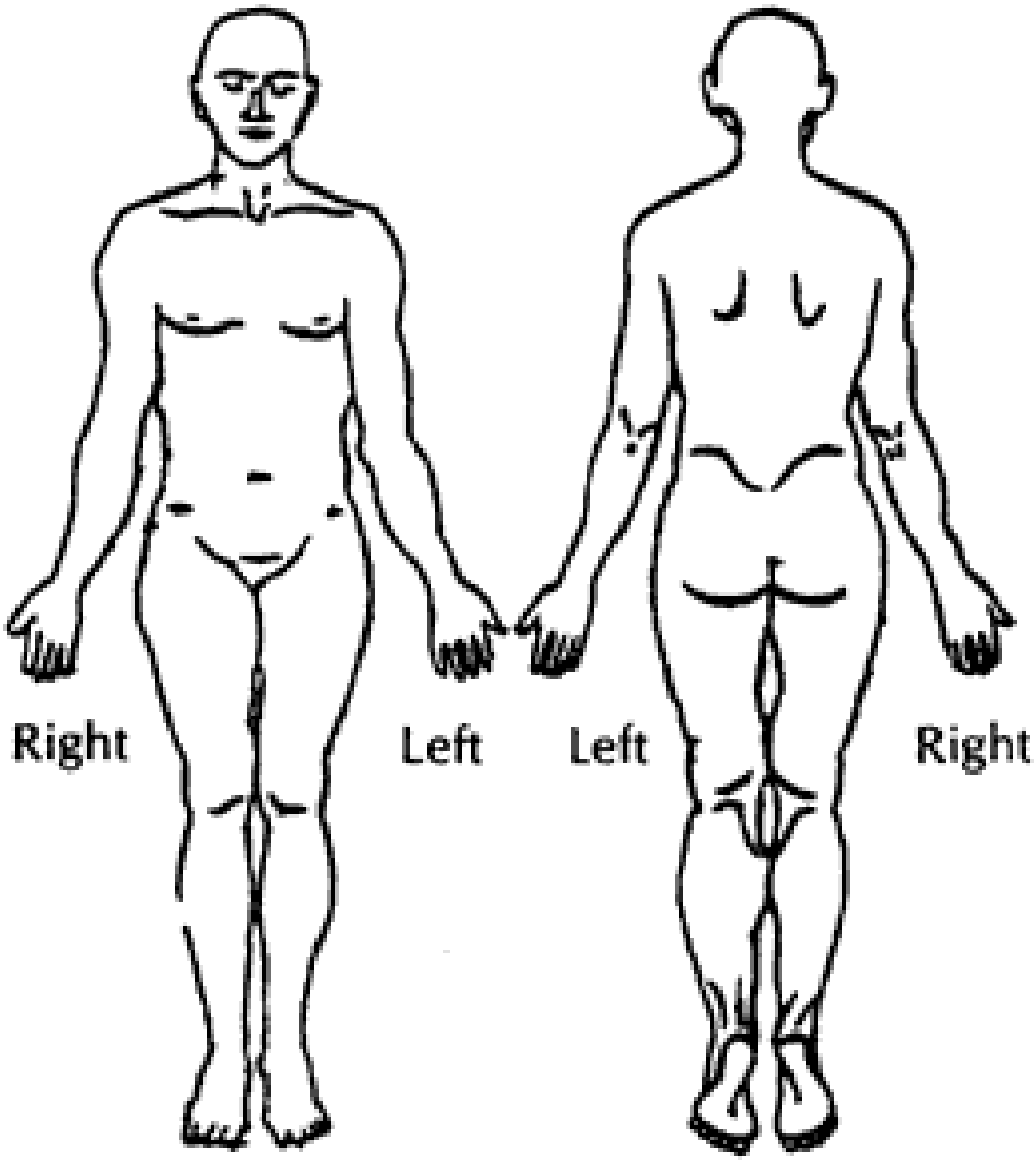
Applicant Signature: _____ Date: _____

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

INTERNAL AFFAIRS 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	

1.	DO YOU NOW, OR HAVE YOU PREVIOUSLY WORKED FOR THE COUNTY OF LOS ANGELES ?		☐ YES ☐ 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?		☐ YES ☐ NO
IF YES	DATE OF APPLICATION		

3.	HAVE YOU EVER VOLUNTEERED FOR ANY LAW ENFORCEMENT AGENCY OR SOCIAL SERVICE AGENCY?				☐ YES ☐ NO
IF YES	DEPARTMENT NAME OR AGENCY				
	DATES YOU VOLUNTEERED	FROM		TO	

Signature:_____ **Date:**_____

COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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

GUILLERMO VIERA ROSA
Chief Probation Officer

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