

LOS ANGELES COUNTY PROBATION DEPARTMENT
PEACE OFFICER 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 Peace Officer position as provided by Section 1031 of the Government Code of the State of California

Instructions:

1. The completion of this PHS in accordance with Section 9053 (c) of the California POST Regulation 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 as a Peace Officer. 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 or result in your release from a Peace Officer position. However, any negative factor in your background will be examined carefully and evaluated in terms of the relevance to the position of Peace Officer.
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 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 items by number and subject.

LOS ANGELES COUNTY PROBATION DEPARTMENT
PEACE OFFICER BACKGROUND INVESTIGATION
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Required Documents:

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

1. **ALL OFFICIAL COLLEGE TRANSCRIPTS.** Transcripts must be in a **sealed** envelope issued by an **accredited** institution. If you provided your sealed official transcripts during the Exam process, your background investigator will obtain them from the Exams unit.
2. **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.
3. **ORIGINAL SIGNED SOCIAL SECURITY CARD**
4. **ORIGINAL VALID CALIFORNIA DRIVER LICENSE.**
5. A **sealed** copy of your **CREDIT REPORT** from one of the following agencies: TransUnion (800-916-8800 or transunion.com); Experian (888-397-3742 or Experian.com); or, Equifax (800-685-1111 or Equifax.com). Bring the sealed copy of your credit report on the day of your Background Records review appointment. Note: ONLINE credit reporting will not be accepted.
6. **ORIGINAL AUTO INSURANCE POLICY CARD and/or the AUTO INSURANCE POLICY** (must show your name as an insured driver, and effective dates of policy including expiration date.)
7. **MILITARY DD214** (only Page 4) or **PROOF OF SELECTIVE SERVICE REGISTRATION** (applies to males born after January 1, 1960). You can secure a copy of your selective service registration by accessing <http://www.sss.gov>
8. If currently employed by the County of Los Angeles, your Performance Evaluations for the past two (2) years.
9. **NOTARIZED WAIVER** to Release Information. It is the responsibility of the candidate to obtain a notary, and the waiver must be signed and dated in the presence of the notary.
10. **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

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 the position of **California Peace Officer**, in accordance with POST Commission Regulation 1953.

- It is your responsibility to complete this form **in its entirety** and provide **accurate and truthful responses**.
- 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 32) and identify the additional information by the question number.
- Following instructions provided by the hiring department, submit 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 prior instances of illegal drug use, driving under the influence, theft, or even arrest or misdemeanor conviction may not be, 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: _____

PERSONAL HISTORY STATEMENT – Peace Officer

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. EMPLOYMENT ELIGIBILITY				
Are you legally authorized to work in the United States under federal law? ☐ Yes ☐ No				
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. • <i>If more space is needed, continue on Page 32 – reference corresponding numbers.</i>					
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	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?..... ☐ Yes ☐ No				
/ (MM/YYYY)					

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 2: RELATIVES AND REFERENCES *continued*

14.B Former Spouse / Registered 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)		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? ☐ Yes ☐ No		

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: ☐ 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			

PERSONAL HISTORY STATEMENT – Peace Officer

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 provided on Page 32 ☐

14.D Brothers / Sisters

☐ N/A

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

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		

PERSONAL HISTORY STATEMENT – Peace Officer

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 provided 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: ☐ 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 provided on Page 32 ☐

PERSONAL HISTORY STATEMENT – Peace Officer

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.**

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?		
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?		

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 3: EDUCATION

- **NOTE: You will be required to furnish official transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on Page 32.*

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
☐ High School Graduation:	/	☐ High School Equivalency Test:	/
		☐ 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
			/	/	_____ ☐ 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					
19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE TRAINING?
			/	/	☐ YES ☐ NO
	CITY	STATE	TYPE OF SCHOOL OR TRAINING		

Supplemental education information provided on Page 32 ☐

PERSONAL HISTORY STATEMENT – Peace Officer

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 provided on Page 32 ☐

22. 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.

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.

PERSONAL HISTORY STATEMENT – Peace Officer

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 32.**

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

PERSONAL HISTORY STATEMENT – Peace Officer

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 provided on Page 32 ☐

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 32.

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		

PERSONAL HISTORY STATEMENT – Peace Officer

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 provided on Page 32 ☐

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): _____ _____ _____ _____ _____ _____ _____ _____		

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 5: EXPERIENCE AND EMPLOYMENT

28. JOB EXPERIENCE

- List **ALL** jobs you have had, 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.**

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: _____				/	/

PERSONAL HISTORY STATEMENT – Peace Officer

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)		()				

PERSONAL HISTORY STATEMENT – Peace Officer

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)		()			

PERSONAL HISTORY STATEMENT – Peace Officer

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 provided on Page 32 ☐

PERSONAL HISTORY STATEMENT – Peace Officer

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. Have 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. Have you ever been 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. Have you ever received 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 engaged in sexual intercourse or the unwarranted touching of the intimate body parts of another person? (NOTE: Do not include *lawful* contact such as pat searches in law enforcement duties and/or training.) ☐ YES ☐ NO
41. 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 29–41, explain (include when, where, and circumstances – *reference corresponding numbers*). **If more space is needed, continue your response on page 32.**

Supplemental employment information provided on Page 32 ☐

42. 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? _____
43. Has your work performance ever been affected by your use of alcohol or drugs? ☐ YES ☐ NO
If YES, when? _____ Name of employer: _____
44. 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: _____

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

45. 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 45, 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. If you applied more than once to the same agency, list each occurrence separately.**
- Give complete and accurate addresses.
- **If more space is needed, continue your response on Page 32.**

45.1	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/Exec Oral
☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____

45.2	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/Exec Oral
☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

45.3	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/Exec Oral
☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____

45.4	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/Exec Oral
☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____

45.5	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: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral
☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____

PERSONAL HISTORY STATEMENT – Peace Officer**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

45.6	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/Exec Oral
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____

45.7	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/Exec Oral
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____

45.8	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/Exec Oral
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____**Supplemental application information provided on Page 32** ☐

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

PREVIOUS PEACE OFFICER EXPERIENCE

46. Do you have previous peace officer experience in this state or any other jurisdiction? ☐ YES ☐ NO
(If no, skip to **Section 6: Military Experience**.)

During, or after, your employment as a peace officer:

(check Yes or No)

46.1	Have you ever been terminated for cause from employment as a peace officer in any State?	☐ YES	☐ NO
46.2	Have you ever had your peace officer certification suspended or revoked in any State, including California?	☐ YES	☐ NO
46.3	Have you ever been dishonest in the reporting, investigation, or prosecution of a crime, or relating to the reporting of, or investigation of misconduct by, a peace officer or custodial officer, including, but not limited to, false statements, intentionally filing false reports, tampering with, falsifying, destroying, or concealing evidence, perjury, and tampering with data recorded by a body-worn camera or other recording device for purposes of concealing misconduct?	☐ YES	☐ NO
46.4	Have you ever abused your power, including but not limited to, intimidating witnesses, knowingly obtaining a false confession, or knowingly making a false arrest?	☐ YES	☐ NO
46.5	Have you ever committed physical abuse, including, but not limited to, excessive or unreasonable use of force?	☐ YES	☐ NO
46.6	Have you ever committed sexual assault as described in subdivision (b) of Penal Code Section 832.7, but to also include acts committed amongst members of any law enforcement agency?	☐ YES	☐ NO
46.7	Have you ever demonstrated bias on the basis of actual or perceived race, national origin, religion, gender identity or expression, housing status, sexual orientation, mental or physical disability, or other protected status in violation of law or department policy or inconsistent with a peace officer's obligation to carry out their duties in a fair and unbiased manner?	☐ YES	☐ NO
46.8	Have you ever committed acts that violate the law and are sufficiently egregious or repeated as to be inconsistent with a peace officer's obligation to uphold the law or respect the rights of members of the public?	☐ YES	☐ NO
46.9	Have you ever participated in a law enforcement gang, as defined in Penal Code §13510.8(b)(7)?	☐ YES	☐ NO
46.10	Have you ever failed to cooperate with an investigation into potential police misconduct, including an investigation conducted pursuant to Penal Code §13510.8?	☐ YES	☐ NO
46.11	Have you ever failed to intercede when present and observing another officer using force that was clearly beyond that which was necessary?	☐ YES	☐ NO

• If you answered "YES" to **ANY** of the item(s) in **Question 46**, fully explain (include dates and circumstances). *Reference the corresponding number (e.g., 46.5) for each explanation.*

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

Supplemental employment information provided on Page 32 ☐

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 6: MILITARY EXPERIENCE

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

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

49. If you answered "YES" to Question 48, 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*: _____

50. Are you currently participating in one of the following?

☐ Military Reserve ☐ National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____

51. 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

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

53. 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 51-53**, explain (include dates and circumstances).

Supplemental military information provided on Page 32 ☐

SECTION 7: FINANCIAL

54. INCOME AND EXPENSES

For questions 54.1 and 54.2, fill in the amounts to the nearest dollar.

- For **Question 54.1**: Provide your **total** monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For **Question 54.2**: 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.

54.1 What is your total monthly disposable income?\$ _____ per month

54.2 How much do you spend each month?\$ _____ per month

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

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

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

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

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

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

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 7: FINANCIAL *continued*

61. Have you ever avoided paying any lawful debt by moving away? ☐ YES ☐ NO
62. Have you ever defaulted on (failed to pay) a loan? ☐ YES ☐ NO
63. 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
64. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .. ☐ YES ☐ NO
65. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ☐ YES ☐ NO

If you answered "YES" to any of Questions 55-65, explain (include when, where, and why – reference corresponding numbers).

Supplemental financial information provided on Page 32 ☐

SECTION 8: LEGAL

► Government Code section 1029(a) Disqualifiers

- If you have any doubts or concerns as to the applicability of a particular item, or how you should respond, you should discuss your response with the hiring department and/or competent legal counsel before completing this section.

- 66.1 Have you ever been convicted of a felony? ☐ YES ☐ NO
- 66.2 Have you ever been convicted of any offense in any other jurisdiction which would have been a felony if committed in this state? ☐ YES ☐ NO
- 66.3 Have you ever been discharged from the military for committing an offense, as adjudicated by a military tribunal, which would have been a felony if committed in this state? ☐ YES ☐ NO
- 66.4 After January 1, 2004, have you ever been convicted of a crime based upon a verdict or finding of guilt of a felony by the trier of fact, or upon the entry of a plea of guilty or nolo contendere to a felony, regardless of whether, pursuant to subdivision (b) of Section 17 of the Penal Code, the court declared the offense to be a misdemeanor, or the offense become a misdemeanor by operation of law? ☐ YES ☐ NO
- 66.5 Have you ever been charged with a felony and adjudged by a superior court to be mentally incompetent under Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code? ☐ YES ☐ NO
- 66.6 Have you ever been found not guilty by reason of insanity of any felony? ☐ YES ☐ NO
- 66.7 Have you ever been determined to be a mentally disordered sex offender pursuant to Article 1 (commencing with Section 6300) of Chapter 2 of Part 2 of Division 6 of the Welfare and Institutions Code? ☐ YES ☐ NO
- 66.8 Have you ever been adjudged addicted or in danger of becoming addicted to narcotics, convicted, and committed to a state institution as provided in Section 3051 of the Welfare and Institutions Code? ☐ YES ☐ NO
- 66.9 Following exhaustion of all available appeals, have you ever been convicted of, or adjudicated through an administrative, military, or civil judicial process committed, any act that is a violation of Section 115, 115.3, 116, 116.5, or 117 of, or of any offense described in Chapter 1 (commencing with Section 92), Chapter 5 (commencing with Section 118), Chapter 6 (commencing with Section 132), or Chapter 7 (commencing with Section 142) of Title 7 of Part 1 of the Penal Code, including any act committed in another jurisdiction that would have been a violation of any of those sections if committed in this state? ☐ YES ☐ NO
- 66.10 Have you ever been issued a certification described in Section 13510.1 of the Penal Code, and had that certification revoked by the Commission on Peace Officer Standards and Training, voluntarily surrendered that certification pursuant to subdivision (f) of Section 13510.8, or having met the minimum requirement for issuance of certification, been denied issuance of certification? ☐ YES ☐ NO

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 8: LEGAL (continued)

- 66.11** Have you ever had your name listed in the National Decertification Index of the International Association of Directors of Law Enforcement Standards and Training or any other database designated by the federal government? ☐ YES ☐ NO
- 66.12** Have you ever had your certification as a law enforcement officer in any jurisdiction suspended or revoked?..... ☐ YES ☐ NO
- 66.13** While employed as a law enforcement officer, have you ever engaged in serious misconduct that would have resulted in your certification being revoked by the commission if employed as a peace officer in this state? ☐ YES ☐ NO

- If you answered "YES" to **ANY** of the item(s) in **Question 66**, fully explain circumstances, including dates and resolution. *Reference the corresponding number (e.g., 66.5) for each explanation.*
- **If more space is needed, continue your response on Page 32.**

Supplemental disqualification information provided on Page 32 ☐

► Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- **If more space is needed, continue your response on Page 32.**

- 67.** 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:

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
67.1		/	
	DISPOSITION OR PENALTY		
67.2		/	
	DISPOSITION OR PENALTY		

Supplemental disclosure information provided on Page 32 ☐

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 8: LEGAL (continued)

68. Have you ever been placed on court probation?	☐ YES	☐ NO
69. 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
70. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	☐ YES	☐ NO
71. Have the police ever been called to your home for any reason?	☐ YES	☐ NO
72. Have you or your spouse/partner ever been referred to Child Protective Services?	☐ YES	☐ NO
73. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	☐ YES	☐ NO
74. 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
75. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	☐ YES	☐ NO
76. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	☐ YES	☐ NO
77. Have you ever filed a false insurance or workers' compensation claim?	☐ YES	☐ NO

If you answered "YES" to any of Questions 68-77, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). If more space is needed, continue your response on Page 32.

Supplemental legal information provided on Page 32 ☐

► Involvement in Criminal Acts – Part 1

78. Have you EVER committed any of the following acts?		
- 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.		
78.1	Animal abuse and/or neglect	☐ YES ☐ NO
78.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	☐ YES ☐ NO
78.3	Battery (use of force or violence upon another)	☐ YES ☐ NO
78.4	Brandishing a weapon (any type of weapon)	☐ YES ☐ NO
78.5	Carrying a concealed weapon without a permit	☐ YES ☐ NO
78.6	Contributing to the delinquency of a minor	☐ YES ☐ NO
78.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	☐ YES ☐ NO

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 8: LEGAL (continued)

78.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	☐ YES	☐ NO
78.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	☐ YES	☐ NO
78.10	Filing a false police report	☐ YES	☐ NO
78.11	Hit & run collision (no injuries)	☐ YES	☐ NO
78.12	Illegal gambling	☐ YES	☐ NO
78.13	Illegal hunting and/or fishing (for example, without a license, out of season)	☐ YES	☐ NO
78.14	Impersonating a peace officer (pretending to be a police officer)	☐ YES	☐ NO
78.15	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
78.16	Joyriding (using a car or other vehicle without owner's permission)	☐ YES	☐ NO
78.17	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) ...	☐ YES	☐ NO
78.18	Petty theft (value up to \$950, including shoplifting/switching price tags)	☐ YES	☐ NO
78.19	Possession of alcohol as a minor (under the age of 21)	☐ YES	☐ NO
78.20	Possession of falsified or altered identification, including use of another person's ID (for any reason)	☐ YES	☐ NO
78.21	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	☐ YES	☐ NO
78.22	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	☐ YES	☐ NO
78.23	Reckless driving	☐ YES	☐ NO
78.24	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	☐ YES	☐ NO
78.25	Trespassing	☐ YES	☐ NO
78.26	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	☐ YES	☐ NO
78.27	Any other act amounting to a misdemeanor	☐ YES	☐ NO

- 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., 78.5) for each explanation.*
- ***If more space is needed, continue your response on Page 32.***

Supplemental legal information provided on Page 32 ☐

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 8: LEGAL (continued)

► Involvement in Criminal Acts – Part 2

79. **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.

79.1	Arson (intentionally destroying property by setting a fire)	☐ YES	☐ NO
79.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	☐ YES	☐ NO
79.3	Blackmail or extortion	☐ YES	☐ NO
79.4	Burglary (entering a structure or vehicle to commit theft or other crime)	☐ YES	☐ NO
79.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	☐ YES	☐ NO
79.6	Elder abuse and/or neglect (physical and/or financial)	☐ YES	☐ NO
79.7	Embezzlement (theft of money or other valuables entrusted to you)	☐ YES	☐ NO
79.8	Felony drunk driving (involving injuries)	☐ YES	☐ NO
79.9	Felony illegal sex acts	☐ YES	☐ NO
79.10	Forcible rape	☐ YES	☐ NO
79.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	☐ YES	☐ NO
79.12	Fraudulent use of a credit, ATM, debit, and/or check card	☐ YES	☐ NO
79.13	Grand theft (value of over \$950, automobile, any firearm)	☐ YES	☐ NO
79.14	Hit & run (with injuries)	☐ YES	☐ NO
79.15	Hate crime	☐ YES	☐ NO
79.16	Insurance fraud	☐ YES	☐ NO
79.17	Murder, homicide, attempted murder, or assault with intent to commit murder	☐ YES	☐ NO
79.18	Perjury (lying under oath)	☐ YES	☐ NO
79.19	Possession of an explosive/destructive device	☐ YES	☐ NO
79.20	Robbery (theft from another person using a weapon, force, or fear)	☐ YES	☐ NO
79.21	Stalking (including, but not limited to, electronic communication)	☐ YES	☐ NO
79.22	Theft of a vehicle and/or vehicle parts	☐ YES	☐ NO
79.23	Viewing and/or possessing child pornography	☐ YES	☐ NO
79.24	Any other act amounting to a felony	☐ YES	☐ NO

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 8: LEGAL (continued)

- If you answered “YES” to **ANY** of the item(s) in **Question 79**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 79.5) for each explanation.*
- ***If more space is needed, continue your response on Page 32.***

Supplemental legal information provided 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, aerosol, or any substance containing toluene

80. 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**:

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 8: LEGAL (continued)

81. 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**:

82. 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**.

83. 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 provided on Page 32 ☐

SECTION 9: MOTOR VEHICLE INFORMATION

84. Current Driver's License:

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

85. 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
STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED
STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 9: MOTOR VEHICLE INFORMATION (continued)

86. Have you ever been refused a driver's license by any state? ☐ YES ☐ NO
IF YES, explain (include when, where, and circumstances):

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

88. List your current liability insurance on your vehicle(s).

88.1	TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ 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 ()		
88.2	TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ 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 ()		

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

89.1	NATURE OF VIOLATION		LOCATION (STREET)		CITY		STATE
	DATE VIOLATION OCCURRED Month: Year:		ACTION TAKEN ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed				
89.2	NATURE OF VIOLATION		LOCATION (STREET)		CITY		STATE
	DATE VIOLATION OCCURRED Month: Year:		ACTION TAKEN ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed				
89.3	NATURE OF VIOLATION		LOCATION (STREET)		CITY		STATE
	DATE VIOLATION OCCURRED Month: Year:		ACTION TAKEN ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed				

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 9: MOTOR VEHICLE INFORMATION (continued)

90. 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:

91. Have you been involved as the driver in a motor vehicle accident **within the past seven years**? ☐ YES ☐ NO

IF YES, give details below.

91.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	☐ YES ☐ NO		☐ YES ☐ NO	☐ Injury ☐ Non-injury
91.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	☐ YES ☐ NO		☐ YES ☐ NO	☐ Injury ☐ Non-injury

92. 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)
	/	/

93. 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	

Supplemental motor vehicle information provided on Page 32 ☐

SECTION 10: OTHER TOPICS

94. Have you ever applied for a concealed carry weapon (CCW) permit?..... ☐ YES ☐ NO

If YES, have you ever been refused a CCW permit? ☐ YES ☐ NO

95. 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

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

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

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

99. Are you or have you ever engaged in membership in a hate group, participation in any hate group activity, or advocacy of public expressions of hate, as defined in Section 13680 of the Penal Code? ☐ YES ☐ NO

PERSONAL HISTORY STATEMENT – Peace Officer

SECTION 10: OTHER TOPICS *(continued)*

100. Have you ever made postings, statements or endorsements advocating discrimination, genocide, or violence against individuals because of their real or perceived race or ethnicity, gender, nationality, religion, disability, or sexual orientation? ☐ YES ☐ NO
101. Have you ever expressed or exhibited bias against individuals because of their real or perceived race or ethnicity, gender, nationality, religion, disability, or sexual orientation? ☐ YES ☐ NO

If you answered "YES" to any of **Questions 94–101**, give details including dates and circumstances – *reference corresponding numbers*).

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

Supplemental other topics information provided on Page 32 ☐

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.

PERSONAL HISTORY STATEMENT – Peace Officer

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.

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: 1. _____ 2. _____ 3. _____		READ: 1. _____ 2. _____ 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). ☐ 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:



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.

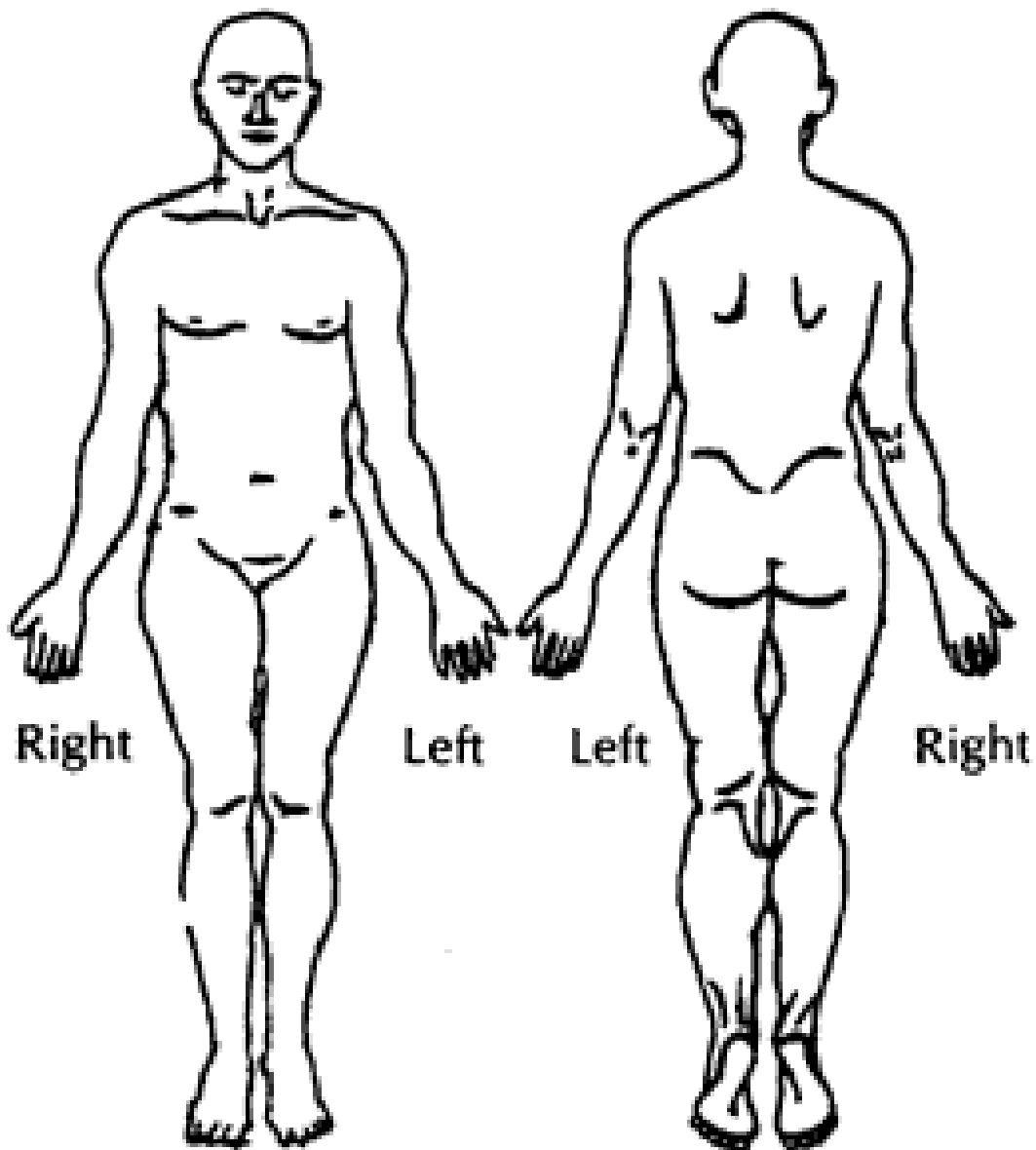
Applicant Signature: _____ Date: _____

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).





GUILLERMO VIERA ROSA
Chief Probation Officer

COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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



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: _____

Rebuild Lives and Provide for Healthier and Safer Communities



GUILLERMO VIERA ROSA
Chief Probation Officer

COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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



APPLICANT'S NAME: _____
SOCIAL SECURITY #: _____

To Whom It May Concern:

I, _____, am an applicant for a position of Peace Officer with the Los Angeles County Probation Department. Under California Law, Government Code § 1031.1 and Code of Regulations § 1002(a) (3), my prospective employer is required to conduct an investigation into my personal, medical and psychological fitness to serve in this capacity.

My prospective employer, Los Angeles County Probation Department, needs to inquire into all areas of my background, which may affect my suitability to be employed as a peace officer. They have reason to believe that you may have information relevant to that purpose concerning me.

I hereby direct you, your organization, its Custodian of Records, and/or persons in your employ to release any and all information which you may have concerning me, including information which may be confidential, privileged and/or derogatory nature, including but not limited to: employment information, official employment documents, employment performance data, character reference information, educational records and transcripts (pursuant to Public Law 93-380), post-employment medical, surgical, psychological and dental records if I am offered employment with the Los Angeles County Probation Department (pursuant to the Medical Information Act, Civil Code § 56 et seq. And 29 C.F.R. 1630), credit and financial information (pursuant to the Banking Privacy and Fair Credit Reporting Acts), local criminal history information (pursuant to Penal Code § 13300 (b) (10), and/or any other information which you may possess. And I exonerate, release and discharge you, your organization, its officers, agents, and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by the bearer of this authorization form.

Because law mandates this background investigation, your responses have absolute privilege pursuant to Civil Code § 47 and will be shared only with governmental agencies or their agents. You may retain this form for your files.

I certify that I have read this authorization form, understand its meaning and purpose, and have received a copy of it. I may revoke this authorization at any time by delivering, in writing, such revocation to you/your organization.

Signature of Applicant

Date

THIS RELEASE EXPIRES 365 DAYS FROM DATE OF SIGNATURE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES}

On this the _____ day of _____, 20_____, before me _____, personally appeared _____, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, to the entity upon behalf of which the person acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL

OFFICIAL SEAL

(Notary's Signature)

Rebuild Lives and Provide for Healthier and Safer Communities